Section 4: Service Development Plans

4.1. This section provides high-level summary of the initiatives that the PCT will be taking forward in 2009/10.

4.2. Information on initiatives includes: summary of the initiatives, key milestones, investment required, key national and local outcomes supported through delivery and an assessment of the risks associated with delivery of the project.

4.3. Due to the challenging financial environment and a high level of risk and opportunity in the system NHS Leeds has developed a conservative investment plan that only commits investment to areas where there are unavoidable cost pressures or where lack of investment will seriously impact on NHS capacity to deliver national priorities.

4.4. Whilst every effort has been made to ensure that NHS Leeds is able to deliver its strategic objectives significant risks remain. A chapter is included at the end of this section that highlights the key risks associated with non - delivery of initiatives resulting from limits on available funding.

4.5. For ease of reading the initiatives are described within the context of the Healthy Ambitions pathways that each will support. Where there is not a direct fit the initiative is placed within the "best fit" pathway.

Staying Healthy

4.6. The Healthy Ambitions "Staying Healthy" Pathway CPG made a number of recommendations to improve access to services and improve the health of the population through targeting those who smoke, drink harmfully or are obese.

4.7. NHS Leeds has developed a range of initiatives to address the recommendations of the Healthy Ambitions "Staying Healthy" pathway and to improve health and wellbeing as follows:

1.1	**Putting Prevention First**
Initiative Summary	This project has been established to implement the government initiative 'Putting Prevention First'. To achieve this NHS Leeds will introduce a systematic and integrated programme of identification and management of people at risk of developing vascular disease for all those over 40 years of age. The project delivered by GPs involves use of practice registers to identify patients at risk and screening and treating as required. To begin with the initiative will be targeted at patients living in the most deprived areas following which it will be extended to the general population. The programme will also include the commissioning of additional services from pharmacists and a social marketing campaign that encourages patients to monitor their health using key health indicators such as weight and pulse.

5 Year Outcomes	▪ 344 people living in the deprived areas of Leeds will be alive in 2013 who would otherwise have died ▪ 109,000 people aged over 40 will have had a vascular check of whom 22,000 will receive clinical interventions to reduce their risk of becoming unwell ▪ We will have prevented 157 people under the age of 75 from dying prematurely from Cardio Vascular Disease
Outcome Measures Supported	1. WCC1 Reducing Health Inequalities 2. WCC2 Increasing Life Expectancy (AAACM) 3. WCC3 Reducing gap in all age all cause mortality between the worst 10% of SOAs and the rest of Leeds 4. VSB02 Reduce <75 CVD Mortality Rate 5. VSB03 Reduce <75 Cancer Mortality Rate (20% by 2010) 6. VSB05 Smoking prevalence (Quit Rates as presently reported) 7. VCS23 Vascular risk 8. VSC25 Healthy life expectancy at age 65 9. HA1 % of patients registered with a GP who have had their BMI measured in last 15 months 10. HA2 % of patients registered with a GP who have had their BMI measured who have a BMI over 30. 11. HA6 % of patients who have a HbA1c of 7.5 or less HA10 Stroke Mortality 12. HA11 Admissions for stroke as a proportion of the population
Planned Developments	Implementing the Locally Enhanced Service within Primary Care for those at high risk (20% of more) of developing vascular disease living within the most deprived 10% super output areas. (14,000 patients offered vascular check by end of 2009/10) Developing insight from both community and clinical engagement to ensure the most effective approach Ensuring systems and services are in place to provide effective brief interventions and healthy living services. Developing evaluation, and performance monitoring systems including ongoing data collections Communication and raising awareness programmes within communities and clinicians
Investment Plan	£545,000
Project Risks	Primary Care capacity to deliver Patient / Public Engagement and Compliance Information and IT Support
Risk Management and Mitigation	Plans have been developed through engagement with clinicians and primary care commissioners to ensure deliverability. Social insight research exercise has been commissioned to support understanding of likelihood of success with patients. IM&T requirements embedded at planning stage with investment required identified. Performance of scheme will be tracked and regular review of critical success factors used to inform further rollout

1.2	Healthy Living Services
Description	The initiative primarily seeks to support the development of healthy living services on a tiered industrialised model as recommended in Healthy Ambitions. A tiered model of interventions will be established to address issues associated with smoking, alcohol and obesity. • *Level 1 Services - Brief Interventions*: Lifestyle Interventions delivered by a wide range of frontline staff who come into contact with many people who have unhealthy lifestyles e.g. GPs, health visitors. • *Level 2 Services – Intermediate Services*: Less intensive services delivered by a trained advisor e.g. practice nurses where support work is incorporated as part of existing role • *Level 3 Service – Specialist Services*: Structured Treatment services – Delivered by specialists who are employed for that sole purpose Services will be designed to ensure that the level of services providing the most intensive support (Level 3 services) e.g. Specialist Stop Smoking Services will be concentrated within the 10% SOAs. Other geographical areas will be serviced by Level 2 and Level 1 services (with referrals to specialist Level 3 services where appropriate. The different levels are. This initiative is supported through the development and roll out of community based 'health and well being' sign posting services and a range of support services including drop in clinics and health trainers. Services will initially be targeted in areas of greatest deprivation. *Wider Determinants of Ill Health*: This initiative will also seek to address some of the wider issues associated with ill health. Poverty within communities increases the costs of providing effective public services due to increasing demands on resources from long-term ill-health and inappropriate use of services. NHS Leeds will develop a systematic and integrated programme addressing wider determinants issues including improving financial literacy, increasing benefit uptake and reducing the burden of. Moving forward NHS Leeds will support the development of an intelligence led, systematic, geographical approach to commissioning and delivering health improvement programmes in the 10% SOAs to reduce health inequalities across the city. This would involve the co-ordination and commissioning, following a needs assessment, of a range of existing and new services and programmes of work (if identified) to promote and enable 'staying healthy' with the underpinning principles of self care and mental wellbeing.
5 Year Outcomes	▪ We will have helped 22,000 people to stop smoking ▪ There will be 11,0000 fewer alcohol related admissions to hospital ▪ 217,000 people aged 15 – 24 will have been screened for Chlamydia

	▪ 344 people living in the deprived areas of Leeds will be alive in 2013 who would otherwise have died ▪ 1200 families in fuel poverty will have been referred into a programme for improving warmth in their home
Outcomes Measures Supported	1. WCC1 Reducing Health Inequalities 2. WCC2 Increasing Life Expectancy (AAACM) 3. WCC3 Reducing gap in all age all cause mortality between the worst 10% of SOAs and the rest of Leeds 4. VSB02 Reduce <75 CVD Mortality Rate VSB05 Smoking prevalence (Quit Rates as presently reported) 5. VSB03 Reduce <75 Cancer Mortality Rate (20% by 2010) 6. VSB09 % of school children in Years R and Years 6 who participated in weight measurement programme 7. VSB14 Number of drug users recorded as being in effective treatment 8. VSC25 Healthy life expectancy at age 65 9. VSC26 Reducing the number of patients admitted to hospital as a result of alcohol related harm 10. HA1 % of patients registered with a GP who have had their BMI measured in last 15 months 11. HA2 % of patients registered with a GP who have had their BMI measured who have a BMI over 30. 12. HA6 % of patients who have an HbA1c of 7.5 or less. 13. HA10 Stroke Mortality 14. NI187 Tackling fuel poverty – People receiving income based benefits living in homes with a low and with a high energy efficiency rating
Planned Developments	**Implementing Tiered Industrialised Health interventions model** Tier 1: Brief Interventions: • Undertake training needs assessment for front line staff • Develop brief interventions training programme prioritising frontline workers working in and with priority neighbourhoods and vulnerable groups Tier 2: Intermediate Services: • Agree priority practices with consortiums to inform the roll out of the systematic approach to delivering Healthy Living Interventions. • Develop and produce facilitators and practice toolkits for implementing systematic approach to HL interventions • Agree arrangements with PBC groups to support practices implement systematic approach to HL interventions. • Roll out delivery programme for systematic approach to Primary Care Healthy Living Interventions within 10% SOAs Tier 3: Specialist Services: • Map current provision of specialist healthy living services • Review current service reach via data analysis exercise to identify current gaps in service

	• Commission further specialist services within the 10% SOAs as per agreed model, to meet need identified through scoping exercise and scoping conducted within PPF programme **Wider Determinants of Health** Health Improvement Schemes • Health Needs Assessment in 10% SOAs • Develop proposal for delivery of health improvement activity and Healthy Living programmes • Commission VCFS to deliver community based healthy living programmes and activities as defined in proposal Addressing Fuel Poverty • Roll out energy/ health champion programme in primary care, community and VCFS setting
Investment Plan	No new investment required in 2009/10
Healthy Ambitions Recommendations	• PCTs should commission the systematic use of brief interventions to "industrialise" their use across NHS services. Services include Alcohol, Smoking and Obesity • PCTs should commission a range of 'tiered' services to cope with people who present with different levels of dependency and ensure simple referral routes are accessible from screening points. • PCTs should commission free Nicotine Replacement Therapy for the smoking population and make it widely and freely available to all. • Every PCT should develop and commission localised weight management services for their local population. These services are available from a range of providers who offer support and information for dieters. To meet life expectancy targets these should focus on adults at mid-life. • NICE guidance on brief interventions should be implemented consistently by a wide range of NHS settings and staff. Ideally, this would include primary care, secondary care, community services, family centres, local authority and voluntary settings. • There should be systematic implementation of measures to prevent physical and mental ill health, and to make it easy for individuals and their families to make healthy choices.
Project Risks	Securing Primary Care capacity Securing Specialist Service capacity Ensuring that services are used by public VCFS market capacity to provide sustainable scalable models
Risk Management and Mitigation	Engagement with PBC and primary care providers as part of plan Engagement with NHS and external providers as part of plan Engagement as part of plan, links with national and local advertising campaign promoting Healthy Living, development of local communication campaign" Early signalling to market on commissioning needs.

1.3	Sexual Health Services Development
Description	This initiative seeks to reduce rates of sexual infection and reduce teenage pregnancy through investment and redesign of a wide range of services. The overarching aims of this initiative are: • Prevention of new sexually transmitted infections and unintended conceptions. This will be achieved by an increase in prevention activity and by prioritising those at risk of poor sexual health. • Ensure early diagnosis and effective treatment of STI's and HIV. • Reduce stigma associated to sexual health ill health. • Reducing teenage pregnancy and supporting young people who choose to have a baby This initiative will result in • A comprehensive social marketing campaign around contraception and sexual health services • Improved sex and relationships education, improved awareness and understanding in professionals and the wider population • Implementation of a central booking system with one number for all sexual health services Development of modern, accessible services that offer's patients a choice. Service's will be offered on a tiered model so patients are seen in the right service at the right time. • The development of a targeted young people's sexual health Service. with service delivery extended to include provision in school and college settings • Establishment of voluntary sector partners to broaden the range of service delivery to include approaches to developing risk management techniques with young people • Working closely with colleagues in primary care and other organisations to increasing uptake of Long Acting Reversible Contraception (LARC). In addition a comprehensive care pathway for pregnant teenagers and teenage parents to ensure all have access to relevant support services to promote a healthy pregnancy and facilitate a safe and confident transition to parenthood whilst enabling them to maintain or access education and training opportunities. Pathway development will include ongoing referral of pregnant teenagers and teenage mothers to contraception services to reduce second and subsequent pregnancies. Support will be targeted in areas of greatest social need and where communities are a greatest risk
5 Year Outcomes	▪ 217,000 people aged 15 –24 will have been screened for Chlamydia ▪ We will reduce gonorrhoea infections by 15% ▪ The rate of teenage pregnancy for people living in by 55% in our most deprived areas ▪ Infant mortality in deprived Leeds will have reduced from 8 deaths per thousand to 7 deaths per thousand by 2013. As a result there will be 10 fewer deaths of children under the age of one.

Outcome Measures Supported	1. WCC1 Reducing Health Inequalities 2. WCC3 Reducing gap in all age all cause mortality between the worst 10% of SOAs and the rest of Leeds 3. WCC4 Reducing infant mortality 4. OFEC2 Guaranteed offered access to a genito urinary clinic within 48 hours of contacting a service. 5. VSB08 Teenage pregnancy rates per 1000 females aged 15-17 6. VSB13 Prevalence of chlamydia 7. VSC32 Patient measure of respect and dignity in treatment
Planned Developments	Prevention Services • Implementation of comprehensive "Long Acting Contraceptive Service" in primary care • Development and delivery of a "Sex and Relationship Education Service" • Development of service specification for "Aspirational Programme" in preparation for tender for service delivery in 2010/11. • Undertake pilot of "Risk and Resilience" service Use evaluation to support development of service specification for tendering for delivery in 2010/11. Treatment Services • Young Peoples Sexual Health Services specification to be developed and a procurement undertaken. • Commission a range of new services to improve uptake of Chlamydia screening including o Provide prison services o Implement new cash services specification o Locally enhanced services in primary care o Social Marketing campaigns • Commission 'free" Emergency contraception services from pharmacists • Review, evaluate, and if required re-commission prison sexual health services • Specify and commission additional "level 2" sexual health services • Commission central booking system for sexual health services • Commission and implement CASH asymptomatic screening service
Investment plans	£404,000
Healthy Ambitions Recommendations	N/A
Project Risks	Capacity for service development tendering and procurement Delay in decision to move to next stage of programme development Reduction in funding level
Risk Management and Mitigation	Reduced delivery of initiatives Delay in outcomes achieved and risk to vital signs delivery Initiatives re-prioritised and all outcomes not achieved

1.5	Blood Borne Viruses
Description	This Initiative will support increase levels of treatment of those suffering from blood borne viruses such as Hep C and HIV. The initiative will focus on improving public and professional awareness of risks to health associated with blood borne viruses to encourage more presentations and referrals for treatment. Key areas of development include: • Sustained public health campaigns around blood borne viruses • Increase in Infrastructure and staffing to screen and treat hep C • Expand of Hep C screening and treatment service to all Prisons • Employment of a specialist public health practitioner to lead on blood borne viruses.
5 Year Outcomes	90% of gay men accessing all sexual health services will receive a hepatitis vaccine
Outcomes Measures Supported	1. WCC1 Reducing Health Inequalities 2. WCC3 Reducing gap in all age all cause mortality between the worst 10% of SOAs and the rest of Leeds
Planned Developments	Specify, procure and contract for a community based hepatitis c assessment and treatment service.
Investment Plan	£215,000
Healthy Ambitions Recommendations	N/A
Project Risks	Delays in service procurement Recruitment: Patient in high risks groups may be hard to reach i.e. may not wish to present or may not be aware of risks.
Risk Management and Mitigation	Early engagement of likely providers in development of specification Social marketing campaign and working with VFCS to identify and target at risk groups

2.1	Substance Use and Alcohol
Description	This Initiative support the implementation of a range of local strategies associated with alcohol and substance usage. Substance Use: In 2008/9 the Community Drug Treatment Service is being re-commissioned. This will allow the development of an integrated treatment system and services that meet the requirements of Models of Care (2006) and DH/NICE guidelines on the clinical management of substance misuse. Clients will be able to receive treatment in a system that provides appropriate interventions and promotes the most effective outcomes for each individual's circumstance. The revised model seeks to see a move on of the majority of service users from intensive treatment to GP shared care and other services after 16 weeks. Alcohol: NHS Leeds and partners are currently undertaking a needs assessment support out local alcohol strategy. This initiative will use the outputs of that assessment to target resources to reduce alcohol consumption where it can be shown to be leading to ill health and social harm. NHS Leeds will invest in treatment services for with problem drinkers

	Initiatives will support a range of vulnerable groups including offenders
5 Year Outcomes	▪ There will be 11,000 fewer alcohol related admissions to hospital ▪ 7% increase in drug users supported through effective treatment
Outcomes	1. WCC2 Increasing Life Expectancy (AAACM) 2. WCC3 Reducing gap in all age all cause mortality between the worst 10% of SOAs and the rest of Leeds 3. OFEC10 Total time in A&E* 4. VSB01 All Age All Cause Mortality Rate per 100,000 5. VSB02 Reduce <75 CVD Mortality Rate 6. VSB03 Reduce <75 Cancer Mortality Rate (20% by 2010) 7. VSB14 Number of drug users recorded as being in effective treatment 8. VCS23 Vascular risk WCC1 Reducing Health Inequalities 9. VSC25 Healthy life expectancy at age 65 10. VSC26 Rate of hospital admissions per 100,000 for alcohol related harm 11. VSC32 Patient measure of respect and dignity in their treatment 12. HA10 Stroke Mortality 13. HA11 Admissions for stroke as a proportion of the population 14. NI120 All Age All Cause Mortality Rate per 100,000
Planned Developments	Drugs Services • Increase access to shared care drugs • Increase provision of out of area detox services • Increase drug treatment in HMP Wealston and HMP Leeds Alcohol Services • Review existing hospital based alcohol liaison support services with view to increasing provision and if required tendering for new provider. • Commission tiered interventions (see “Healthy Living” Services initiative). • Commission appropriate alcohol treatment services as as outlined in Leeds ATR. • Expand dependant drinker service to make available to those identified from arrest referral scheme • Ensure appropriate referral pathways into brief interventions services or those identified in hospital as harmful drinkers
Investment Plan	£150,000
Healthy Ambitions Recommendations	• The NHS in Y&H should improve screening and identification of people with alcohol use problems. • PCTs should commission services separately from drugs misuse services as the evidence suggests that people with alcohol problems are more likely to use separate rather than shared services. • The NHS should work with other organisations to reduce the accessibility of alcohol, including an increase in its price
Project Risks	Increase in demand that outstrips available resource Management of provider landscape (not mature relationship)
Risk Management	Ensure ongoing review of access and service expenditure levels

and Mitigation	Development of robust service delivery specifications that enable robust SLAs and support performance management

2.2	**Immunisation and Vaccination**
Description	NHS Leeds aims to improve the uptake of a range of immunisations and vaccinations including HPV, DTP and MMR. Proposed actions include increasing social marketing targeting those who currently do not take up vaccination. In anticipation of increased uptake additional cost of immunisations has been accounted
5 Year Outcomes	90% of all children will be immunised for MMR and 95% for DPT
Progress in 2008/9	
Outcomes	1. VSB10 Proportion of children who have completed immunisation by recommended ages (MMR)
Planned Developments	Social marketing campaign
Investment Plan	No new investment required in 2009/10
Healthy Ambitions Recommendations	N/A
Project Risks	None Identified
Risk Management and Mitigation	

4.4	**Community Infection Control Project**
Description	NHS Leeds aims improve infection control through investment in public awareness, ensuring appropriate antibiotic prescribing and increasing surveillance and treatment of those at risk. This initiative is targeted at tackling hospital acquired infections such as MRSA and C. Diff along with those associated with vulnerable groups and migrant populations such as Tuberculosis. Key areas of development to include: a) TB Screening Service b) Increased capacity for infection control in nursing and care homes c) Screening of patients transferring between providers to reduce cross infection. This initiative will considerably reduce the risk to patients of contracting infections whilst under the care of healthcare professionals.
5 Year Strategy Commitment	▪ Infection rates for C.Diff will have been reduced by 40% ▪ 2140 more migrant workers will be being screened for TB every year ▪ 330 more people will be being treated for latent TB
Outcome Measures	1. WCC2 Increasing Life Expectancy (AAACM) 2. VSA01 MRSA levels sustained, locally determined stretch targets taking us beyond the national target. 3. VSA02 All elective admissions screened for MRSA from 2008/09; 4. VSB01 All Age All Cause Mortality Rate per 100,000
Planned Developments	MRSA and Clostridium Difficile Infection Control

	• Nursing Home Scheme: Implement training and support to improve infection control in 35 nursing homes. • Develop pharmacy advisor services to improve antibiotic prescribing advice to primary care • Implement primary care incentive scheme to improve prescribing practice Tuberculosis • Build on success of TB screening and treatment scheme approved in 2008/9 (Q1 onwards)
Investment Plan	£360,000
Healthy Ambitions Recommendations	N/A
Outcomes	
Project Risks	Willingness of care or nursing homes to engage in Infection control scheme Capacity to provide training and support to care homes Lack of support from GPs to improve prescribing
Risk Management and Mitigation	Preparatory work underway to recruit care homes and staff to implement scheme GP engagement underway to secure support for scheme

Maternity and Newborn Pathway

4.8. The maternity and newborn clinical pathway group recommendations centred around the delivery of recommendation in “Maternity matters” and the workforce recommendations laid down in “Safer Childbirth”.

4.9. NHS Leeds have developed plans to deliver the recommendations in Healthy Ambitions through a combination of service development and the use of the Commissioning for Quality and Innovation” framework outlined earlier.

2.3	**Improving Maternity and Newborn Services**
Description	NHS Leeds strategic direction, in line with national policy, is to improve the accessibility of maternity services through increasing local delivery. Community midwives provide antenatal and postnatal clinics, drop-ins and groups in addition to some home visits. These are delivered from GP practices, community health centres and children centres to enhance the range of choice for women and their families. In addition **Maternity Matters** identifies a range of developments required to improve Maternity services. NHS Leeds has reviewed current provision and service models against recommendations and identified the following key areas for development: a) Building acute midwifery capacity. In 2009/10 NHS Leeds will continue to work with LTHT to increase number of midwives to acceptable levels as recommended in maternity matters b) Delivering increased capacity in community: In 20010/11 and beyond NHS Leeds will support the development of additional community midwifery capacity c) Building additional capacity to support vulnerable groups: In 2008/9 NHS Leeds supported additional capacity targeted at supporting asylum seekers. In future years the additional midwifery capacity will enable improved support for vulnerable groups. d) These services will be integrated with other services identified in Universal Services and other Targeted children’s development s described later. In addition NHS Leeds will introduce routine **downs screening** through the implementation of national recommendations in relation to testing estimated that this will result in 9000 scans and tests. We plan to commission this scheme from April 2010 A pilot for the **family nurse partnership** is underway to research impact of providing ongoing support to vulnerable mothers and families. The outputs of the pilot will inform the future commissioning of maternity and early years services. If local results reflect predicted outcomes then the pilot will be expanded and mainstreamed, requiring further increases in planned numbers of community midwives. Investment in this area will be dependant upon a successful outcome of pilot.

	Further work is required to understand the likely costs of increased provision as and when community midwifery tariffs develop.
5 Year Strategy Commitments	▪ A 2% year on year increase in breastfeeding rates ▪ Infant mortality in deprived Leeds will have reduced from 8 deaths per thousand to 7 deaths per thousand by 2013. As a result there will be 10 fewer deaths of children under the age of one.
Outcome Delivery	1. WCC4 Reducing infant mortality VSB01 All Age All Cause Mortality Rate per 100,000, disaggregated to narrow the gap between the 10% most deprived SOAs and the rest of Leeds 2. VSB05 Smoking prevalence (Quit Rates as presently reported) 3. VSB06 Women who have seen a midwife, or an appropriate healthcare professional by 12 weeks of pregnancy 4. VSB09 Teenage pregnancy rates per 1000 females aged 15-18 5. VSB11 Breastfeeding at 6-8 weeks: % of children totally of partially breastfed at 6-8 week 6. ACQUINB Number of Midwives per 1000 Births 7. ACQUINC Breast feeding initiation: % of women who have initiated breastfeeding at time of discharge from hospital
Planned Developments	Work with providers to implement safer childbirth framework: e.g. Robust management of CQUIN target for midwifes, consultants and breastfeeding. Implementation of Down's syndrome 1st trimester screening at LTHT to standards specified by NICE and UK National Screening. Commission a Leeds Doula volunteer project (based on Hull award winning Goodwin Model); support for vulnerable expectant mothers through pregnancy and childbirth. Specify and Commission Teenage pregnancy maternity pathway (age 17 plus).
Investment Plan	£2,920,000
Healthy Ambitions Recommendations	Maternity and Newborn: • Maternity Matters (published by DH in 2007) should be used as a firm foundation for the future commissioning and delivery of maternity and the newborn services across Y&H. • The workforce recommendations set out in Safer Childbirth should be implemented; PCTs and providers should include this in all subsequent contract negotiations until significant progress is made. • There should be a radical step up in action to reduce smoking in pregnancy and breastfeeding performance should be improved. Already PCTs are including action to improve breastfeeding and/or reduce smoking in pregnancy in their Local Area Agreements. • There should be selective introduction of 'caseloading' as a means of targeting vulnerable and disadvantaged women and so ensure that they in particular receive a high degree of continuity of care.

	• Improving "customer care" and responsiveness to the needs of women during their maternity pathway. • Improving the quality and consistency of information for pregnant women (in particular vulnerable women, women whose first language is not English, and women with special needs). • Adopting a more systematic and sustained approach to gathering patient experience data, and using this to inform further action to ensure personalised service delivery. • There should be a focus on reducing health inequalities and improving health outcomes for both mothers and babies with the aim to reduce infant mortality rates for the manual groups by 20% by 2010. • Breastfeeding rates should be improved, with the breast feeding initiation rate increased by 2% in disadvantaged groups with subsequent year on year improvement targets.
Risks to delivery	Ability of providers to deliver required quality framework
Risk Management and Mitigation	Robust performance management of CQUIN and national performance framework deliverables

Long Term Conditions (LTCs)

4.10. NHS Leeds has made significant progress over recent years in improving services through developing pathways for those suffering from LTCs. As a result admission for LTCs have decreased significantly. However further work is being undertaken to improve services in line with "Healthy Ambitions' recommendations.

4.11. This chapter includes our plans for improving services for those suffering from LTCs and includes details on those requiring long term care

3.3	**Predictive Modelling – Targeting Long Term Conditions**
Description	This initiative uses a range of predictive modelling algorithms to analyse the information contained on GP Practice registers to identify and target patients that may be at risk of Long Term Conditions and chronic disease. These patients are then canvassed to call for review and potential ongoing management. Patients will be offered support in terms of advice and where necessary be case managed by nursing and other primary care professionals Through targeting and treatment NHS Leeds aims to improve management of conditions and reduce demands on services. Evidence from the United States indicated that significant quality and financial benefits are achievable through implementation. Significant savings (CIP) have been attributed to this scheme
5 Year Strategy Commitments	▪ 5% fewer admission for those with Long Term Conditions ▪ 5% fewer emergency bed days for those with long term conditions ▪ 5% reduction in A&E attendances
Outcome Delivery	1. WCC2 Increasing Life Expectancy (AAACM) 2. VSB01 All Age All Cause Mortality Rate per 100,000 3. VSB02 Reduce <75 CVD Mortality Rate 4. VSC03 People supported to live independently VSC11 People with long-term conditions feeling independent and in control of their condition 5. VCS23 Vascular risk 6. VSC25 Healthy life expectancy at age 65
2009/10 developments	Development of predictive modelling scheme in 10% SOAs
Investment Plan	No new investment required in 2009/10
Healthy Ambitions Recommendations	N/A
Risks to delivery	Patient willingness to comply with treatment offered
Risk Management and Mitigation	GP engagement with patients

3.4	**Long Term Conditions**
Description	This initiative focuses on improving services for those with long term conditions. There are three key areas of development:

	Stroke Strategy: This initiative includes the implementation of the stroke strategy through securing a systematic approach to the prevention, diagnosis and management of patients through the adoption of an auditable, integrated care pathway based on a stratified model of care. The initiative will include delivery of training and development of the workforce across the healthcare economy to ensure knowledge and understanding of the pathway resulting in a consistent approach to management of patients across pathway. **Neurological Disorders**: NHS Leeds will increase community services capacity to support and treat those suffering from Multiple Sclerosis, Parkinson's Disease and those who have suffered a Brain Injury**.** These services will be augmented with support for those suffering from sensory deprivations i.e. and loss of sight and hearing **Heart Disease:** NHS Leeds is to pilot use of assistive technology to monitor and support those with heart disease. If successful we plan on extending use to a wider range of patients and conditions. **Renal Strategy**: This initiative anticipates the publication of the NHS Renal Strategy with the aim of seeking to improve access and quality of patients with renal disease. Over the next 2 years a full prevention to end of life model will be developed. The initiative will review capacity in community based settings for a range of services including renal dialysis. **Older People**: This initiative recognises the special needs of older people with long term conditions and seeks to improve access and quality of services specifically targeted at them. In the short term NHS Leeds is investing in a falls service and support for patients with conditions that result in sensory impairment (loss of vision and hearing). Moving forward NHS Leeds will continue to review the needs of Older People and identify gaps through our annual operational planning processes. **COPD:** NHS Leeds has implemented a successful scheme to support those with COPD. Recent needs assessment indicated that services are currently meeting expected demand however capacity requirements are subject to ongoing review. **Diabetes**: NHS Leeds has implemented a tiered service model which is nationally recognised as best practice. We currently do not envisage any further development of model.
5 Year Strategy Commitments	▪ Reduction in complaints for stroke patients waiting for therapy by 95% ▪ Reduce admissions for stroke by 8% ▪ Improved access to community services for renal patients ▪ To reduce admissions from fractured neck of femur by 2% every year
Outcomes	1. WCC2 Increasing Life Expectancy (AAACM) Mortality 2. OFEC1 % of patients with diabetes offered screening for diabetic retinopathy 3. VSB01 All Age All Cause Mortality Rate per 100,000

	4. VSB02 Reduce <75 CVD Mortality Rate 5. VSC03 People supported to live independently 6. VSC11 People with long-term conditions feeling independent and in control of their condition 7. VSC20 Emergency bed days (also used as proxy for VSC11: People with long-term conditions feeling independent and in control of their condition 8. VSC25 Healthy life expectancy at age 65 9. VSC32 Patient and user reported measure of respect and dignity in their treatment 10. HA11 Admissions for stroke as a proportion of the population 11. HA3 Number of admissions from diabetes as a proportion of population 12. HA4 % of patients who are readmitted with a diagnosis of diabetes within 3 months of a previous admission 13. HA6 % of patients who have a HbA1c of 7.5 or less. 14. HA10 Stroke Mortality
Planned Developments	Leeds is investing in a falls service and support for patients with conditions that result in sensory impairment (loss of vision and hearing) Secure improved access to rehabilitation services i.e. increased capacity in speech and language, physio. and occupational therapies Increase community services capacity to support and treat those suffering from Multiple Sclerosis, Parkinson's Disease and those who have suffered a Brain Injury**.** Pilot use of assistive technology to monitor and support those with heart disease.
Investment Plan	£355,000
Healthy Ambitions Recommendations	• Care Plans – through a co-produced care planning approach, patients and their carers should be supported, informed and empowered to better manage their condition within their capabilities and enabled to make choices about their care and services. Those who are newly diagnosed should be offered a care plan at the outset. • Care Choices – Patients should be offered choice following the 'Choice and Personalisation' model approach, which is patient centred and takes into account lifestyle factors. • Year of Care approach – Commissioners and providers should define patient pathways to roll out excellent stroke services, in line with the National Stroke Strategy recommendations and diabetes services using emerging learning from the Year of Care pilots. • Care Conductor – a role should be developed to help with the management of care for people with LTCs, their families and carers and ensure care plans and care choices are co-produced for better outcomes. • Coordination – Primary care should remain the hub of coordinating and managing care outside hospital for people with

	LTCs. Practices should support individual health to improve population health.
Risks to delivery	None identified
Risk Management and Mitigation	N/A

3.6	**Continuing Care**
Description	Demand for Continuing Care is growing at a rate that is over and above demographic change. NHS Leeds has established a team to support the ongoing management of provision of continuing care services. The Continuing Care initiative support three main commissioning areas as follows a) Long Term Conditions b) Mental Health c) End of Life The work of the continuing care team will support these three broad areas by ensuring that services are procured to meet the ongoing needs of each cohort of patients. In the short term this initiative will focus on securing capacity to meet expected needs. In the longer term the PCT will develop a more strategic approach to commissioning and procurement of services to encourage a vibrant economy of providers to develop to drive improvement in care and value for money NHS Leeds is fully supportive and through our senior management team engaged in the ongoing development of the **National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care** at a national level. As such our plans are compliant with anticipated new guidance.
5 Year Strategy Commitments	▪ Number of patients receiving NHS funded continuing care will have increased by 138% ▪ At any one time an additional 540 patients will be being supported
Outcome Delivery	1. VSC03 People supported to live independently 2. VSC17 Adults and Older people receiving direct payments and/or individual budgets per 100,000 population
Planned Developments	NHS Leeds is supporting the increased demand for continuing care through funding additional capacity. Development of provider and management of market to secure high quality sustainable services in 2009/10 NHS Leeds will review potential for the reconfiguration and development of the community services that support those requiring continuing care and if required commission new services. Implementation in Q2 Review and commission effective pathways in collaboration with partner organisations. Changes to pathways implemented in Q2.
Investment Plan	£4,720,000

Healthy Ambitions Recommendations	Continuing care service commissioning provides support for mental health, long-term conditions and end of life pathways.
Risks to delivery	Demand outstripping available resources and capacity
Risk Management and Mitigation	Ongoing review of expenditure and robust management of assessment to ensure funds are directed appropriately to those most in need

Children's Pathway

4.12. NHS Leeds and Leeds City Council have established joint management arrangements for development of children's health and wellbeing services with senior managers being joint appointments. Our plans have been developed jointly with the council and reflect national and local priorities. Our plans reflect our expectation of the recommendations in the soon to be published Children's Health Strategy. The Plan (June 2009).

4.13. Our plans for children's services are consistent with healthy ambitions and described below

1.4	**Looked After Children (LAC)**
Description	The White Paper Care Matters requires that every looked after Child have a key worker by end 20010/11. The LAC team will become responsible for coordination of the Key Worker Scheme required under Care Matters. Significant additional investment is required in coordinators to ensure this service delivery is managed effectively and to the required standards. Specific areas for development include a) Securing additional key worker capacity b) Improving access to mental health care c) Investing in Safeguarding Additional support will also be required for service delivery into Eastmoor Secure Unit alongside of Youth Justice Board funding will enable improved health comes for this highly vulnerable group of young people. This investment will also improve resilience to potential withdrawal of Youth Justice Board funding in the future
5 Year Outcomes	The specific health needs of Looked after children will be understood and met
Outcomes	1. WCC1 Reducing Health Inequalities 2. VSB18 Access to primary dental services
Planned Developments	Develop LAC nursing team in order to meet forthcoming statutory national guidance, and ensure delivery of broader safeguarding role as defined in Working Together 2006. Improve safeguarding infrastructure in line with Working Together 2006. (Q1) Develop speech and language therapy services for young people in contact with youth offending arrangements.
Investment Plan	£196,00
Healthy Ambitions Recommendations	N/A
Risks to delivery	Children's Trust funding is non recurrent
Risk Management and Mitigation	

2.10	Universal Services - Children's Services
Description	This initiative is aimed at improving access to a range of services that are accessed by all children. Universal health services will become increasingly influenced by the children's trust locality commissioning arrangements with the active engagement of practice based commissioners. There will be increased co-location of health visitors and school nurses within children's centres and greater involvement of partners and service users in service planning. The use of the Common Assessment Framework will be used in addition to standard clinical assessment frameworks and will act as the gateway for children accessing specialist services. Families and children will benefit from the Child Health Promotion Programme and its integration with other universal services, such as nursery and child care, family support, play and learning. There will be increased integration of health visiting and school nursing roles into integrated children's teams, focused on localities, contributing clinical skills and expertise. These services could support children and families, across a number of different settings, including schools and GP practices, building long-term relationships with a family. To achieve our objectives we will be increasing capacity in School nursing and Health Visitors. In addition NHS Leeds will be supporting the Health Schools initiative which will support the following areas of development: a) Establishment of a Healthy Young People's Service (HYPS) at every secondary school b) Incentivising schools to deliver key measures of health improvement within their students; c) Provision of Healthy Leeds TV in every secondary school d) Development of services which support and promote physical activity, healthy eating and emotional health; e) Significant development of the PHSE/PSE support programme; f) Strengthening of engagement in delivery of the Children's and Young People's Obesity Strategy. Other areas of development include increasing capacity in the following a) Dietetics Services : Increased access to services b) Physiotherapy: non acute children's services c) Dentistry: Additional capacity and community based sedation services to support the development of robust pathways for children's dental treatment.
5 Year Strategy Commitment	▪ We will increase capacity for school nursing and health visitors ▪ 10% (39000 patients) more increase in NHS Dental Treatments provided ▪ There will be 30 more NHS dentist practitioners ▪ We will increase children's physiotherapy capacity
Outcome Delivery	1. VSB05 Smoking prevalence (Quit Rates as presently reported) 2. VSB06 Women who have seen a midwife, or an appropriate

	healthcare professional by 12 weeks of pregnancy 3. VSB09 Obesity in Year R and Year 6 children: % of children who are obese (using Cole's LMS method to standardize BMI) 4. VSB10 Proportion of children who complete immunisation by recommended ages 5. VSB18 Access to primary dental services 6. NI57 Children and young people's participation in high-quality PE and sport
Planned Developments	Establishment of a Healthy Young People's Service (Increase school nursing capacity (fully implemented by Q3) Enhancement of Leeds Children's Speech and Language Therapy (SALT) Service Capacity. Primary Care to develop GPwSI to support development of children's MDTs (See Primary Care Development initiative)
Investment Plan	No new investment required in 2009/10
Healthy Ambitions Recommendations	• Properly constituted children's multidisciplinary primary care teams that include health visitors, midwives, school nurses, community children's nurses, paediatric therapists and GPs. This team requires strong leadership from within primary care. • The CPG recommended a range of ways in which standards in primary care could be raised to the levels of the very best on offer in Y&H. The includes strengthening the training requirements of GPs in respect of paediatrics; asking a cohort of GPs to develop expertise to act as a 'beacon' within a practice or groups of practices with a clear aim of raising standards and improving outcomes; or potentially piloting a specific new role of a Children's GP
Risks to delivery	Ability of providers to recruit suitably trained staff Culture of providers primary, community and social care providers in responding to need to develop integrated Multi Disciplinary Teams
Risk Management and Mitigation	Ongoing engagement of Children's Trust of all providers in developing strategy and implementation plans for children's universal services to ensure ownership and preparedness to respond to commissioner expectations

2.11	**Children's Services Targeted Developments**
Description	This initiative focuses on projects that are targeted at improving services for small groups of children with particular needs. They are described individually below: **Reducing Childhood Obesity**: Leeds childhood obesity and weight management strategy, 'Can't Wait to be Healthy', highlights and supports the vital contribution that parenting, emotional wellbeing, physical activity, food, school meals, play, parks and green space and community safety strategies have to achieving a reduction in childhood obesity. Key areas for development include: • The development of a service specification for childhood Weight Management Services.

	• Commissioning of Watch it and/or Carnegie and/or other weight management interventions • Support implementation of Leeds School Meals Strategy to secure access to healthier school food • To ensure that 95% of Leeds schools achieve the National Healthy Schools status by December 2009; • Development of more family housing in the city with accessible, safe play areas and green public spaces; • Commissioning the Engaging Inactive Children programme • Support development of breakfast clubs, cookery classes, food co-ops, sports clubs and use of leisure facilities; • Support parenting programmes that encourage increased physical activity and improving diets **Disabled Children**: A "step change" in short breaks (respite) provision through: support to inclusive universal services across the city; expanded community nursing provision in the home; and increased capacity in Hannah House respite unit. This will require expansion in the workforce of community nursing and health care support workers. Increased investment into short breaks. Specific areas for development include • Roll-out of the inclusion strategy, enabling education of children with special needs in mainstream settings. This will require further investment into nursing and therapy support to schools • Review and reform of services and pathways in recognition of early support requirements, which will include universal services such as maternity, neonatal and health visiting services, as well as more specialist provision, such as Child Development Centres; • Multi-agency training and workforce development, particularly for universal services, in recognition of the inclusion agenda and need for increasing numbers taking on lead professional responsibilities; • Investment into children's speech and language services. • Expansion of the community nursing to support palliative care needs of children **Long Term Conditions**: A needs assessment is expected to report in late autumn of the 2008 to address a range of issues associated with childhood diabetes. Findings from the needs assessment, along with the emergent high level regional service model, will be used to develop a local care pathway and service specification for young people with diabetes. Anticipated development include: • Developing a specialist nurse-led transition service to facilitate a seamless transfer to adult services, • Adopting of a Year of Care, collaborative care-planning service model, to involve young people in their care and encourage better compliance with treatment and diabetic control; • Implementing a specialist IT system at LTHT for children and young people with diabetes, Undertaking a pilot of a locally developed expert patient programme for children and young people with long term conditions to support

	psychosocial well-being and encourage young people to take an active role in care planning.
5 Year Strategy Commitment	We will halt the rise in obesity in children and by 2013 there will be no more than 2250 children in Leeds who are obese at age 10/11.
Outcome Delivery	1. WCC1 Reducing Health Inequalities 2. VSB01 All Age All Cause Mortality Rate per 100,000, disaggregated to narrow the gap between the 10% most deprived SOAs and the rest of Leeds 3. VSB09 Obesity in Year R and Year 6 children: % of children who are obese (using Cole's LMS method to standardize BMI) 4. VSC18 Carers receiving a 'carer's break' or a specific carers' service 5. VSC18 Carers receiving a 'carer's break' or a specific carers' service 6. VSC03 People supported to live independently 7. NI57 Children and young people's participation in high-quality PE and sport 8. HA7 Number of children admitted to hospital with asthma as a proportion of relevant population 9. HA8 % of children readmitted with asthma within three months of a prior admission 10. HA9 Average length of stay (ALOS) for children admitted with asthma
Planned Developments	**Reducing Childhood Obesity** Commission services that provide personalised advice and support for very young children and families in Children's Centres (HENRY). Commission Family Weight Management Services for 5-11 year olds Service. Provide Weight Management services in the community for C & YP (11-17). Tertiary Services Development: Commission specialist nurse, dietetic, psychology and physiotherapy sessions to support Leeds Tertiary Childhood Obesity Clinic to deliver Leeds Childhood Obesity Care Pathway in line with NICE clinical guidance CG43. **Long Term Conditions** Specification and procurement of a 16-25 diabetes transition service (enhancement to additional available funding in LTHT). **Continuing Care** Secure increase in assessment capacity. Increase in direct service delivery capacity. **Disability Services** Increase in respite/short break provision delivered in the home setting. Increased specialist clinical provision in mainstream settings to enable inclusion. Commission additional Speech and Language provision to implement elements of Bercow report. Establishment of 24/7 nursing provision to improve quality of care

Investment Plan	£745,000
Healthy Ambitions Recommendations	Staying Healthy. Links to reducing obesity LTCs: Focus on Improving outcomes in diabetes by developing a focussed Yorkshire and Humber wide approach.
Project Risks	Management of commissioning and procurement processes effectively to ensure delivery Capacity of market to respond to needs Ability to recruit key clinical and support staff

2.12	Child and Adolescent Mental Health Services Development
Description	An Emotional Health Strategy has been agreed for Leeds. This covers the whole spectrum from emotional health promotion in universal children's services settings, through to specialist CAMHS provided by the PCT and other agencies. Performance has improved within services; the length of time that children and families wait for CAMHS services has been reduced, and agreement reached on further reductions. The emotional health of children is a priority, with over 9000 young people (aged 5-15 years) in the city estimated to have a mental health disorder. This initiative focuses on making ongoing improvement to the CAMHS service. Specific developments include • Improved training and consultation in emotional health matters to all staff providing children's services; • Securing full spectrum of emotional health services, from health promotion and early intervention through to targeted and specialist services. • Clear care and service pathways will be in place within and across services; • Ensuring clarity concerning how behaviour difficulties amongst children and young people are addressed • A review of Tier 4 CAMHS services • By 2012/13 access and service delivery will be fully integrated across all providers supported by the development of unified service specifications to deliver a full range of outcomes in a multiplicity of settings for children and young people.
5 Year Strategy Commitments	▪ There will be zero waiting times for access to CAMHS ▪ Delivery will be fully integrated across all providers by 2012/13. ▪ Clear care and service pathways will be in place within and across services
Outcome Delivery	1. OFEC8 Commissioning of early intervention in psychosis services 2. OFEC9 Commissioning of crisis resolution/home treatment services 3. VSB12 Effectiveness of CAMHS. % of PCTs providing a comprehensive service. 4. VSC32 Patient and user reported measure of respect and dignity in their treatment 5. MHCQUINA The number and percentage of service users being seen within 4 Hours 6. MHCQUINB The number and percentage of service witin 14 days
Planned Developments	Developing emotional health and CAMHS training to ensure increased volume and co-ordination across all agencies (PSA 12). Improving access to early intervention CAMHS services through consolidation of Social Care and NHS resources in one agency Securing appropriate CAMHS inpatient environments and capacity for children up to the age of 18 to ensure compliance with MHA2007.. Secure additional short-term capacity to achieve "no waits" for CAHMS services.

Investment Plan	£125,000
Healthy Ambitions Recommendations	• Children and young people should have the same thresholds and access to services across the region. In addition there should be rapid access teams, drop in services, specialist on-call services in all areas and paediatric mental health liaison for children and young people with physical health conditions. Services should be age sensitive and focus on prevention and early intervention. • There should be investment in training for professionals and non professionals in order to improve the emotional and behavioural support for children and young people in primary health care, schools and communities.
Risks to delivery	
Risk Management and Mitigation	

2.13	**Dental Services Development**
Description	NHS Leeds has identified the need to significantly increase access to primary care services to meet the changing needs of the population. In 2007/8 NHS Leeds increased investment in primary dental services by £3M. This funding will be targeted at increasing access to dentistry across Leeds. In 2008/9 NHS Leeds delivered additional activity through commissioning the following a) Bundles of UDAs from existing practitioners b) 1 year contracts to existing practices for additional services c) Orthodontics waiting list initiatives d) New General Dentals service at Yeadon In 2008/9 NHS Leeds began recruitment of an addition dentists. The additional substantive capacity is due to be in place early in 2009/10. By 20012/13 NHS Leeds will have recruited an addition 30 Dental Practitioners. These services will ensure adequate provision of GDS to the general population and support the development of integrated pathways for children as described above.
5 Years Strategy Commitments	▪ 10% (39000 patients) increase in NHS Dental Treatments provided ▪ There will be 30 more NHS dentist practitioners ▪ Children's free from tooth decay will increase from 57 to 60%
Outcome Delivery	1. VSB18Access to primary dental services
Planned Developments	Increase places for patients who wish to register with an NHS Dentist
Investment Plan	No new investment required in 2009/10
Healthy Ambitions Recommendations	Primary care dental services need to be developed to better cater for children with significant dental disease within the primary care sector with better integration between primary dental care and specialised services. Referral pathways into the specialised services need to be more clearly defined.
Project Risks	Market ability to flex to demand fluctuations for services
Risk Management and Mitigation	Ongoing engagement with existing providers and significant effort being made to ensure market development

Planned Care

4.14. Clinical Integration of services is at the heart of NHS Leeds Strategy. NHS Leeds has developed a new change programme "Care Closer to Home" which includes a range of initiatives to be driven forward by our Practice Based Commissioners in collaboration with local providers.

4.15. Our plan for Planned Care are wide ranging and deliver on a number of national and local priorities including "Healthy Ambitions" and the "Cancer Reform Strategy".

4.16. Our initiatives are outlined below:

2.6	**Cancer Reform Strategy**
Description	The cancer reform strategy outlines a range of developments to be progressed to improve outcomes for cancer patients. The strategy identifies the need for investment in public awareness, screening and prevention, diagnostics surgery and adjunctive therapy alongside support for patients and development of clinicians in managing care. NHS Leeds has identified the following key areas for development: a) Social marketing to support reduction in causes of cancer b) Raising awareness of alarm symptoms to promote early presentation c) Raising awareness to promote routine screening d) Increasing capacity for screening in line with national programmes i.e. breast, cervical and bowel screening e) Improving access to adjunctive therapies i.e. chemotherapy and radiotherapy f) Supporting implementation of IOGs NHS Leeds role as lead commissioner for Leeds Teaching Hospital will require a greater focus on the wider implications of the Darzi recommendations re centralisation of care notably with regards to GI and urological surgery and related implication for capacity and development.
5 Years Strategy Commitments	▪ 60% of patients aged 60 -74 screened for bowel cancer ▪ 75,000 women screened for breast cancer ▪ 147 Lives will be saved from people under 75 dying from cancer. ▪ 7 fewer people per 100 waiting over 62 days for cancer treatment
Outcome Delivery	1. WCC2 Increasing Life Expectancy (AAACM) 2. VSA08 Proportion of patients with breast symptoms referred to a specialist who are seen within two weeks of referral 3. VSA09 Proportion of women aged 53-70 offered screening for breast cancer 4. VSA11 A maximum waiting time of one month from diagnosis to treatment for all cancers, including second and subsequent surgery and drug treatments 5. VSA12 Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments) 6. VSA13 A maximum waiting time of two months from urgent referral to treatment for all cancers, including those referred via a

	consultant upgrade or a national screening programme 7. VSB01 All Age All Cause Mortality Rate per 100,000 8. VSB03 Reduce <75 Cancer Mortality Rate (20% by 2010) 9. VSC25 Healthy life expectancy at age 65 10. VSC32 Patient and user reported measure of respect and dignity in their treatment
Planned Developments	**Cervical Cancer** Screening: Application of LEAN approach to distribution and reporting of results to ensure that women receive results within 2 weeks of test. LEAN implementation in Q1 Treatment: Implementation of redesigned pathways to ensure that all patients identified positively receive their treatment within 62 days. Pathway implemented in Q1. **Breast Cancer** Commissioning and Implementation of digital mammography capacity. Services to be fully available by end of year (Q4). **Bowel Cancer** Implementation of national bowel screening programme. (Q1 with additional screening coming on stream throughout the year). Commissioning and implementation of laparoscopic approach to colorectal cancer surgery. (Q3). **Lymphodoema service** Commission follow up service for patients to enable review in primary care (Q3) **Fertility Services** Commission and Implement effective fertility services for patients with cancer. **All Cancers** Implementation of Choose and Book for all cancer 2 week wait referrals (Q2) **Imaging** Support implementation of Independent Sector CT and PET scanning capacity (Q1).
Investment Plan	No new investment required in 2009/10
Healthy Ambitions Recommendations	N/A
Project Risks	None identified in year
Risk Management and Mitigation	

4.1	**No Waits: Delivering 18 Weeks (Elective Demand)**
Description	NHS Leeds has established an 18 weeks Programme Board to

	support the ongoing delivery of a no waits culture for elective services. Through the 18 weeks Programme Board NHS Leeds has been working with its Partners to understand the likely steady state demand and support the development of capacity across the health system. This work has identified a gap in some key specialities and NHS Leeds will be working with its partners in acute and primary care to develop optimum pathways for closing those gaps to deliver better services whilst securing best value for money. Key areas of development include a) Understanding Demand b) Procurement of capacity to deliver waiting list backlogs c) Securing capacity to manage ongoing demand d) Diagnostic Development e) Pathway Redesign This initiative is intrinsically linked to our proposed initiative "Clinical Integration – Service Transformation and Redesign" which is focussed on the creation of integrated elective care pathways that transfer activity closer to home In 2008/9 activity has increased significantly however referral demand has increased well above demographic change projection (in line with national increase) as a result of a range of factors including success in reduction in waiting times reducing GP referral thresholds and patient expectation and presentation for treatment. This is putting significant capacity and financial pressure in system with impact on our projected needs.
5 Year Strategy Commitments	▪ 18 weeks RTT sustainably achieved ▪ We will have reduced GP referrals into acute hospitals by a minimum of 5% ▪ Waiting times for routine diagnostics tests will be a maximum of 3 weeks ▪ 40% of outpatients and 40% of diagnostics and outpatient treatment will be undertaken in a community setting
Outcomes	1. OFEC11 Outpatients waiting longer than the 13 week standard* 2. OFEC12 Inpatients waiting longer than the 26 week standard* 3. VSA04:1 18 weeks maximum wait from referral to the start of treatment by Dec 2008 4. VSA4:2 Percentage of Patients seen within 18 weeks for direct access audiology services 5. VSA04:3 Diagnostic Waits > 6 Weeks 6. VSA05:1 18 week supporting indicator: GP referrals for outpatient - G&A 7. VSA05:10 18 week supporting indicator: Activity for 15 key diagnostic tests 8. VSA05:2 18 week supporting indicator: Other referrals for outpatient -G&A 9. VSA05:3 18 week supporting indicator: First OP attendances following GP referral - G&A 10. VSA05:4 18 week supporting indicator: All first OP attendances (consultant led) - G&A 11. VSA05:5 18 week supporting indicator: Total elective G&A daycase FFCEs 12. VSA05:6 18 week supporting indicator: Planned elective daycase

	FFCEs 13. VSA05:7 18 week supporting indicator: Total elective G&A admitted FFCEs 14. VSA05:8 18 week supporting indicator: Total planned G&A admitted FFCEs 15. VSA05:9 18 week supporting indicator: Non elective G&A FFCEs (excluding well babies) 16. VSA14 A maximum waiting time of two months from urgent referral to treatment for all cancers, including those referred via a consultant upgrade or a national screening programme 17. VSC16 Patient reported measure of choice of hospital 18. VSC32 Patient and user reported measure of respect and dignity in their treatment
Planned Developments	**Elective Activity** Baseline: Developing robust and sustainable baseline demand plans and signalling commissioning intentions to key providers to ensure market can respond to PCT's future requirements. (Q2) Backlog: Commissioning and securing additional capacity required to deliver residual backlog as a result of increased demand for services. (Q1 onwards) **Elective Service Redesign** Commissioning a range of services based on redesigned pathways in the following specialties (anticipated implementation date for each new pathway in brackets): Orthopaedics • MSK Triage Service (Q3) • Spinal Assessment Clinic (Q2) • Hand Surgery (Q1) • Hip and Knee Surgery (Q1) • Shoulder and Elbow Surgery (Q3) Neurosciences (Q4) Oral and Maxillofacial Surgery (Q4) **Diagnostic Capacity** Commissioning and securing capacity to deliver 3 week endoscopy and imaging waits (in place by Q3 imaging and Q4 endoscopy) Implementation of anticoagulation services in community settings (services in place from Q1) Commissioning of community based phlebotomy services (services in place by Q4)
Investment Plan	£22,600,000
Healthy Ambitions Recommendations	People requiring "high volume" procedures (e.g. hernia repair) should be offered day case services as routine when it is clinically appropriate. These should be provided in dedicated elective units and/or dedicated elective centres.

Risks to delivery	Demand increasing above projections Ability of provider to respond to demand. Culture in LTHT re redesign of services
Risk Management and Mitigation	Demand management initiative in Primary Care Early market signalling of commissioning intentions Clinical engagement exercise to be undertaken as part of clinical integration initiative

5.2	**Clinical Integration – Primary and Community**
Description	This project will encourage collaboration between practices and care services to support the development of choice for patients in primary and community care NHS Leeds Practice Based Commissioning Consortia are to run two pilots to assess the feasibility of the development of Integrated Care Organisation. If successful this model will be promoted globally across Leeds. The initiative will support Greater integration between practices with community nursing services and social care enabling GP time to be freed up to provide medical care to patients. Investment in the short term is to support management resource required to support the set up of pilot.
5 Year Strategy Commitments	Access to high quality community services
Outcome Delivery	1. VSA06:1 Guaranteed access to a primary care professional within 24 hours 2. VSA06:4 Patient reported measure of access to a GP 3. VSC11 People with long-term conditions feeling independent and in control of their condition 4. VSC17 Adults and Older people receiving direct payments and/or individual budgets per 100,000 population 5. VSC32 Patient and user reported measure of respect and dignity in their treatment
Planned Developments	Implementation of Integrated Community Organisation Pilot (Q2)
Investment Plan	No new investment required in 2009/10
Healthy Ambitions Recommendations	Co-ordination of GP, Social Care, Community Care Services to provide seamless care that meets the needs of patients Increase “team working” with more patient consultations undertaken by nurse specialists and other professionals freeing up GP time for medical treatment and advice
Project Risks	Organisational and Provider Culture
Risk Management and Mitigation	

5.3	**Clinical Integration – Primary and Secondary Care**
Description	NHS Leeds is seeking to encourage greater cooperation between acute and primary care professionals to redesign and implement pathways that result in the majority of a patient’s care taking place in a community setting. This project will be the primary driver for the redesign of ambulatory elective care. The project will adopt a lean approach to redesign that seeks to minimise the number of attendances and contact that patients have with professionals to secure an appropriate outcome. This project will result in opportunities

	to revisit traditional models of care and provide stimulus to those who would wish to innovate new clinically effective models of provision. This project will be supported through the NHS Leeds estates and capital development programme that will secure healthcare premises that support new models of care
5 Year Strategy Commitment	▪ 40% of elective outpatients and 40% of diagnostics and outpatient procedures delivered in a community setting. ▪ The proportion of overall budget spent with acute hospital providers will have reduced by at least 5% ▪ All Independent sector contracts will be cost per case to ensure no wastage ▪ A minimum of 5% of all services will have been subject to market testing through tendering
Outcome Delivery	1. OFEC11 Outpatients waiting longer than the 13 week standard* 2. OFEC12 Inpatients waiting longer than the 26 week standard* 3. VSA04:1 18 weeks maximum wait from referral to the start of treatment by Dec 2008 4. VSA04:2 Percentage of Patients seen within 18 weeks for direct access audiology services 5. VSA04:3 Diagnostic Waits > 6 Weeks 6. VSA05:2 18 week supporting indicator: GP referrals for outpatient - G&A 7. VSA05:3 18 week supporting indicator: Other referrals for outpatient -G&A 8. VSA05:4 18 week supporting indicator: First OP attendances following GP referral - G&A 9. VSA05:5 18 week supporting indicator: All first OP attendances (consultant led) - G&A 10. VSA05:6 18 week supporting indicator: Total elective G&A daycase FFCEs 11. VSA05:7 18 week supporting indicator: Planned elective daycase FFCEs 12. VSA05:8 18 week supporting indicator: Total elective G&A admitted FFCEs 13. VSA05:9 18 week supporting indicator: Total planned G&A admitted FFCEs 14. VSA05:10 18 week supporting indicator: Non elective G&A FFCEs (excluding well babies) 15. VSA05:11 18 week supporting indicator: Activity for 15 key diagnostic tests 16. VSC16 Patient reported measure of choice of hospital 17. VSC32 Patient and user reported measure of respect and dignity in their treatment
Planned Developments	Redesign of range of specialties to support procurement exercise that will enable delivery in a community based setting.
Investment Plan	No new investment required in 2009/10
Healthy Ambitions Recommendations	• Community based generalist clinicians (Independent contractor services and community nursing teams) should be integrated locally with specialist clinicians reflecting the health needs of local people. This will support the transfer of specialist sessions out of the hospital setting – the aim being to provide a "virtual polyclinic" service. • Generalist and specialist clinicians must have significantly greater

	access to diagnostic services with robust referral mechanisms to ensure clinical skills of diagnosticians are fully utilised.
Project Risks	Resistance from existing providers Perverse incentives in system influencing service design Destabilisation of services Pathways across providers increase complexity of system for patients
Risk Management and Mitigation	Ensure robust engagement of existing providers in strategic aims Ensure robust governance systems that ensure services are commissioned and procured in a fair and equitable way. Ensure robust understanding of impact of service changes through engagement with existing providers to ensure service sustainability and continuity for patients

2.4	**Improving the Quality of the Healthcare Environment**
Description	NHS Leeds is committed to ensuring patients access their services in high quality surrounding that are fit for purpose for the provision of 21st Century Healthcare. This initiative is focusing investment in a number of areas including a) Upgrading of GP Practice Premises b) Supporting the development of community healthcare accommodation (e.g. LIFT) c) Supporting the Children's services developments at LTHT d) Development of a Community of Interest Network (IM+T) NHS Leeds approach to estates development will evolve as our initiatives develop and progress. There is clearly a need to identify how our approach to estates will support initiatives that provide clinically integrated services closer to home. Initial thought are that we may need to revise assumptions on new investment required as we get clearing on how we support providers to innovate.
5 Year Strategy Commitments	▪ All Children's centres will have appropriate clinical facilities. ▪ Leeds Teaching Hospitals with provide children and their parents with a 21st century environment ▪ 5 new properties procured and built through LIFT ▪ At least 1/3 of GP practices to be refurbished ▪ 40% of Outpatients and Diagnostics to be provided in a community setting
Outcome measures	1. VSC32 Patient and user reported measure of respect and dignity in their treatment
Planned Developments	Upgrading GP Premises: The following will be upgraded in 2009/10 • New Cross Surgery, • Adel, Leigh View, • Moor Lane, • Crossgates LIFT: No additional costs in 2009/10 LTHT Children's Development: Embedded in contract Development of Community of Interest Network (COIN)
Investment Plan	£550,000

Healthy Ambitions Recommendations	Planned Care: As changes to locally based care are implemented some of the estate may become redundant for their current use, for example outpatient clinics. Much of this will need to be redesigned to provide other services. This approach may well significantly reduce the need for new buildings.
Project Risks	None identified
Risk Management and Mitigation	

Acute Episode

4.17. In 2008/9 NHS Leeds completed the procurement of a new Urgent Care service that is consistent with the recommendations outlined in “Healthy Ambitions”. This new service will go live on April 1st 2009.

4.18. In 2009/10 NHS Leeds will focus effort on delivering other key recommendations through its patient flows project and through working with associate PCTs and YAS to deliver changes in service models in ambulance services.

4.2	**Improving Ambulance Services**
Description	This initiative is focussed on development and redesign of ambulance services. In the short term NHS Leeds with other commissioners is investing in YAS to increase capacity to secure Call Connect Performance. In the medium term we will be looking to the following possible areas for development: a) New roles for practitioners; b) Triaging of patients and redirection to appropriate treatment option c) Separation of PTS and emergency ambulance services In the longer term we will consider, with our partner commissioners, our strategic options for securing value for money and new service models for our patients
5 Year Strategy Commitments	▪ Ambulance service will be delivering all response times targets ▪ There will be fewer ambulance journeys to A&E as more patients are treated by ambulance crews
Outcomes	1. WCC2 Increasing Life Expectancy (AAACM) 2. OFEC3 Category A calls meeting 19 minute standard* 3. OFEC4 Category A calls meeting 8 minute standard* 4. OFEC5 Category B calls meeting 19 minute standard* 5. OFEC13 Thrombolysis "call to needle" of at least 68% within 60 minutes, (where preferred local treatment for heart attack)/Primary angioplasty 'call to balloon' time 6. VSB01All Age All Cause Mortality Rate per 100,000 7. VSB02 Reduce <75 CVD Mortality Rate 8. VSC32 Patient and user reported measure of respect and dignity in their treatment 9. HA10 Stroke Mortality
Planned Developments	Yorkshire Ambulance Service Use contract to ensure that service changes agreed with YAS at YAS Consortia on Feb 2009 are implemented in year. Frequent Callers: Review management of frequent callers and commission new pathways to ensure better care and more appropriate use of services. New arrangements in place (Q2) Pathway redesign: Review YAS approach to existing & planned patient pathways to ensure pathways are being applied effectively. Commissioner expects outcome of review to lead to improvement in

	models of service provision (Q3). Application will be subject to ongoing review. New ways of Working: Introduction of Capacity Management system; Undertake trial of Emergency Care Practitioners
Investment Plan	£3,300,000
Healthy Ambitions Recommendations	A single point of contact for urgent care should be introduced. More options for treatment at scene by skilled staff should become available. After initial assessment or on face to face contact, a wider range of referrals across the health care system should be available to make best use of all services. Ambulance bypass protocols should be developed for patients with stroke, acute MI, major trauma and paediatric emergencies where or when appropriate to ensure patients have access to the best treatment.
Project Risks	YAS ability to respond to commissioner expectations
Risk Management and Mitigation	

4.3	**Improving Emergency Patient Flows**
Description	This initiative will lead on the implementation of the recommendations of the Darzi Urgent Care pathway review to ensure that patients get the right care in the right place ensuring effective and efficient use of expensive hospital resources. NHS Leeds will engage and work with our main provider to undertake a joint review of the system to inform where and how the commissioners' energies need to be focused in terms of improving the acute non-elective flow. The project will be defined and led by clinicians and take a whole systems approach to reengineering acute care. Areas of specific focus will include a) Developing alternatives to A&E (see intermediate care) b) Redesign of A&E: NHS Leeds will work with its main provider to agree and implement models of care in A&E that ensure senior clinical decision making as early in pathway as possible and that reduce the need for unnecessary admission e.g. the use of acute physician role/ On Call physician working full time between CDU and A&E, GP in A&E models c) Review emergency admission processes: The threshold for admission has reduced since achievement of 4 hour target. NHS Leeds is keen to ensure that only those patients requiring admission get admitted and will work with LTHT to ensure that perverse incentives do not result in patient being admitted rather than treated in A&E and discharged. d) Inpatient Flows: NHS Leeds support the implementation of care coordinators and would wish to see these linked to discharge teams within intermediate and social care to support early

	discharge where appropriate. NHS Leeds would also wish to see a move towards 24/7 care in hospitals i.e. a move way from the reduction in medical cover available for emergencies at weekends to smooth admission and discharge flows across week and avoid bottlenecks on Mondays. NHS Leeds recognises that this would require more investment in community support to enable discharge at weekends e) Review of discharge processes: supported by the above NHS Leeds is proposing investing in intermediate care to support early discharge and rehabilitation in community settings. The Emergency Patient Flows Initiative will also take the lead for ensuring that appropriate pathways are in place for patients admitted as a result of stroke or TIA and a range of other quality initiatives e.g delivery of pain relief for patients admitted with a fractured neck of femur and subsequent time to receive treatment It is expected that this initiative will release resource from acute contracts to support care closer to home.
5 Years Strategy Commitments	▪ We will have reduced A&E attendances by a minimum of 5% ▪ We will have reduced emergency admissions by a minimum of 5% ▪ At least 99% of patients will be seen, treated and discharged from A&E within 4 Hour hours ▪ Delayed Transfers of Care will be reduced to a minimum ▪ Emergency bed days will be reduced by a minimum of 5%
Outcomes	1. OFEC10 Total time in A&E* 2. OFEC13 Thrombolysis "call to needle" of at least 68% within 60 minutes, (where preferred local treatment for heart attack)/Primary angioplasty 'call to balloon' time 3. VSA14 % of TIA cases with a higher risk of a stroke who are treated within 24 hrs 4. VSB01 All Age All Cause Mortality Rate per 100,000 5. VSB02 Reduce <75 CVD Mortality Rate 6. VSC10 Delayed transfers of care 7. VSC10 Delayed transfers of care* 8. VSC20 Emergency bed days (also used as proxy for VSC11: People with long-term conditions feeling independent and in control of their condition) 9. VSC25 Healthy life expectancy at age 65 10. VSC32 Patient and user reported measure of respect and dignity in their treatment 11. HA5 Average Length of Stay for patients with diabetes 12. HA10 Stroke Mortality
Planned Developments	A&E: Undertake utilisation management review of LTHT emergency services to inform commissioning service specifications. Emergency Admissions: Development and commissioning of new service models for acute medicine (Q2) and older people's services (Q3). Emergency Discharge: Develop robust pathways of care that ensure systematic discharge planning and implementation. Produce multi agency implementation plan and commission services accordingly. Implementation of new processes in Q3.

Investment Plan	No new investment required in 2009/10
Healthy Ambitions Recommendations	Senior clinical decision makers should always be available at the front door. There should be extended use of clinical decision units and short stay units. Systems should be improved with the introduction of care-pathway coordinators and an emphasis (targets) on discharge. Consultant decisions should be made as early as possible in patient care and no later than 12 hours. New models of care should be developed for stroke, heart attack, trauma, older people Acute providers to be commissioned to work together to develop integrated networks to support these models. Consideration for further integration of primary and secondary care achieved functionally or by developing new models of provision.
Project Risks	Provider management resistance to change. Perverse incentives in emergency pathways in tariff.
Risk Management and Mitigation	Clinical engagement ensuring strong focus on quality of patient care

3.2	**Intermediate Care Development Programme**
Description	NHS Leeds and its partners have developed an intermediate care strategy. The strategy identifies the need to increase the capacity in intermediate care services to improves community based support for patients to avoid the need for acute admission and treatment. The scheme will result in fewer admissions and shorter lengths of hospital stay and hence cost of development will be somewhat offset through savings in acute contracts.
5 Years Strategy Commitments	▪ We will have reduced A&E attendances by a minimum of 5% ▪ We will have reduced emergency admissions by a minimum of 5% Excess bed days costs will be reduced by 5%
Outcome Delivery	1. OFEC10 Total time in A&E* 2. VSC10 Delayed transfers of care 3. VSC17 Adults and Older people receiving direct payments 4. VSC20 Emergency bed days (also used as proxy for VSC11: People with long-term conditions feeling independent and in control of their condition). 5. ACQUING % of patients who receive a hip replacement who are readmitted with complications within three months of initial admission 6. ACQUING Average Length of stay (ALOS) of patients who undergo a hip replacement 7. ACQUING % of patients who receive a knee replacement who are readmitted with complications within three months of initial admission 8. ACQUING Average Length of stay (ALOS) of patients who undergo a knee replacement

	9. HA12 % of patients who are readmitted for stroke within three months of being previously admitted
Planned Developments	Key areas of development include: • Increasing intermediate care bed capacity to support alternatives to admission and early discharge. • Additional community care capacity targeted at providing alternatives to emergency admission. • Increased community capacity to support early discharge of patients to their home.
Investment Plan	No new investment required in 2009/10
Healthy Ambitions Recommendations	N/A
Project Risks	Coordination between providers to ensure maximum benefit from improved access.
Risk Management and Mitigation	Robust performance management of providers Ensuring improved integration between primary and community care providers to maximise use of intermediate care capacity

5.1	**Urgent Care Service Development**
Description	West Yorkshire PCTs have designed a "form-follows-function" approach to commissioning urgent care services. The new service, due for implementation in 2009, brings together the current out-of hours service and minor injuries to provide a one-stop approach to urgent care. This initiative will support the introduction of a single point of contact number for urgent care and will meet the some, if not all, of the criteria described in the Darzi Pathway recommendations.
5 Year Strategy Commitment	▪ Consistent and bespoke service for patients attending EDs with non-life threatening needs ▪ Better health outcomes and improved patient experience
Outcome Delivery	1. OFEC10 Total time in A&E 2. VSC32 Patient and user reported measure of respect and dignity in their treatment
Planned Developments	Urgent Care Centre will go live on April 1st
Investment Plan	No new investment required in 2009/10
Healthy Ambitions Recommendations	Current '999' and other urgent call systems (e.g. to NHS Direct or Out of Hours providers) should be reviewed to produce consistent signposting of care tailored to local need and provision. Urgent care centres to be introduced alongside major A&E departments. A specification for services, staffing, facilities and management arrangements should be agreed based on the recommendations made by the Acute CPG. Clear protocols for the movement of patients between UCC and A&E should be agreed.

	Urgent Care Centres should include expert assessment of children by GPs and /or paediatricians.
Project Risks	Increased demand over and above costs estimates
Risk Management and Mitigation	None

Mental Health Pathway

4.19. NHS Leeds has made significant progress in developing Mental Health Services and believe progress to date to be consistent with service models proposed in "Healthy Ambitions". NHS approach to the development of mental health services embraces the principle of providing care in the least restrictive environment as close to home as possible.

4.20. IN 2009/10 significant focus is being given to further developing a shared vision of services with our main provider and in delivering improved access to psychological therapies in line with the national IAPT programme.

4.21. This section also contains our plans for Learning Disabilities. Our plans for Learning Disabilities are consistent with and have taken account of policy guidance including *Valuing People Now, Healthcare for All* and local partnership LD action plans

4.22. Our plans are as follows:

2.9	**Mental Health Services Development (Adult)**
Description	A comprehensive programme of community development work has been developed to improve care and support for those suffering from mental health problems. Areas of development Include *Improving Access to Community Services:* a) Increase out of hours mental health liaison service in A&E b) Increase in psychological therapy services c) Increase in early intervention crisis services d) Increase advocacy services e) Improve access to employment and other vocational opportunities for people with mental health problems f) Redesign recovery and rehabilitation pathway for people with complex and challenging mental health needs. g) Increase non statutory crisis and place of safety provision provided by the 3rd sector h) Redesign and implement CMHT and outpatient care pathways *Promoting Social Inclusion and Awareness*: Promoting prevention, self management and mental health awareness. Self help material to be widely available to enable people to manage their own mental health; mental health awareness training available to employers, schools, and other professionals to improve general understanding of mental health both for themselves and those they work with. The Government has highlighted the need for the NHS and other partners to take account of the burgeoning needs of an aging population. This initiative includes work streams associated with supporting older people with mental health problems. Specific Schemes include 1. Implementation of the National Dementia Strategy

	2. Ongoing development of POPPS Projects for Older People NHS Leeds works closely with its partner organisations to ensure that the needs of Older People are addressed holistically. A full review of services will be required on the publication of the Dementia Strategy
5 Year Strategy Commitments	▪ There will be "no waits" for access to mental health service ▪ There will be 45 additional therapists working as part of the Common Mental Health Pathway (incorporating IAPT) 16294 people a year will complete an episode of treatment.1.5 % of those treated will move from state benefits into employment. ▪ Early Intervention Service capacity will be increased by 50% ▪ Increased capacity to support estimated 10% increase in demand from older people with mental health problems ▪ reduce admission for dementia by 5% over the next 5 years saving 150 bed days per month ▪ reduce admission for mental health problems by 5% over the next 5 year and reduce LOS by 10 days per admission
Outcome Delivery	1. OFEC8 Access to early intervention in psychosis services 2. OFEC9 Access to crisis resolution services 3. OFEC10 Total time in A&E 4. VSB01 All Age All Cause Mortality Rate per 100,000 5. VSC02 Proportion of people with depression and/or anxiety disorders who are offered psychological therapies 6. VSC08 Number of vulnerable and socially excluded with mental health problems helped into settled into employment 7. VSC32 Patient and user reported measure of respect and dignity in their treatment
Planned Developments	**Mental Health Services** • Commission increase access to out of hours mental health liaison services in A&E (additional capacity in place Q1) • Commission increase capacity (11,400 patients) in psychological therapy services. (Q1) as part of national **IAPT** initiative. • Commission (4-5%) increase in capacity in early intervention crisis services.) • Commission additional advocacy services capacity • Increase non-statutory crisis and place of safety provision provided by the 3rd Sector. • Commission for Deprivation of Liberty (Q1) **Mental Health Services for Older People** The POPPS Projects for Older People service was established using pump-priming funds. A review of services has demonstrated its effectiveness and the PCT is supporting its continued provision. In 2009/10 investment is therefore required to sustain the following services • POPP Liaison Psychiatry service • POPP Mental Health Rapid Response ICT • POPP Dementia Resource Centres (Health element) In addition NHS is to invest in developing older peoples' MH services with a focus on dementia.

	Safeguarding Adult Social Services are putting in place a significantly enhanced infrastructure and have requested 45% of the cost. This infrastructure will support both NHS Leeds and Care Services with staff training in safeguarding, availability of specialist expertise and advice to staff on safeguarding issues, leadership of case strategy and review meetings, providing independent assurance, independent expertise to undertake serious case reviews, development of multi agency policies and procedures for use by all staff, development and management of systems to collect, analyse and report on safeguarding matters across organisations in Leeds .
Investment Plan	£2,878,000
Healthy Ambitions Recommendations	The key recommendations from the Darzi CPG are as follows. • Single point of access • Integrated primary/secondary and health and social care • Open access to a range of interventions provided by a range o providers • Personal advisors or advocates are available to support people in accessing appropriate support • Care planning supported by "advocate" challenged care navigation • NICE guidelines/good practice /evidence to underpin the care packages • Care elements / packages allocated a cost so that individuals can have their own budget • National standards developed for services which enable benchmarking to take place The key pledge emanating from the Darzi review is that "There will be no waits for mental health services"
Project Risks	Person deprived of liberty without authorisation due to trained assessors and authorisation process not being in place by April 09.
Risk Management and Mitigation	DoL: Implementation plan in place. Tight monitoring and escalation process.

3.5	**People with Learning Difficulties**
Description	The Leeds Learning Disability Strategy will be launched in March 2009. The Strategy has been developed in partnership with Leeds City Council and other partner organisations. The Leeds LD Strategy, consistent with emerging national policy recommendations contained in *Healthcare for All* and "*Valuing People Now* ", includes 3 priorities for health 1. Improving the capacity for primary care to deliver effective healthcare services for people with LD, 2. Improving acute hospitals care for PLD,

	3. Developing specialist health services to support people with LD and complex needs. The Strategy will include a scoping exercise to look at appropriate service models for people currently receiving continuing care in LD inpatient services provided by LPFT resulting in implementation of new models of care where appropriate.
5 Year Strategy Commitments	The needs of people with learning difficulties will continue to be met
Outcome Delivery	1. VSC03 People supported to live independently 2. VSC32 Patient and user reported measure of respect and dignity in their treatment
Planned Developments	Developments in LD Develop and commission service model for health facilitation to support primary care. Service delivered in Q3 Develop service model and commission service to improve access to and experience of acute hospitals. Service delivered in Q4 Commission local specialist health service for people with complex health needs. Service delivered in Q4 In addition NHS Leeds will be contribution to the LD pooled budget to support ongoing service capacity development
Investment Plan	£1,754,000
Healthy Ambitions Recommendations	N/A
Project Risks	None identified
Risk Management and Mitigation	

End of Life Pathway

4.23. NHS Leeds has been a proactive supporter of the Marie Curie "Delivering Choice" programme with a successful pilot due for completion in 2009/10. The "Delivering Choice" service is to be continued in 2009/10 through NHS Funding.

4.24. The "End of Life' pathway recommendations are fully embraced by NHS Leeds and we will be working with our providers and partners to develop a robust approach to delivering the cultural and systems changes required to ensure more patients can die in a place of their choosing.

4.25. Our plans are as follows

2.7	**End Of Life Care**
Description	The Darzi 'End of life' pathway group made recommendations on the need to address a range of issues associated with supporting patients towards the end of their life. This initiative delivers a range of projects required to achieve the recommendations through the following key areas of development: a) **Culture Shift:** Use of social marketing and training and development to support greater openness between professionals and the public with regards to dealing with end of life issues. This will be supported through investment in wider social marketing campaigns to break down taboos associated with death and dying. b) **Improved commissioning**: The development of a comprehensive approach to commissioning with our partners that secures integrated services and choice. This integrated care will be supported through the commissioning of a single end of life service provider in Leeds that will coordinate care for patients. This will ensure that every patient and their family is allocated a key worker who can coordinate the care received. c) **Implementation of End of Life Model Pathway**: NHS Leeds will work with partners to adopt the Healthy Ambitions recommended "end of Life" Pathway In the short term NHS Leeds will be supporting improvement in delivery through the following investments **a) Implementing the Marie Curie Model:** The Marie Curie Delivering Choice pilot has been very popular with patients and professionals offering greater choice of place to die and care received. The PCT will review outcomes and seek if appropriate to expand scheme to offer to wider population. **b) Hospice Development:** The NHS is supportive of national guidance on funding 50% of relevant hospice costs. It will review affordability of meeting this commitment over next 2 years

	c) Care Home Development: Leeds PCT wishes to extend the choice and capacity of care homes to support those at the end of their lives. NHS Leeds will develop joint commissioning of preferred care homes with partners. **d) Continuing Care:** In relation to End of Life this includes the development of contracts with independent sector providers; redesign of PCT community health services including Joint Care Management, District Nursing and Night Services; development of a new health and social care service. Further work is required to ensure a comprehensive approach to expansion of palliative health and personal care teams. Further work will be undertaken on this initiative following publication of national end of life strategy.
5 Year Strategy Commitments	We will double the number of patients that are supported to die at home (up to 40%).
Outcomes	1. VSC10 Delayed transfers of care 2. VSC32 Patient and user reported measure of respect and dignity in their treatment 3. HA13 % of deaths that occur at home
Planned Developments	**Implementing the Marie Curie Model:** The Marie Curie Delivering Choice pilot has been very popular with patients and professionals offering greater choice of place to die and care received. The PCT is supporting the continuation of the model through funding existing services as provided by Marie Curie.
Investment Plan	£439,000
Healthy Ambitions Recommendations	End of Life • Significant work needs to be undertaken to challenge the prevailing "live for ever" through the use of social marketing techniques, public service broadcasting, education, and more visible dialogue and activity which breaks down taboos around death and dying. • Driving up the quality and availability of appropriate EoL care which is responsive to patient's needs and choices is a key role for PCTs. PCTs should put in place clear commissioning frameworks based on national minimum standards to be delivered across all settings, and consistent end of life care pathways across their area of responsibility which cover the following steps: o Timely conversations about EoL. o Assessment and care planning, coordination and registration. o Integrated service delivery. o Review. o Last days of life. o Care after death. o Support for carers. • A single care co-ordinator is required to act as the End of Life

	Service Provider with the authority to broker and assure care and support from a range of "sub contractor providers" to patients and families. • Every patient to have access to an identified key worker, care coordinator at GP Practice level and have access to 24/7 advice and support through a dedicated telephone number. • GPs, district nurses and hospital and social services staff should have access to 24/7 specialist palliative care advice. • Identified funding to support the provision of EoL care, from pooled budgets across health and social services is needed to support joint commissioning and investment. • Clear partnership arrangements with charities and other voluntary sector providers are needed to ensure the balance of resource investment is appropriate to ensure support across all areas.
Project Risks	N/A
Risk Management and Mitigation	

Supporting Developments

4.26. Our plans are supported through initiatives in primary care and the proposed development to be commissioned through Specialist Commissioning Groups. The following describes the key developments we expect to take forward in the coming year

3.1	**Primary Care Development**
Description	In 2008/9 NHS Leeds will complete the development of its Primary Care Strategy. Primary care is a cornerstone of the NHS Leeds approach to service development. Robust primary care is a key enabler to many of the programmes described within this Operational Plan. Primary care will support an array of health promotion, prevention and community based disease management initiatives. Other drivers include: demographic change and the need to implement the recommendations of the Healthy Ambitions pathways e.g. Urgent Care (reducing demand on acute services), Planned Care (clinical integration) and Children's (paediatric specialist in primary care) recommendations. Primary Care is also in the front line in our implementation of recommendations for Staying Healthy, LTCs and Mental Health In recognition NHS Leeds intends on significantly investing in primary care service capacity. Additionally NHS Leeds recognises the role of other contracted services an as such investments will also be required to secure improved access for optometry services as well as providing support to improve scope of services provided by pharmacists. Primary Care Investment will be supported through our healthcare environments developments that seek to create environments that will support integration across primary, community, social and secondary care. In the short term our approach will see the opening of our new "Darzi Health Centre" in Burmantofts.
5 Year Strategy Commitments	▪ 100% of practice lists are open and are routinely achieving access targets. ▪ 100% of practices offer the ability for patients to book ahead for an appointment up to 28 days ahead ▪ 100% of practices offer access a health professional by phone or email at appropriate times ▪ 50% of all practices offering evening or weekend opening hours ▪ 100% of practices offer the ability for patients to book ahead for an appointment up to 28 days ahead ▪ 100% of practices offer access a health professional by phone or email at appropriate times ▪ 50% of all practices offering evening or weekend opening hours ▪ A minimum of 5% reduction in A&E attendances ▪ Increase in specialist services available in practices and health centres Increased support for Integrated Community Organisations
Outcome Measures	1. OFEC1 % of patients with diabetes offered screening for diabetic retinopathy

	2. VSA06:1 Guaranteed access to a primary care professional within 24 hours 3. VSA06:2 Guaranteed access to a primary care doctor within 48 hours 4. VSA06:3 Patient reported measure of access to a GP 5. VSA07 Improvement in Family Friendly GP Hours (50% in PCT to offer extended opening) 6. VSB01 All Age All Cause Mortality Rate per 100,000 7. VSB02 Reduce <75 CVD Mortality Rate 8. VSB05 Smoking prevalence (Quit Rates as presently reported) 9. VSB09 Obesity in Year R and Year 6 children: % of children who are obese (using Cole's LMS method to standardize BMI) 10. VSB10 Proportion of children who have completed immunisation by recommended ages (MMR) 11. VSC16 Patient reported measure of choice of hospital 12. VCS23 Vascular risk 13. VSC32 Patient and user reported measure of respect and dignity in their treatment 14. VSC11 People with long-term conditions feeling independent and in control of their condition 15. HA1 % of patients registered with a GP who have had their BMI measured in last 15 months 16. HA2 % of patients registered with a GP who have had their BMI measured who have a BMI over 30. 17. HA3 Number of admissions from diabetes as a proportion of population 18. HA4 % of patients who are readmitted with a diagnosis of diabetes within 3 months of a previous admission 19. HA6 % of patients who have a HbA1c of 7.5 or less. 20. HA10 Stroke Mortality 21. HA11 Admissions for stroke as a proportion of the population
2009/10 Planned Developments (Key Milestones)	Implementation of with new "Darzi" Centre in Burmantoffts: Expectation that up to 1000 patients will register at new center and many other will take advantage of new walk-in and unregistered appointment service which will generate increased service demand. Commissioning Management Local Enhanced Service (LES): New LES developed to redefine purpose of PBC as vehicle to deliver demand management and supply management. GPwSI and specialist practitioner professional development. Commission training and professional development to accredit GPwSI to staff following: • Level 3 services (surgery, musculoskeletal, gynaecology, urology, neurology, ophthalmology) • Children's GP services, and • Care in the community. Commissioning 5 Clinical Directed Enhanced Services (DES's) for GMS/PMS practices in following areas: • Alcohol

	• Ethnicity • Learning Disabilities • Heart Failure • Osteoporosis Continuing premises improvement and maintenance
Investment Plan	£ 1,537,000
Healthy Ambitions Recommendations	Acute Episode: • PCTs should develop, and ensure the delivery of consistent standards for acute care in the community, which apply both in and out of hours. • Extended access to these services should be available, especially in the evenings and at weekends. • Additional services in pharmacies and other community settings should be developed. • Access to mental health and social care teams should be integrated with urgent care. • A single point of contact with a single telephone number should be introduced for urgent (as opposed to emergency) care e.g. 888 as part of an integrated triage and signposting system. • PCTs should commission a wider range of services in pharmacies and primary care. Children's • Standards in primary care could be raised to the levels of the very best on offer in Y&H. The includes strengthening the training requirements of GPs in respect of paediatrics; asking a cohort of GPs to develop expertise to act as a 'beacon' within a practice or groups of practices with a clear aim of raising standards and improving outcomes; or potentially piloting a specific new role of a Children's GP. • Assessment, diagnosis, and referral pathways: Access to services for children and families should be improved. Children should be able to access primary care services from 8 to late; thereafter there should be a single phone line for advice on children staffed by an experienced children's practitioner.
Project Risks	PBC not supportive of proposals to re-profile role.
Risk Management and Mitigation	Board level engagement and support for proposals.

2.8	**Specialist Services Development**
Description	NHS Leeds is a member of the Yorkshire and the Humber Specialised Commissioning Group (YHSCG). The SCG undertakes the following functions: to plan, including needs assessment, procure and performance monitor Specialised Services, and other services, to meet the health needs of the members populations

	to undertake reviews of Specialised Services to manage the introduction of new services, drugs and technologies and oversee the implementation of NICE and/or other National guidance or standards relating to Specialised Services The SCG supports commissioning of a range of services in a number of specialties. The table below identifies the key areas of development for the coming year
5 Year Strategy Commitments	Various
Outcome Measures	1. WCC2 Increasing Life Expectancy (AAACM) 2. VSA13 A maximum waiting time of two months from urgent referral to treatment for all cancers, including those referred via a consultant upgrade or a national screening programme 3. VSA04:1 18 weeks maximum wait from referral to the start of treatment by Dec 2008 4. VSA11A maximum waiting time of one month from diagnosis to treatment for all cancers, including second and subsequent surgery and drug treatments 5. VSA12 Proportion of patients waiting no more than 31 days for second or subsequent cancer treatment (radiotherapy treatments) 6. VSA13 A maximum waiting time of two months from urgent referral to treatment for all cancers, including those referred via a consultant upgrade or a national screening programme
2009/10 Planned Developments (Key Milestones)	In 2009/10 significant investment will be required to support developments in the following services: Burns Neurosurgery High Secure Forensic Services Cardiothoracic Surgery HIV and AIDS Treatment Renal Services Implementing changes to Cancer Services (IOGs) NICE approved cancer drugs In addition NHS Leeds expects significant financial impact from providing improved access to treatment for Acute Macular Degeneration (AMD). This service is commissioned locally although costing analysis was developed through SCG .
Investment Plan	£10,600,000
Healthy Ambitions Recommendations	Recommendations on vascular surgery and other SCG commissioned services
Project Risks	Uncertainty re proposed investment costs
Risk Management and Mitigation	Board level engagement and support for proposals.