



1 Introduction and who we are

- 1.1 Leeds Community Healthcare exists to provide the best possible care to every community it services. This includes specialised and universal services to every community in Leeds and some services across Yorkshire and the Humber. We are a teaching trust and are recognised locally and nationally for high quality and innovative practice.
- 1.2 We provide a wide range of community healthcare services for people of all ages. These include specialist rehabilitation; child and adolescent mental health; community paediatrics; community nursing; health visiting; school nursing; physiotherapy; community dentistry; primary care mental health; prison healthcare; smoking cessation and sexual health services. These services are delivered within people's homes; in the GP practice; in health centres; hospital sites and schools.
- 1.3 The Trust has a turnover of circa £137 million and employs approximately 3000 staff.
- 1.4 Our vision and values have been developed by our staff.

The vision of the Trust is:

We provide the best possible care to every community in Leeds

And we will be known as an organisation that achieves results by

- Working with children, adults and families to deliver high quality care
- Being a good partner
- Developing and valuing our staff
- Using our resources wisely and efficiently

Our vision is underpinned by our values

- We are open and honest and do what we say we will
- We treat everyone as an individual
- We are continuously listening, learning and improving

2 Becoming a foundation trust

- 2.1 Staff within LCH fought for a community based NHS organisation in Leeds. In 2011 we went out to consult on our plans to become a foundation trust. We believe that foundation trust will bring many flexibilities and benefits to the Trust and wider health economy as it will enable the local health and social care system to work better and deliver integrated responsive services.
- 2.2 The process of authorisation to become a foundation trust changed on 1 April 2013 with the closure of strategic health authorities and the introduction of the National Trust Development Authority. To become a foundation trust we must demonstrate that we are well governed, legally constituted and financially viable. To do this there are a number of tests and milestones in the authorisation process.
- 2.3 So far we have:
- Undertaken our board governance assurance framework assessment and had this independently verified – this tests our governance arrangements and ensures we meet the test of well governed.
 - Had historical due diligence assessments by an approved independent consultant – which ensures we meet the test of financially viable.

- Undertaken our quality governance assessment and had this independently assessed - this ensures that our clinical and quality governance arrangements are fully embedded across the organisation from the front line services to the board.
 - Developed our integrated business plan and long term financial model
 - Submitted all of these plus other supporting information as part of our application to the NTDA.
 - Had our governance arrangements observed by the NTDA
- 2.4 The next steps in our application process are:
- NTDA quality visit to services in August
 - Further observation of our governance arrangements
 - Board to Board with the NTDA in September.
- 2.5 These will contribute to the NTDA's decision at its board meeting on 26 September as to whether we will be put forward to Monitor.
- 2.6 As part of becoming a foundation trust we have recruited over 6500 public members alongside our 3000 staff members. Our membership has an excellent representation in terms of ethnicity, with more white British members now needed to be representative of the Leeds population. The socio-economic spread of members is also good, with all ages and areas of Leeds represented. We are actively engaging this membership to support our ambition to be truly locally accountable and ensure people have real voice and influence over how we are run. Activity with members to date has included:
- Members developing and running assessment of our clinical areas
 - Both adult and child members sitting on recruitment assessment panels for senior managerial and clinical posts
 - Working with us to set our quality outcomes
 - Reading documents and information leaflets to ensure they are clear and understandable
- 2.7 Once approved to move to the Monitor stage of assessment we will be going out to the membership to seek those willing to stand as governors.

3 Our Service Plans & Developments

- 3.1 Leeds Community Healthcare provides services to from birth to death. Our health visitors and family nurse partnership help parents to give children the best start in life; our community matrons, district nurses and intermediate care teams look after people with long term conditions or on discharge from hospital; our podiatrists, physiotherapists and occupational therapists support people to get on with their lives; and we look after people at the end of life.
- 3.2 As mentioned above the Trust has just finalised its Integrated Business Plan setting out its strategy and plans for the next five years. This is aligned with the ambitions of Leeds as a city and supports the Leeds Best City programme, Better Lives Leeds and Child Friendly City. We are looking to make community based care the first option for NHS care, rather than 'just' the place for patients discharged from hospital for ongoing care. This will mean a focus on prevention and the ongoing management of conditions that patients live with every day. As such our services are central to delivering the Health and Wellbeing Strategy. For example, our school nurses measure the weight of year 6 children; we look after people with long term conditions; we provide psychological therapies; we provide stop smoking services; and we support people to look after themselves.
- 3.3 Our IBP is a prudent and credible plan developed with our staff and partners. It recognises that we will have to transform our services to manage cost reductions of 25% over the next five years.

- 3.4 Our service strategy has five elements, these are;
- Further develop services with a focus on improving patient outcomes, raising quality and improving efficiency
 - Do more and different work in the community to respond to commissioning intentions and the policy agenda on care outside hospital
 - Integrate service with other providers, including the local authority and consider opportunities to consolidate provision within our organisation so increasing our overall income base.
 - Develop opportunities to deliver more care outside Leeds, building on our regional specialised services and taking opportunities afforded by Any Qualified Provider
 - Generate income from the provision of fee paying services
- 3.5 We consulted on this strategy as part of our FT public consultation during the winter of 2011. The vast majority of responses were in favour of the Trust's proposals to become a FT. There was strong agreement with the Trust's vision and values and also for the majority of the Trust's service plans relating to improving efficiencies and maintaining quality, integration and increasing the range of services provided by the Trust.
- 3.6 There was more of a mixed response in relation to the Trust providing services outside Leeds and providing fee paying services. People wanted assurance that such services should only be developed once NHS services in Leeds meet the needs of the population and that such developments are not to the detriment of NHS services or service users. In its response to the consultation the Trust committed to engaging further with the public and staff on specific plans relating these two areas.
- 3.7 The plan has been developed in line with meeting the health needs of local people, the strategic objectives for the Trust, the objectives of our main commissioners and considerations of the current market and economic climate
- 3.8 Our **internal transformation programme** will ensure that our services are transformed in order that services are provided as efficiently and effectively as possible. This will ensure we can deliver the requirement to deliver circa £27m in efficiencies over the next 5 years.
- Our vision is to provide high quality care in every community.
 - All services are clinically led and clinicians spend the majority of their time with patients, talking about patients and developing their skills
 - Every contact counts, is effective and efficient
 - The right person sees the right patient at the right time – first time, every time
 - Innovation is the norm
- 3.9 Examples of the workstreams and projects within the programme include;
- Rapid Improvement – using improvement methodologies to undertake process and service redesign to improve efficiency.
 - Electronic Patient Record –This will improve clinical quality through improved decision making, communication etc. It will also support mobile working other technological advances.
 - Skills Mix- ensure have the optimal division of tasks and skills to ensure we have the right person with the right skills
 - Estates utilisation – ensuring we utilise our estate effectively in line with service plans

- 3.10 There are significant opportunities for us with the increasing focus on providing more care outside of hospital. This has become part of the national policy agenda and is being managed locally through the Transformation Board.
- 3.11 This means that whilst our services will be transformed to be more efficient they will also grow by 1.5% to reflect demand. This will disproportionately impact on services e.g. adult nursing. This growth has been built into our plans and we will continue to work with commissioners to ensure our services are developed and funded appropriately.

4 Integration

4.1 Integrated Adult Health & Social Care Teams

The Trust and the local authority are leading the development of the integrated adult health and social care teams. The development of integrated teams is a key work stream of the citywide Transformation Programme with the aim to improve patient experience and reduce avoidable hospital admissions and admissions to long term care. The focus of the integrated teams is initially on the needs of the frail older people with complex health and social care needs. The breadth of the focus will increase over time to incorporate the needs of adults of all ages with a broad range of long term conditions. Through the risk stratification of practice populations integrated teams will understand the needs of the population and risks of individuals on the caseload. This will support a proactive approach to risk management with clear defined pathways of care, with problems being identified and managed early.

The full roll out of the co-located team model to the twelve neighbourhoods has been implemented. The focus of the work for the next year is to integrate working through the development and implementation of a target operating model agreed by all stakeholders.

4.2 Intermediate care and Re-ablement Integration Project

The aim is to integrate the Trust's intermediate care service and the adult social care re-ablement service. This will ensure better outcomes for the people in Leeds and will eradicate duplication through the adoption of an integrated operating model. A vision and target operating model has been developed for a recovery, rehabilitation and re-ablement service.

4.3 South Leeds Independence Centre (SLIC)

A dedicated community intermediate care unit in South Leeds jointly provided by the Trust and adult social care opened in April this year. This provides an opportunity to improve the experience for patients through better integrated working.

4.4 Early Start Service

Over the last two years a fully integrated approach to developing a jointly commissioned Early Start Service has been undertaken. This has brought together health visitors and children centre staff to provide an integrated service offer for 0-5 year olds. This supports all children and their families to have the best possible start in life, aims to improve outcomes for all young children and to reduce inequalities in outcomes for the most disadvantaged.

4.5 LAC and Children with Enduring Needs

There are two emerging developments in the City around the following:

- We are part of a citywide strategy of better supporting Looked After Children. This includes a pilot programme of having a single front door, with a single team assessing referrals for children to be looked after
- We are working closely with LCC on how we provide support for children with the most complex needs, drawing on our specialist services for children,

children's nursing, community paediatrics and our respite centre at Hannah House.

5 Summary

- 5.1 Leeds Community Healthcare NHS Trust is a quality and patient focussed professional teaching organisation which is ideally placed to have a significant impact on the future provision of NHS services in Leeds. Our ambition is to make community-based care the first option for NHS care rather than 'just' the place for patients discharged from hospital.
- 5.2 We will provide the best possible care to all communities in Leeds, in an integrated way wherever possible using the flexibilities and opportunities presented to us by being a foundation trust.