

# NHS Leeds Strategy

*for better health for all*



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*for better health for all*

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We welcome feedback about our strategy. If you have any comments, suggestions, complaints or concerns please speak to a member of the communications team or e-mail [communications.team@nhsleeds.nhs.uk](mailto:communications.team@nhsleeds.nhs.uk)

# 01 Introduction

# 01 Introduction

## 1.1 Foreword by Martin Drury and Christine Outram

NHS Leeds, formerly known as Leeds PCT <sup>1</sup>, is an ambitious organisation committed to adding years to life and life to years for the people of Leeds. We will do this by working with partners to promote health and commission health and wellbeing services for the local population.

NHS Leeds has a clear vision *"To improve health and wellbeing, reduce inequalities and transform health services for the people of Leeds by working with others and being a leading edge organisation."*

This strategy describes how the organisation will move towards this vision by setting out the detailed strategic direction for NHS Leeds between 2008 and 2011 and our ambition to 2013 and beyond.

The NHS Leeds strategy has been developed by listening carefully to the health and wellbeing priorities of the public, patients, service users, carers, staff and partners across Leeds. NHS Leeds has taken these priorities, those set by the Department of Health, and areas that NHS Leeds knows need improvement to describe and agree 10 strategic objectives. These 10 strategic objectives form the 'backbone' of NHS Leeds' strategy and will guide NHS Leeds' decision making.

Since the initial publication and launch of the NHS Leeds strategy in March 2008, the Department of Health and NHS Yorkshire and Humber have respectively published the NHS Next Stage Review and Healthy Ambitions. These reviews describe a clear vision for a worldclass NHS. This updated version of the strategy reflects, within the context of our 10 strategic objectives, how NHS Leeds will support the delivery of a worldclass NHS for Leeds and the region.

This strategy sets out the commitment of NHS Leeds to become the trusted community leader of the local NHS, delivering these 10 objectives between 2008 and 2013. The organisation will share progress towards the delivery of the 10 objectives on an annual basis. This plan sets out:

- **The Context** – Where are we now?
- **The Vision, Objectives and Priorities For Action** – Where do we want to be?
- **The Impact** – What will be different when we have delivered these objectives?
- **The How** – The partnerships, systems and processes required to deliver the strategy

2008 marks the start of our journey in delivering this ambition. At the outset there are six critical issues which NHS Leeds must respond to in order to realise its vision – our priorities for action.

Saving lives and reducing health inequalities by reducing the mortality gap for the 20% of Leeds people who live in the 10% most deprived areas of the country is a key long term priority for us. In addition, NHS Leeds will work to improve health, wellbeing and healthcare for all patients, service users, carers and NHS staff across Leeds. We must also ensure that NHS Leeds' health and wellbeing services can respond to the rising birth rates and increasing numbers of older people in the years ahead. To achieve this, NHS Leeds must ensure sustainable performance against core access and safety standards and respond to changing population needs. Shaping the depth and breadth of health and wellbeing providers to improve quality, patient experience and outcomes will be a key means of addressing these

critical issues and this in turn will be enabled by the organisational development of NHS Leeds to become a world class commissioner.

NHS Leeds will work with public, patients, service users, carers, staff and partners across Leeds to measure our success in delivering our vision, ten strategic objectives and immediate priorities for action. In addition to the views and experience of patients, service users and carers, and national and local measures and targets, NHS Leeds has identified ten key health outcomes which we will also use to measure our success in realising our vision.

There are few, if any, priorities that NHS Leeds is able to deliver alone. The success of NHS Leeds, with practice based commissioners and the Leeds City Council, in delivering its strategy is dependent on sustaining and developing strong and innovative partnerships with the statutory, voluntary, community, faith and independent sectors. Figure 1a overleaf demonstrates the interrelationship between NHS Leeds' vision, 10 strategic objectives, 6 priorities for action and 10 key health outcomes as well as critical relationship with NHS Leeds' vision, Healthy Ambitions and that of our partners.

This strategy is underpinned by a five year operational plan which provides the detail of how, through a range of initiatives, NHS Leeds will deliver the range of commitments set out in this strategy. The five year operational plan provides a detailed analysis of the finance, risks and implementation of initiatives required to deliver this strategy over the next five years. This critical plan forms the second part of this document.

The six values outlined below will inform and guide the behaviour of the organisation and help deliver the strategic vision and objectives:

### Values of NHS Leeds

**People Centred** - We will put people first in all that we do. We will be an advocate for and seek to meet the health needs of the people of Leeds. We will value and develop our colleagues because it is right and because our success depends on their actions and support.

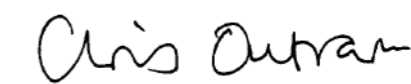
**Equitable** - We will tackle the causes and seek to address the consequences of health inequalities. We will root out inequities in access to health services and we will value diversity within the population we serve and among our colleagues.

**Honesty and Openness** - We will be open, transparent and responsive in our dealings with local people, patients, colleagues and partners. We will engage and involve people in our work and communicate clearly at all times. We will treat others as we would wish to be treated ourselves.

**Quality** - We will be a learning organisation with an evidence-based culture of continuous improvement in all that we do. We will have a "can-do" approach, deliver our objectives and not be satisfied with second best.

**Partnership** - We will be a constructive and trustworthy partner. We will work with others to identify and achieve common goals.

**Stewardship** - We will use the resources entrusted to us efficiently and effectively. We will live within our means and act in the best interests of the people of Leeds.



Christine Outram  
NHS Leeds Chief Executive



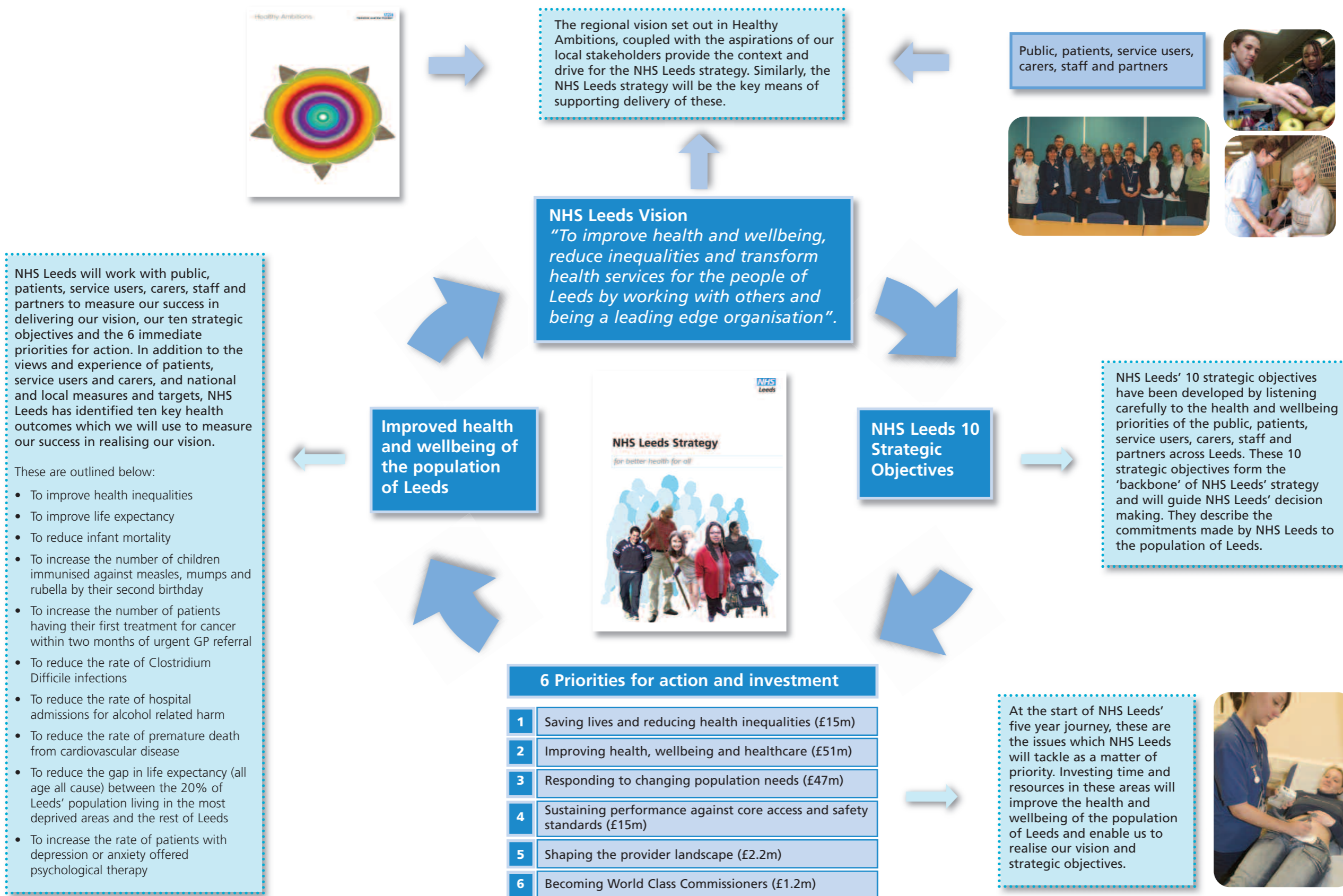
Martin Drury  
NHS Leeds Chair

<sup>1</sup> From the 1st of October 2008 the commissioning arm of Leeds PCT was re-branded, to be known as NHS Leeds.



**Figure 1a: How the key elements of the strategy link:**

The relationship between the NHS Leeds vision, 10 strategic objectives, 6 priorities for action and 10 key health outcomes



# 01 Introduction

## 1.2 The relationship between NHS Leeds' strategy and national, regional and local strategies

It is important from the outset to understand the relationship between NHS Leeds' strategy and the overall Leeds Strategic Plan (LSP). As described overleaf, this strategy explains how the organisation will work towards its vision through the delivery of its 10 strategic objectives over the next three years and describes the organisation's ambition for 2013 and beyond.

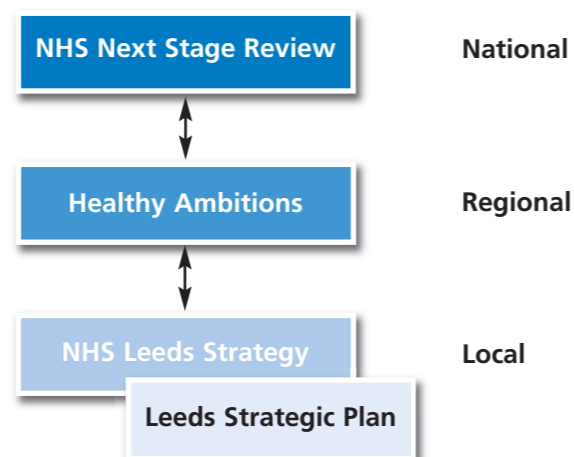
The Leeds Strategic Plan (LSP) outlines the outcomes and priorities that will be delivered by Leeds City Council on its own or in partnership with others between 2008/9 and 2010/11. The LSP also includes the Local Area Agreement (LAA) between Leeds and the Government.

The NHS Leeds strategy and LSP are mutually supportive, complementary and allied plans with equal standing within the Leeds Health and Social Care community. NHS Leeds has a key role in supporting the whole LSP and in particular leading the delivery of health improvements outlined within the LSP.

As one of 14 PCTs in Yorkshire and the Humber, NHS Leeds will also play a key role in delivering the vision and recommendations for improved health and healthcare as set out in Healthy Ambitions, NHS Yorkshire and the Humber's ten year strategy. In turn, the improvements delivered by NHS Leeds and its partners and other organisations across the region will enable delivery of the national 10 year NHS Next Stage Review, High Quality Care For All.

The relationship between NHS Leeds strategy and these other key local, regional and national strategies is demonstrated in the figure opposite.

**Figure 1b:** Relationship between the NHS Leeds strategy and key local, regional and national strategies



# 02 Profile and context

## 2.1 Population demographics, health needs, and clinical quality

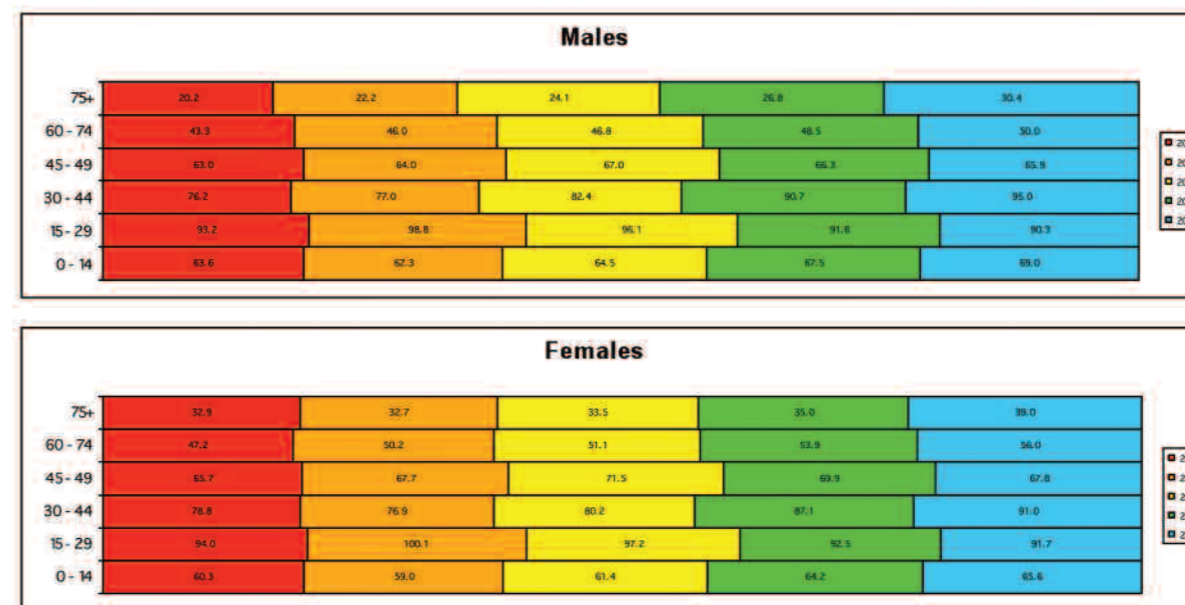
Leeds is the third largest city in the United Kingdom with a population of around three quarters of a million. Economic growth has resulted in the development of a thriving city centre and a growing business, resident and tourist population. Leeds is a dynamic and diverse city with a breadth of established and transient communities and socio-ethnic groups.

At the time of the 2001 Census, there were almost 78,000 people from Black and Minority Ethnic (BME) communities living in Leeds, 10.8% of the total resident population. Leeds' BME communities are concentrated in particular geographic areas of the city, with almost one third of the city's BME population residing in just three wards (Gipton & Harehills, Chapel Allerton, and Hyde Park & Woodside), see figure 3 on next page.

### 2.1.1 Demographic trends

Leeds' population was estimated to be 750,200 in 2006. Compared to the country and the region, Leeds has a significantly higher proportion of 15-29 year olds and slightly smaller proportion of older people. It is estimated that the population of Leeds will increase to 821,700 by 2026. In common with national trends, the number of older people will increase, but the biggest change is predicted to be in the 30-44 age group which is expected to increase by 31,000 between 2006 and 2026 (see figure 2 below).

**Figure 2:** Predicted demographic change in Leeds, 2006-2026



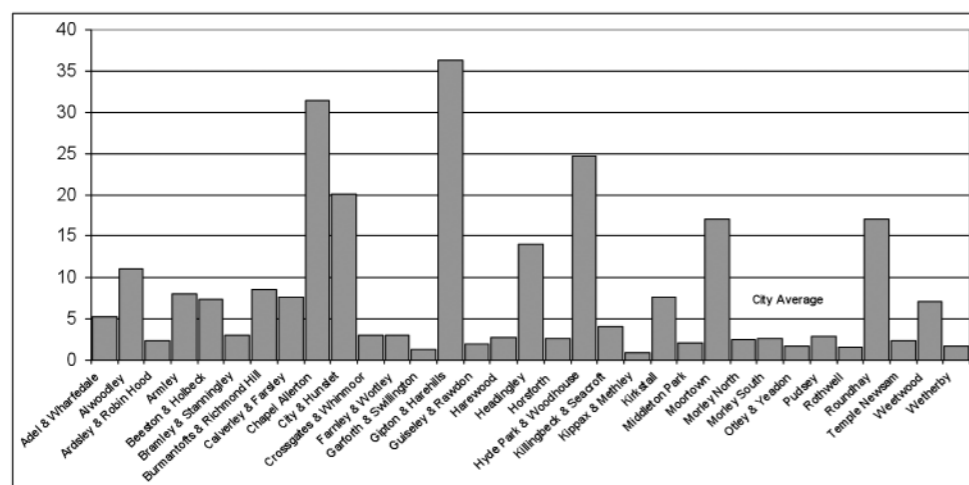
(Population projections based on data from the office of national statistics)



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**Figure 3: Proportion of population of BME communities** (based on 2001 Census data)



There will be significant change in the size and profile of BME communities in the coming years. Projections by the University of Leeds estimate that by 2030 the BME population in Leeds will increase by 55%, and that the age structure will also contain higher numbers of people in older age groups.

Leeds has a strong economy and has seen sustained job growth, which over the last 20 years has created more jobs than in any other major city outside London. The latest figures show the overall employment rate in the city to be 75.3%, which is above the current England average of 74.3%. In addition, between 2004 - 2007 there has been an overall reduction in deprivation overall in Leeds. Of the 476 super output areas (SOAs) in Leeds, 415 have seen an improvement in their index of multiple deprivation ranking and 61 have seen their ranking fall.

However, despite this:

- The poorest part of Leeds has only 42% of the gross income of the richest part.
- A significant proportion of households with children are estimated to be in child poverty eg Leeds Central Constituency 28%; Leeds East 26% and Leeds West 22%.
- There are over 65,000 residents eligible to work who are not in employment
- 1 in 4 households are in receipt of benefits.

However, these statistics for Leeds overall mask the inequalities experienced in different parts of the city, as highlighted below.

### 2.1.2 Health Inequalities and Disease Prevalence

Overall the health of the population of Leeds has improved. Life expectancy within Leeds has increased for both men and women, and all age all cause mortality is continuing to fall. Low birth weight (proportion of those born weighing under 2500g) is decreasing in Leeds at a faster pace than the regional and national averages. Early death rates from heart disease and stroke and from cancer have decreased. Compared with England averages, Leeds has better rates of physically active children, adult obesity and people diagnosed with diabetes. Leeds also compares favourably to the other 'core cities' of England (such as Sheffield, Birmingham, Bristol, Nottingham) and has the lowest all age, all cause mortality rate for both males and females.

Nevertheless the health of the people in Leeds is generally worse than the England average and those areas in Leeds with the best health do not match parts of Southern England. Compared to the national average for England, Leeds has significantly worse values for 24 key public health indicators including:

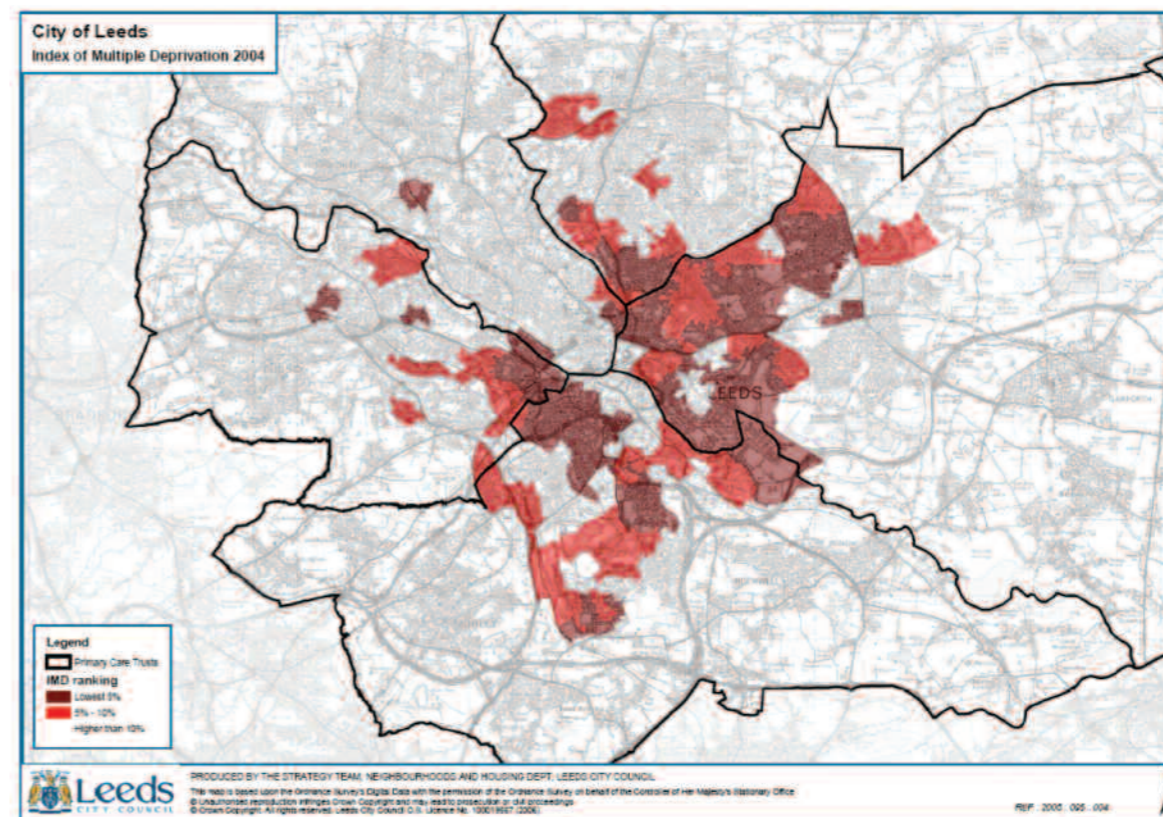
- all age all cause mortality
- male life expectancy
- prevalence and mortality from circulatory and respiratory diseases
- alcohol related admission rates
- emergency admissions for chronic illnesses such as chronic obstructive pulmonary disease (COPD) and asthma.
- incidence of and mortality from cancer
- smoking prevalence in long term condition patients

When this information is analysed further it presents a picture of Leeds as a city with significant inequalities in health. For example, people living in the most deprived wards of the city live on average nine years fewer than people in the least deprived wards.

The latest annual report of the Director of Public Health plus the recent report by Healthy Leeds 'Measuring the Gap: Tackling Health Inequalities' presents a further in-depth analysis of the health needs of Leeds overall compared to the deprived areas of the city. These reports examine the differences between the 150,000 people living in the SOAs within Leeds that are within the 10% most deprived SOAs in the country and the rest of Leeds (see figure 4). These reports clearly show that on the key public health indicators there are statistically significant differences between 'Leeds deprived' and the rest of Leeds. For example deaths among women from respiratory conditions within these areas are 2.09 times that of the Leeds average. Emergency admission for COPD is 1.95 times that of the Leeds average. Lung cancer mortality is 1.82 times that of the Leeds average.

Leeds, in respect of the national health inequalities targets, has been identified as a priority area for infant mortality. The infant mortality rate for Leeds in 2005 was 6.8 per 1000 live births, significantly higher than the 5.0 per 1000 for England in the same year.

**Figure 4: SOAs within Leeds that fall within the worst 10% nationally**



Managing knowledge and assessing local needs<sup>WCS</sup> is a key competency of world class commissioning organisations. Much local analysis has been done over the years in Leeds. Building on this work NHS Leeds and Leeds City Council are currently undertaking a joint strategic needs assessment (JSNA). This will provide further help in defining the key issues for the City and also foster partnership working both in the sharing and analysis of information. The focus of the JSNA is to inform future service planning and commissioning decisions. The JSNA, scheduled for publication in October 2008, will be used to inform delivery and the refresh of the overarching Leeds Strategic Plan, as well as the direction and implementation of the objectives within this strategy.

Emerging insights from information and data prepared to support the JSNA confirms the significant differences in health and wellbeing between Leeds overall and 'Leeds deprived'.

Key priorities highlighted through the JSNA process so far include the lifestyles issues of alcohol misuse, smoking, weight management. Also included are the wider influences on health and well being of worklessness, housing and poverty (including fuel poverty); and mental health and access issues in relation to key vulnerable groups such as travellers and asylum seekers. Data is being analysed initially comparing Leeds deprived with Leeds overall and also at area management level. It will also be considered at a lower 'neighbourhood' level and for practice based commissioning (PBC) consortia populations. A detailed analysis will be available from November 2008 in the full JSNA ([www.nhsleeds.nhs.uk/about](http://www.nhsleeds.nhs.uk/about))

Tackling such stark geographic differences in health are becoming the focus of partnership working in Leeds. This will need to increase in the future, with appropriate targeting of resources.

**2.1.3 Improving and maximising health outcomes**

Delivery for improved health outcomes will be implemented through partnership working focused on:

- **The influences on health** - making sure that social, economic and environmental conditions promote a healthy and positive society - including employment, housing, crime reduction
- **The lives people lead** - protecting people's health, supporting people to stay healthy and promoting equal chances of good health - where people live, learn, work, are active, age and grow
- **The services people use** - providing high-quality, sustainable and accessible services for those who need them and when they need them at home, in treatment centres or in hospitals and
- **Community development and involvement** - making sure that everyone can play as full a part in society as they want by reducing barriers which prevent people from being involved.

Analysis of local and national data, including the work of the JSNA plus the views of local stakeholders has identified a range of areas where NHS Leeds needs to concentrate and focus efforts to improve tangible health outcomes for the population. These are set out in three key documents:

- **Leeds Strategic Plan (including Local Area Agreement improvement Priorities)**
- **NHS Vital Signs Framework**
- **World Class Commissioning health outcomes**

The indicators, targets and outcomes included in the above will form the basis how we will assess our progress on improving for health and narrowing the health inequalities in the city. For information one set of measures from the above list - the World Class Commissioning health outcomes are set out in table 1 opposite.

**Table 1: World Class Commissioning Health Outcomes for Leeds**

World Class Commissioning Health Outcome	2008/2009 baseline	2012/2013 target
Reducing infant mortality	8 deaths per thousand babies born in the most deprived areas of Leeds	7 deaths per thousand babies born, resulting in 10 fewer deaths amongst children under the age of one in the most deprived areas of Leeds
Increasing the number of children immunised against measles, mumps and rubella (MMR) by their second birthday	80% of children aged under 2 will be immunised against MMR	90% of children aged under 2 will be immunised against MMR
Reducing the gap in all age all cause mortality rate between the 20% of Leeds' population living in the worst SOAs, and the rest of Leeds	9 year gaps in life expectancy between people living in the best and worst SOAs	Leeds will reduce the gap in all age all cause mortality by 40%.
Delivering fast access to treatment for cancer following initial referral	95.2% of patients are currently receiving their first definitive treatment for cancer within 62 days of GP referral for suspected cancer	For every 100 people who have been diagnosed with cancer following urgent GP referral, 7 more people will receive their treatment within 62 days
Reducing the rates of the hospital acquired infection, Clostridium Difficile	481 infections recorded from April – August 2008	Infection rates for Clostridium Difficile will have reduced by 40%
Reducing the rate of hospital admissions for alcohol related harm	There are currently 1280 admissions relating to alcohol per 100,000 population	11,000 fewer admissions to hospital due to alcohol related harm
Reducing the number of deaths from cardiovascular disease (CVD)	91 deaths per 100,000 population	For every 100 people dying from CVD in 2008, 12 fewer people will die in 2013
Increasing the proportion of people with depression and/or anxiety disorders who are offered psychological therapies	12,700 people will have been able to access psychological therapies this year	Over 17,000 people will be able to access psychological therapies, an increase of 35%
Reducing health inequalities (national requirement)	NHS Leeds is ranked 65th out of 152 PCTs in England for multiple deprivation	To see a reduction in health inequalities as measured by infant mortality and life expectancy at birth
Increasing life expectancy (national requirement)	Current life expectancy for males is 76.7 and for females 81.6	NHS Leeds will have narrowed the gap in how long you can expect to live, between the longest and shortest lives, saving 300 lives



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### 2.1.4 Access to and use of services

Leeds is a highly diverse city and NHS Leeds knows, from a range of sources such as service user feedback (from, for example, the Men's Health Forum), national audits and surveys (from, for example, the Healthcare Commission) and local research (following work, for example, from the Northern and Yorkshire Public Health Observatory), that a range of issues are associated with the ability of different groups to access services across the city.

**Table 2: Issues associated with access and use of services by different groups**

Group	Issues
Children	Poor uptake of dental services from looked after children and those from lower social economic backgrounds.
Men	Less likely than women to access GP services leading to undiagnosed conditions and worse health outcomes, lower uptake of some screening programmes despite higher incidence e.g. bowel cancer, and lack of uptake of community services such as weight management and smoking cessation.
People with a Disability	Issues with access to dental services leading to poor dental hygiene in some disability groups. Lack of use of sign and deaf blind communicators can affect the quality of service people receive within GP and dental services. Significantly smaller uptake of screening programmes such as breast screening by people with learning disabilities.
Asylum Seekers	Poor access to primary care and poor uptake of dental services.
Black and Minority Ethnic Groups	Significantly lower satisfaction scores with GP, dental and secondary care services. Lack of appropriate language services affects quality of service received by some BME patients in primary care. Issues with none use of interpreters in dental services.
Gypsies and Travellers	Reported problems with registering with GPs and poor use of secondary care due to transient nature.
People with Mental Health Problems	Reported difficulties seeing GPs and obtaining appointments and higher levels of dissatisfaction for inpatient services.
Older People	Under-use of health checks, check ups and reported problems of poor quality care whilst in hospital ranging from malnutrition, bed sores and negative attitudes. Poor access and take up of community based services (such as people in care homes).
Lesbian Gay and Bisexual Groups	Higher incidence of mental health difficulties and a higher incidence of suicide and self harm. None-disclosure of sexuality status to health care workers through fear of discrimination leads to less uptake of screening programmes and less suitable treatment.
Transgender and Transsexual Groups	Higher incidence of mental health difficulties and a higher incidence of suicide and self harm. Also higher rates of addiction in this group. Possibly the most significant problems faced stem from the lack of understanding of gender identity, transexualism and transgender health issues amongst health care professionals, which often leads to inappropriate treatment.
Carers	Issues of access to GP, dental and community services for many reasons including opening hours, timing of appointments and lack of child care to enable participation.
Religion and belief	Issues around the possible need to adjust drug therapies for patients due to religious observances such as those who are fasting during Ramadan. Dietary and religious observance needs not always taken into account within hospital settings leading to lower satisfaction. Of all faith groups, limiting long-term illness or disability rates are highest among Muslims.

### 2.2 The commissioner and provider landscape

NHS Leeds is charged with two main functions:

- working with Leeds City Council to engage with the local population to improve health and wellbeing, reduce inequalities and promote sustainable community development and
- commissioning a comprehensive and equitable range of high quality responsive and efficient services, within allocated resources.

An overview of these functions provides a useful description and explanation of the commissioner provider landscape and relationships within Leeds. In addition, Care Services, formerly the provider arm of the Leeds PCT, directly provides clinical services for the population of Leeds.

The two main functions of NHS Leeds are outlined in the boxes opposite:

**Function 1: Working with Leeds City Council to engage with the local population to improve health and wellbeing, reduce inequalities and promote sustainable community development.**

As the key commissioners of services that promote, support and enable health and wellbeing, NHS Leeds and Leeds City Council work together to engage and consult with the population of Leeds. Leeds City Council is responsible for commissioning social care for children, adults and older people within Leeds alongside a broader range of services including education and housing that have a big impact on health and wellbeing.

For the first time, NHS Leeds and Leeds City Council have led an integrated engagement process to understand the health and wellbeing priorities for the NHS Leeds strategy and the Leeds Strategic Plan. In turn (and as described in section 1.2) NHS Leeds' strategy and the Leeds Strategic Plan are mutually supportive. From 2008, the new Healthy Leeds Partnership arrangements for health and wellbeing further support and strengthen integrated commissioning across NHS Leeds and Leeds City Council in response to the local population needs identified through the JSNA and public, service user and carer engagement.

Drawing on the lessons learned from the Health Impact Assessment (HIA) undertaken as part of the Making Leeds Better programme, NHS Leeds is committed to assessing the impact of service changes on the health and wellbeing of individuals and communities and responding appropriately.



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**Function 2: Commissioning a comprehensive and equitable range of high quality responsive and efficient services, within allocated resources.**

Commissioning is the means by which NHS Leeds secures the best value for patients and taxpayers in terms of:

- the best possible health outcomes, including reduced health inequalities;
- the best possible healthcare;
- within the resources made available by the taxpayer.

NHS Leeds' commissioning role can be seen as an alliance between practice based commissioners and Leeds City Council. Leeds has a diverse range of PBC consortia and NHS Leeds has a key role in empowering, supporting and coordinating a comprehensive system of consortia, which in turn are responsible for the care for their registered patients. Where appropriate, services are commissioned jointly with Leeds City Council. Specialised services such as some cancers are commissioned collaboratively with other PCTs.

The Leeds provider landscape is extremely diverse. NHS Leeds, in strategic alliance with PBCs, Leeds City Council and other PCTs commissions services from a broad variety of NHS and non-NHS providers that promote, support and improve health and wellbeing. These include large organisations such as the Leeds Teaching Hospitals NHS Trust (currently the monopoly provider of acute services in Leeds) and Leeds Partnerships Foundation Trust (providing mental health and learning disability services). They also include independent contractor services provided by GP practices, dentists, optometrists, pharmacies (providing primary health, oral health, eye and prescribing services respectively); voluntary, community and faith sector services (providing a range of health promotion and health services); and independent sector (providing mainly hospital services). A summary of the providers in each commissioning area and the type of services commissioned from them is provided in table 3. A more detailed analysis of the strengths and weaknesses of current provision is provided within the NHS Leeds 5 Year Operational Plan.

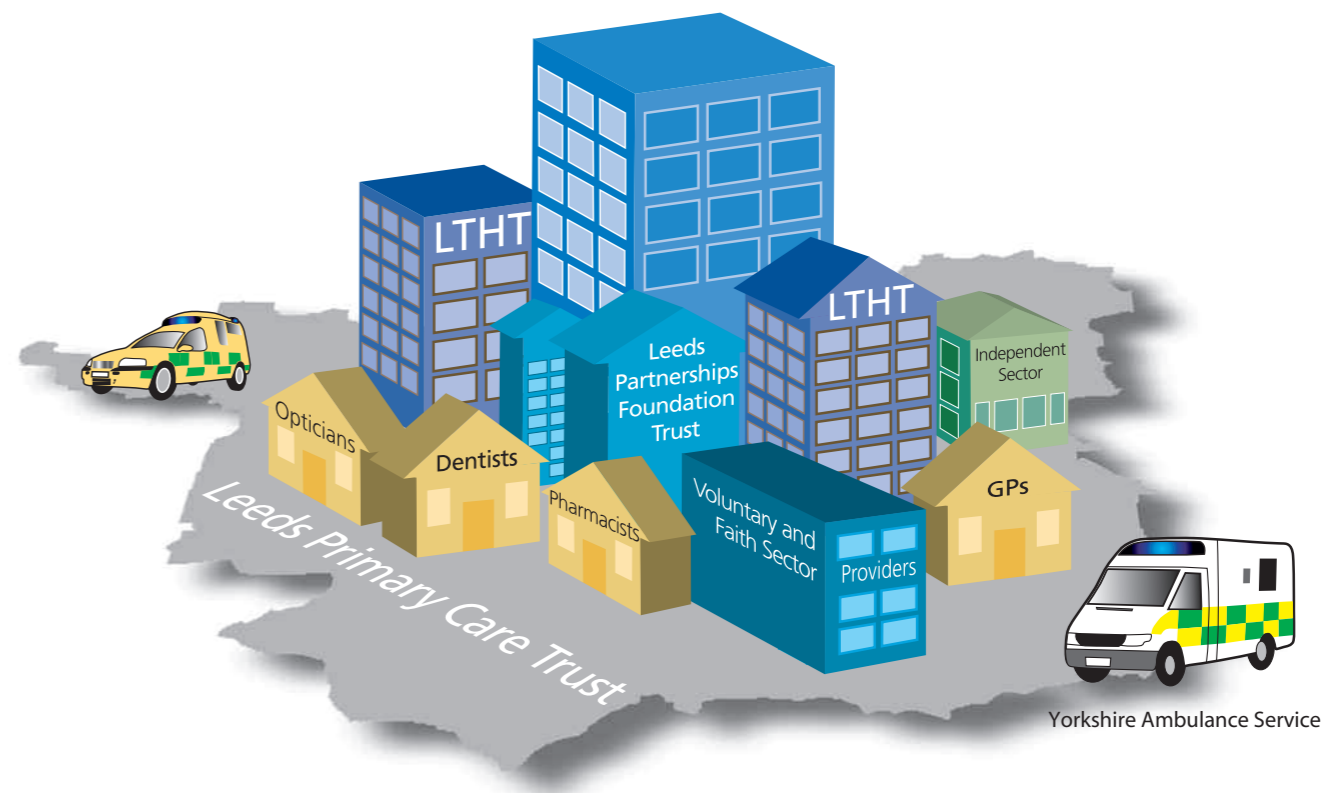
Much of the care commissioned in Leeds is hospital based, and NHS Leeds recognises that this may not be the best way to provide all aspects of care. More care needs to be available nearer to patients' homes and by a wider choice of providers. Currently 90% of specialist care commissioned for the population of Leeds is provided by two providers, LTHT and LPFT. NHS Leeds needs to tackle the existing monopoly provision within the current provider market through improved market development and management.

During 2008/9 NHS Leeds will undertake an analysis of the local and wider market of health service providers and review where there is a need or opportunity to improve existing services and develop alternatives to meet the identified needs of people in Leeds. NHS Leeds will publish a commissioning and procurement framework which will explain the rules and principles through which we will encourage and work with new and existing service providers to improve and develop services. The development of clear service specifications with strong collaboration with clinicians will help ensure that services are provided to a high standard. Providers will need to demonstrate that they have robust governance systems in place and that they are able to fully meet the criteria set out in services specifications before they are allowed to deliver services. Through this we aim to drive up quality and encourage innovation.

NHS Leeds will publish its commissioning prospectus which will help current and potential future providers to understand the commissioning intentions of NHS Leeds and our partners. It is anticipated that this will stimulate the local market<sup>WC7</sup> enabling NHS Leeds to work with a range of responsive providers from which to commission services for the local population.

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The Leeds provider landscape



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**Table 3: Key Providers within Leeds**

Service Area	Main Providers	Description of services commissioned
Public Health, Healthy Living and Partnership	A range of community, voluntary and faith sector providers	Healthy living, inequalities activities and community health development.
Primary Care Independent Contractors	710 General Practitioners (GPs), 356 Dentists, 500 Pharmacists, and 162 Optometrists	General medical services, dental services, pharmacy services and optician services
Community Services	Leeds Care Services	Community services, district nursing, school nursing, health visiting, intermediate care, community dental, specialist nursing, palliative care services, children's services, prisons healthcare, GPs with a special interest services
Secondary Acute Services	Leeds Teaching Hospitals NHS Trust, Mid-Yorkshire Hospitals NHS Trust, Harrogate and District NHS Foundation Trust and the independent sector including Nuffield and Spire.	Planned and urgent care
Tertiary Services	Leeds Teaching Hospitals NHS Trust, Mid-Yorkshire Hospitals NHS Trust, Harrogate and District NHS Foundation Trust	A range of specialist services including haematology, haemophilia services, burns, renal, cleft lip and pallet
Mental Health Services	Leeds Partnerships NHS Foundations Trust and the voluntary community and faith sector including Touchstone and Mind.	Adult, elderly, substance misuse, alcohol, and learning disability services
Transport	Yorkshire Ambulance Service NHS Trust	Urgent transport and planned transport to outpatient appointments, hospices and other community services

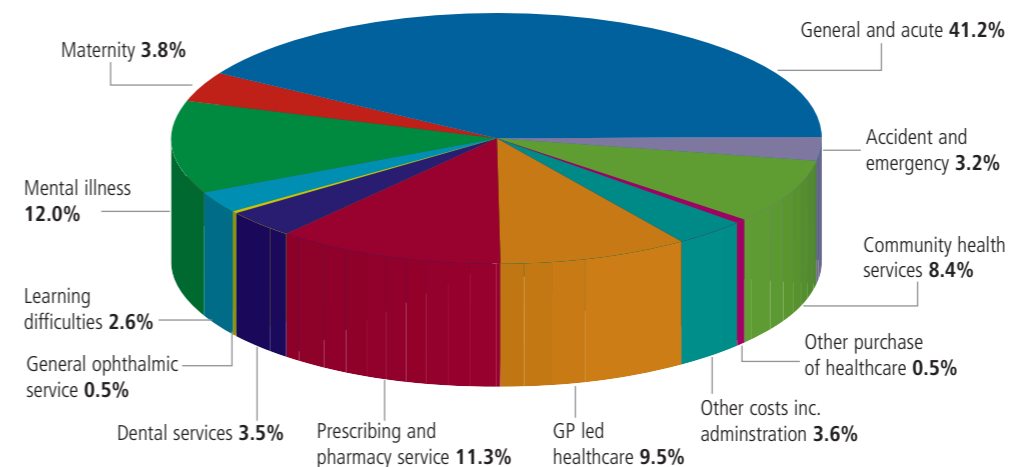
### Function of Care Services - Providing high quality responsive and efficient services

Care Services, formerly the provider arm of the Leeds PCT, provides a diverse range of primary and community-based services including intermediate care, district nursing, health visiting, drug treatment services, school nursing and child and adolescent mental health. In April 2008, a clear separation between the PCT commissioning and provider functions was developed. This has been achieved through the creation of a Care Services board and the establishment of separate governance arrangements. As with other providers, a formal Service Level Agreement has been negotiated allowing the volume and quality of services provided to be performance managed by the NHS Leeds commissioning team.

NHS Leeds develops primary care contractors such as GPs, dentists and opticians and directly provides a range of health promotion services including a multi professional weight management service and a smoking cessation service. Specialist advisors work in a number of settings including community and voluntary centres and workplaces. It is anticipated that these health promotion services will be commissioned from other providers with effect from October 2008.

### 2.3 Current expenditure

The split of NHS Leeds' spending commitments each year can be represented as follows:



NHS Leeds quality and value added reviews continue to focus on the following key areas:

- Cancers
- Mental health and learning disabilities
- Neurological disorders
- Gastrointestinal system disorders
- Respiratory problems
- Maternity and reproductive health services
- Primary care – including Prescribing, GMS and PMS spend
- Healthy Individuals

### 2.4 National reform and priorities

It is essential that NHS Leeds' strategy and objectives reflect and respond to the opportunities and direction of national and local policy and reform. The Operating Framework for 2008/9 sets out the priorities and direction for the NHS 3-year planning cycle, articulating a clear shift from central direction to a more local emphasis on collaboration with local communities. The development and publication of this strategy reflects NHS Leeds' commitment to this approach.

NHS Leeds' 10 strategic objectives also reflect the recommendations of Lord Darzi's NHS Next Stage Review, *High Quality Care For All*, which sets a strong vision for an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart through the following visions:

- High quality care for patients and the public (HQ1)
- Quality at the heart of everything we do (HQ2)
- Freedom to focus on quality (HQ3)
- Establishment of an NHS constitution (HQ4)



Recognising the local and regional context and the need to build on work already underway, NHS Leeds is also building upon the recommendations of NHS Yorkshire and the Humber's regional response to the NHS Next Stage Review, *Healthy Ambitions*. Clinical and management leads from across NHS Leeds and the Leeds health community contributed to the regional recommendations across eight pathways of care. *Healthy Ambitions* sets out proposals for the delivery of tangible reform across the eight 'areas of care' identified below:

- HA1 Staying healthy
- HA2 Maternity and newborn care
- HA3 Long term conditions
- HA4 Children's services
- HA5 Planned care
- HA6 Acute care
- HA7 Mental health
- HA8 End-of-life care

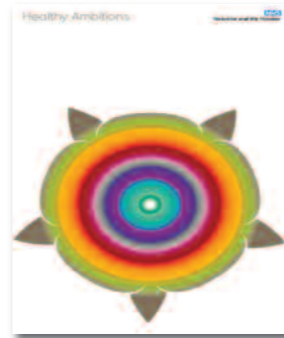
Recommendations relating to each of the eight pathways above will be implemented within the context of NHS Leeds' 10 strategic objectives. Their implementation plans are included within NHS Leeds' 5 year operational plan. Reference is made throughout this strategy to the commitments and actions that will support NHS Leeds' delivery of the recommendations associated with each of the pathways above. For example HA3 would denote an NHS Leeds' commitment which will support the delivery of a recommendation relating to the *Healthy Ambitions* children's health pathway.

NHS Leeds is in a unique and key position to lead the Darzi agenda and to support the delivery of *Healthy Ambitions* across Yorkshire and the Humber. One of the key deliverables of *Healthy Ambitions* is shifting care out of the acute setting.

This brings the Leeds health economy and NHS Leeds opportunities and challenges – the opportunity to develop further the capacity and skill available to serve a wider Yorkshire and Humber Community and the challenge to accelerate the movement of care currently delivered in a hospital setting into a community setting.

*Healthy Ambitions* also implies the increasing centralisation of complex care. NHS Leeds can drive this

agenda locally, working in partnership with Leeds Teaching Hospitals NHS Trust to deliver the significant improvements in clinical outcomes across a range of specialities. This will be achieved through working in partnership with the Yorkshire and Humber Specialised Commissioning Group, key clinical networks other PCTs and through NHS Leeds' role as host PCT responsible for contracting with Leeds Teaching Hospitals NHS Trust.



Internally, NHS Leeds will draw upon the standards and competencies articulated within The Department of Health's World Class Commissioning programme to improve and strengthen its commissioning capabilities and both deliver the best possible services for the people of Leeds and be a world-class employer.

**2.5 Internal and external opportunities, challenges and organisational responses**

2008 marks the start of NHS Leeds' strategy. At the start of this journey there are a number of challenges to which NHS Leeds must urgently respond in order to build the foundations to realise our ambition for the future. Addressing these specific challenges will be a priority focus across all ten of NHS Leeds' objectives.

An analysis of the key internal and external challenges and opportunities facing NHS Leeds over the next five years is a key component of NHS Leeds strategy. Table 4 provides a 'SWOT' analysis of key strengths, weaknesses, opportunities and threats (described here as challenges) for the organisation. The performance and capability issues identified in the SWOT are those considered to have the greatest potential impact on the ability of NHS Leeds to deliver its strategy, vision, objectives and priorities for action. A more detailed description of risks to delivery of initiatives is provided within the NHS Leeds' five year operational plan.

A description of the section of this strategy that builds on or responds to each issue is provided in brackets after each issue eg O5 = Objective 5.

**Table 4: SWOT analysis for NHS Leeds**

	Strengths	Weaknesses
Internal Factors	S1. Strong and improving track record of working with service users, carers, patients and the public in the evaluation, development and commissioning of future services that promote and enable health and wellbeing. NHS Leeds will build on this to further improve public confidence in the NHS in Leeds. [O5]	W1. Restructuring has resulted in disruption and 'down-time', areas of low morale and gaps in organisational memory [O9]
	S2. Restructure of five PCTs into one organisation provides integrated approach to commissioning services for whole population and improved potential to commission in partnership [O7]	W2. NHS Leeds currently defined as a 'fair' organisation across performance against Health Care Standards, but performance against some national targets at LHTT continues to be of major concern [O7]
	S3. Well trained and committed workforce across clinical and non-clinical services [O9]	W3. W3. The organisational capability assessment against WCC competencies has identified key areas for development around improving market management and prioritisation of investment.
	S4. Organisation has achieved financial balance and is projecting year on year surplus [O8]	W4. Improving facilities and access for patients, service users, their carers and staff – It is estimated that there is over £6m refurbishment needed to bring the NHS Leeds estate up to an appropriate level [O3]
	S5. NHS Leeds is already benefiting patients by shifting services from hospital to community settings and there is a strong springboard for robust transformational change [O4]	
	S6. In the last five years, the NHS Leeds has invested over £50m in building new and improving community health centres. There are already nine new facilities across Leeds which will enable provision of a wider range of services than previously [O3]	
External Factors	<b>Opportunities</b>	<b>Challenges</b>
	O1. New joint strategic partnership and commissioning arrangements between the Leeds City Council and NHS Leeds will support and enable service development across all sectors as well as joint prioritisation, development and commissioning across Leeds [O6]	C1. Sustaining performance against core access and safety standards in the following areas: <ul style="list-style-type: none"> <li>• Planned Care (18 weeks)</li> <li>• Urgent Care (A&amp;E &amp; Ambulance)</li> <li>• GP access (24/48 hours)</li> <li>• Cancer (2 weeks, 31 &amp; 62 days)</li> <li>• Genito Urinary Medicine (GUM) (48 hours)</li> <li>• C.diff [O7]</li> </ul>
	O2. There is an increasing diversity of new and existing providers within Leeds that will promote and enable health and wellbeing including foundation trust, independent, and voluntary, community and faith sector providers. NHS Leeds will actively shape the provider landscape to give PCT leverage to drive up quality, patient experience and outcomes [O7]	C2. Saving lives and reducing health inequalities and improving health, wellbeing and healthcare – Mortality levels for a range of illnesses including CVD and cancer are higher across Leeds than the cluster average. In addition, there is a significant gap in health inequalities across Leeds with an average nine year difference in average life expectancy between the best and worst areas of Leeds [O2]
	O3. Practice based commissioning enables GPs, practice nurses and allied health professionals to have real influence in how services are commissioned for their local population [O1]	C3. Responding to changing population needs, particularly around an ageing population [O1]
	O4. New information management & technology solutions to improve the delivery of services that promote and enable health, wellbeing and independence [O8]	C4. The Leeds Teaching Hospital Trust is currently a 'monopoly' provider, creating challenges in contracting for improved efficiencies, performance and quality [O7]
O5. Strong external links with the NHS Institute for Innovation and Improvement and Department of Health enable upward influencing and early opportunities to access and pilot new products and approaches [O10]	C5. Achieving financial balance and surplus whilst simultaneously responding to advances in IM&T, meeting local and national priorities and performance targets [O7 & O8]	



# 02 Profile and context

## 2.6 Organisational capabilities

In common with all other PCTs nationally, NHS Leeds participated in a Fitness for Purpose Review in early 2007. This review of NHS Leeds' commissioning capabilities described NHS Leeds as being 'above typical' in the strategic planning of mental health, secondary care clinical involvement in some care pathways and the establishment of assurance and risk frameworks.

The review identified a range of improvement areas which are being addressed through this strategy and the range of supporting strategies, systems and processes it describes (see sections six and seven). Key recommendations of the review included focusing on improved strategic and business planning and prioritisation of initiatives to demonstrate the greatest value for money (VFM) and impact. The review also identified the need for a contracting and negotiation strategy with agreed information and data analysis to deliver and performance manage the strategic objectives and priorities. In common with other PCTs, the review highlighted the need for a shared vision and strategy for PBC to deliver improved health outcomes, effective demand management, increased VFM and reduced health inequalities.

Building on the recommendations of the Fitness for Purpose Review, NHS Leeds has, as part of WCC, undertaken an organisational capability assessment against WCC competencies. This has identified a range of areas for development including improving market management and prioritisation of investment.

NHS Leeds will work proactively to fully develop the 11 organisational competencies of a world class commissioner, systematically improving on the areas raised through the Fitness for Purpose review.

WC1	Locally lead NHS
WC2	Work with community partners
WC3	Engage with public and patients
WC4	Collaborate with clinicians
WC5	Manage knowledge and assess needs
WC6	Prioritise investment
WC7	Stimulate the market
WC8	Promote improvement and innovation
WC9	Secure procurement skills
WC10	Manage the local health system
WC11	Make sound financial investments

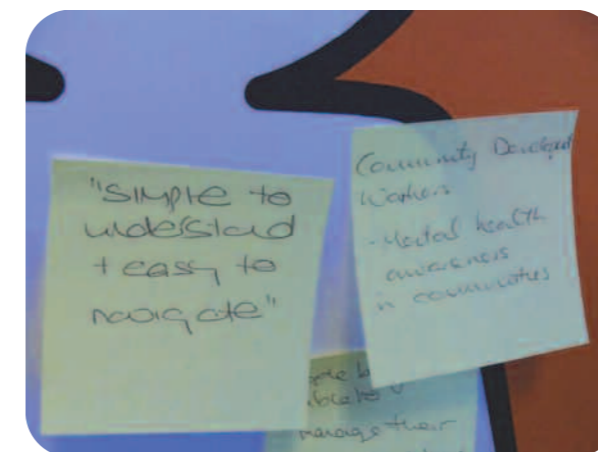
Reference is made throughout this strategy to the objectives and supporting systems and processes that will support NHS Leeds's realisation of the 11 competencies above (for example WC3). This will also be presented in greater detail in NHS Leeds' Talent and Leadership Development Plan.

# 03 Vision and objectives

## 3.1 Public and staff engagement on NHS Leeds strategy

Work with NHS Leeds' partners and staff in February and March 2007 helped shape the vision and immediate objectives for NHS Leeds for 2007/08. To help develop the strategic objectives described in this strategy, Leeds PCT engaged further during September and October 2007 with a broad range of stakeholders including health and social care partners, the voluntary, community and faith sector, public and patient involvement (PPI) Forum, and Scrutiny Boards for Health & Adult Social Care and Children's Services, patients, service users and carers, staff and local people.

This engagement was designed to understand what the suggested objectives and outcomes mean to stakeholders and how NHS Leeds should demonstrate delivery of them. NHS Leeds asked a series of questions including "What will health care be like in Leeds when we achieve these objectives?" Genuine quotations received by NHS Leeds during the engagement have been used to illustrate the essence and understanding of NHS Leeds' objectives. They are incorporated within the objectives section in blue text.



A variety of opportunities were created to involve stakeholders and hear their views about how to improve health and services for the local population, including:

- A questionnaire published on a dedicated page of the organisation's website, and sent to a breadth of stakeholders for response and for wider circulation, for example in partners' newsletters.
- Health stalls at NHS Leeds' annual general meeting and the All Being Well stall at Kirkgate Market enabled NHS Leeds to reach a cross-section of local people where the views of more than 200 people were gathered and approximately 150 questionnaires distributed.
- Roadshows held over three lunchtimes as an opportunity for NHS Leeds and Care Services staff to help influence the strategic direction of their organisation through which over 300 individual comments, suggestions and ideas were received.
- Workshops with the PCT Board and Professional Executive Committee to shape the development and ambition of the 10 objectives.

Polling commissioned by NHS Leeds has also offered valuable information to support the development of the organisation's strategic objectives. For example nearly 9 out of 10 people (89%) who have used community health services in Leeds told NHS Leeds that they were either 'satisfied' (30%) or 'very satisfied' (59%), and having the right number of highly skilled staff is overwhelmingly the most important issue in improving NHS services. More recent polling, commissioned by NHS Yorkshire and the Humber, shows 70% of patients and public interviewed were 'satisfied' with local NHS services in Leeds, 33% of whom were 'very satisfied'.

NHS Leeds is committed to ensuring that the objectives and aims underpinning the vision are relevant to the needs and expressed views of the local population. The NHS Leeds objectives have been written to describe clearly what NHS Leeds aims to achieve and how NHS Leeds should work to take steps towards achieving the vision – this is our commitment to the people of Leeds.

Since its approval in March 2008, the NHS Leeds strategy is being used as a key mechanism to support focussed clinical engagement and involvement in the progression its commitments. The NHS Leeds PEC (see section 6.2) has strong ownership of the strategy, its objectives and vision and uses it as a key anchor in their clinical leadership of service improvement.

# 03 Vision and objectives

## 3.2 NHS Leeds Vision and Objectives



### Our Vision

We will improve health and well being, reduce health inequalities and transform health services for the people of Leeds by working with others and being a leading edge organisation.

### Objective 1

We will improve your health and wellbeing and protect the health of the population

### Objective 2

We will work with others to reduce inequalities in health

### Objective 3

We will treat you with respect and ensure you receive safe, effective, well co-ordinated care in modern facilities

### Objective 4

We will provide care where and when you need it, promoting your health and wellbeing and avoiding unnecessary admission to hospital

### Objective 5

We will help you to make choices and feel in control of your healthcare

### Objective 6

We will influence and work alongside our partners to deliver our vision

### Objective 7

We will commission high quality care from a broad range of providers

### Objective 8

We will ensure effective and sustainable use of resources

### Objective 9

We will support, develop and value our staff

### Objective 10

We will be recognised as an organisation of improvement and learning

# 03 Vision and objectives



### Objective 1

We will improve your health and wellbeing and protect the health of the population

NHS Leeds wants to add years to life and life to years for the people of Leeds. Improving health, wellbeing and healthcare is a key priority for action for NHS Leeds. To achieve this, NHS Leeds will ensure that people living in Leeds have the right information and the means to make changes in lifestyle that will impact on their wellbeing and their potential to live, learn, work, be active, grow and age.

#### By 2013...

- NHS Leeds will have increased the number of people with anxiety and depression offered psychological therapies, with capacity in the 'Early Intervention' service increasing by 50%\*
  - NHS Leeds will have helped 22,000 people to stop smoking\*
  - NHS Leeds will have prevented over 250 people under the age of 75 from dying prematurely from from cardio vascular disease\*
  - NHS Leeds will halt the rise in obesity in children and by 2013 there will be no more than 2200 children in Leeds, aged 10/11, who are obese.
  - There will be 11,000 fewer alcohol related admissions to hospital
  - NHS Leeds will have supported more mothers in continuing to breastfeed their babies for 6-8 weeks
  - NHS Leeds will have vaccinated 70% of 12-18yr old girls to protect against cervical cancer
- \* indicates a joint priority in the Local Area Agreement

*"Knowledge is power – let us know what we can do for ourselves."*

Giving people the tools and information to be responsible for their own health and lifestyles is critical to making this possible. This includes information about physical activity, healthy eating, stopping smoking and drinking alcohol within sensible limits, which will all make a real contribution to people living a healthy and active life. For example, to ensure that children grow up to build exercise and healthy eating into their everyday life *"parents need information on how to ensure their children have a healthy and balanced diet."* Information for children, their parents and everyone in Leeds will help to support these becoming easier choices.

NHS Leeds also knows that improving people's emotional wellbeing and supporting people in times of extreme stress is key to improving their quality of life. Support for people with mental health problems goes beyond



diagnosis. NHS Leeds aims to *"raise awareness of mental health support available in communities"* and is working with our partners in Leeds to improve access to mental health services, supporting people to live free free from discrimination, disability and poverty<sup>HA7</sup>.

NHS Leeds wants to make sure that the people of Leeds, especially children and young people and those groups that are more vulnerable or living in areas of deprivation live in a health promoting city. This will include improving rates of breastfeeding and reducing smoking in pregnancy<sup>HA1</sup>. This also means that NHS Leeds will make improvements in access to services that help people protect their health, such as vaccination and immunisation; contraception and sexual health services which also offer advice and education; and services which enable the early detection of cancer and heart disease.

The focus and investment switch<sup>HA1</sup> on prevention through protecting people's health and helping them lead a healthier life will contribute to their longer term health. NHS Leeds has a key role in protecting the health of the population of Leeds. This includes further developing relationships with other organisations especially the Health Protection Agency and Leeds City Council to ensure health protection plans are coherent with those of our partners. NHS Leeds will also influence regional and local environmental policy and plans where they impact on health. This will include the areas of infection control, vaccination and immunisation, screening programmes and the environment.

#### Reducing Health Inequalities and Improving Life Expectancy in Leeds: NHS

Leeds has a population of 150,000 people living in some of the most deprived circumstances in the country. This is a population larger than most English towns. Improving the health and wellbeing of this population is a very high priority for everyone in Leeds and in 2013 in the most deprived SOAs of Leeds, over 300 lives will be saved.

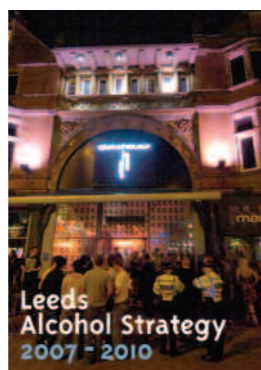


# 03 Vision and objectives

## How we will deliver this

NHS Leeds will work with our partners, including Leeds City Council, across the city to commission comprehensive wellbeing and prevention services and initiatives<sup>HQ1</sup> to promote health, encompassing a range of health areas including alcohol, drugs, smoking, sexual health, mental health, healthy eating and physical activity. For example, NHS Leeds is

**Leeds Alcohol Strategy:** this joint Safer Leeds and Healthy Leeds strategy has been created to encourage and promote a culture of responsible drinking coupled with responsible management of licensed premises. The aim of the strategy is to reduce alcohol-related problems to improve the quality of life for Leeds residents and visitors. The strategy will support delivery of NHS Leeds' priority health outcome reducing the rate of hospital admission for alcohol related harm. This will mean 11,000 fewer alcohol related admissions to hospital by 2013.



working with the voluntary sector to develop health trainers, who will provide support to individuals who are ready to make lifestyle changes. NHS Leeds will support the mental health and wellbeing of people with mental health problems through commissioning accessible services with a single point of access and investing in primary and community mental health services<sup>HA7</sup>.

NHS Leeds recognises the role that patients with long term conditions can have in sharing ways of coping with and improving their

health. NHS Leeds will promote ways of sharing this through the development of the Expert Patient Programme and other self care initiatives<sup>HA5</sup>.

Individuals from NHS Leeds are working with Education Leeds and other agencies to target health promotion at young people. NHS Leeds recognises the specific health needs of certain groups in the population and is working to address these, for example supporting Neighbourhood Networks to provide services for older people, and working with Leeds City Council and a range of voluntary agencies around good health for groups such as black and minority ethnic groups, homeless people and those not in work.



In the event of a major incident such as a serious infection outbreak or disaster NHS Leeds will play a key role, ensuring major services respond to the challenges presented by the emergency. Working closely with colleagues in other agencies NHS Leeds will also ensure that services continue to operate as normally as possible, in accordance with the principles of integrated emergency management.



Tackling health care associated infections, including Meticillin-Resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C.diff) are high priorities for NHS Leeds.

Control of communicable diseases such as food, blood and water borne infections as well as tuberculosis (TB) will remain an important strand of NHS Leeds' work with partner organisations including Leeds City Council and Health Protection Agency. NHS

Leeds will also protect health by continuing to support the coordination of local aspects of national screening programmes including those for cervical and breast cancer, and will introduce a bowel cancer screening programme in 2008 and a campaign to raise awareness of a national vascular screening programme<sup>HQ1</sup>.

**Protecting health in primary care:** Leeds currently has uptake rates for the measles, mumps and rubella vaccination in the lowest 25% nationally. NHS Leeds is working with General Practitioners to increase vaccination coverage, particularly MMR. Increasing the proportion of under 2 year olds completing their MMR is a priority health outcome for NHS Leeds and the organisation will ensure 90% of all children aged under 2 are immunised against MMR by 2013.

# 03 Vision and objectives

## Objective 2 We will work with others to reduce inequalities in health



Certain neighbourhoods in Leeds have some of the worst health in the country and there is a nine year gap in life expectancy between those living in the best and the worst areas of Leeds. The causes of health inequalities are complex and deep-rooted and involve action across many different organisations and sectors. Saving and reducing health inequalities is a key priority for action for NHS Leeds.

### By 2013...

- NHS Leeds will have narrowed the gap in how long you can expect to live, between the longest and shortest lives, saving 300 lives\*
  - NHS Leeds will have improved access to health services for the most vulnerable groups
  - Infant mortality in the most deprived SOAs will have reduced from 8 deaths per thousand to 7 deaths per thousand
  - NHS Leeds will have improved sexual health The rate of teenage conceptions for people living the most deprived SOAs will have reduced by 55%\*
- \* indicates a joint priority in the Local Area Agreement

Through public engagement, people have told NHS Leeds that *"Everyone's life expectancy should increase, [the health of the] worst off by most."* NHS Leeds agrees, and is committed to providing the same quality and range of care, whoever you are and wherever you live.

NHS Leeds recognises its own role in ensuring health services are effectively targeted at those most in need and will focus its efforts on those communities living in the neighbourhoods (super output areas) that are within the worst 10% nationally in terms of deprivation, and also on key vulnerable groups. This will include prioritising midwifery time to women who need it most<sup>HA2</sup>.

**Reducing teenage conceptions:** Teenage conceptions frequently have a significant negative impact on the health, wellbeing, educational attainment and future income opportunities of young people and their family. Although Leeds overall has rates of teenage conceptions that are not amongst the highest nationally, there are some communities in Leeds which have very high rates. These tend to be the more deprived communities. This strategy will support reducing the rate of under 18 conceptions by 55% by 2013 for people living in the most deprived SOAs within the priority health outcome 'reducing infant mortality' for NHS Leeds and its partners.



To reduce inequalities NHS Leeds must influence and work *"collaboratively with [partner] agencies to deliver local strategies to local people. Bearing in mind that what works well in one area may not work well in another."* These key partner agencies include education, housing, social care and the voluntary, community and faith sectors.



# Vision and objectives

## How we will deliver this

NHS Leeds is a key partner in the Vision for Leeds and the development of the Leeds Strategic Plan which will set the vision for the city until 2011 and has reducing inequalities at its core. To reduce inequalities in health, NHS Leeds will deliver action in three main areas:

### Community development workers (CDWs):

In response to local needs and national policy Leeds PCT has commissioned a service from the voluntary sector to provide CDWs for Black and Minority Ethnic (BME) communities in Leeds. The CDW service works with community groups to understand issues facing BME communities and feed this into the commissioning process with the aim of developing more appropriate and responsive mental health services that meet the needs of all and result in more engaged, participatory and confident communities.

Firstly named public health co-ordinators for specific areas of deprivation across the city will ensure that the agencies on the ground are working towards common health and wellbeing goals and providing added value and impact through working together. They will also ensure that the appropriate expertise from across NHS Leeds and other agencies is brought in to neighbourhoods to help address key issues for that area, be it teenage pregnancy, substance misuse or mental health issues.

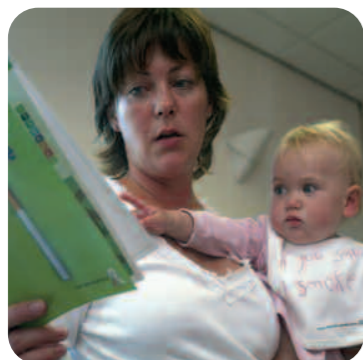
Secondly NHS Leeds will also influence partners to address the wider determinants of health, including increasing access to benefits, particularly those linked to fuel poverty, and improving access to employment<sup>101</sup>.

Thirdly, NHS Leeds will strengthen the contribution of health and social care to reduce inequalities in health, through outcome-focused commissioning and targeted delivery of high impact effective interventions to those most in need. This can be demonstrated through NHS Leeds' commissioning of innovative primary, community and specialist services to support the health and wellbeing and enable more local support of people with learning disabilities.

NHS Leeds knows that the largest health contributions to the gap in life expectancy are due to vascular disease, respiratory disease and cancer. NHS Leeds will ensure that the interventions that have the biggest impact on these conditions are targeted at those most in need: for example, by working to reduce smoking prevalence; by addressing the impact of long term conditions particularly through targeting the prevention of vascular diseases (primary and secondary prevention within the primary care setting) and by improving the detection of cancer. NHS Leeds is rolling out community based services for people with the long term condition chronic pulmonary obstructive disease (COPD). These services are proven to reduce hospital admissions and improve quality of life and independence. Working with

practice based commissioning consortia NHS Leeds will target these services at those areas of greatest need.

Practice based commissioning is a crucial way of addressing equality issues and reducing health inequalities. NHS Leeds will work with practice based commissioning consortia to develop their role in addressing the inequalities in health and meeting the health needs within their populations. Individual practices and other provider services will also be supported in developing their capacity and capability around delivering key public health programmes.



**Reducing Infant Mortality:** To address the gap in infant mortality the PCT will commission services that have been proven to have the biggest impact. These include services that reduce smoking in pregnancy, improve nutrition in women of childbearing age, reduce teenage pregnancy, increase breastfeeding, provide effective antenatal care and ensure high quality family support. Health visiting and midwifery services will be commissioned to be co-located in children's centres and increase capacity in the most challenged super output areas. Reducing infant mortality is a priority health outcome for NHS Leeds and its partners and by 2013 infant mortality in the most deprived SOAs will have reduced from 8 deaths per thousand to 7 deaths per thousand.

# Vision and objectives

## Objective 3

We will treat you with respect and ensure you receive safe, effective, well co-ordinated care in modern facilities



NHS Leeds will commission pathways of care that are simple to understand and consider the requirements of patients and carers. We will work with health and wellbeing providers to avoid cancelling or changing appointments and provide improved access to booking systems by telephone and the internet. Sustaining performance against core access and safety standards is a priority for action for NHS Leeds.

### By 2013...

- NHS Leeds will have ensured patients are treated in a clean, safe environment, with reduced rates of Meticillin-Resistant Staphylococcus aureus (MRSA) and reduced infection rates by 40% for C.difficile
- NHS Leeds will have increased the extent to which patients and service users are treated with respect and dignity
- NHS Leeds will have reduced the number of people who are unable to be discharged from hospital due to delays in community packages of care
- NHS Leeds will have ensured that GPs with a specialist interest (GPSIs) are accredited and GPs re-validated
- NHS Leeds will have increased job satisfaction amongst NHS Leeds staff

NHS Leeds knows that patients want "Services which are simple to understand and easy to navigate." The PCT will improve the level of patient and carer confidence in services and expected outcomes of health care. "I would like GPs and hospital staff to have the time to listen."

All healthcare staff will treat patients and carers with respect and politeness and ensure patient dignity is maintained at all times<sup>102</sup>.

Care will be delivered in clean, safe environments and as close to patients' homes as possible. Healthcare buildings will meet all access standards for users with disabilities.



### Delivering care in a clean, safe environment:

Rates of hospital acquired infections such as MRSA and C.Diff have reduced in Leeds' main hospitals. However they remain amongst the highest nationally. NHS Leeds is committed to further significant reduction of these infections and has therefore prioritised these, and specifically C Diff. as a key health outcome for NHS Leeds.



**cleanyourhands®**  
campaign



# Vision and objectives

## How we will deliver this

NHS Leeds knows that some of the healthcare facilities in Leeds are not to the standards that patients, staff and carers expect. NHS Leeds is working to improve GP premises and health centres through improvements to current accommodation or by building new modern facilities through Community Ventures Leeds Ltd. Since 2005 nine new health facilities have opened around the city, with plans for a further three centres during 2008. NHS Leeds is committed to improving the quality of the healthcare environment and will deliver this through initiatives such as upgrading GP premises, supporting children services developments in the hospital setting and the establishment of maternity facilities at children's centres with Leeds City Council.

**Dignity:** The Leeds Older People and Disabled People Teams are leading on the Leeds Dignity in Care campaign with the aim of ensuring all older people are treated with dignity when using health and social care services. The campaign has stimulated local debate around dignity in care and a system where there is zero tolerance of abuse and disrespect of older people. Other expected outcomes include:

- Raising the profile of Dignity in Care issues with older people, the public and care staff
- Collating, sharing and publicising best practice
- Supporting the implementation of the recommendations arising from the Scrutiny Board inquiry
- Ensuring that Dignity in Care continues to be explicitly addressed after the end of the project

NHS Leeds will make clear to providers of healthcare what standards, both national and local, are required of them, and expect them to demonstrate on a regular basis how they are complying with and performing against those standards. In hospitals, this will include the provision of same-sex wards and levels of consultant cover in line with national guidelines<sup>H42</sup>. In other places, such as health centres and GP surgeries, that there are appropriate facilities to allow privacy and dignity at all times. Working with partners, NHS Leeds will also ensure staff are aware of safeguarding policies and procedures and are able to identify, refer and support people who might be at risk.

Over the next five years NHS Leeds will systematically engage with patients, public, service users and carers on their experience of health and wellbeing and the services and approaches in place to support these. The outcomes and themes raised through this work will be shared and used to measure NHS Leeds' performance in supporting health and wellbeing for the population of Leeds.



# Vision and objectives



## Objective 4

We will provide care where and when you need it, promoting your health and wellbeing and avoiding unnecessary admission to hospital

Patient feedback – both nationally and locally in Leeds – shows that access to the right health care professional at the right time and in the right place is important, and that availability of primary care services, especially GPs, is also of high priority. People want to see their GP outside of normal office hours so as to minimise disruption to working lives:

### By 2013...

- NHS Leeds will have developed community services for people with diabetes, stroke and COPD (chronic obstructive pulmonary disease), which will reduce, by 5%, the number of people who are admitted to hospital as a result of a long term condition
- NHS Leeds will have reduced waiting times for all booked hospital treatments to no greater than 18 weeks from referral to treatment
- NHS Leeds will ensure that 100% of GP practice lists are open to new patients and 50% are offering evening or weekend opening hours
- For every 100 people who, have been diagnosed with cancer, following urgent GP referral, 7 more people will receive their treatment within 62 days

"increase access to GPs at weekends". They want to book appointments easily, both in advance for routine appointments and at short notice for urgent appointments "when I want to see a doctor I am not fobbed off to service X which then sends me back to my GP".

NHS Leeds will work with GP practices to make access to services easier and so avoid unnecessary journeys and repeated visits to different healthcare professionals. NHS Leeds will improve local access to services through developing safe and effective community services such as dermatology, urology and ear, nose and throat (ENT) run by specialist GPs with fast access to consultant advice<sup>H45</sup>. "I love it when one health centre caters for all my needs e.g. dentist and podiatrist and I can walk to it. All in one place and near to home".

The development of 'one-stop' clinics e.g. back pain using multidisciplinary teams provides fast and easy access to investigations and diagnosis. "I have an excellent GP who identified I had diabetes. The surgery has specialists for

**Diabetes:** NHS Leeds is working with practice based commissioners to design and deliver a 'tiered' model of care for people with diabetes. Patients who previously had to travel to hospital for assessment and treatments will be able to receive this even better quality care much closer to home.

diabetes, cardiac and asthma, therapies, a counsellor and clinics as well as choose and book. A one stop shop. They should be everywhere".

Through consultation, NHS Leeds knows that patients want improved access to urgent (emergency) care through reduced waiting times in A&E and increased opening hours at minor injuries units and is committed to improving this<sup>H46</sup>.

It is crucial for NHS Leeds to respond to changing population needs, and this is a priority for action for NHS Leeds. Provision of community services and support for older people and people with long term conditions enables them to be cared for in their own homes, need fewer hospital visits and admissions and lead a better quality of life. NHS Leeds will commission services close to home so that patients can access "good, fast care, near to your home and friends".

Difficulties with getting to and from health services and appointments concern all users of the NHS. In the city of Leeds, NHS Leeds must work to reduce reliance on car transportation and parking as this causes delays and frustration for all. The provision of care in community settings will reduce the distance patients need to travel and ensure that those who need access to specialist care can benefit from shorter waiting times and better transport facilities.





# 03 Vision and objectives

## How we will deliver this

**Fast access to services:** Quick access to services is essential in supporting the diagnosis and treatment of disease and infection. Currently access to genitourinary medicine services within 4 hours in Leeds is in the lowest 25% nationally and access to cancer treatment within two months of urgent referral is among the lowest 10% nationally. Consequently cancer treatment within 2 months of urgent referral is a priority health outcome for Leeds.

NHS Leeds will deliver high quality care in the community and in primary care for older people and vulnerable groups. Wherever possible service users will be in control of the assessment process and the delivery of services.

NHS Leeds will support the health and wellbeing of people with long term conditions through a greater emphasis on education and information that promotes and enables self care. We will commission a tiered model of care in community settings that reduces hospital admissions and travel time and delivers choice for people with a long term condition<sup>HA3</sup>. NHS Leeds will improve access to services for people with an urgent care need, by commissioning more seamless and

integrated services including a single local number for people with an urgent care need and ambulance services which take people immediately to the best location<sup>HA5</sup>.

Recognising the major implications of moving services closer to home for carers, NHS Leeds will strive to ensure that the improvements that result from service redesign do not have a negative impact on carers. NHS Leeds has worked with partners to develop a Pan Leeds Carers Strategy arising from listening events held across the city in the past two years. NHS Leeds will continue to commission a Carers Service provider and other agencies to provide carer awareness training to primary care staff as well as a support service to those carers whom GPs refer to their carers support workers.



**Cardio vascular disease (CVD) mortality and COPD prevalence:** Mortality from CVD is the biggest single contributor to the gap in life expectancy in Leeds and consequently is a significant contributor to inequalities. Overall the rate in Leeds is in the top 75 to 90% nationally. Other smoking related diseases make a significant contribution to the inequalities gap. Reducing mortality from CVD is a priority health outcome for NHS Leeds and by 2013 NHS Leeds will have prevented over 150 people under the age of 75, living in the most deprived SOAs, from dying prematurely from CVD.

NHS Leeds and its local partners, including Leeds City Council and the voluntary sector, has established a joint Transport Forum to ensure a coordinated approach to travel and planning and improve access to health services. Green travel plans will be incorporated into all new buildings and all partners will improve the availability and quality of information about transport to and from health services, such as reception staff having access to timetables and bus routes and travel information being included in all communication with patients.

# 03 Vision and objectives

## Objective 5 We will help you to make choices and feel in control of your healthcare



Patients, service users and carers have told us that they want a choice of services not just a choice of hospital and that they want access to safe care close to home and with short waiting times. *"I want the nearest hospital to provide the best care"*.

**By 2013...**

- NHS Leeds will have enabled more women to see a midwife or an appropriate healthcare professional for a health and social care assessment. There will be over 25 additional new midwives
- NHS Leeds will have ensured more parents of children with a disability feel supported
- All patients will have access to a choice of three GP practices and be able to choose to see a GP of the gender of their choice
- NHS Leeds will have increased the number of people with a long term condition who feel independent and in control of their own condition
- 40% of patients who wish to die at home will be supported to do so

NHS Leeds recognises that, due to a range of social and geographical circumstances, access to health services can be challenging for some communities in Leeds. *"If you improve the services and deliver appropriate services where they can be easily accessed people will not need a choice as it will all be good. Aim to get the whole service working well"*.

NHS Leeds will work with all providers to ensure that patients always have access to the highest quality of care regardless of the hospital in which they choose to receive that care.





# Vision and objectives

## How we will deliver this

NHS Leeds will ensure that individuals in hard to reach communities and vulnerable groups have equal access to information and support e.g. Gypsies and Travellers should have access to primary care, those for whom English is not their first language should have access to translation services, and community advocates are provided for those who need support to access services.

NHS Leeds will commission providers to provide consistent information<sup>HA1</sup> and deliver a choice for women and their partners and develop a personalised experience of pregnancy and childbirth. People who are at the end of their life will be supported to choose where they receive their end of life care<sup>HAB</sup>; and NHS Leeds will work to improve the experience of carers, including parents with disabled children.

NHS Leeds will ensure that patients are empowered and supported to make free choice about their treatment so that they feel in control of their own health and health care. This will include personal care plans agreed annually with patients to help manage their long term condition<sup>HA3</sup>. NHS Leeds will ensure all GP practices have TVs and the Internet in waiting areas to enable awareness and understanding of the choices for patients and will also promote the NHS Choices website to support this. *"Knowledge is power – let us know what we can do for ourselves"*. We will make available *"the right information at the right point"* and commission clear clinical *"pathways that meet the needs of the patient not the needs of the service"*.



Information and support services will be appropriate to the needs of service users and carers at different points of the health pathway and in language and formats that are easily understood. Patients will be treated as partners in their care and empowered to make decisions about their healthcare when they wish to and where this is appropriate. This will include increasing the training and education of NHS staff in end of life care to create a climate more open to discussing choices and options around end of life care with individuals and their carers<sup>HAB</sup>.

To further help people make choices and feel in control of their healthcare, NHS Leeds will publish, and deliver to people's doors, an annual prospectus describing the range of services available to support health and wellbeing in Leeds.

**Personalised care:** NHS Leeds is working with Leeds City Council to implement a new model of service to support people in the community who in the past may have accessed day centres. This programme of change called the i3 project for Mental Health will focus on individual needs and aspirations and work across the health and social care sector to support people wherever they may be. Mechanisms such as direct payments will be used to take forward personalised care.

# Vision and objectives



## Objective 6

We will influence and work alongside our partners to deliver our vision

For NHS Leeds, partnership means individuals, teams and organisations working together to maximise and harness their strengths and expertise to deliver a common vision or objective.

### By 2013...

- NHS Leeds will have demonstrated how local area agreement targets can be met through partnership working such as the Healthy Leeds Joint Strategic Commissioning Board, the Children's Trust arrangements and Safer Leeds
- NHS Leeds will have commissioned a greater proportion of services and initiatives through pooled/joint budgets
- NHS Leeds will have gathered clear evidence of effective influencing and lobbying

NHS Leeds understands that its vision and objectives can only be achieved through partnerships within NHS Leeds, with practice based commissioners and across other local health, social care, transport, housing, education and employment services as well as the voluntary, community and faith sectors. Effective partnership working across these organisations is essential in improving the health and wellbeing of the population of Leeds.

NHS Leeds has a key role in local and national influencing and lobbying for changes that promote and support the physical and emotional health and wellbeing of the population. Examples include NHS Leeds' role in lobbying for the introduction of smoke-free public spaces, greater control of the sale of

alcohol<sup>HA1</sup> and addressing issues such as worklessness and fuel-poverty. Addressing underlying issues such as poverty and employment and working with partners to improve transport are essential to improving health and wellbeing.

In partnership with local communities and focussing at the neighbourhood (SOA) level, NHS Leeds will improve health and wellbeing through *"embracing a community development approach that harnesses local strengths"*, *"supporting individuals and communities in delivering innovative solutions"* NHS Leeds will work with Leeds City Council and the voluntary sector to further develop the Neighbourhood Networks capacity, learning from the Linkage programme, enabling them to act as community gateways, signpost services and to provide quality information. Beyond Leeds, NHS Leeds will work in partnership with, as well as influence, NHS Yorkshire and the Humber, universities, NHS Institute for Innovation and Improvement and Department of Health on a range of policies, innovations and improvements.

Within the organisation, NHS Leeds will support, promote and enable better coordination<sup>HA3</sup>, communication<sup>HA5</sup> and more partnership working between different teams such as GPs, hospitals and social work teams. This will be done through a co-ordinated team approach and through improved communication and information sharing between community, primary and secondary care. In particular, NHS Leeds will improve the co-ordination of care for people at the end of life<sup>HAB</sup>. Through a common assessment process NHS Leeds will ensure a seamless and holistic approach to assessment, including a greater emphasis on self assessment, covering all of an individual's health and social care needs. For example in three years a person should be able to say in relation to a health or social need that *"my health visitor sorted it for me, [she is] the door to other services"*.

**Fuel Savers:** NHS Leeds is supporting and raising awareness of the Councils Fuel Savers Team by sending information about the scheme out with flu jab appointments and by specially targeting those practices with a high incidence of COPD.

In working with partner organisations, NHS Leeds is committed to delivering on its own promises and will work to ensure partners deliver on their promises; accountability is vital. NHS Leeds will take a proactive role in clearly communicating, in appropriate language, about changes, progress and achievements with partners across the city.

# 03 Vision and objectives

## How we will deliver this

NHS Leeds has a responsibility to support and promote partnership working at a range of levels from joint assessment and delivery of individual care plans for patients and carers to the joint strategic prioritisation and commissioning of services by NHS Leeds and Leeds City Council. In doing this it will build upon and further strengthen the existing Children's Trust arrangements to improve outcomes for children.

NHS Leeds is working with Leeds City Council to put in place partnership arrangements (the Healthy Leeds Commissioning Board and supporting structure) that will enable effective involvement to inform and support the planning and delivery of improvements in health and wellbeing, including high quality health and social care services. These partnership arrangements will take the form of networks that will include representatives of the public, service users and carers, the voluntary, community and faith sector, clinicians and other health and social care professionals<sup>HO1</sup>.



NHS Leeds will work hard to build its reputation as a trusted leader of the local NHS<sup>WC1</sup>, to improve public confidence in the NHS and will support partnerships at a citywide level through Vision for Leeds and its associated partnership structure. NHS Leeds will play an active role with the 10 Leeds Area Committees and the development and delivery of their respective Area Delivery Plans to achieve the objectives of the Leeds Strategic Plan at a more local level.

Based on the priorities and issues raised through these networks, NHS Leeds and Leeds City Council will work together to co-ordinate the commissioning of health and wellbeing to enable the delivery of strategy, agree priorities and align resources. NHS Leeds will "influence its partners to support our vision by working with them on health related issues [such as] housing and education". Through strong partnerships, NHS Leeds will help ensure that health impact is considered in regional and local development plans in sectors such as economic development, transport, housing and waste management.



**Focus on areas of deprivation:** The PCT has a key role in influencing its partners to agree and deliver joint outcomes to improve the health of the people of Leeds. For example this has led to an agreement between the PCT, Leeds City Council and the Leeds Initiative with the regional Government Office to prioritise the reduction in all cause all age mortality in the neighbourhoods that are in the 10% most deprived nationally and on key vulnerable groups. This in turn will influence the future planning for all key stakeholders within the city.

# 03 Vision and objectives

## Objective 7

We will commission high quality care from a broad range of providers

Shaping the depth and breadth of health and wellbeing providers to improve quality, patient experience and outcomes is a key priority for action for the NHS Leeds. At the same time, understanding the needs of patients, service users and carers and involving them in the design and development of services is central to the role of NHS Leeds as commissioner of approaches and services that promote health and wellbeing.

### By 2013...

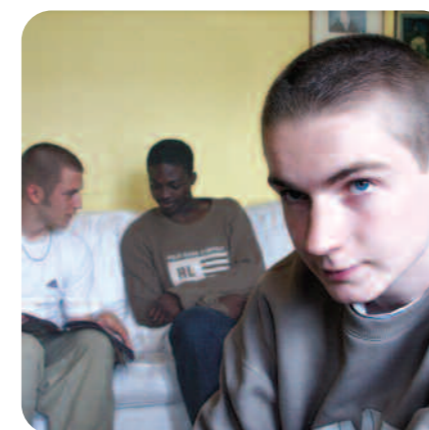
- The overall NHS Leeds budget spent with acute hospital providers will have reduced by 5% due to increasing provision within other parts of the healthcare services
- NHS Leeds will increase the number of patients who receive treatment through new pathways developed by practice based commissioners
- NHS Leeds will have developed and commissioned strong and responsive community services
- NHS Leeds will have agreed performance indicators to improve quality and outcome of care for patients
- A minimum of 5% of all services commissioned by NHS Leeds will have been subject to market testing through tendering

Engagement is an on going process, evaluating current services and shaping the development of future services. NHS Leeds will ensure service user, carer and patient involvement in determining health needs and establish as routine practice full engagement with all providers.

NHS Leeds, with Practice Based Commissioners, will ensure that the services it commissions for the diverse population of Leeds are of the highest quality, delivering to both national and locally agreed standards to "provide services based on need by basing assessments of need on evidence base and use to influence Practice Based commissioning". These quality standards will relate to a range of areas including waiting times, cancelled operations, patient experience and feedback, cleanliness and complaints. Where standards are not delivered, the NHS Leeds contracting team will take appropriate action to ensure delivery of quality care for service users and patients.

**Early intervention for young people with psychosis:** The PCT has commissioned a voluntary sector service to provide an early intervention service for young people experiencing psychosis. *Aspire* works with primary and secondary care providers to identify young people who may be experiencing early symptoms of psychosis and intervenes in time to reduce the impact of ill health. The service is able to increase access to preventative support, arrange rapid access to suitable services, promote recovery from illness and increase wellbeing.

It is the responsibility of NHS Leeds to ensure the delivery of high quality, innovative and appropriate services that meet the diverse needs of patients, service users and carers in Leeds and reflect the values of the NHS<sup>WC10</sup>.



"Organisations such as [this are] a good way for young people to open up about their problems and receive the treatment they would not dare to ask about from their doctor".

To achieve this, NHS Leeds will work with existing and new providers from NHS, independent, voluntary, community and faith sectors to commission services which promote and support health and wellbeing for the population of Leeds.

Over the next year, the organisation will develop clear separation and accountability between the commissioning and provider functions of NHS Leeds. This will include exploring new organisational models for its own provided services.



# 03 Vision and objectives

## How we will deliver this

NHS Leeds will continue to involve and seek the views of the population of Leeds in the commissioning of existing and future services through working with Local Involvement Networks (LINKs), the presence of service user and carer representatives within service planning groups, formal consultations and ongoing feedback questionnaires. NHS Leeds will work with the Health, Children's and Adult Social Care Scrutiny Boards for Health & Adult Social Care and Children's Services to receive independent feedback on its approach to public involvement in commissioning for health and wellbeing.

NHS Leeds will support and work alongside practice based commissioning consortia in the development of their commissioning capabilities, ensuring practices receive 'fair-share' of budgets, and accurate and timely information to enable the development of local services for patients. Where appropriate, NHS Leeds will work with other PCTs through specialist commissioning groups to plan and commission services where future increases in demand are likely locally. NHS Leeds will lead the specialist planning and commissioning of renal replacement therapy on behalf of commissioners in Yorkshire and the Humber.

Recognising the need to work in partnership with providers in the development and delivery of high quality services for service users, patients and the public, NHS Leeds will use a range of techniques and approaches available including penalties and de-commissioning where providers fail to deliver key quality standards for patients, service users carers and NHS Leeds will: "...increase the monitoring, inspection and penalties for contractors who fail to meet their specified contracts"<sup>101</sup>.



**Urgent care:** Based on what patients, carers and the public have told NHS Leeds about how they would like to see urgent care services improve in the future, NHS Leeds and practice based commissioners are in the process of re-commissioning urgent care services in Leeds. A range of existing and new healthcare providers including hospitals, GPs, independent, and voluntary, community and faith sectors have put forward innovative service models that will respond to the urgent care needs of the population of Leeds. Having worked with the public to choose the best model of urgent care for Leeds the improved service will start from April 2009. The improved service will include a single regional number for urgent care, extended opening hours of urgent care services and the extension of minor injuries services to also include minor illnesses.

# 03 Vision and objectives

## Objective 8

We will ensure effective and sustainable use of resources



NHS Leeds is responsible for using NHS resources for the population of Leeds in an effective and sustainable way. NHS resources include finance, buildings, staff, equipment and expertise. The importance of "not wasting resources", "spending all [NHS Leeds] money to best advantage" and "ensur[ing] resources are spent appropriately to meet need" was fed back to NHS Leeds through the engagement process.

### By 2013...

- At least 85% of patients and service users will be satisfied or highly satisfied with NHS services in Leeds.
- NHS Leeds will have increased the number of generic prescription items as a percentage of all prescription items
- All NHS Leeds contracts with the independent sector will be 'cost per case' to ensure no wastage
- NHS Leeds will have introduced value for money principles across future investments and developments
- NHS Leeds will have reduced levels of primary energy consumption
- NHS Leeds will have improved efficiency performance in all new capital developments, major redevelopments or refurbishments, and existing facilities

Effective use of resources requires detailed prioritisation and long-term planning which is focussed on outcomes and benefits. NHS Leeds recognises that investment in approaches and initiatives to tackle the underlying causes of ill health may take many years to demonstrate results.

Using strong business cases, underpinned by the best possible evidence, NHS Leeds will 'act on the facts' to commission high quality and efficient pathways and approaches that promote health and wellbeing and which represent value for money (VFM) and reflect agreed priorities for action<sup>WC6</sup>. For NHS Leeds, VFM means achieving the maximum benefits (for the public, patients, staff and the organisation) for the resources invested. Where pathways and approaches are not consistently delivering clinically excellent, quality care that represent value for money, NHS Leeds will consider whether and how they could be provided in a different way.

NHS Leeds forms a vital component of the city's infrastructure and is responsible for over 40 buildings, with NHS Leeds staff working from over 100 buildings. NHS Leeds and Care Services will aim to minimise harm to the environment, reducing energy consumption and maximising the utilisation of existing and new estates and buildings and reducing waste by becoming

more 'paper light' and considering green transport options.

NHS Leeds will use and apply the benefits of new information management and technology (IM&T) to improve the health and social care pathway for patients and service users, respecting confidentiality and delivering a person centred approach at all times.

"Better clinical communication between community, primary and secondary care".

Access to information helps ensure that evidence based practice can be easily adopted. IM&T will improve care and safety for patients as their clinical notes, x-rays and test results will be available electronically to all their care givers. Investment in IM&T will provide the infrastructure and systems to ensure that health and social care professionals are able to access clinical and other information about patients and service users when they 'need to know'.

# 03 Vision and objectives

## How we will deliver this

NHS Leeds will develop and adopt a systematic and thorough approach to prioritise new investments<sup>wc6</sup>. This will be based on the locally agreed priority areas for action and objectives of NHS Leeds. NHS Leeds will publish an annual commissioning prospectus and be systematic in ensuring all new areas of investment demonstrate clear outcomes, patient benefits, value for money and a strong evidence base.

NHS Leeds will work with partners and service providers to monitor and measure the ongoing quality and clinical excellence of services through 'benchmarking' and making comparisons with similar organisations locally and on a national basis using tools such as the Better Care Better Value Indicators. Where needed, NHS Leeds will use local tariffs to enable the improved delivery of care pathways that deliver improved value for money and patient outcomes.

As a signatory to the Good Corporate Citizen Programme NHS Leeds is committed to reducing the organisational impact on the environment by reducing energy consumption and domestic waste.

NHS Leeds will work with its partners to agree suitable environmental standards in relation to construction, facilities management and procurement and will work with the Carbon Trust to explore opportunities to reduce energy costs and emissions.

NHS Leeds will improve the electronic information exchange between patients, service users, health and social care partners to facilitate selfcare,<sup>HA3</sup> the single assessment process, children's assessment framework and common assessment framework.

NHS Leeds will build solid

foundations to support services by ensuring GP infrastructure support; offering clinical systems to GPs through the GP Systems of Choice initiative (GPSoC); and offering the benefits of the National Programme for Information Technology to prisons and drugs services.

NHS Leeds will use information, such as the GP Quality and Outcomes Framework<sup>HQ1</sup>, to inform evidence based commissioning decisions with rigorous monitoring of performance against agreed targets and outcomes to improve care for the population of Leeds.



### Improving the experience of service users, patients, carers and staff by investing in IM&T:

- Improving information for clinicians to help them understand the range of appropriate and available pathways
- Improving electronic information exchange between health and local authority partners to facilitate single assessment processes
- Supporting independence by introducing 'telecare' to provide additional support for people at home
- Reducing unnecessary appointments by introducing electronic prescriptions

# 03 Vision and objectives

## Objective 9 We will support, develop and value our staff

NHS Leeds is a relatively new organisation formed through the integration of the former five PCTs and it is recognised that this period of transition has been challenging and demanding for NHS Leeds' workforce and partners. The new organisation has been formed from a skilled and committed workforce of clinicians and managers promoting, commissioning and delivering health and healthcare for the population of Leeds.

### By 2013 NHS Leeds will have...

- NHS Leeds will have increased levels of staff job satisfaction
- NHS Leeds will have reduced the staff sickness rate
- NHS Leeds will have increased employment from BME groups within NHS Leeds

The success of NHS Leeds and its 3500 staff (this includes care services) is dependent on its ability to engage with, listen, support, develop and value its staff.

NHS Leeds aspires to become an employer of choice within the community for health and social care, with employees feeling proud of where they work. NHS Leeds will ensure all staff to understand NHS Leeds' vision and objectives and link individuals' objectives and success with that of the organisation.

A key measure of NHS Leeds' success in supporting, developing and valuing staff will be higher morale amongst its staff. NHS Leeds will build on the positive results of the staff satisfaction survey to improve staff morale, improve staff health and wellbeing and reduce levels of absence.

NHS Leeds will promote and provide opportunities for learning, personal development and career progression for all its staff. NHS Leeds will provide learning that is multi-professional and cross-organisational, using e-learning and other learning technologies.

"We want our services delivered by motivated and knowledgeable staff who value all individuals equally". NHS Leeds values and will strive to promote equality and diversity as an employer by improving equality and diversity in the workplace.



## How we will deliver this

NHS Leeds will achieve the support and development of staff through maintaining the approach of 'Improving Working Lives', working towards 'Investors in People' and developing a Talent and Leadership Development Plan to identify and develop future leaders. This will outline how all World Class Commissioning competencies will be met including the development of procurement skills across the organisation<sup>wc9</sup> and improved integrated workforce planning across health and social care.

The organisation will undertake a training needs analysis that links NHS Leeds' strategic objectives with business needs and individual development needs enabling "competent staff, incentivised, motivated and valued".

NHS Leeds will ensure that all staff have a safe and healthy workplace and that staff have support from occupational health services. A range of leadership and management development approaches will be implemented to enable integrated and cross organisational working.

### Staff development:

- Leeds PCT has signed up to the 'skills pledge' which guarantees a minimum standard of training and development for all PCT staff to NVQ 2. This will support the 'passport to development' for each individual, linking strategic objectives, business objectives, individual development and knowledge and skills framework (KSF) so that individuals can reach their full potential.



# 03 Vision and objectives

# Priorities for action 04



## Objective 10

We will be recognised as an organisation of improvement and learning

A key priority for action for NHS Leeds is to become a World Class Commissioner. To help achieve this, NHS Leeds recognises the need to both 'get the basics right' alongside aspiring to become a leading edge organisation of improvement and innovation<sup>WCS</sup> on a local, national and regional basis through:

- Sharing and spreading excellent practice already being delivered in pockets through Leeds *"transforming but at the same time sharing what we're doing"*.
- Constantly applying evidence and best practice and piloting and trialling new approaches to improving health and health care for the population of Leeds.
- Learning from mistakes as well as when things go well and improving the way we do things through local, regional and national comparisons and examples of excellence.
- Leading and working in partnership in the research and development of improved and innovative practice *"being a learning organisation is key – if not we are missing a trick"*.

Capitalising on the breadth of clinical and non-clinical skills, expertise and leadership within the organisation and with partners, NHS Leeds aims to become a leading academic and teaching organisation, with *"research and development at the heart of becoming leading edge"*.

### By 2013...

- NHS Leeds will have increased the number of new practices offering GP teaching placements
- NHS Leeds will have developed effective partnership ventures with academic institutions
- NHS Leeds will offer more placements through Universities
- NHS Leeds will have initiated a knowledge management network
- NHS Leeds will have increased the number of reviews and awards received

### How we will deliver this

**Innovation & improvement:** By being part of the Practice Partner Network, NHS Leeds has the opportunity to early implement and pilot a range of new innovative tools and approaches to improve health and health care. NHS Leeds has already started to implement the 'Lean' approach to reducing waste and is piloting a new tool to reduce waiting times for patients. Over the next three years NHS Leeds will maximise all available opportunities to learn and become truly leading-edge.

Developing and sustaining a network of innovation and improvement across NHS Leeds and provider organisations in Leeds will directly support NHS Leeds' development into a leading edge organisation. NHS Leeds will actively support and empower individuals at all levels of the organisation to identify and apply evidence-based, quality assured innovation and improvement within their area of expertise and work, providing where necessary the training and resources to enable *"quality assurance within innovation and improvement to ensure all health services are efficient and effective"*.

NHS Leeds will further develop strong relationships with NHS Yorkshire and the Humber, regional and national health care organisations to share knowledge and learning to improve the commissioning of health and wellbeing in Leeds. Locally, NHS Leeds will work with the key academic institutions within Leeds to develop an academic public health strategy including teaching, training, research and development.

NHS Leeds will influence national policy by working closely with the Department of Health, the NHS Institute for Innovation and Improvement and other agencies to share the experiences, challenges and learning. This approach will also maximise NHS Leeds' awareness of learning and development opportunities and pilots of mutual benefit to NHS Leeds and partner organisations. NHS Leeds will continue to be a training base for specialist public health staff.

NHS Leeds' 10 strategic objectives describe the commitment made by the organisation to the population of Leeds over the next five years and beyond. At the start of this journey, the organisation has identified six priorities for action. Spanning all 10 of the strategic objectives, these priorities represent the key health, wellbeing and organisational issues for NHS Leeds in 2008. As such, whilst NHS Leeds pledges to deliver all the commitments made within this strategy, these six priorities will receive particular focus and attention by the organisation.

The priority areas for action, investment shifts required to deliver these priorities and examples of key initiatives for each priority area are summarised in table 5 on the following pages. Greater detail on the full range of initiatives, associated finances and their implementation, is provided within the NHS Leeds five year operational plan.

Table 5: Priority areas for action for NHS Leeds

Priority Area for NHS Leeds	Evidence of problem	Key initiatives which will help address this priority	Five year investment to deliver priority	Health impact by 2013
<b>Saving lives and reducing health inequalities</b>	<ul style="list-style-type: none"> <li>• Around 20% of Leeds' population (150,000) live in SOAs that are within the most deprived SOAs in the country. (This table as deprived SOAs)</li> <li>• Nine year gap in life expectancy between people living in the best and worst SOAs in Leeds</li> <li>• Three more infant deaths per 1000 babies born in deprived SOAs compared to national average.</li> <li>• Teenage pregnancy rates in deprived SOAs are 25% higher than the national average</li> <li>• Alcohol related admissions in deprived SOAs are twice the national average</li> </ul>	<ul style="list-style-type: none"> <li>• Launch of cardiovascular disease screening service targeting patients in deprived areas are at highest risk of cardiovascular disease</li> <li>• Address the Wider Determinants of Health through tackling fuel poverty and engaging hard to reach groups</li> <li>• Improve the delivery of services to looked after children including investing in safeguarding, securing additional key worker capacity and improving access to mental health services.</li> <li>• More school nurses and sexual health services focused on deprived areas and looked after children to encourage behaviour change and contraception</li> <li>• Increase levels of treatment of those suffering from blood born viruses such as Hep C.</li> </ul>	£15m	<p>By 2013 in the most deprived SOAs:</p> <ul style="list-style-type: none"> <li>• Over 300 lives will be saved</li> <li>• NHS Leeds will have helped 22,000 people to stop smoking</li> <li>• NHS Leeds will have prevented over 150 people under the age of 75 from dying prematurely from cardiovascular disease</li> <li>• The rate of teenage pregnancy will have reduced by 55%</li> <li>• Infant mortality will be reduced from 8 deaths per thousand to 7 deaths per thousand and as a result there will be 10 fewer deaths of children under the age of one.</li> </ul> <p>There will be 11,000 fewer admissions to hospital due to alcohol related harm</p>
<b>Improving health, wellbeing and healthcare</b>	<ul style="list-style-type: none"> <li>• Access to community mental health services is significantly below national targets with antidepressant subscribing 12% higher than national average.</li> <li>• 20% of children in Leeds do not receive their MMR vaccinations</li> <li>• 54% of NHS complaints relate to end of life care. 60% of patients would prefer to die at home but only 18% do.</li> <li>• Almost 30% of 10-11 year olds are overweight or obese</li> <li>• Half of children have untreated tooth decay</li> <li>• Outcomes for cancer are worse than the national average and 5% of people wait more than 2 months for treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Increase capacity across range of acute and community mental health services including the out of hours mental health liaison service in A&amp;E, early intervention (EI) services and psychological therapies (PT) to improve access to mental health services</li> <li>• Improved quality of and access to child and adolescent mental health services (CAMHS)</li> <li>• Increase capacity within community services to increase vaccination rates</li> <li>• Support patients towards the end of their life through investment and development within hospices, care homes and reviewing the appropriateness of rolling out the Marie Curie 'Delivering Choice' pilot.</li> <li>• Targeted developments within children's services to reduce childhood obesity, improve support for disabled children and their carers and improve care for young people with diabetes.</li> <li>• Significant increase in access to primary care dental services</li> <li>• Improve cancer services through raising awareness of symptoms to promote early prevention, raising awareness to promote routine screening and improving capacity and access to cancer treatment</li> <li>• More midwives and family nurses focused on vulnerable communities</li> <li>• Improve maternity services by increasing capacity to support vulnerable groups, building acute midwifery capacity and increasing midwifery capacity in the community.</li> <li>• Increase investment within sexual health services for adults to improve prevention of sexually transmitted infections, ensure early diagnosis and reduce stigma associated with sexual ill health.</li> <li>• Through the Children's Trust and in partnership with the practice based commissioners, a range of initiatives to benefit families and children through improving integration and investment in health visiting, school nursing, dental and physiotherapy services.</li> <li>• Improving the quality of the healthcare environment through upgrading GP practices, and supporting the development of community, children's and maternity healthcare accommodation.</li> </ul>	£51m	<p>There will be no waits for mental health services</p> <p>90% of all children aged under 2 will be immunised against MMR by 2013.</p> <p>Double the number of patients that wish to die at home will be supported to do so.</p> <p>For every 100 people receiving dental treatment in 2008, 10 more will receive treatment by 2013. This equates to 39,000 more treatments.</p> <p>For every 100 people dying from cancer in 2008, 5 fewer people will die 2013, resulting in 150 lives saved</p> <p>70 out of every 100 12-18 year old girls will be protected against cervical cancer by vaccination</p> <p>60% of 60-74 year olds vaccinated against bowel cancer</p> <p>For every 100 people dying from cardiovascular disease in 2008, 12 fewer people will die 2013</p> <p>For every group of 100 15-24 year olds, 7 more people will be screened for Chlamydia by 2013, increasing their sexual health and wellbeing.</p> <p>For every 100 people using drugs, 7 more people will be in effective treatment by 2013. This equates to over 200 more people in effective treatment.</p>
<b>Responding to changing population needs</b>	<ul style="list-style-type: none"> <li>• Birth rates in Leeds are increasing above expected rates. Population expected to grow by 5.9% by 2030.</li> <li>• 70% of people over 75 have a LTC and the increase in older people will require increased capacity to manage LTCs. Long term conditions patients utilise almost 50% of hospital emergency beds</li> <li>• Continuing care costs are rising at a rate that is well above demographic change</li> <li>• The population of 65 and over is expected to increase by 25% by 2030 with a 35% increase in those over 85</li> </ul>	<ul style="list-style-type: none"> <li>• Development of predictive modelling approach to target and then treat patients at risk of or with long term conditions.</li> <li>• Improving services in the community for people with neurological disorders including stroke, multiple sclerosis, Parkinsons disease and brain injury.</li> <li>• Recognising the special needs of people with long term conditions, key areas of development are initiatives which will improve access and quality within neurological conditions services, sensory impairment services and falls prevention services.</li> <li>• Increase the number of patients receiving NHS funded continuing care to support people with long term conditions, mental health problems and palliative care needs at the end of life.</li> <li>• In partnership with the Local Authority, development of services to support older people with mental health problems including the implementation of the National Dementia Strategy</li> <li>• Improving the quality of and access to renal services such as renal dialysis.</li> <li>• Continuing development of services to support people with learning difficulties.</li> <li>• In partnership with the Local Authority, Yorkshire Ambulance Service and the Leeds Teaching Hospitals NHS Trust, increase capacity in intermediate care services to reduce the demand on A&amp;E and on acute hospital beds through initiatives such as increasing intermediate care beds at Wharfedale General Hospital and increasing capacity in the community to support early discharge of patients to their home.</li> <li>• Significantly increasing access to primary care services through investing in GP practice capacity, optometry and extending the scope of pharmacy services.</li> </ul>	£47m	<p>For every 100 older people living in Leeds, 5 fewer older people will be isolated and lonely.</p> <p>100% of GP practice lists will be open and 50% of all practices will offer evening or weekend opening hours</p> <p>There will be 5% fewer hospital admissions for people with long term conditions.</p> <p>10% more people will benefit from dementia services</p>
<b>Sustainable performance against core access and safety standards</b>	<ul style="list-style-type: none"> <li>• Ambulance call response times are the worst in the UK</li> <li>• GP referral rates for elective treatment are increasing (over 10% in Q1 2008/9).</li> <li>• Outpatient attendance rates are higher than the national average, primarily due to high levels of non-GP referrals and follow ups.</li> <li>• MRSA and C.Diff infection rates are major concern to public and there is evidence that more could be done to reduce prevalence in community settings.</li> <li>• There is a need to sustain performance against core access standards (18 weeks referral to treatment for planned care and 4 hour emergency standard)</li> </ul>	<ul style="list-style-type: none"> <li>• In partnership with the Yorkshire Ambulance Service, initiative to redesign and modernise ambulance services through developing new roles and assessment of patients to ensure appropriate treatment.</li> <li>• 18 Weeks 'No Waits' Programme will engage PBC clinicians to redesign elective pathways. In the short term this will require procurement of capacity to deliver 18 weeks backlog and services to meet expected increase in demand due to demographic change.</li> <li>• Investment in increased surveillance and community infection control capacity to reduce risk of harm to patients</li> <li>• In partnership with Leeds Teaching Hospitals NHS Trust, improving the flow of patients through accident and emergency services.</li> </ul>	£15m	<p>For every 100 people who need an emergency ambulance, 20 more people will receive one within 8 minutes of calling 999</p> <p>For every 100 people who have been diagnosed with cancer, following urgent GP referral, 7 more people will receive their treatment within 62 days.</p> <p>Infection rates for C.Diff will have reduced by 40%</p> <p>For every 100 people in Leeds aged 60 or over who would have previously been admitted to hospital through A&amp;E, 5 more people will be supported closer to home by highly trained staff across primary, community, intermediate and urgent care services thus avoiding the need for hospital admission.</p>



Table 5: Priority areas for action for NHS Leeds cont'd

Priority Area for NHS Leeds	Evidence of problem	Key initiatives which will help address this priority	Five year investment to deliver priority	Health impact by 2013
Shaping the provider landscape	<ul style="list-style-type: none"> <li>90% of general and specialist acute care is commissioned from two main providers (LHT and LPTF)</li> <li>Evidence of poor value for money and inefficient pathways in some elective specialities e.g. high levels of outpatient follow ups.</li> <li>Limited choice available to patients using primary care services</li> </ul>	<ul style="list-style-type: none"> <li>In partnership with other PCTs in West Yorkshire, procurement of new urgent care services which will deliver an improved model of urgent care by April 2009.</li> <li>Piloting by PBC consortia, with a view to city-wide roll-out, of Integrated Care Organisations. The pilot brings together GP practices, social care and community nursing to improve patient experience and make best use of resources.</li> <li>Development of care pathways by NHS Leeds, Leeds Teaching Hospitals NHS Trust and Leeds Partnerships NHS Foundation Trust to enable the majority of patient's care to take place in a community setting.</li> <li>Improving capability and capacity across NHS Leeds within the areas of contracting, market stimulation and procurement to ensure NHS Leeds secures best value for money with existing service providers and where necessary attract new providers of care.</li> <li>NHS Leeds and Leeds Teaching Hospitals NHS Trust to work together to gain shared understanding of future direction to be taken by PCT for acute services within context of Healthy Ambitions Programme recommendations</li> </ul>	£2.2m	<p>More care will be delivered in community settings. E.g. 80% of care for diabetes will occur in a community setting</p> <p>The proportion of overall budget spent with acute hospital providers will have reduced by at least 5%</p> <p>All Independent sector contracts will be cost per case to ensure no wastage</p> <p>A minimum of 5% of all services will have been subject to market testing through tendering</p> <p>All patients will have access to a choice of three GP practices and be able to choose to see a GP of the gender of their choice</p>
Becoming World Class Commissioners	<ul style="list-style-type: none"> <li>Patient survey results indicate need for improvement compared to other PCTs</li> <li>WCC competencies for prioritisation of investment and procurement identified as areas for immediate development</li> <li>Further develop locality commissioning in partnership with Leeds City Council, Area Committees and Practice based Commissioners</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of the NHS Leeds organisational development strategy which will describe how the PCT intends to develop itself over the next five years to become a World Class Commissioner</li> <li>Continued delivery of the NHS Leeds role in emergency planning for the city of Leeds.</li> </ul>	£1.2m	<p>At least 85% of patients and service users will be satisfied or highly satisfied with NHS services in Leeds</p> <p>Achievement of a minimum of level 3 WCC competencies by 2010/11 and Level 4 by 2012/13</p>

# Impact and feedback

## 5.1 Health impact of delivering the NHS Leeds strategy

NHS Leeds has set out a range of ambitious commitments and targets to improve the health and wellbeing of the population of Leeds over the next five years. For each of the 10 strategic objectives, NHS Leeds has determined and described the health and wellbeing impact of delivering the associated range of commitments and initiatives. NHS Leeds' five year operational plan describes in more detail the financial and service impact of delivering each. It is also important to understand what the total impact of all of these planned areas for improvement will mean for the people of Leeds.

Figure 6 opposite shows the overall impact, between 2008 and 2013, of delivering a selection of some of the commitments made within this strategy. This is by no means exhaustive, but demonstrates some of the key health improvements to be achieved through the delivery of our priority areas for action.

## 5.2 Measuring delivery of the objectives

To ensure that the ten objectives are clearly measurable NHS Leeds has set targets that will demonstrate the degree to which each objective has been delivered. These targets are the means through which NHS Leeds will be accountable to our stakeholders on performance and delivery, year by year.

NHS Leeds will be measured against the commitments made in this strategy through a range of national arrangements including the national World Class Commissioning programme and the Care Quality Commission as well as locally through NHS Yorkshire and the Humber, Local Government Office and partners such as Leeds City Council. However it is the public, patients, service users and their carers who will ultimately hold the PCT to account on whether NHS Leeds has been successful in delivering this strategy.

NHS Leeds is working with a group of patients and carers, its 'patient tracker group', to measure NHS Leeds' delivery of the strategy. Through the health and healthcare experiences of individuals within the group, the patient tracker group will measure and feedback to NHS Leeds on its delivery of the 10 strategic objectives.

Through the engagement process, NHS Leeds received a number of suggestions of means of sharing our progress, including:

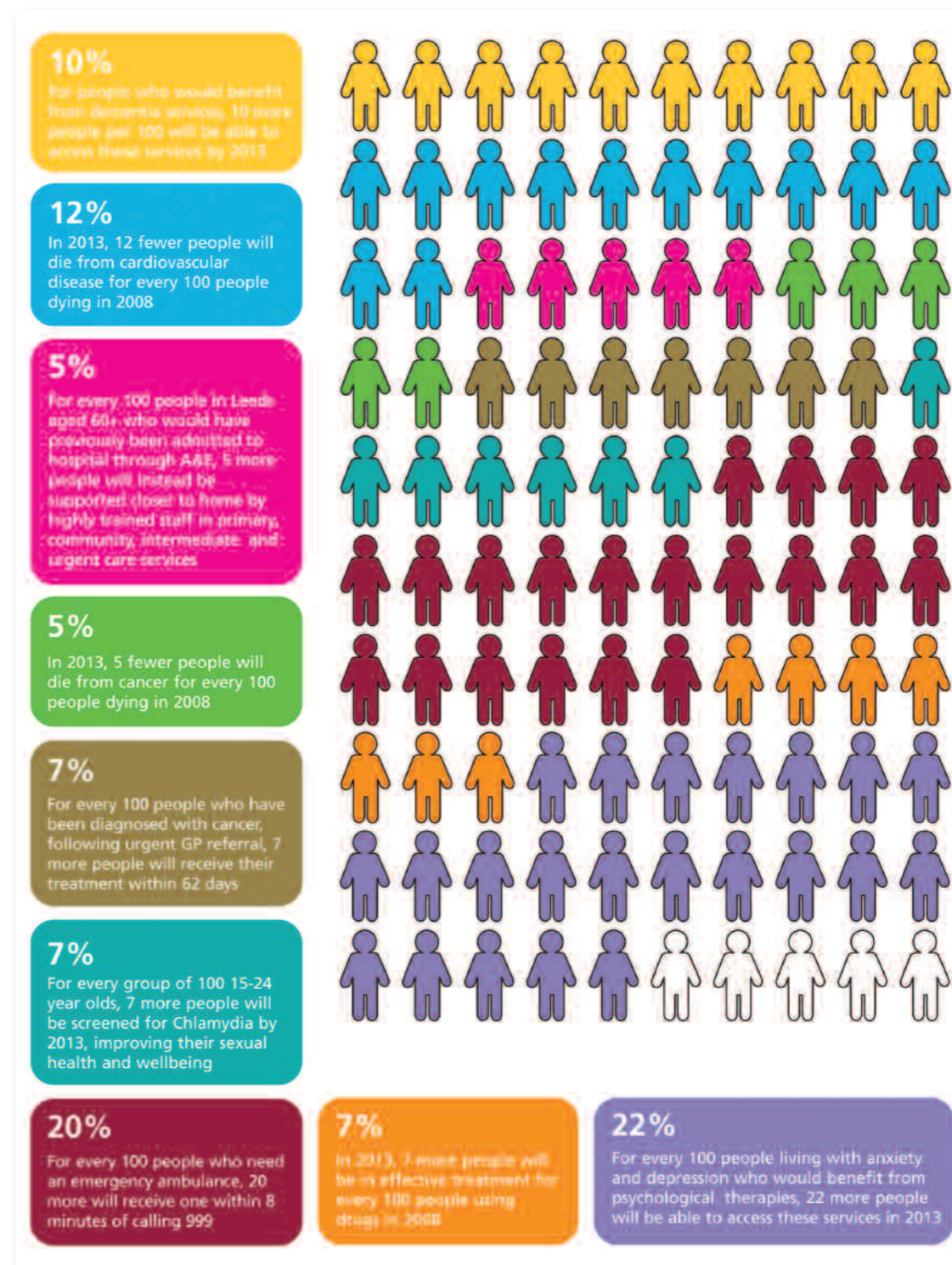
- Local press
- Internet
- Visible displays such as city centre entertainment venues or on public buses
- Information and open days in surgeries, health centres and pharmacies
- TV interviews with patients
- Text messaging

NHS Leeds is committed to feeding back to the public, patients, service-users, carers, partners and staff on the year-on-year progress being made against the delivery of these 10 objectives and their priorities for action. NHS Leeds will report on the ongoing delivery of its strategy and objectives to the public of Leeds on an annual basis through a range of mechanisms including NHS Leeds' annual report, NHS Leeds' website and through the Health Children's, and Adult Social Care Boards.

# Impact and feedback

Figure 6: Health impact in 2013 of the NHS Leeds strategy

Within the different communities and populations of Leeds...





# Partnerships and governance of strategy

## 6.1 Governing the delivery of the NHS Leeds strategy

The NHS Leeds Board and Professional Executive Committee (PEC) are central to the leadership, development and delivery of NHS Leeds' strategy and the Leeds Strategic Plan. As the accountable body of NHS Leeds, the NHS Leeds Board is responsible for setting the strategic and operational direction of the organisation starting with the vision, objectives and underpinning strategy of NHS Leeds. NHS Leeds Board is supported by the PEC.

NHS Leeds' PEC is made up of GPs and other healthcare professionals. One of its key roles is to work closely with and support the NHS Leeds Board and its Executive Management Team in developing NHS Leeds' vision and strategic direction. The PEC will also focus on strategic objectives and its role in strategic commissioning<sup>wc3</sup> of services; act as champions of the NHS Leeds strategy and vision whilst facilitating others to contribute to their development; and ensure that the strategic objectives meet clinical practice needs.

The Children's Trust arrangements, new Healthy Leeds Joint Strategic Commissioning Board and supporting structure of joint commissioning groups will also enable effective co-development of and involvement in the planning and delivery of improvements in health and wellbeing. The overarching Healthy Leeds Partnership will provide the city-wide leadership for the health and wellbeing theme of the local area agreement. The Joint Strategic Commissioning Board will ensure the delivery of the shared strategic vision through commissioning for health and wellbeing outcomes (see section 6.3).

Externally, NHS Leeds' performance will also be monitored through NHS Yorkshire and the Humber which has overall responsibility for the performance management of NHS Leeds. In addition, NHS Leeds is performance managed by the Healthcare Commission, the national body charged with rating each NHS organisation against a range of standards and service reviews. This process, known as the Annual Health Check, is linked to the delivery of the NHS Leeds strategy, by the inclusion of the performance indicators from the Health Check, in the strategy and in wider organisational objectives.

## 6.2 Clinical collaboration

Delivery of NHS Leeds' objectives, improved health care and the improved health of our population requires close working with clinicians to plan and develop patient-centred services which respond to the needs of individuals and communities. The NHS Next Stage Review makes specific reference to empowering frontline staff to lead change that improves quality of care for patients. A wide range of clinical staff have used their experience and knowledge to inform and help shape improved care pathways as part of the regional development of Healthy Ambitions as well as through local strategic change programmes. NHS Leeds will build on this successful track record.

For NHS Leeds to respond to the challenges in the city, it is imperative that clinicians are active leaders in the commissioning process<sup>wc3</sup>, understanding not only the challenges faced by NHS Leeds but also how they can help address them. NHS Leeds will support this through proactive clinical involvement in strategic planning and service redesign<sup>wc4</sup>.

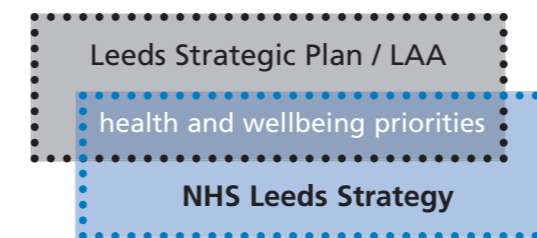
NHS Leeds is committed to enabling clinicians to drive the commissioning agenda through the effective implementation of practice based commissioning (PBC). Through PBC, GPs have become significantly more involved with the commissioning process, and as previously described, have responsibility for the management of their commissioning budgets. Through working together towards world class commissioning, NHS Leeds and practice based commissioners can better face the significant obstacles to financial balance and equitable health care.

PBC groups play a vital role in health reform. They place primary care professionals including GPs, nurses and practice teams, working alongside secondary care clinicians and other primary care and allied health professionals, at the heart of decision making to commission services for their local population.

# Partnerships and governance of strategy

## 6.3 The Leeds Strategic Plan and NHS Leeds strategy

As described at the beginning of this strategy, the NHS Leeds strategy and Leeds Strategic Plan (LSP) are mutually supportive, complementary and allied plans with equal standing within the Leeds health and social care community.



The LSP outlines the outcomes and priorities that will be delivered by Leeds City Council on its own or in partnership with others between 2008/9 and 2010/11. The NHS Leeds strategy supports the LSP by describing the health and wellbeing commitments of the PCT between 2008/9 and 2010/11 as well as its ambition to 2013 and beyond.

The LSP also includes the Local Area Agreement (LAA) between Leeds and the Government. The Healthy Leeds Partnership, of which NHS Leeds is a member, will have an overview of the health and wellbeing section of the LSP and seek to influence other themes which have an impact for health. The Narrowing the Gap Board will play an important role in coordinating policy across the themes and NHS Leeds will be a key player on this Board. The proposed improvement priorities in the LSP span the eight 'Vision for Leeds' themes and include:

- Thriving Places
- Environmental City
- Harmonious Communities
- Health and Wellbeing
- Learning and Skills
- Culture and Sport
- Enterprise and Economy
- A Modern Transport System

As a key partner with Leeds City Council, NHS Leeds has a key responsibility in influencing and supporting the priorities which support people's health and wellbeing across all eight areas. Examples include NHS Leeds' role in supporting partners in the broader agendas of unemployment, improved housing, reducing bullying and improving green spaces. All of these areas have a direct influence on the health and wellbeing of the population of Leeds and are therefore supported by NHS Leeds. In addition to supporting improvement priorities that influence the wider determinants of health and wellbeing, NHS Leeds will play a central role in delivering the priorities within the theme of 'Health and Wellbeing'. This has been refined further following the joint strategic needs assessment (JSNA) and improved understanding of the health and wellbeing needs of communities at super output area (SOA) level.

Based on the feedback during engagement with the public, patients and service users, NHS Leeds and Leeds City Council have worked together to agree the key priorities within the health and wellbeing block of the Leeds Strategic Plan. These priority areas are therefore described in both the Leeds Strategic Plan and NHS Leeds strategy.



# Partnerships and governance of strategy

## 6.4 Partnerships

There are very few – if any – priorities that can be delivered by NHS Leeds working alone. Delivery of this strategy is dependent on NHS Leeds working in partnership with broad range of organisations at all levels<sup>WC2</sup>.

Although formal responsibility for commissioning for health and wellbeing sits with NHS Leeds, practice based commissioners and Leeds Local City Council, the commissioning process relies on effective engagement and involvement with providers of services (including the voluntary, community and faith sector) as well as with patients, service users and carers and the wider public. The key partnerships and strategic alliances in delivering NHS Leeds' ambition will therefore include:

- Practice based commissioners
- Public, service users and carers
- Clinicians and staff
- Healthy Leeds Partnership
- Voluntary, community and faith sectors
- The Strategic Health Authority (SHA)
- Providers including Leeds Teaching Hospitals NHS Trust and Leeds Partnerships Foundation Trust
- Leeds City Council and its councillors

NHS Leeds is committed to valuing and strengthening the contributions of the voluntary, community and faith sectors. The Leeds VOICE Health Forum enables better communication on the broad issues affecting health as well as services and this has continued through the new Local Involvement Networks (LINKS) established from summer 2008.

The partnerships outlined above have a city-wide focus and remit. However, detailed changes and improvements will often need to be implemented at a much more local level to allow local expertise and innovation to tailor improvement to local circumstances. To support this, NHS Leeds will play an active role with the 10 Leeds Area Committees and the development and delivery of their respective Area Delivery Plans to support the health and wellbeing goals of the NHS Leeds strategy and Leeds Strategic Plan.



# Supporting strategies and processes

Internally, a broad range of service strategies, corporate strategies, business planning systems and processes will support the delivery of NHS Leeds strategy; some of these are described in greater detail in this section.

## 7.1 Five year operational plan

The NHS Leeds strategy is underpinned by a five year operational plan which describes the initiatives required to deliver the strategy as well as other local and national drivers. The initiatives described within the five year operational plan in turn inform and support the five year financial plan (see 6.2). Delivering the challenging agenda set out in the operational plan will require changes to the way the organisation works and the capacity and capability of those within it. Those changes then form the basis of the NHS Leeds organisational development plan (see 7.3) as shown in figure 7 below.

**Figure 7: Relationship between the NHS Leeds strategy, five year operational, financial and OD plans**



The operational plan is structured around NHS Leeds' priority areas for action (see section 4) and describes the initiatives that will be undertaken within each *Healthy Ambitions* pathway to deliver the NHS Leeds strategy. For each initiative, the operational plan outlines the service, financial and workforce implications as well as timescales and risks associated with delivery. Each initiative also includes details of its intended impacts on health and inequalities outcomes. Outputs from the operational plan will be used to inform the organisation's finance (7.2) and workforce (7.4) plans. The operational plan will also be used to support the development of the organisations commissioning prospectus.

The operational plan will be refreshed on an annual basis to ensure it continues to meet the changing requirements of the NHS and its stakeholders. It will draw upon the results of a yearly transparent review of the organisation's objectives and will ultimately be the outcome of the organisations annual business planning process.

## 7.2 Financial strategy 2007-08 to 2012-13

Through its Financial Plan NHS Leeds will make sound financial investments<sup>WC11</sup> ensuring commissioning decisions are sustainable and deliver improved health outcomes. The Financial Plan ensures NHS Leeds' strategy and operational plans are affordable, sustainable and deliver best value for money in relation to the investment of an annual healthcare budget well in excess of £1 billion in serving its local population.

NHS Leeds will start the implementation of its strategy from a financially healthy position, coming from a financially healthy outturn in 2007/08, followed by planned small under-spends in future years.

Over the last three years growth funding received has been in the region of 8.5%. 2008/09 sees the start of a new three year planning cycle, with growth of 5.5% in 2008/09 and an assumption that similar growth will be available in 2009/10 and 2010/11. NHS Leeds has assumed that 2011/12 and 2012/13 will attract a lower level of growth funding at 3% per annum.

NHS Leeds has always achieved financial balance, whilst still making adequate provision for the maintenance of ongoing health services and the development of new national and local initiatives aimed at improving health services for our local population. The organisation is committed to a programme of regular reviews of the services it commissions. These reviews focus on the value for money and clinical effectiveness of services assessed and enables the redesign of and investment in further



# Supporting strategies and processes

services and service developments. Commissioned services will continue to be benchmarked against national data, peer health communities and nationally published value for money comparison reports.

NHS Leeds will enter the financial planning period in recurrent balance and continuing to forecast a surplus of £5.2 million for the 2008/09 financial year. This is in addition to £14.1 million held in strategic financial reserves.

NHS Leeds will utilise its funds withdrawn from the Strategic Investment Fund from 2009/10 to support the requirement to achieve a surplus of around 0.8% (£9.9M) from 2009/10 onwards and to supplement growth funding which will be used in totality to fund new healthcare developments.

The financial plan provides for a contingency reserve of 1.2% (around £12 M) in 2009/10 and contingency reserves of 1.5% (around £19 M) annually thereafter. In effect this is funding that will be held at the start of the each financial year and fed out in-year as required

### 7.2.1 Inflation assumptions

**Tariff uplift** – The assumed overall uplift will be 5.8% with a net uplift of 2.8% for 2009/10 and 2010/11. For the final two years, 2011/12 and 2012/13 the assumption is an overall uplift 4% and so a net uplift of 1%.

**Non tariff uplift** – The same percentage as that applied to the tariff uplift has been applied.

**Prescribing** – NHS Leeds is assuming a gross inflation uplift figure of 7% less an efficiency assumption of 3%, giving a net uplift of 4% p.a. from 2009/10 onwards.

**All other expenditure** – The NHS Leeds financial plan includes an assumption of a net 4% per annum uplift from 2009/10 onwards.

The current registered population figures have then been uplifted in future years by the same percentages that the Office of National Statistics have applied in their forecasts.

### 7.2.2 The use of additional incremental resources in NHS Leeds financial plan

The following planned spending profile will support the achievement of strategic objectives for NHS Leeds:

#### Analysis of Expenditure

	Actual 07/08 £M	Forecast 08/09 £M	Plan 09/10 £M	Plan 10/11 £M	Plan 11/12 £M	Plan 12/13 £M
Primary care	264.2	273.0	297.1	312.3	322.0	336.2
PCT/other community provider(s)	98.0	103.8	110.7	118.7	122.6	128.5
Learning disabilities/ continuing care	50.5	56.9	61.7	68.1	73.3	80.7
Secondary care	615.5	618	623.3	640.2	643.7	646.2
Specialist commissioning groups	26.6	41.1	47.8	54.8	57.6	62.9
Other PCT commissioning spend	58.8	73.4	81.3	84.5	85.4	89.5
Contingency reserve	0	0	12.4	12.9	25.6	26.0
<b>Total expenditure</b>	<b>1113.6</b>	<b>1166.2</b>	<b>1234.3</b>	<b>1291.5</b>	<b>1330.2</b>	<b>1370.0</b>

Changes in total overall spend levels by area are summarised in the table below. The general trend of planned spend is away from secondary care and towards primary and community settings, reflecting national, local and Darzi review recommendations and priorities.

The Key aspects of this shift in spend are as follows:

- Many of the new initiatives planned in Leeds revolve around investing in primary care services to improve health and prevent hospital admissions (e.g. cardiovascular reviews for targeted age groups.)
- Additional cost improvements over and above the 3% across all sectors have been targeted at secondary care contracts, the aim being to reduce the current cost of services provided in secondary care through more robust commissioning by NHS Leeds. The freed up resources are planned to be used to support investment in the initiatives outlined by NHS Leeds in this document – most of which will be in primary, mental health and community care sectors.

# Supporting strategies and processes

### Percentage increase in gross expenditure year on year

	Actual 07/08 £M	Forecast 08/09 £M	Forecast 09/10 £M	Forecast 10/11 £M	Forecast 11/12 £M	Forecast 12/13 £M
Primary care	23.7%	23.4%	24.1%	24.2%	24.2%	24.5%
PCT/other community provider(s)	8.8%	8.9%	9.0%	9.2%	9.2%	9.4%
Learning disabilities/ continuing care	4.5%	4.9%	5.0%	5.3%	5.5%	5.9%
Secondary care	55.3%	53.0%	50.5%	49.6%	48.4%	47.2%
Specialist commissioning groups	2.4%	3.5%	3.9%	4.2%	4.3%	4.6%
Other PCT commissioning spend	5.3%	6.3%	6.6%	6.5%	6.4%	6.5%
Contingency reserve	-	-	1.0%	1.0%	1.9%	1.9%

NHS Leeds is working with its local health and non-health partners to plan the resulting changes in capacity plans across Leeds.

The table below identifies the total resources available to NHS Leeds, the level of spending on new initiatives to address local and national priorities highlighted by NHS Leeds and the net financial positions demonstrating the affordability of the strategic plans:

### Incremental position

	2007/08 £000	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000
<b>INCOME</b>						
Allocation	89298	60685	67538	65738	37830	38962
SIF	-4520	5368	14138			
Reduction in NR allocations	-19582	-18935	-1043			
Repayment of previous year surplus	435	332	5162	9900	9900	9900
<b>Total new resources</b>	<b>65631</b>	<b>50430</b>	<b>85795</b>	<b>75638</b>	<b>47730</b>	<b>48862</b>
Underlying recurrent position	11788	33023	14797	-7082	5303	19483
<b>Total additional resources available</b>	<b>77419</b>	<b>83453</b>	<b>100592</b>	<b>68556</b>	<b>53033</b>	<b>68345</b>
<b>EXPENDITURE</b>						
Inflation	45989	41447	59234	63294	52838	53918
CIPs - 3% across all areas	-13644	-23448	-35820	-42047	-4265	-42304
	<b>32345</b>	<b>17999</b>	<b>23414</b>	<b>21247</b>	<b>10223</b>	<b>11614</b>
<b>Use of resources</b>						
Primary care	2369	930	14464	8907	2953	7055
PCTs community provider arm	480	7527	6620	6959	2752	4659
Learning disabilities/continuing care	6500	11711	7120	5700	4550	6700
Secondary care	32151	32410	17289	730	920	948
Specialist commissioning groups	0	6644	5699	5699	2300	4700
Other PCT commissioning spend	262	1070	3642	3536	851	3755
Contingency reserve	0	0	12444	5878	18584	19014
<b>Total expenditure excluding inflation and CIPs</b>	<b>41762</b>	<b>60292</b>	<b>67278</b>	<b>37409</b>	<b>32910</b>	<b>46831</b>
<b>Total expenditure including inflation and CIPs</b>	<b>74107</b>	<b>78291</b>	<b>90692</b>	<b>58656</b>	<b>43133</b>	<b>58445</b>
<b>Surplus</b>	<b>3312</b>	<b>5162</b>	<b>9900</b>	<b>9900</b>	<b>9900</b>	<b>9900</b>

# 07 Supporting strategies and processes

## Summary of new investments in NHS Leeds Priorities

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000
<b>1. Saving lives and reducing health inequalities</b>					
Putting prevention first	138	880	1110	400	600
Healthy living	1400	1300	1450	700	700
Sexual health services development	0	1100	1730	1000	1000
Looked after children initiative	0	340	235	0	0
Blood born viruses	0	400	600	0	0
<b>2. Improving health, wellbeing and healthcare</b>					
Substance use and alcohol services	50	1050	550	0	0
Immunisation and vaccination programme	45	40	80	80	0
Maternity and newborn services	30	110	340	350	1150
Improving the healthcare facilities	0	1049	2949	899	4125
Community of interest network	0	400	100	0	0
Cancer reform strategy	0	772	200	100	200
End of life care	0	700	1250	1250	1250
Specialist services development (SCG)	3500	5699	5699	2300	4700
Mental health services development (adults)	220	1545	1175	250	250
Universal services	0	880	945	0	0
Children's service development - target group	550	820	1000	100	100
CAHMS development	0	375	200	0	50
Dental services development	3000	0	0	0	0
<b>3. Responding to changing population needs</b>					
Primary care development	0	1967	1700	1000	2350
Intermediate care development	0	400	100	0	500
Long term conditions - predictive modelling	0	1000	0	200	1800
Long term conditions	365	735	470	190	490
People with learning difficulties	0	1900	1000	1000	1000
Continuing care development	10000	5220	4700	3550	5700
<b>4. Sustaining performance against core access and safety standards</b>					
No waits - 18 weeks	18300	10000	0	0	1000
Ambulance service developments (top slice)	3000	0	0	0	0
Improving emergency patient flow	0	150	450	0	0
Community infection control programme	75	635	200	0	0
<b>5. Shaping the provider landscape</b>					
Urgent care service development	0	1000	0	0	0
Integrated community organisation pilot	0	200	400	0	0
Integrated care - service transformation and redesign	0	200	400	0	0
Implementing Healthy Ambitions	0	1080	1080	750	0
<b>6. Becoming world class commissioners</b>					
Organisational development	75	900	100	0	0
Emergency planning	0	200	0	0	0
<b>Grand Total</b>	<b>40748</b>	<b>43047</b>	<b>58656</b>	<b>14119</b>	<b>26965</b>

# 07 Supporting strategies and processes

The growth monies received each year by the PCT are boosted by further resources being released through cost improvement schemes to build a total level of resources for deployment in each financial year. The gross resources are then applied in three key areas:

- To fund inflation on existing commissioned services – circa 40–50% of gross resources
- To fund full year and recurrent impacts of pre-commitments and investments that commenced in the previous financial year(s) – circa 30%
- To fund new investment in initiatives selected by the PCT to meet its key objectives – circa 20–30%.

The table on the previous page provides further details of the new investment in initiatives with the table below providing a reconciliation of the total spend position to new initiatives:

## Reconciliation of total spend to new initiatives

	2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000
<b>Total additional resources available</b>	83,453	100,592	68,556	53,033	68,345
<b>Further resources released by CIP</b>	23,448	35,820	42,047	42,615	42,304
<b>Total resources available for deployment</b>	<b>106,901</b>	<b>136,412</b>	<b>110,603</b>	<b>95,648</b>	<b>110,649</b>
<b>Proposed resource deployment</b>					
<b>Total funding for inflationary pressures</b>	41,447	59,234	63,294	52,838	53,918
<b>Precommitments</b>	14,652	11,787	1,318	207	852
<b>New investments in priorities</b>	40,478	43,047	30,213	14,119	26,965
<b>Contingency</b>	5,162	12,444	5,878	18,584	19,014
<b>Resource deployment</b>	101,739	126,512	100,703	85,748	100,749
<b>Surplus</b>	<b>5,162</b>	<b>9,900</b>	<b>9,900</b>	<b>9,900</b>	<b>9,900</b>

### 7.2.3 Capital spend

The total capital allocation received to date by NHS Leeds for 2008/09 is £4.25 million. Future years' capital allocations are likely to be around £2.1 million for operational capital with the opportunity for NHS Leeds to bid for further resources against regional capital funds.

A total of £2.5 million is being applied in 2008/09 to improve NHS Leeds' premises up to condition B (minimum standard for the NHS) through a mixture of general refurbishment and upgrades. Spend on new health centres built through Community Ventures Leeds Ltd is projected at £0.7 million.

The balance of capital spends is allocated to a range of Information management and technology (see 7.7), dental services and general equipment needed for patient care at health centres (e.g. minor surgery).

A whole scale premises review for NHS Leeds will be undertaken which will identify areas where significant

investment and / or change in the NHS Leeds' capital stock may be needed. This in turn may require joint ventures to be set up with community partnerships to address (see 7.6).

The capital spend plan for the period 2008/09 to 2012/13 focuses mainly on premises to be retained and relies on annual receipts from capital asset sales. A prudent approach has been taken in reflecting the likely values from these sales to reflect the current economic downturn. Those properties planned for sale in the early years of the plan appear to have generated significant interest due to their nature and geographic location.

However, until these properties are sold, the resources arising from their sale will constitute a risk to the overall resources available for the capital programme. This will be managed through a combination of changes to the phasing of capital projects and additional bids for strategic capital. The maximum exposure will equate to the total level of net proceeds assumed in the plans.



# Supporting strategies and processes

## 7.2.4 Financial risks and opportunities

The PCT's financial and strategic plans will inevitably be predicated on a number of significant risks and opportunities which include:

- Variations in demand for services (Primary and secondary care)
- Changes in key growth, inflation and cost pressures assumptions
- Slippage or non-delivery of key cost improvement schemes, including the anticipated cost releasing impact of new initiatives
- Slippage or non-implementation of key initiatives
- Lack of suitable available workforce to enable the implementation of initiatives

Slippage of initiatives and lack of suitable workforce resources will provide the PCT with potential resources to consider other initiatives which have been held back during the initial prioritisation process, creating opportunities within the investment strategy.

## 7.2.5 Best value

NHS Leeds will also continue with its process of reviewing value for money across all areas of spending as follows:

- Review of services for cost effectiveness and value for money. Where services do not fall under payment by results NHS Leeds will ascertain the value of a treatment pathway/service through robust commissioning, contracting and finance mechanisms.
- Undertaking of options appraisals for service provision models and financial and non-financial analysis of those options.
- Utilisation of the Value for Money tool(s) developed by the Yorkshire Procurement Collaborative.
- Benchmarking of services against locally or nationally available data and / or data exchange with comparable NHS organisations.
- Detailed service reviews undertaken jointly with service providers whereby the nature and cost of specific services is analysed in detail and assessed for quality, benefits and cost effectiveness against potential alternatives.
- Reference to National Audit Office publications.
- Development of local tariffs for identified elements of outpatient, diagnostic, and treatment care.

## 7.2.6 Financial conclusions

NHS Leeds has always achieved financial balance, whilst still making adequate provision for the maintenance of ongoing health services and the development of new national and local initiatives aimed at improving health services for our local population. NHS Leeds current medium term plan builds on this and aims to surpass the successes of the past. Particular attention will be focussed on the six priorities for action (see section 4).

In order to achieve these goals NHS Leeds will put a greater emphasis upon challenging the status quo and proposed changes, employing a zero based approach. This will involve looking at the NHS Leeds' total resource, not just incremental changes, and ensuring that the bottom up approach to budgeting is consistent with the top down view.

Further emphasis will be placed on disinvesting from areas where little or no healthcare benefit is being derived or where service change has been made and it is appropriate to withdraw funding which can be used elsewhere more beneficially.

NHS Leeds intends to develop a more business like approach in managing the affairs of the organisation. The organisation is in the process of developing a best value culture, aided partly by the approaches outlined above, but also through the use of benchmarks and other indicators currently available and the development and production of other indicators and metrics. By working more closely with partner organisations NHS Leeds intend to come closer to a 'whole systems' approach to service delivery that should result not just in financial improvements but in terms of quality and convenience for our local population.

All of this is planned against a backdrop of a declining economic climate and potentially significant reductions in growth monies in the medium to longer term. With this in mind NHS Leeds' financial plan places increased emphasis and resources on and into contingency reserves in years 3 and 4 of the planning cycle.

# Supporting strategies and processes

## 7.3 Organisational development strategy and plan

NHS Leeds is undertaking a structured approach to its own development through its organisational development (OD) strategy which provides a framework for the whole organisation. Within the OD Strategy there will be specific OD plans for NHS Leeds and for the Care Services functions.

The organisation's development approach has evolved from the Fitness for Purpose development process that NHS Leeds undertook in its first full year of operation and builds on the organisation's assessment against WCC competencies. The OD plans describe the means by which NHS Leeds will deliver this strategy over the next 3-5 years. It provides a framework which will enable the organisation to become leading-edge, aligning its business aims and objectives with its culture, ie its way of working across the range of its work and with its partners and stakeholders.

The key goal of the OD strategy and plans is to enable improvements in the quality of the patient experience and the health of the population, ensuring that NHS Leeds tackles health inequalities and achieves good health outcomes. It will also describe how NHS Leeds will work in partnership with others to deliver this. Additional OD interventions will develop workforce capacity, capability and employment satisfaction which, in turn, contribute to patient and public satisfaction.

The overall OD approach for NHS Leeds will include dedicated OD plans for its commissioner and provider roles, developed using the McKinsey 7S framework. This well established model is used both in NHS Fitness for Purpose development plans and more broadly in other sectors and a description is provided below.

- **Strategy:** An agreed plan allocates resources over time to achieve identified goals.
- **Structure:** The way the organisation is set up with clarity on the work to be undertaken.
- **Systems:** The processes and procedures that enable the organisation to function and deliver.

- **Style:** The way that we behave in how we commission services.
- **Staff:** The way that we treat the people in our organisation
- **Skills:** The capabilities that the organisation needs as distinct from the individual
- **Shared Values:** Our purpose, belief and ownership of our common goals.

Through effective engagement, a number of key actions will be identified to move NHS Leeds towards its vision of becoming a leading edge organisation.

## 7.4 Workforce plan

The delivery of this strategy is fundamentally dependent on NHS Leeds' ability to ensure that the providers it commissions services from are able to ensure that the right staff are in the right place, at the right time, doing the right thing, with the right skills and attitudes, to deliver world class care for the population of Leeds. In total approximately 30,000 people are employed in delivering NHS commissioned services in Leeds. NHS Leeds has a role as an employer of approximately 3,500 of those staff, of whom about 2,750 are employed in its provider arm, which is expected to become an 'arms length' provider body with effect from April 2009, and the commissioning body will become an organisation with approximately 450 whole time equivalent staff.

In support of this strategy, and acting in its commissioning role, NHS Leeds has facilitated the production of a summary profile of the workforce in the three main providers of NHS services in Leeds, ie, the PCT itself, and Leeds Teaching Hospitals NHS Trust (LTH) and Leeds Partnerships NHS Foundation Trust (LPFT). This profile indicates some of the changes that each provider expects to make in its workforce in response to NHS Leeds commissioning plans. It has also been used to inform the SHA the requirements for the commissioning of education, training and development. Broadly, NHS Leeds expects to see its provider services workforce increasing by 20% over the strategy period, reflecting the development of community based services. Similarly, it also envisages increases in primary care based services, and staff. What is

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not yet sufficiently clear is the likely effect on the numbers and profile of staff employed by LTHT and LPFT, which has yet to be fully worked through.

For itself, NHS Leeds has already agreed a workforce strategy which outlines its commitments to objectives drawn from the four pillars of good employer practice embodied in the HR in the NHS Plan (Capacity and Workforce Planning, Model Employer, Skills Escalator / Career Framework and High Impact HR). This strategy sets measurable objectives across all these. For example, it commits NHS Leeds to developing a fully qualified workforce, to protecting defined levels of investment and time on training and development and to lowering rates of sickness and absence to defined levels. Furthermore, as part of the requirements associated with World Class Commissioning, the workforce plan and organisational development plan also outline how NHS Leeds intends to establish arrangements to fulfil its responsibilities across the Leeds health and social care economy. For example, in conjunction with its provider and commissioner partners, it will establish arrangements for joint workforce commissioning, as part of the Healthy Leeds Joint Strategic Commissioning Board. It will develop more sophisticated arrangements for a population centric approach to workforce planning, in which the respective contributions of commissioners, public health, and providers, are clear and effective. It will support the [delete SHA] NHS Yorkshire and the Humber and proposed National Centre of Excellence in Workforce Planning in establishing greater capacity and more sophisticated expertise in workforce analysis and workforce planning. It will also support the [delete SHA] NHS Yorkshire and the Humber in establishing a local Health Innovation and Education Cluster.

NHS Leeds' [delete vision] goal is that within this strategy's five year time frame, the Leeds health and social care economy will have developed such clear and effective arrangements and infrastructure for managing workforce related issues, that the workforce contribution to services will not only embody best practice, but will be able to evidence that it consistently achieves upper quartile performance for both the quality of services it delivers, and the value for money it offers.

## 7.5 Involvement, engagement and communication

Engaging and communicating with staff, the public, patients, service users and carers on NHS Leeds' objectives has been central to the development of this strategy. NHS Leeds is committed to ongoing engagement with all these people about how the objectives should be delivered and whether, in their eyes, they have been achieved.

During 2008-13 NHS Leeds will engage and consult as appropriate with patients and the public on a range of improvements and developments<sup>wc3</sup> to services including the future changes to inpatient and urgent care services. NHS Leeds has a strong level of accountability in this area through positive relationships with the Health, Children's and Adult Social Care Scrutiny Boards and the Local Involvement Networks (LINKs). NHS Leeds will ensure all services commissioned involve patients, service users and carers in service planning, delivery and evaluation, and feedback to them on an on-going basis. In achieving this, NHS Leeds will work closely with the LINKs host organisation and continue to work with Leeds City Council to develop an effective LINKs network within the city.

NHS Leeds is committed to communicating effectively with the public, patients, service users, carers, staff and stakeholders to ensure that people are informed about NHS services in Leeds, that NHS Leeds listens to ideas and suggestions and that requests for information receive a prompt response. To help with this process NHS Leeds will continue to develop a range of communications channels including the NHS Leeds website, corporate literature and patient information. These will be developed with the input of patients, service users and members of the public to ensure that people's needs are identified and met. Information will also be accessible for all in terms of the format and language that is used.

Over the next five years, NHS Leeds will continue to work proactively to build strong working relationships with partner organisations and stakeholders, ensuring public accountability by actively promoting its role as leader of the NHS in Leeds. Developing these

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relationships will also facilitate more effective partnership working and ensure that the role of NHS Leeds is recognised and understood across the city. Internally, the staff intranet, weekly electronic team briefings, a printed newsletter and staff briefing meetings will ensure all staff can receive news and information in a timely manner, and have the opportunity to contribute to and feedback with ideas, comments and questions.

## 7.6 Capital strategy and asset management plan 2008-13

NHS Leeds' capital strategy is informed by the Leeds Strategic Service Development Plan (SSDP). The SSDP outlines aspirations relating to service delivery and capital investment across the city, maximising opportunities for partnership working, and joined-up provision across community health, social and wellbeing services. The tangible improvement, benefits and sustainable outcomes for local communities and neighbourhoods delivered through the SSDP will include:

- co-location of community-based services irrespective of premises ownership (NHS, local authority, independent, private and voluntary sectors)
- centralisation of specialist care, including children's services and planned adult care
- supporting general practices to become sustainable community hubs
- promoting the benefits of green and open spaces

As a commissioner of care, NHS Leeds is responsible for maximising the benefits of NHS assets (property, equipment, information technology) for exceptional patient experience, clinical quality and value for money.

Care Services operate from over 100 premises across the city, including 24 NHS Leeds owned health centres, nine health centres owned by Community Ventures Leeds Ltd, premises owned by Leeds City Council, and other community and private sector partners. In common with many parts of the country,

large elements of community premises are not suitable for the provision of modern healthcare.

In November 2007 the NHS Leeds Board approved an Interim Estates Strategy which provided a framework for investment and disinvestment to March 2009. During this period three new health centres were opened, providing clean, modern and vibrant facilities of which local communities are proud. However, NHS Leeds is still responding to decades of underinvestment in the city, so has invested an unprecedented amount of capital on its own estate to tackle backlog maintenance and facility improvements.

Over the next five years NHS Leeds will continue to respond to community service development needs, improve the condition and functionality of NHS Leeds and primary care estates. We will maximize the function and utilisation of any premises from where our staff work and where they see service users and patients. Capital investment will continue to be targeted where the benefits will be greatest whilst meeting our commitment to the natural environment. NHS Leeds will commit to the people of Leeds that the organisation will reduce its demand for natural resources (such as oil and gas) and travel; therefore producing less waste and fewer carbon emissions.



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## 7.7 Information management and technology

NHS Leeds is committed to delivering the benefits of utilising information and information technology. The organisation will vigorously pursue a person centred approach to the use of information and information technology (IT) in improving the effectiveness of health and social care services delivered across organisational boundaries.

The strategy for realising this will be to remain committed to taking products delivered as part of Connecting for Health's National Programme for IT (NPFIT) but, where products are still under development, to implement interim solutions which progress towards delivery of strategic solutions. NHS Leeds will remain committed to working with partner organisations to support care pathways across different organisations.

NHS Leeds will underpin the delivery of its strategic objectives with the use of local and national IT systems and services in a way that encourages and challenges business process redesign and the realisation of benefits. Target areas for NHS Leeds over the next five years include ensuring sound information governance to protect the confidentiality and trust of patients at all times, improving the accuracy and quality of data in primary care and preparing for the roll-out of the national summary care record which will be accessed by professionals and patients alike.

The delivery of patient centred care in community settings will be supported by the transfer from the existing community and child health systems, RiO and Epex to the NPFIT SystemOne product. This will enable integration with GPs as they also move over to this solution.

## 7.8 Business processes

This strategy sets out an ambitious agenda of complex and challenging improvement, redesign and development. To ensure NHS Leeds delivers these objectives to the highest standard, within time and budget, a number of business processes and 'ways of doing business' will be put into place.

The NHS Leeds Board actively supports robust project and programme management of all existing and new change programmes. This approach ensures appropriate capacity, risk management, time management, monitoring and accountability within the projects and programmes that will deliver NHS Leeds' objectives and improved health and wellbeing for the population of Leeds. The ongoing business of NHS Leeds, is also subject to systematic financial, risk and performance management approaches and processes.

This strategy is underpinned by the five year operational plan which translates the commitments made across the ten strategic objectives into operational plans and detailed initiatives and implementation plans.

Finally, NHS Leeds' Commissioning and Procurement Framework, describes clear principles to guide the commissioning and contracting process and provides the direction on which to make choices about the commissioning and decommissioning of services to deliver this strategy. The commissioning intentions of NHS Leeds, governed by the agreed Procurement and Market Management Framework, will be used to inform the Commissioning Prospectus for providers.

# Next steps

NHS Leeds is committed to sharing progress on the delivery of this strategy and specific objectives with our workforce, partners and the population of Leeds on a regular basis. This will be done in a number of ways:

- Regular updates at the NHS Leeds public Board meetings (see website for dates)
- On the NHS Leeds website
- Through updates to the Health, Children's and Adult Social Care Scrutiny Boards.

An electronic version of this strategy and accompanying Equality Impact Assessment can be found at [www.nhsleeds.nhs.uk/about/](http://www.nhsleeds.nhs.uk/about/)

