

**Item 83a**

**Leeds Community Healthcare NHS Trust**

**Operational Plan**

**2019 - 2020**

March 2019

**Contents**

|  |  |  |
| --- | --- | --- |
|  |  |  **Page** |
|  | **Executive Summary**  | **3** |
| **A.** | **Strategic Context** 1. National
2. West Yorkshire and Harrogate ICS
3. Leeds
4. Competitive Environment
5. Regulatory Context
 | **6**67799 |
| **B.** | **Leeds Community Healthcare** 1. LCH Strategy
2. Delivery of LCH’s 2018/19 Priorities
3. 2019/20 Corporate Priorities
4. 2019/20 Quality Priorities
5. Workforce
6. Alignment with the West Yorkshire and Harrogate

Health and Care Partnership Plan and Leeds Healthand Care Plan 1. Service Plans
2. Key Enablers
3. Financial Plan
4. Risks & Mitigations

  | **10**10 13 15 17 18 22 26 31 32 45 |
|  | Appendix 1: LCH Strategic Framework |  |
|  | Appendix 2: 2019/20 Trust priorities |  |
|  | Appendix 3: 2019/20 Trust Quality Account priorities Appendix 4: LCH’s strategic risks - Board Assurance Framework (BAF) |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Leeds Community Healthcare NHS Trust**

**Operational Plan 2019/20**

**Executive Summary**

1. Leeds Community Healthcare NHS Trust is proud to have provided high quality community services for eight years. As we move into our ninth year, the national, regional and local strategic context is changing significantly. This Operational Plan for 2019/20 outlines the strategic context and presents our plans for the year.
2. The recently published NHS Long Term Plan describes a future in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. There is strong emphasis on and funding for out of hospital care, ‘dissolving’ the boundaries between primary and community services, creating integrated teams with a focus on population health.
3. This resonates strongly with the West Yorkshire and Harrogate Health and Care Partnership Plan, the Leeds Health and Care Plan and LCH’s strategic direction of travel - a key focus being our commitment to work with the GP Confederation to achieve ever greater integration between primary and community services to serve the public better and make best use of the Leeds pound - and this plan.
4. In 2019/20 we expect there to be a step change in the impact of the Leeds Health and Care Plan on the Trust. LCH will only be able to fully engage in the development of Local Care Partnerships / Primary Care Networks, the Population Health Management programme and other key workstreams if there is funding for expansion, to support parallel running, backfill and corporate capacity.
5. Section B2 reflects good progress in delivering most of the Trust’s 2018/19 priorities including:
* retention rates; further improvement in staff engagement reflected in national staff survey results; fully recruiting to new posts in the Police Custody service
* quality improvements in the services the CQC rated requires improvement in its last inspection; roll-out of Quality Boards; national accreditation of safety huddles in ABU; leadership engagement in LCH’s quality improvement approach; multiple national awards recognising excellence
* engagement with partners in developing and implementing Local Care Partnerships, integrated pathways and new models of care; strengthening system-wide governance and decision-making through establishing committees in common;
* success in retaining, winning and growing services across all 3 Business Units
1. Particular challenges included recruiting to some hard to recruit areas; achieving the zero tolerance Category 4 avoidable pressure ulcer target and progressing productivity work at pace.
2. There is significant continuity in our 2019/20 priorities – section B3, which includes strengthening organisational approach to service user engagement.
3. Key Quality improvements planned include development at pace of clinical and patient impact outcomes, embedding QIA, incorporating the ‘fair and just culture’ model in pressure ulcer and falls review and reviewing falls training and assessment documentation – section B4
4. A key focus over the coming year will be implementing our Workforce strategy which sets out our approach to ensuring that we are able to grow, recruit, develop and retain the workforce that the city needs now and in the future – section B5. Focus on ‘our people’ and engagement will be a top priority again in 2019/20 for all 3 Business Units. Key initiatives include creating a just and fair culture; strengthening Equality and Diversity awareness and understanding; introducing new roles, targeted development of apprenticeships and partnership working to jointly meet resourcing needs; our refreshed Leadership and Management development offer; and improving ESR.
5. Section 6 sets out alignment of LCH’s 2019/20 Operational Plan with the ICS Health and Care Partnership Plan and the Leeds Health and Care Plan. We expect the Leeds Health and Care Plan Local Care Partnership and Population Health Management cross-cutting workstreams to ramp up in 2019/20. It is vital that there is recognition that this cannot be absorbed within existing LCH capacity and will require additional investment.
6. The Plan includes extensive integrated pathway development, development of New Models of Care and integrated pilots for all 3 Business Units aligned to the Pro-active Care, Early Intervention and Self-Management; Urgent Care and Rapid Response; and Optimising Secondary Care workstreams. These plans will be further developed to reflect NHS Long Term Plan ambitions and requirements and the refresh of the Leeds Health and Care Plan. We will review our plan for embedding ‘Better Conversations’ across services.
7. Our three Business Units plans support delivery of the Trust’s priorities. They also have priorities specific to them. Adult Business Unit priorities are:
* ensuring the right staff, structures and systems are in place to deliver high quality care and support people to remain independent in the community
* working with partners centrally and across communities to support system flow and accelerate the left shift
* embedding a standardised approach to how specialist citywide services wrap around NTs
1. Specialist Business Unit priorities are:
* Retaining and growing viable business
* Actively participating in system wide alignment to solve system challenges
* Ensuring all services are sustainable
* Horizon scanning to identify business development opportunities
1. Childrens Business Unit priorities are the 7 objectives of the Childrens Services Strategy:
* Agree and develop fully integrated pathways for children and young people in Leeds
* Demonstrate the effectiveness of services through outcome and best practice
* Children and Young People will have a positive experience of our services
* Deliver within budget, be cost effective and provide value for money
* Retain and expand services by being tender-ready and open to business development opportunities
* Have a workforce that is skilled and competent to meet the changing health and wellbeing needs of children and young people
* Maximise the potential of technology
1. Fewer services will be tendered in 2019/20 however Specialist Business Unit and Childrens Business Unit plans includes considerable mobilisation work.
2. Section B8 relates to our Digital Technology plans which include completing EPR rollout in ICAN and transitioning to business as usual for all services, e-rostering roll-out, extending E-Referrals and GPDR requirements. We will refresh the Digital Strategy to reflect the accelerating pace of technological development, the role Digital can play in supporting innovation and transformational change to patient care and service delivery, the ambition and requirements of the NHS Long Term Plan and to align with city-wide digital plans.
3. We will refresh the Estates Strategy to provide clear ambition, direction and approach to creating an Estate that supports and enables delivery of our strategic goals and is aligned with the city Estates Strategy.
4. In a very difficult financial environment for the NHS, Leeds Community Healthcare has a strong financial position and met or exceeded all its statutory financial duties in 2018/19. For 2019/20 the Trust has a plan that underpins service delivery and its strategic objectives whilst demonstrating it is able to deliver its financial duties – section B9.

**Leeds Community Healthcare NHS Trust**

**Operational Plan 2019 - 2020**

**Leeds Community Healthcare NHS Trust is proud to have provided high quality community services for eight years. As we move into our ninth year, the national, regional and local strategic context is changing significantly. This Operational Plan for 2019/20 outlines that strategic context and presents our plans for the year in response.**

1. **Strategic Context**
2. **National - NHS Long Term Plan**
	1. The recently published NHS Long Term Plan sets the agenda for the NHS for the next decade, reinforcing the strategic direction set in the 5 Year Forward View. It sets out:
* How the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. This includes a major emphasis and £4.5 billion of new investment for out of hospital care, ‘dissolving’ the boundaries between primary and community services and creating expanded community multidisciplinary teams aligned with primary care networks with a focus on population health
* New, funded, action the NHS will take to strengthen its contribution to prevention and health inequalities
* Priorities for care quality and outcomes improvement for the decade ahead, including for children and young people, cancer, mental health and long term conditions
* How current workforce pressures will be tackled, and staff supported
* A programme to upgrade technology and digitally enabled care across the NHS
* How the NHS will achieve financial stability.
	1. The Plan also calls for significant legislative changes, including supporting the creation of NHS integrated care trusts, for example, to deliver primary care and community services; remove the counterproductive effect that general competition rules and powers can have on the integration of NHS care; free up NHS commissioners to decide the circumstances in which they should use procurement, subject to a ‘best value’ test to secure the best outcomes for patients and the taxpayer.
	2. This resonates strongly with the priorities and approach indicated in both the West Yorkshire and Harrogate Health and Care Partnership Plan and the Leeds Health and Care Plan.
	3. The Clinical Standards Review will be published in the spring to test new and revised standards prior to implementation starting October 2019. A detailed implementation programme is due to be published in the autumn.
	4. The Government Spending Review will set the NHS capital budget, funding for education and training, local government settlement to cover public health and adult social care services. The national NHS Workforce Plan will be published in the summer.
	5. The Social Care Green Paper is now long overdue. It is hoped that this will set out a path towards establishing a sustainable effective social care model which is a critical requirement to enable the ambitions of the NHS Long Term Plan to be achieved.
1. **West Yorkshire and Harrogate Health and Care Partnership Plan**
	1. LCH continues to be a committed partner in developing and implementing both the West Yorkshire and Harrogate Integrated Care System (ICS) Health and Care Partnership Plan and the Leeds Health and Care Plan. Our 2019/20 Operational Plan is fully aligned to both.
	2. The ICS Health and Care Plan sets out 9 priority programmes, underpinning approaches and enabling work streams. A key principle of the ICS is that services should be delivered as close as possible to people in their own homes and communities, where safe and effective and wherever possible, in local neighbourhoods. Only when the safety, quality and cost effectiveness of care are improved by providing it at a greater scale will services be delivered elsewhere.
	3. LCH is a key partner in the ICS’ Mental Health priority programme, being the lead provider for the West Yorkshire CAMHS New Model of Care which aims to reduce admissions and bed days, including out of area, through more effective case co-ordination.
	4. ICS priorities for preventing ill health, improving well-being, developing Primary and community services, improving stroke provision, urgent and emergency care, planned care, developing a workforce and digital infrastructure that meets future needs are being progressed through the 6 component ‘place’ level plans. LCH’s involvement is indicated in section 1.3 below.
	5. System-wide governance and decision-making at ICS and Leeds system level has been strengthened through establishment of the West Yorkshire Mental Health Collaborative – a committees in common between the four mental health and community trusts in West Yorkshire (Bradford District Care NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust and LCH NHS Trust and South West Yorkshire Partnership NHS Foundation Trust).
2. **Leeds Health and Care Plan**
	1. The Leeds Health and Wellbeing Strategy continues to provide the strategic context for the Leeds Health and Care Plan. It sets out the overall vision:

‘Leeds will be a caring city for people of all ages, where the health of the poorest improves the fastest.’

and the major challenges and strategic priorities for health and well-being in Leeds.

* 1. In 2018/19 there has been significant progress in developing and implementing Leeds Health and Care Plan 4 key workstreams: Prevention; Pro-active care, early intervention and self-management; Urgent care and rapid response; Optimising secondary care, and the 3 cross-cutting workstreams: Local Care Partnerships, Population Health Management and Better Conversations.
	2. The enabling workstreams - Digital, Workforce and Estates - reflect commitment across providers and social care to collaborate more effectively on infrastructure, support services and to attract inward investment.
	3. Improving system flow is managed through a separate workstream by System Resilience Board (SRAB). However all Leeds Health and Care Plan workstreams ultimately support improving and sustaining patient flow. Good progress has been made in reducing Delayed Transfers of Care for which Leeds was an outlier.
	4. The CQC system review / inspection of care for the over 65s commented favourably on partnership working in the city and and specifically the positive contribution our neighbourhood teams and city-wide services made to supporting system flow. They also commented favourably on progress with developing and implementing the Leeds Health and Care Plan. Key concerns noted related to provision of care home places, ….to add
	5. System-wide governance and decision-making has been strengthened through establishment of the:
* Leeds Providers’ Integrated Care Collaborative – a committees in common with Leeds GP Confederation, Leeds Teaching Hospitals NHS Trust, Leeds and York Partnership NHS Foundation Trust
* Leeds Primary Healthcare Collaborative – a committees in common with Leeds GP Confederation
	1. The Leeds Health and Care Plan is currently being refreshed informed by demographic analysis from the recently completed Joint Strategic Assessment, key findings of the recent CQC system review of care for the over 65s, findings of the 1st phase of system flow analysis by Newton Europe, the Long Term Plan ambitions and requirements and engagement with partners and the public.
	2. We expect there to be a step change in the impact on the Trust of engaging in developing and implementing the Leeds Health and Care Plan in 2019/20. LCH will only be able to fully engage in key workstreams e.g. LCPs / PCNs, the Population Health Management programme, service and pathway integration and development, if there is corresponding funding for expansion, to support parallel running, backfill, project management, corporate capacity and staff development given the context we are operating in
* increasing demand and complexity as a result of demographic change
* impact on both service and corporate capacity of delivering successive years of financial savings.
1. **Competitive Environment**
	1. LCH continues to operate in a competitive environment with multiple commissioners. Public Health services commissioned by Leeds City Council, criminal justice services commissioned by NHS England and police forces, primary care services commissioned by NHS England and the CCG and CAMHS tier 4 services commissioned by NHS England are potentially competitively tendered.
	2. However, as mentioned in para 1.2 the NHS Long Term Plan signals a welcome move away from competitive processes. LCHs plan for 2019/20 includes considerable mobilisation work post successful tender and a lower level of work to prepare services for and develop bids for services being tendered. We are committed to offering innovative, efficient services that deliver high quality patient care, working in partnership with other providers whenever it enables us to enhance our offer.
2. **Regulatory Context**
	1. LCH plans to deliver high quality services at all times and will respond positively to all quality improvements recommended by external regulators. CQC ‘good’ and ‘outstanding’ ratings remain the required quality benchmark for providers.
	2. The CQC rated LCH overall ‘good’ in its last inspection (reports published August 2017). All improvement recommendations from that inspection were completed by September 2018.
	3. The CQC has informed the Trust that it will undertake an inspection, which will also include the new well led inspection, before the end of August 2018. This will provide the opportunity to evidence improvements made and for the CQC to re-assess the ratings.
	4. Children’s SEND services provided by Leeds City Council and Leeds Community Healthcare were inspected by OFSTED and rated ‘Outstanding’: Leeds is the first major city to achieve this standard. The CQCs city-wide review of Children Looked After and Safe-Guarding services reflected positively on LCH provision. All LCH actions will have been completed before the start of FY 2019/20. Her Majesty’s Inspectorate of Prisons (HMIP) inspected provision of health care in Wetherby Young Offenders Institute (YOI) and Adel Beck in March 2018. This inspection reflected very well on the quality of health care provision.
	5. The Trust will continue to work closely with NHS Improvement to ensure we meet all our regulatory requirements. NHSI and NHSE continue work to integrate.
3. **Leeds Community Healthcare NHS Trust**
4. **LCH Strategy**
	1. The Board set a strategic direction of travel several years ago and has continued to reflect on and shape this. We set a strategic direction of travel of approaching the next five years with a clear focus on creating partnerships which help to sustain and nurture community health services, re-designing services and pathways so that more is achieved within the available resources – whilst at the same time ensuring we recruit and retain a healthy, motivated workforce. See Section 5 re our recently refreshed Workforce Strategy.
	2. Over the last few years we have focussed on realising this ambition particularly in relation to partnerships with primary care, social care, hospital services and the third sector, and working ever more closely with these partners. Fundamental to this is
		1. Partnership working to develop and implement the ICS Health and Care Partnership Plan, Leeds Health and Care Plan and Future in Mind Transformation Plan (Children and Young People Mental Health). LCH is recognised as a key partner. We have strengthened our relationship with the other NHS providers in Leeds and our mental health partners in West Yorkshire through two further committees in common which aim to improve alignment and integration of services:
* Leeds Providers’ Integrated Care Collaborative – a committees in common between Leeds GP Confederation, Leeds Teaching Hospitals NHS Trust, Leeds and York Partnership NHS Foundation Trust and Leeds Community Healthcare NHS Trust
* West Yorkshire Mental Health Collaborative – a committees in common between the four mental health and community trusts in West Yorkshire (Bradford District Care NHS Foundation Trust, Leeds and York Partnership NHS Foundation Trust and Leeds Community Healthcare NHS Trust and South West Yorkshire Partnership NHS Foundation Trust)
	+ 1. The programme of work we have embarked on with the GP Confederation, whereby we are working with them to ensure ever greater integration between primary and community services. Examples include:
* Joint appointments across LCH and Leeds GP Confederation Executive Teams (Executive Director of Nursing, Executive Medical Director and Director of Workforce)
* Provision of joint services (e.g.GP Streaming, Weight Management) and developing joint bids in response to tenders (e.g. IAPT) where we are providing an under-arching support to primary care clinical leadership
* The development of a range of integrated services from MSK services to bold work looking at integrated nursing across our services
* Joint development sessions to consider how we move forward
* The establishment of Leeds Primary Healthcare Collaborative – a committees in common between Leeds GP Confederation and Leeds Community Healthcare which enables us to co-ordinate decision making across the two organisations
* Our work with the GP Confederation is increasingly attracting interest across the Integrated Care System and England as an excellent example of innovative and creative work which is really driving integration
	1. Leeds Community Healthcare is in a good position to respond to the direction of travel set out in the NHS Long Term Plan as the plan reinforces much of our work over the last few years to
* strengthen collaboration with our partners, in particular General Practice and Adult Social Care
* develop expanded community multi-disciplinary teams
* integrate provision and pathways across secondary and primary care
* support left shift through providing pro-active care, early intervention and self-management.
	1. This is demonstrated by:
* Our well established Neighbourhood Teams (2014) which bring together community and social care staff in 13 teams across the city covering identified GP lists, enabling greater co-ordination of care. Teams work in clusters with GP practices and this is the heart of primary care networks and, in turn, LCPs
* Establishment of MSK First Contact Practitioners in 2 localities which are an element of expanded community multidisciplinary teams, the cornerstone of the NHS Long Term Plan’s vision for creating a sustainable system through achieving a left shift
* Full involvement in development of integrated Respiratory and Diabetes pathways to improve patient experience and outcomes by creating seamless transfer and providing the right care in the most appropriate setting
	1. These partnership arrangements are embedding across the city. This is a significant change for everyone and is a challenge for all providers to work and think differently – focussing our services around populations rather than our own organisations. LCH has good experience of supporting Localities whilst at the same time working with partners to integrate provision / pathways e.g. in our Specialist services, diabetes, stroke, respiratory, where our major partners span primary care, acute and social care.
	2. There is a strong emphasis in the NHS Long Term Plan on the importance of ensuring people get more control over their own health and more personalised care when they need it. This fits well with the emphasis we have had in the Trust over the past few years to support all our staff in health coaching and motivational interviewing techniques, and the development of self care facilitators across our neighbourhood teams, and new approaches across CAMHS and ICAN.
	3. Our Children’s Services Strategy reflects the ambition to integrate provision and pathways underpinned by partnership working with primary, secondary and social care, education and third sector organisations to promote a better experience and outcome for children and young people. This is entirely consistent with the city’s Children and Young People’s Plan and Future in Mind strategy. We expect the Leeds Plan refresh to have a stronger focus on Children.
	4. Next steps: It is clear that there is a great deal that is going well in realising our strategic intent and it is pleasing that the NHS Long Term Plan clearly supports the direction of travel we have been pursuing. In moving the strategy forward over the next year we will be:
* Continuing to develop our relationship with the GP Confederation and exploring all possible options for how we can move forward our integration to serve the public better and make best use of the Leeds pound.
* Strengthening our working in localities and clusters around populations from our neighbourhood teams, to our new health visiting and school nursing services working in local areas around school clusters.
* Working with partners to ensure that services which need to be provided ‘once’ for the city are indeed provided once and in the pursuit of local flexibility do not lose city wide consistency, inadvertently increase inequalities or move away from evidence based care
	1. Our aim, reflected in our operational plan for 19/20, will be to ensure that we:
* Enable services to be more responsive to local needs with variation where there is a demonstrated need
* Enable the skills and strengths of professionals and their knowledge of patients to be better shared and utilised
* With our primary care and social care colleagues to become the “centre” for the Local Care Partnerships, and a focus for how more specialist services will connect with primary/community services colleagues to deliver more integrated care on the ground.
* Continue to develop our specialist longer term condition services, in line with the expectation of commissioners and funding, to be able to support more people at home and in a community setting. These services to be increasingly integrated across providers and will be community led.
* Work on further developing a governance framework with partners which facilitates integration and ensures quality. The committees in common described above will support us with this, as will our full participation as a partner in the Health and Social Care Academy.
* And finally, to optimise city-wide expertise and support including increasingly how we offer managerial and other expertise to partners, particularly in primary care. We will continue to build on the joint arrangements already in place with the GP Confederation and the opportunities presented in the NHS Long Term Plan, and explore how to get the best from both organisations in order to deliver the ambition of fully integrating primary and community services.
	1. Other key planks of our business development strategy are to:
* retain and grow services
* undertake responsible geographic expansion of services in neighbouring areas to Leeds where we are leaders in the field already, where the tender includes other elements in this patch, or where there is strong fit with our identity.
* Build on progress this year in developing traded offers for our specialist expertise in community services as long as it does not impede on delivering quality care day to day or our priorities.
1. **Delivery of LCH’s 2018/19 Priorities**
	1. **Strategic Goal 1**: Recruit, develop and retain the staff we need now and for the future

The 3 priorities have been underpinned by organisational commitment to maintaining our focus on ‘creating the working life that we want’, ‘building the workplace that we want’, including enhancing our health and well-being offer and acting on national staff survey results at every level.

1. Retention: maintained consistently below the 15% target and we continue to benchmark very well against other community providers. We participated in an NHSI Retention programme and achieved the 2nd largest reduction in retention.
2. Recruitment with a particular focus on hard to recruit areas: we were successful in recruiting to new posts for the recently tendered Police Custody service, recruited 25 newly qualified nurses, target 30, and project achieving 90% of establishment for the 0-19 service by quarter 1 2019/20. This has been aided by investment in resource to develop recruitment via social media.
3. Sickness absence: we expect to achieve the year-end target: <5.8%
	1. **Strategic Goal 2**: Provide high quality services
4. Achieve or maintain good or outstanding rating for all services: CQC and Quality Challenge Plus: all improvement recommendations from the CQC’s 2017 inspection were completed by September 2018. We are cautiously confident that there has been and continues to be the necessary focus, support and processes so that services achieve good / outstanding CQC rating when next inspected. Hannah House has made continuous progress in strengthening quality and operational governance, systems and processes, workforce development and morale.

The targets for services self-assessing themselves, and peer visits assessing services as good or outstanding for the Quality Challenge Plus although the number of peer visits was significantly below target. This will be addressed in the refreshed Quality Challenge process

1. Develop LCHs quality improvement approach: good engagement of LCH leadership in understanding QI principles and incorporating QI methodology in understanding and reporting performance at all levels. We have exceeded the target: to train 100 more staff in QI. There has been considerable learning from the 4 organisational QI projects: none will be complete by year-end.
2. Provide harm-free evidence based care. The zero tolerance target for Category 4 avoidable pressure ulcers will not be met. March ’19 data will determine whether the Category 3 target is achieved. Good progress in developing tools and providing information to support from line staff with Quality Improvement: rolling out use of Quality Boards in Specialist Business Unit and Adult Business Unit gaining national accreditation for safety huddles
	1. **Strategic Goal 3**: Work in partnership to deliver integrated care and care closer to home.
3. Engage fully in the development and implementation of the Leeds Health and Care Plan and West Yorkshire and Harrogate H&CP Plan under-pinned by an effective relationship with all partners. There has been strong engagement both with the ICS H&CP Plan and Leeds Health and Care Plan as indicated in section 1.2.1 and 6.3
4. Engage fully as a key partner in the development of Local Care Partnerships and their plans and ensure service responsiveness in implementing new models of care and pathway redesign. There has been good engagement and responsiveness as indicated in section 6.4.
5. Increase service and organisational focus on prevention, early intervention, pro-active care and self-management to keep people well in the community. There has been good engagement and responsiveness as indicated in section 6.4.10 - 6.4.23
6. To continue to focus on all opportunities to develop integrated working and provision between Primary Care and LCH. There has been good progress as indicated in engagement and responsiveness as indicated in section 1.2.2.
	1. **Strategic Goal 4**: Create sustainable services
7. Establish a project team and implement the project plan for developing the CAMHS Tier 4 new building and service offer. The key risk is that total projects costs are unlikely to be within the original £13m bid. Board agreed in principle to transfer building responsibility to LYPFT. Final design is nearing completion: progress continues to be made towards submission of a planning application.
8. Implement year 1 of the business development strategy: successful in securing the 0-19 PHINS, Tier 3 Weight Management service and Humberside Liaison and Diversion Service. In final stage of the tender for the IAPT contract. Several business cases for new models of care and pathway developments across all 3 Business Units funded in 2018/19.
9. Develop an innovative and viable model for the 0-19 pathway that meets commissioners’ requirements. LCH was successful in retaining the contract and is making good progress mobilising the service
10. Work on productivity within agreed services with clear expectations regarding workload and efficiency requirements. 1st phase of work being progressed to agreed time-frames: not sufficiently progressed to deliver CIPs in 2018/19

We delivered our financial targets.

1. **Corporate Priorities 2019/20**
	1. LCH’s priorities for 2019/20 are guided by ICS and city ambitions and plans, our achievements and challenges in delivering LCH’s 2018/19 priorities and wider operational and performance challenges and opportunities.
* We are confident that we will maintain our 100% track record in consistently achieving the 18 week referral to treatment target in 2019/20 and will meet the 6 week diagnostic target and Eating Disorder scheme access targets. We are confident of meeting the national IAPT targets other than the 22% national access target and are working to achieve commissioner’s locally set trajectory, 15%, by the end of 2019/20.
* We will deliver on the Long Term Plan expectation that all providers reduce their waiting lists during 2019/20. We will continue to monitor closely CAMHS and ICAN waiting times and the impact of recovery plans.
	1. Not surprisingly there is significant continuity in our priorities for the coming year. They are listed here, aligned to our 4 strategic goals. Further details of how we will measure success and what we plan to do to under each priority is contained in Appendix 2.

**Strategic goal 1: Ensure LCH’s workforce is able to deliver the best possible care in all our communities**

*Priority 1: Improve overall engagement levels across the organisation through initiatives on creating the working lives that we want:*

* *Health and Well-being;*
* *Diversity and inclusion;*
* *Cultural initiatives;*
* *Leadership and management development*
* *Training & development*

*Priority 2: Further strengthen recruitment, particularly for hard to recruit roles, and produce an organisational workforce plan underpinned by future organisational design principles aligned with operational business plans that sets out resourcing requirements and plans to meet these by profession*

*Priority 3: Leadership: implement and further develop a revised leadership and management development offer for the organisation.*

*Priority 4: Work effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across Primary Care, the city of Leeds and the West Yorkshire and Harrogate ICS*

***Strategic goal 2: Deliver outstanding care***

*Priority 5: Maintain quality across all services & aim for outstanding rating by CQC & in services’ Quality Challenge+*

*Priority 6: Develop and embed continuous quality improvement which engages staff and service users*

*Priority 7: Strengthen organisational approach to service user engagement and experience at all stages of care delivery*

*Priority 8: In developing and implementing new models of care and new ways of working including integrated pathway development, service developments, tenders and sub-contracting arrangements and working across boundaries, ensure quality is maintained or improved*

**Strategic goal 3: Work in partnership to deliver integrated care and care closer to home.**

*Priority 9: Engage fully as a key partner in the development of Local Care Partnerships and their plans and ensure service responsiveness in implementing new models of care and pathway redesign*

*Priority 10: Increase service and organisational focus on prevention, early intervention, pro-active care and self-management to keep people well in the community*

*Priority 11: Focus on all opportunities to develop integrated working & provision between Primary Care & LCH.*

**Strategic goal 4: Use our resources wisely and efficiently**

*Priority 12: Develop an innovative and viable model for the new CAMHS Tier 4 service to the agreed time-frame*

*Priority 13: Mobilise the 0-19 PHINs service, Community Dental service, Liaison and Diversion and Tier 3 Weight Management service, and other successful bids*

*Priority 14: Understand and reduce unwarranted variation*

*Priority 15: Implement digital and estates strategies*

1. **Quality**
	1. **Quality Risks**: LCH’s top 3 quality risks relate to
* difficulty recruiting key staff in specific areas - this is a Trust priority for 2019/20. Organisational and Business Unit workforce plans will set out resourcing requirements and plans to meet these by profession
* managing sickness absence to ensure adequate capacity to meet demand. This is being addressed through our work to develop further our health and well-being offer.
* staff engagement and morale – this is our top Trust priority for 2019/20. We will improve overall engagement through initiatives on health and well-being, diversity and inclusion; culture and our refreshed training & development, leadership and management development offer

4.2 **Quality Priorities**: The quality priorities to be reported in the Trusts Quality Account for 2019/20 have been developed in consultation with Business Units, corporate teams and Quality Committee and align with the Quality Strategy, the Trust’s priorities and Business Unit plans. They are due to be approved by June 2019 Board:

**Priority 1**: Maintain quality across all services & aim for outstanding rating – CQC & Quality Challenge+

**Priority 2**: Strengthen organisational approach to service user engagement and experience at all stages of care delivery

**Priority 3:** Strengthen our learning mechanisms for incidents and good practice

**Priority 4:** In developing and implementing new models of care and new ways of working including integrated pathway development, service developments, tenders and sub-contracting arrangements and working across boundaries, ensure quality is maintained or improved

* 1. The success measures are set out in appendix 3. Further discussion is required by SMT to finalise the measures which will be incorporated in the Quality Account.
	2. The Trust priorities reflect the strong commitment to delivering sustainable system transformation and quality improvements through improving patient flow, integrating provision and achieving left shift. We have an internal winter pressures delivery plan.
	3. Other priority quality improvement initiatives are to:
* continue development of clinical and patient impact outcomes reporting at service, pathway and population health segment levels and aligned to commissioner and system requirements. The CCG has agreed to fund additional resource to enable development at pace in line with the organisational plan
* strengthen and embed our QIA process and work with commissioners on a joint process
* continuous improvement in pressure ulcer prevention and management: reduction in category 3 avoidable pressure ulcers and zero category 4 pressure ulcers (confirm target). We will implement a revised pressure ulcer and falls review process, incorporating the ‘fair and just culture’ model, to optimise staff engagement and learning from reviews. We are working with partners city-wide to look at system-wide approaches to pressure ulcer reduction and review learning
* Maintaining our focus on falls reduction including reviewing the falls assessment documentation and training provision to better support staff in their falls prevention work
* Completing Electronic Patient Record development in the Children’s Business Unit to enable shared access to the patient record across services
* improving access in line with national and local service specifications:
* CAMHS: 12 week waiting time target through completing pathway redesign.
* ICAN Paediatric Neuro disability and Community Paediatric Clinics
* leading city-wide Gram negative work. The initial focus is reviewing E-coli cases to identify and share learning across the system, the 2nd phase will focus on pseudomonas
* continuing Exec led work to reduce unwarranted internal variation through analysis of internal and external benchmarking, including Model Hospital, GIRFT, NHS National Benchmarking data and reference costs
	1. We will increase and enhance the contribution of research to quality improvement through refreshing and implementing LCH’s Research Strategy in 2019/20. The overall aspirations of the 2019 - 2023 Research Strategy will be for LCH to become a centre of research excellence where:
* Staff are enthused about research activity and perceive it to be part of their “day job”
* Leaders understand how and why research is core NHS business
* World class research is practiced in all the communities we serve, which results in improvements in care and clinical outcomes.
* Partners in the statutory, academic, industry and voluntary sectors seek research collaboration with LCH as an organisation of first choice

1. **Workforce**
	1. 2019/20 coincides with the first year of our new Workforce Strategy 2019-21; the successor to our Organisational Development Strategy 2017-19. The Workforce Strategy draws on a broad range of external, internal and cultural context. Its 6 priority areas are **Leadership & Skills; Diversity & Inclusion; Resourcing; Integration & Partnerships; Wellbeing;** and **Proactive Analytic**
	2. The 6 Workforce Strategy priorities are designed to respond to and anticipate existing and future strategic and operational requirements, including the 2019/20 LCH Strategic Objectives. The full Workforce Strategy 2019-21 is available on the [LCH Intranet.](http://nww.leedscommunityhealthcare.nhs.uk/app/common/download.asp?method=open&otuid=401&uid=18094)
	3. Workforce is a critical feature of our organisational strategic priorities for 2019/20, and we have a range of initiatives and plans designed to deliver them.
	4. The first LCH Strategic Goal is to ensure LCH’s workforce is able to deliver the best possible care in all our communities. This goal is identical to the overall aim of the Workforce Strategy, and we are focused on delivering the priorities associated with it in 2019/20, as outlined below:
	5. **Priority 1: Improve overall engagement levels across the organisation**
		1. Our 2018 staff survey results show that our services have made steady progress in improving engagement levels across the organisation over the past 2 years. Focus on ‘our people’ and engagement will be a top priority again in 2019/20 for all 3 Business Units, including understanding and acting on staff survey results at team level and for the 1st time all 3 Business Units having a Celebration event. We will build Visibility of senior leadership is indicated by the Staff Survey results to be particularly strong.
		2. We will continue to build on this progress across a whole range of engagement initiatives, not limiting ourselves to those initiatives associated with communication and decision-making, but aiming to improve as many as possible of the elements which enable people to feel motivated, valued and effective at work, including:
* **Sickness absence levels** will remain within tolerance, achieving an equal or improved position by the end of 19/20 compared with 18/19. This will be delivered through our sickness absence analysis, work, which is helping us to identify better measurement and reporting of sickness absence, and to focus in an evidence-based way on supporting people back to work. We will ensure that our health & wellbeing offer to staff is clear and accessible, focusing in particular on mental health and wellbeing.
* **Diversity & Inclusion** is a key focus. 2019/20 will see our Equality & Diversity training reviewed and improved, specifically within our statutory & mandatory training suite. We also propose to develop additional subject-specific masterclasses, prioritising a disability masterclass. The new Reverse Mentoring programme, where our senior leaders are mentored by BAME employees will be fully implemented and reviewed.
* **Just and Fair Culture:** We will work across the organisation using our full range of engagement mechanisms to ensure that the principles of #peoplebeforeprocess and #justandfairculture concepts are explored, understood and in use across the organisation. We will ensure that these concepts are applied to our policy reviews and employee relations work.
* **Learning & Development:** We are strengthening our learning and development processes, infrastructure and offer to ensure learning & development opportunities are increasingly aligned with organisational need; and that there is clarity over access to development. Our Statutory & Mandatory training offer will be reconfigured to secure improved accessibility and compliance, and to facilitate the streamlined passage of employees between NHS organisations. We are working closely with the Leeds Health & Care Academy and partners across the city, to realise citywide opportunities for development of the health and care workforce.
* **Improving Workforce Systems:** We are working to improve the accessibility and quality of our workforce systems, including the Electronic Staff Record (ESR) and e-Rostering (the latter currently in its implementation phase). Our aim is to achieve transparency and access to information across the organisation which is used to inform decision making.
	1. **Priority 2: Further strengthen recruitment, particularly for hard to recruit roles**
		1. We aim to secure and retain the best possible workforce at LCH. During 2018/19 we saw improvements in the retention of our existing workforce, and in this regard we consistently benchmark favourably against comparator organisations. We will strive to maintain our retention success during 2019/20, while we also focus on securing the supply of workforce into the organisation through improvements in our resourcing approach.
* **Workforce plans:** Our 19/20 workforce plan is aligned with finance and activity plans, including alignment to the Business Units’ own business plans. We will underpin this plan with further enhancements to our organisational resourcing plan, seeking to identify, anticipate and respond to resourcing challenges, themes and “hotspots” in an increasingly sophisticated and evidence-driven way. E-rostering will be a key part of enabling data-driven decision making with respect to resourcing and workforce planning.
* **New roles:** We will build on the success of roles such as the Nursing Associate to identify and introduce further new roles in support of identified resource need and skills shortages. Apprenticeships will continue to be a key feature of our development, targeted to business needs and we will work closely with partners across the city to realise opportunities in the apprenticeship field.
* **Talent Management:** we will identify our critical roles within the organisation, and engage services in the development of an improved talent management approach, linked with appraisal processes.
* **Recruitment practices:** we aim to continuously improve our recruitment practices, aiming to improve fill rates, and implementing resourcing action plans in partnership with Business Units in relation to “hard to recruit” roles. We propose to secure specific resource in order to optimally exploit the digital opportunities available to us in attracting new talent to the organisation.
	1. **Priority 3: Implement and further develop a revised leadership and management development offer for the organisation.**
		1. Our new Leadership & Management offer was launched in January 2019 and is already receiving extremely positive feedback from participants.
* **Build on strong Leadership & Management foundations:** Our aim in 2019/20 is to build on our Leadership & Management development offer’s strong start, enabling managers and aspiring managers from across the organisation to access Leadership & Management development. We are considering options to scale up the development offer to reach more people both within LCH and across Primary Care; and we are working closely with the Leeds Health and Care Academy on the development of their System Leadership module.
* **Leadership Competency Framework:** during 2019/20 we will be embedding a Leadership Competency Framework (LCF), based on the LCH values and behaviours as well as engagement with stakeholders. By the end of 2019/20 it is envisaged this will support constructive discussions about leadership potential and development needs, linked with appraisal processes and the emerging LCH Talent Management approach.
	1. **Priority 4: Work effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across Primary Care, the city of Leeds and the West Yorkshire and Harrogate ICS**
		1. We expect an increasing proportion of our workforce opportunities and challenges will have opportunities to be approached jointly, through strong partnership working across organisational boundaries.
* **Supporting Primary Care:** During 2019/20 we will continue to provide strategic HR / workforce direction on behalf of GP Confederation, supporting the Confederation in its work to deliver its Offer to its member practices.
* **Transformation opportunities:** working with partners we will identify and deliver transformation and / or integration opportunities, with the aim of securing improved care for the communities we service. During 2019/20 we expect to focus on opportunities linked to Primary Care nursing and the delivery of Specialist Primary Care roles.
* **One Leeds Workforce:** we will support the One Leeds Workforce agenda by leading on citywide workstreams including Statutory and Mandatory training, and supporting the implementation of the Leeds Strategic Workforce Priorities, with their proposed long term vision to “w*ork as if we are one team, growing our own workforce from our diverse communities, supported by leading and innovative workforce education, training and technology”.*
1. **Alignment of the 2019/20 Operational Plan with Local Plans**
	1. Alignment with the ICS Health and Care Partnership Plan
		1. The West Yorkshire CAMHS New Model of Care programme has been successful in its 1st year in reducing out of area admissions and delivering savings. Savings are being invested in improving crisis, outreach and intensive home treatment provision West Yorkshire wide. Leeds crisis provision will be enhanced through establishing a weekday 9-5 service, which will also free up CAMHS outpatient capacity. We await the outcome of commissioners’ bid for funding to extend the service to a 7 day and out of hours service.
		2. We will continue to work with partners to progress planning for the building of state of the art new Tier 4 facility to open in June 2021 and develop a service model for the expanded service.
	2. Alignment with the Leeds Health and Care Plan
		1. The Leeds Health and Care Plan has 3 cross-cutting work streams that will impact significantly on LCH in 2019/20:
* Local Care Partnerships
* Population Health Management
* Rebalancing the conversation

in addition to the 4 main programmes:

* Prevention
* Pro-active care, early intervention and self-management
* Optimising Secondary Care
* Urgent Care and Rapid Response
	+ 1. **Development of Local Care Partnerships (LCPs)** is central to the Leeds Health and Care Plan’s ambition for developing and redesigning integrated primary care organised around peoples’ needs at the neighbourhood level (c30,000-50,000) and cuts across all 4 workstreams. Leeds has gained national recognition for its innovative approach, led by Thea Stein, LCH Chief Executive. s
		2. In 2019/20 the aim will be for all 18 LCP partnerships to form partnership arrangements and become functional. This is a significant change and challenge for all partners – focussing services around populations rather than our own organisations.
		3. Our Neighbourhood Teams are aligned to all 18 LCPs and at the heart of LCPs. Our Children’s Business Unit is working with GP and LTHT colleagues in the first 2 Child and Family Hubs – the LCP partnership model to address key health issues for children and young people specific to local communities. These will expand to include patient representation and other partners and be rolled out in other areas. In the coming year we will expand LCH representation in LCPs.
		4. Leeds has been successful in securing £1.6m which will fund programme management, external facilitation and data analysis to support population health management approach implementation in 4 ‘trailblazer’ LCPs and funding to pump prime priority initiatives identified to improve healthcare tailored to the needs of the local population. It is also expected that supporting LCP development and implementation of population health management approach will be a priority for the CCG when allocating its 2019/20 £10m transformation fund.
		5. It is vital that there is recognition that management, front-line and corporate capacity to support LCP development, routine functioning and implementation of specific schemes and initiatives cannot be absorbed within existing LCH capacity and requires additional investment.
		6. **Population Health Management** is a priority focus of the Long Term Plan and central to the Leeds Health and Care Plan. This programme of work is expected to ramp up in 2019/20, key elements being the following work with LCP partners:
* phased programme to agree Frailty Outcomes Framework measures
* identifying and trialling key interventions that are expected to have the greatest impact on improving outcomes for people living with frailty informed by patient data analysis
* developing new clinical and financial accountability arrangements that enable providers to implement a population based approach and improve outcomes
	+ 1. A key strategy for reducing demand for healthcare underpinning the ICS and Leeds Health and Care Plan is the commitment to a **strengths based approach** and **rebalancing the conversation** with patients and the public so that we ‘work with’ rather than ‘do to’. This is consistent with the NHS Long Term Plans emphasis on ensuring people get more control over their own health and more personalised care when they need it.
		2. In Quarter 1 we will review the organisational ambition, approach and plan for embedding ‘Better Conversations’ across services aligning with city-wide plans.
		3. **Prevention:** LCH has a central role in tackling the key public health challenges of obesity, smoking, lack of exercise and alcohol consumption by promoting healthy living through every contact. All 3 Business Units are engaged in work to implement the city Tobacco Strategy. 2019/20 CQINs build on the 2017-19 CQUINs which focussed on smoking and alcohol use screening and provision of advice in the Community Neuro Rehab Centre.
		4. **Pro-active care, early intervention and self-management:** This workstream aims to stabilise demand for acute, urgent and community-based care from people who could have their needs more effectively met in other places or by self-management by increasing:
* the number of people remaining independent in their own home
* the number of people with long term conditions managing their own health
* the range of services provided in the community
* the number of integrated neighbourhood models provided
	+ 1. Key initiatives supporting the development of **expanded community multidisciplinary teams** to progress in 2019/20 are:
* rolling out the MSK First Contact Practitioner model city-wide to improve access to musculoskeletal expertise, patient outcomes and release GP capacity – also a NHS Long Term Plan requirement. The pace of roll-out will be impacted by the availability of suitably qualified Extended Scope Practitioners and funding.
* work with system partners to model the impact of the left shift , including closure of acute ‘surge’ capacity
* we hope to be successful in our partnership bid to be lead provider of a consortium providing an IAPT service that is fully integrated across primary care and aligned to resource and access growth targets set out in the NHS Long Term Plan.
	+ 1. In 2019/20 we will progress the **joint LCH / GP Confederation Integrated Care work programme**, including progressing plans to establish integrated wound care clinics /hubs across wider primary care in several localities, joint LCH GP practice leg clubs, expand catheter care in the community, establish a nurse bank for primary care and LCH and a training and development offer for primary and community care in Leeds, including a preceptorship programme for nurses new to primary care
		2. We are confident that our Neighbourhood Teams will be able to meet the Long Term Plan’s requirement to deliver **community health crisis response services**, where clinically appropriate, within 2 hours of referral.
		3. We will continue work with Adult Social Care to ensure there is a clearly understood **single integrated rehabilitation and reablement** offer. This will be a first stage in a wider programme of work to meet the requirements of the Long Term Plan to expand reablement and rehabilitation.
		4. Another key focus of the Long Term Plan is the requirement to **upgrade support to all care home residents** who would benefit by 2023/24. In 2019/20 we will work with commissioners to scope existing input across care homes to understand variation as an initial step of wider system work to enhance care provision in care homes and improve patient health and well-being outcomes.
		5. A key plank of the Leeds Health and Care Plan is **development of integrated pathways that extend and increase provision in the community / extended general practice locality working**, increase access to pro-active care, treatment optimisation and support around acute episodes and develop models which promote self-management. We will engage fully in work with commissioners and partners to develop and implement integrated MSK, Diabetes, Respiratory, Cardiac, Neuro, Parkinsons and Gynaecology pathways.
		6. **Rebalancing the conversation:** we await the outcome of the 2019/20 contract for our proposal to roll out our Neighbourhood Team self-management model across all 18 Neighbourhood Teams. The model uses a health coaching approach to develop patients’ confidence and ability to self-manage. The pilot evidenced that this approach transforms lives and frees up neighbourhood team clinical capacity. If funded we will explore extending the approach to GP practices.
		7. We will fully engage with city-wide work to develop **HELM, a patient held record alongside** continuing to develop and increase use of our award winning apps, ‘Let me show you’ and ‘Step up’ which enable communication about care and capturing progress in relation to goals respectively. We will introduce ‘live chat’ as part of the new 0-19 service to engage better with young people aged 11-18
		8. **Optimising Secondary Care** Our **Community Stroke service** will build on excellent partnership working with LTHT this year to develop an integrated clinical pathway to improve system flow, support timely discharge from hospital, improve productivity and quality across the pathway. This will be underpinned by greater understanding across LTHT and LCH staff of the pathway and working as a unified team. We will explore with commissioners the potential to replicate this approach across other Long Term Conditions, including the Cardiac and Neurology pathway.
		9. We will work with partners to implement the **Leeds Cancer Strategy** in relation to prevention, early diagnosis and living with and beyond cancer: it is in the early stages of development. We expect this to impact particularly on MSK First Contact Practitioners and NTs (End of Life).
		10. We will implement a **Therapy Led Discharge initiative**, with LCH therapists working alongside LTHT clinicians to enable medically fit patients to be discharged as early as possible with therapy assessments undertaken in the home / the community.
		11. We will continue to work jointly with system partners to **reduce variation on products / consumables** e.g. enteral feeding products, dressings
		12. **Urgent Care and Rapid Response**: We will progress the following key elements:
* work with partners on developing and implementing the proactive frailty model and falls pathway review to keep people well and at home / in the community through pro-active management. Linked to this will be development of a Virtual Frailty Ward which is expected to have a significant impact on reducing emergency admissions. The current plan is for some elements to go live by Autumn 2019
* continuing to expand, develop and evaluate the Virtual Respiratory Ward, to reduce hospital admissions, length of stay and enable management in the community. This is a useful test case for applying the Virtual Ward model to Frailty and other Long Term Conditions.
* facilitate a partnership of the incumbent providers to develop a bid / model proposal for establishing 4 further Urgent Treatment Centres across the city by autumn 2020
* work with partners across LTHT and ASC and others to ensure smooth and timely discharge post finalisation of LTHT discharge pathways
* continue to engage fully in developing closer pathways and ways of working between SPUR and the other central referral services, the out of hours 111 service and Clinical Advisory Service (CAS) post tender in 2019

6.5 LCH is also engaged in the enabling workstreams:

* Estates – LCH’s Estates strategy and plans will be consistent with the city Estates Strategy: due to be approved in quarter 1 2019
* Digital – see section 8.1.3
* Workforce – see section 5.8.1
1. **Service Plans**
	1. Our three Business Units plans support delivery of the Trust’s priorities. They each also have priorities specific to them.
	2. **Adult Business Unit**
		1. Adult Business Unit priorities for 2019/20 are:
* ensuring the right staff, structures and systems are in place to deliver high quality care and support people to remain independent in the community
* working with partners centrally and across communities to support system flow and accelerate the left shift
* embedding a standardised approach to how specialist citywide services wrap around NTs
	+ 1. Ensuring the right staff, structures and systems are in place: key focuses will be continuing to embed New Ways of Working, particularly caseload management, continuing roll out of safety huddles, embedding the wound care management clinical care framework and developing the delirium, depression and dementia framework.
		2. ABU will have its 1st Celebration event
		3. The CCG wishes to undertake a further ‘roadmap’ review across a range of Adult and Specialist Business Unit services (to be determined) and LCH estate which will identify unwarranted variation and opportunities to improve quality or release time to care.
		4. Key workstreams supporting system flow are:
* developing and implementing the Virtual Ward Frailty
* implementing the iBCF funded Therapy Led Discharge project which will reduce length of stay and improve patient outcomes
* SPUR, Leeds Integrated Discharge Service and other relevant services implementing service changes once the discharge model has been agreed
* Supporting work arising from Newton Europe analysis:
	+ engaging with commissioners about modelling future NTs capacity required to support left shift
	+ NTs and wrap around services working with partners to support recommendations from the next phase of Newton Europe - focus on admission avoidance.
	+ reviewing the pathway for referring to community care beds
	+ undertaking a service review of the Neighbourhood Nights Service to avoid admissions, improve access and enable people to achieve their preferred place of care at the end of life
	+ Implementing LCH’s internal winter planning delivery plan to help smooth out peaks and troughs in demand and capacity building on successful past initiatives
		1. Enabling left shift
* We expect LCP development to require greater input from ABU senior management and service managers in 2019/20 which cannot be fully absorbed within existing ABU and corporate team capacity. The CCG is considering our bid for backfill support.
* There will be a major focus on Frailty work with partners:
	+ implementing the Frailty model
	+ trialling a population health management approach in the 4 LCP trailblazers
	+ developing the Virtual Ward Frailty
	+ reducing waiting times for the Community Falls service
* Standardising how specialist citywide services wrap around NTs will also support patient flow:
	+ further embedding self-management skills and approach within NTs: wider roll-out is dependent on securing funding
	+ further development of standardised pathways of care and reduction in unwarranted variation through clinical care frameworks and improved relationships between specialist and neighbourhood team services
	+ working with partners to clarify the rehabilitation and reablement offer
	+ developing a consistent approach to support for care homes and exploring opportunities for traded offers by specialist city-wide teams
	1. **Specialist Business Unit – Specialist Services and Health and Justice Services**
		1. Specialist Business Unit priorities for 2019/20 are:
* Retaining and growing viable business
* Actively participating in system wide alignment to solve system challenges
* Ensuring all services are sustainable
* Horizon scanning to identify business development opportunities
	+ 1. In 2019/20 a major focus for the Specialist Business Unit will be developing service models and / or mobilising services:
* We await the outcome of our lead provider bid to deliver an integrated and expanded IAPT service in partnership with the GP Confed, LYPFT, Touchstone, Northpoint and Community Links. We are currently in the negotiation phase.
* Agreeing with NHS England the service specification and contract for the Community Dental service and subsequently mobilising the service
* We expect to bid for the contract to become the sole provider of SpineFit Pain Management services in Leeds; we’re awaiting the tender to be released and are working with the service to be tender ready
* Mobilising Humber Liaison and Diversion Service in partnership with Community Links: go-live April 2019
* Mobilising Tier 3 Weight Management in partnership with LTHT and LYPFT: go-live April 2019
	+ 1. Key workstreams supporting patient flow and left shift are:
* developing and implementing new models of care:
	+ expand the Virtual Respiratory Ward across the city, evaluate current provision and develop a service model proposal to inform 2020/21 funding decisions
	+ Continue to rollout the first contact physiotherapy new model of care across localities
* implementing integrated pathways to support seamless transfer and provide care in the most appropriate setting:
	+ MSK: to provide timely intervention and reduce the number of inappropriate referrals for surgical opinion
	+ Diabetes: to provide early intervention, reduce avoidable complications, reduce waiting times and improve city-wide treatment target performance. Linked to this, we will pilot very low calorie diets for diabetes patients and work with patients and Leeds CCG to identify alternative and supplementary methods of delivering Structured Education and a Foot Protection Service
	+ Respiratory: to reduce avoidable admissions through prevention, earlier identification of people at risk, earlier diagnosis, intervention and treatment optimisation with access to the Virtual Respiratory Ward and core respiratory service and mobilising the Enhanced Oxygen Ambulatory service which we expect to become self-funding
	+ Stroke and Neuro: to improve access to timely rehabilitation which will reduce inpatient bed days and improve function / delay deterioration.
	+ Parkinson Disease Service: to resolve system challenges by developing an equitable citywide nursing service across the acute and community pathway.
	+ Gynaecology: further exploit the single point of access to broaden the scope of services and clinical interventions delivered in the community, ensuring timely access to assessment and treatment and reduce waiting times across the pathway.
	+ Speech and Swallowing Service: to reduce waiting times
		1. We will work to stabilise the CIVAS service as a pre-condition to extending the service to additional clinical pathways.
		2. We will ensure services are sustainable and ready to expand to meet demand and implement required service changes: Spinal Treatment Service, Enteral Feeding, Diabetes including the Foot Protection Service and Structured Education. We will work with commissioners to develop an Inclusion Service which focuses on hard to reach and excluded groups and brings together HALP and the Gypsy and Traveller Nurse / Service
		3. Key service quality improvements will be: improving access to Leeds Sexual Health service informed by capacity and demand analysis and further integrating the service; mobilising the SECURE STAIRS psychological intervention stepped model at Wetherby YOI and Adel Beck and Adult Nutrition and Dietetics, Community Neurology, MSK, Podiatry and SLT services implementing the next phase of work to develop reporting on waiting times, clinical outcomes and patient experience .
	1. **Children’s Business Unit**
		1. The Children’s Business Unit has a significant development and improvement agenda aligned to the Children’s Services Strategy and reflects Trust priorities, the requirements of the Long Term Plan and the city’s plan for developing mental health services. The key focus of the Children’s Services Strategy over 19/20 will be continued work to establish key pathways with children and young people that form the basis of a holistic LCH Children’s Service; including the development of meaningful goals and outcome measures.
		2. CAMHS significant service and pathway development and improvement agenda is reflected in the recently refreshed city plan: Future in Mind Leeds Local Transformation Plan and includes:
* West Yorkshire CAMHS Tier 4: New Care Model implementation - continuing to work with partners to develop pathways and to mobilise Leeds Crisis Service; continuing to work with partners to progress plans for the new build (contract to be awarded in quarter 4) and progress service model development
* Review of MindMate SPA including further development and implementation of an enhanced model that includes a brief consultation/ intervention component
* Engaging with Social Emotional and Mental Health Cluster Review as part of wider service model and pathway development supporting closer working and integration across providers
* Intensive Positive Behaviour Support Service implementation which became operational February 2019
* Continued input to the Yorkshire Centre for Excellence in Adoption Support
* Maintaining waiting times for Next Step and autism assessments and improving waiting times for other pathways. This will be enabled by progressing implementation of revised clinical pathways, new ways of working and ongoing use of capacity and demand analysis
* Engaging in the CCGs service spec review of CAMHS
	+ 1. Other integrated pathway development includes:
* Being an active partner in developing Child Health Hubs pilots and initiatives identified to improve provision to better meet local needs
* Working with commissioners to integrate additional services into the ICAN model and further improve information in Education and Health Care Plans
	+ 1. A major focus for Children’s Business Unit and corporate teams will continue to be mobilising the 0-19 Public Health Integrated Nursing Service, including developing the one team approach, co-locating and functional integration in Children’s centres in areas of highest need, providing an extended service offer [8-8], incorporating children’s dental health promotion and improving transition for children at key points in their development.
		2. Children’s Business Units plans for developing patient engagement include developing a Children and Young People’s Forum to inform service improvement, redesign and development and creating a dedicated website for Children’s services that improves access, sign-posting and self-management enabled by inter-active digital technology
		3. We will finalise the transfer of the Sickle Cell and Thalassemia service to LTHT
1. **Key Enablers**
	1. **Digital Technology**
		1. The Trust has recognised that the rapidly changing environment within which it is working, the accelerating pace of technological development and the ambition and requirements of the NHS Long Term Plan means that the Digital Strategy which was approved by the Board in 2017 requires a refresh and work will commence to better align the digital landscape to support a new and emerging set of business requirements, in an organisation which will be more closely aligned to Primary Care.
		2. The early work on the Strategy refresh recognises the importance Digital can play in supporting innovation and transformational change to patient care and service delivery. A consultative process will be established to support services and patients to make the best use of digital solutions.
		3. Our strategy and plans will align with city-wide digital developments and plans which seek to go beyond the integration of care providers and towards population health systems, and LCH will need to join and play its part in for example the development of HELM, the patient held record, further improvements of the Leeds Care Record and of a shared city-wide IT infrastructure:

Early priorities for 2019/20 include:

* Transition away from the legacy NHS Network (N3) to the new Health and Social Care Network (HSCN).
* Re-provision of the support service previously supplied by EMBED, in partnership with the Local Authority, CCG and Primary Care and the transition to the Community Cloud, which will see the Trust’s corporate data stored in a commercial (secure) cloud based service
* Re-provision of the support service previously supplied by EMBED, in partnership with the Local Authority, CCG and Primary Care. The Trust’s corporate data will be stored in a commercial cloud based service.
	+ 1. In 2019/20 other key Digital activities will be:
* Completion of EPR rollout in ICAN and transition to business as usual running for all services.
* Rolling out e-rostering following a successful pilot phase. The initial focus will be on Neighbourhood Teams
* Prepare for the implementation of the National Data Opt Out clause, removing data from our secondary uses systems where patients have expressed a wish to do so.
* Support the Commissioners expectation and aspiration that all outpatient based clinical services are able to operate through the national E-Referral Service to minimise delay and maximise choice.
* Commence software upgrades for Windows 7 and Office 2010, both of which become unsupported in 2020
* Ensure that all Fax machines are withdrawn from service by March 2020 in line with the Secretary of State’s express request and replaced with alternative technical solutions and business processes.
	+ 1. These actions will be in addition to the increased maintenance overhead necessary to keep the Trust network secure from cyber vulnerability.
		2. Having undertaken significant work to achieve compliance with the General Data Protection Regulation during 2018/19, there is a significant overhead required in 2019/2020 and beyond in order to maintain compliance. Specifically the creation of a network of Information Asset Owners who will provide local custody of service information flows to ensure that the Information Asset Register remains accurate.
	1. **Estates rationalisation**
		1. The Estates Strategy is being refreshed to provide clear ambition, direction and approach to creating an Estate that supports and enables delivery of our strategic goals. The strategy will align with the city Estates Strategy which will be finalised by August 2019 and will support LCH’s commitment to developing ever closer integration and working with partners, including in relation to utilisation of Estates. The Strategy will address key challenges, including ownership and use of PFI buildings and set clear targets for further improving the utilisation of the space we lease and own.
1. **Financial Plan**
	1. Leeds Community Healthcare’s approach to the strategic management of its financial resources has been consistent since the establishment of the Trust in April 2011. Our vision in 2011 was that “we provide the best possible care to every community in Leeds”. We said that we would deliver high quality care, being a good partner, developing and valuing our staff and using our resources wisely and efficiently. Eight years later the strategic objective to “use our resources wisely and efficiently” remains.
	2. LCH has been operating in an extremely challenging NHS financial environment. In their seventh report on the financial sustainability of the NHS (January 2019), the National Audit Office noted:

Since 1974-75, health spending in real terms has increased by 3.7% a year on average in England.1 Between 2015-16 and 2018-19, NHS England received smaller increases, averaging 2.4% a year. Funding constraints, coupled with an ageing population and higher demand for care, have increased pressures on the health system.

Those funding constraints and higher demand have impacted on LCH over recent years. In line with our strategic objective we have sought wherever possible to protect front line clinical services. Our approach has allowed us to continue to focus on delivering high quality services whilst we have delivered on our financial targets, delivering the surplus required by the regulatory system each year

* 1. The NAO Report went on to set the scene for future NHS funding:

 In June 2018, the Prime Minister announced a long-term funding settlement for the NHS, which will see NHS England’s budget rise by an extra £20.5 billion by 2023-24. Between 2019-20 and 2023-24, this equates to an average annual real-terms increase of 3.4%. The funding will be front-loaded with an increase of 3.6% in the first year, which means £4.1 billion extra in 2019-20. In January 2019, NHS England and NHS Improvement published a long-term plan for the NHS that aims to ensure that this additional funding is well spent.2 In its 2018 Autumn Budget, the government also announced an additional £1.25 billion adjustment to NHS England’s budget to cover unavoidable increased costs of NHS staff pensions

* 1. LCH’s financial plan reflects an improved but still challenging funding environment for 2019/20.
	2. The Trust’s business as usual operations and the priorities described in this Operational Plan are underpinned by the proposed income and expenditure and capital budgets. The plan demonstrates delivery of the control total £1.745m set by NHS Improvement.
	3. The resulting realistic but challenging cost plans include efficiency savings of £2.3m (1.5%).
	4. **Income and Expenditure**



9.8 The key drivers for the revenue financial plan are illustrated in the bridge diagram on the following page. The under pinning detail is contained in the remainder of the report.

****

* 1. **Income Detail**
	2. Total income planned for the Trust for 2019/20 is shown in the table below. This report has been prepared on the most likely contract income position. The main risk is around the income derived from savings on the CAMHS new model of care baseline budget where £0.9m expenditure has been committed to new CAMHS community service delivery across West Yorkshire. Savings significantly exceeded this expenditure commitment in 2018/19 so the risk is at present, considered low.



* 1. Contract negotiations have progressed well with **NHS Leeds CCG** and the contract for 2019/20 is ready for signature at the time of writing. The CCG has agreed circa £4m additional recurrent funding plus £2.3m non-recurrent funding.
	2. The outstanding decommissioning financial gap from 2018/19 has been met non-recurrently by the CCG.
	3. The financial plan only contains seven months of income and costs for IAPT as the current contract end on 31 October 2019. Whilst the Trust and its partners are confident of winning the tender to provide services beyond that date the financial implications are not assumed.
	4. The national guidance for NHS commissioners includes a tariff uplift of 2.7%. In line with this the contract uplift from NHS Leeds CCG includes a 2.7% inflator to the recurrent block contract baseline plus estates. The 2.7% increase includes the recurrent funding for the impact of the 2018/19 and 2019/20 pay awards. The 2018/19 pay award impact was funded centrally and non-recurrently for 2018/19.
	5. There has been a national change to CQUINs for 2019/20. The value of the CQUIN has reduced from 2.5% pa to 1.25% of the contract value. The balance of the CQUIN has been rolled into the recurrent baseline thereby reducing financial risk for provider organisations. £1.213m has been rolled into the CCG contract income baseline. The CQUIN payment available for 2019/20 is £1.26m. CQUINs have yet to be agreed with Commissioners, national guidance having only been published recently.
	6. NHS contracts have also been amended to take into account changes to the national NHS procurement services. NHS supply chain changes have been adjusted from April to remove the “contribution” to procurement running costs. Procurement infrastructure and overheads will now be funded by a top slice from all organisations that use the service. National rates have been published for all NHS contracts; community contracts are to be reduced by 0.05%. This is circa £48k for the CCG contract.
	7. There is no provision in the contract sum for adjustment, up or down, in the event that activity varies from agreed levels.
	8. **NHS England’s** commissioned service lines have all had the 2.7% inflator applied in the planning assumptions. The contracts have yet to be formally agreed at the time of writing, the deadline for sign off is 21 March. Assumed income is as in the table above. Note that £1.4m of the £3.5m for Young Offender Healthcare is sub-contracted to SWYPFT. The contract for 2019/20 includes £450k for the secure stairs service.
	9. The planned income from the **Regional Police Custody** contract is £8.2m. Penalties apply is respect of non-delivery of KPIs for this contract.
	10. **Local Authority** contracts have yet to be formally agreed. Assumed income is as in the table above. The sexual health and the 0-19 PHINS contracts include penalties for non-delivery of KPIs.
	11. The **Provider Sustainability Fund** income has been reduced to £1.201m for 2019/20 from £1.333m (before bonus) in 2018/19. This does not impact on the Trust’s in year financial position and does not constitute any risk. It is likely that a percentage, likely to be 20% of the PSF will be dependent on the West Yorkshire and Harrogate ICS meeting its aggregate control total. Whilst there is a material risk that this will not be achieved, as the Trust has a very healthy cash position this poses little risk to the Trust’s finances.
	12. **Other income** including training and education, research and developments and all other income have been rolled forward at the current values for the plan; Training and Research budgets will be amended to reflect actual changes as these are agreed; these are cost neutral in that income is offset by increases in costs.
	13. **Expenditure Detail**
	14. Material changes to planned rolled forward expenditure include:
* Increase in the pay costs baseline in respect of incremental drift of £0.3m.
* Pay award at £3.4m; this is based on the actual cost of the 2019.20 pay award including non-consolidated elements and an estimate for the medical and dental and very senior management pay awards yet to be agreed.
* The increase in costs associated with agreed investments.
	1. Planned **pay costs** assume an in year saving of £5.6m for vacancies. This represents a 5.0% vacancy factor, unchanged in principle from 2018/19. Pay expenditure for 2018/19 is forecast to be £0.1m underspent for the year.

The Board will wish to be assured that pay costs can be kept within budget in 2019/20. Within 2018/19 expenditure there was high use of expensive locum medical staff. Moving into 2019/20 the budget assumes agency costs within cap and no use of unfunded locum medical staff. The pay cost pressures identified and funded later in this report address major risk areas.

There is a degree of risk that the vacancy factor won’t be delivered but, mitigating that, account should be taken of the fact that the Trust will start 2019/20 with circa 60 vacancies. Although efforts are being made to fill most of these vacancies, and temporary staff will be used, there will undoubtedly be a degree of lag in recruitment.

Taking everything into account the judgement made in these budget proposals is that the vacancy factor at £5.5m is reasonable.

* 1. The Trust’s **agency cap** for 2019/20 is £6.5m the same as 2018/19. The forecast outturn agency costs for 2018/19 is £5.5m and the planning assumption is this will increase slightly to £5.6m for 2019/20; this is in line with inflation and the Trust’s decision to break glass in terms of payments to agencies for patient safety reasons. This means there is £0.9m headroom in the financial plan.
	2. £0.65m is included in the plan for inflation on **non-pay expenditure**; this is derived from the national inflation assumptions as applied to the Trust’s expenditure profile. Of this £0.35m is required to contribute towards the efficiency savings leaving £0.3m for cost increases.
	3. New and increased budgets put before the Board/Committee include **cost pressures and expenditure proposals agreed by the Senior Management Team**. The following tables list them recurrently and non-recurrently:





* 1. Expenditure on significant project proposals includes:



Funding for some projects is included in the recurrent project management office costs; the table above incudes this budget. NHS Leeds CCG has contributed £0.2m towards the costs of the e-rostering project and a further £0.2m is available. A business case for the proposed roll out of e-rostering is being prepared for internal sign off.

* 1. **Reserves**
	2. The financial plan proposes the Trust starts the year with net reserves total of £0.7m. This comprises £0.8m committed reserves, being funds yet to be deployed to budgets, £0.1m uncommitted reserves and £0.2m un-identified savings requirement. It is proposed to net these latter two amounts off to leave a reserve shortfall expressed as an as yet unidentified CIP.
	3. Committed reserves will be deployed to budgets as the Trust gets certainty of timing and/or expenditure values.



* 1. **Cost Improvement Programme and Other Planned Savings**
	2. The need to deliver cost improvement programmes will continue to be a significant challenge for the Trust.
	3. The efficiency expectation nationally for 2019/20 is 1.1%. The Trust’s plans represent CIP savings of 1.5% of expenditure or £2.3m. This is the level of savings required for the Trust to achieve its planned surplus after the inflationary and other discretionary and non-discretionary cost pressures listed above have been included.
	4. The CIP proposals for 2019/20 recognise the severe pressure that many of services have continued to face during 2018/18. For that reason again there is no general CIP applied across the Trust or across business units. The 2019/20 CIPs seek to protect front line clinical delivery wherever possible.



* 1. The most material CIP for 2019/20 is the contribution to overheads from new investments. This could be used to increase corporate support to operational services however investment in corporate services is considered on an incremental step change basis only when SMT considers that investment is essential. Such investments for 2019/20 have been detailed above in the cost pressure sections of the plan.
	2. Non pay inflation savings will be delivered directly from the inflation reserve and will not require actions from budget holders other than to manage their non-pay expenditure with no real terms increase.
	3. The increase in interest rates and the level of the Trust’s bank balance means there is additional interest receivable income of £60k expected in 2019/20.
	4. Other CIPs take advantage of pre-existing plans and identified opportunities.
	5. In order to deliver the control total of £1.745m the Trust requires a further £0.2m of, as yet, unidentified savings. As was stated above there is an uncommitted reserve of £0.1m which reduces the unidentified savings to £0.1m. This is not, in itself, and will be managed in year.
	6. However, as the Board has been aware throughout 2018/19 any recurrent CIP requirement not delivered recurrently in year must be delivered in the following year. Within the financial plan the assumption is that these will be delivered in 2019/20. They are:
* £500k reduction in discretionary expenditure as a contribution to the £1.5m contract gap in 2018/19;
* £500k administration review savings – the financial plan assumes that these savings will be achieved in year either by the management of vacancies in year until the review is complete and savings specified and agreed
* £300k reduction in corporate services costs: the financial plan assumes that these savings will be achieved in year by the management of vacancies until specific plans are agreed
* £170k procurement CIP not delivered in 2018/19: the financial plan assumes these savings will be identified and delivered
	1. Effectively then there is an unidentified savings requirement of £500k brought forward from 2018/19 to add to the relatively low risk 2019/20 CIP plan. With the net £0.1k identified in 9.41 above the Trust enters 2019/20 with a £0.6m unidentified savings requirement.
	2. In order to deliver this saving and to manage in-year financial risk it is proposed to re-focus the work of the Productivity Group on unwarranted variation and productivity opportunities across services and corporate functions through better use of benchmarking information. Although, savings from this approach are likely to be delivered in the second half of the year, the work will also be mindful of the need to get a headstart on planning for 2020/21.
	3. **Capital**
	4. The Department of Health has once again informed all Trusts that permission to spend capital in 2019/20 will be severely restricted. This includes projects that are financed from the Trust’s cash.
	5. The budget paper includes the proposed capital expenditure (‘capex’) of £2m which is consistent with the well-established strategy of funding capex from internally generated depreciation resources. This is expected by NHS Improvement and the Trust Board is required to declare capex will remain within this level.
	6. The proposal tabled below has a total £5.5m for estates expenditure of which £0.4m is ear-marked to address significant back-log maintenance. All properties in use will be maintained to the required standard for patient care.
	7. There is £0.5m proposed for IT equipment and £0.45m for clinical equipment expenditure; some of the clinical equipment expenditure will be timed for the second half of the year to ensure any unforeseen demands can be addressed.
	8. The continued roll out of the electronic patient record across ICAN services will require a further £0.5m capital investment; this is split between pay costs and additional equipment costs.
	9. In summary, the Trust’s 2019/20 depreciation charges of £2.0m will provide the cash to fund the planned capital expenditure.



* 1. **Cash**
	2. The Trust’s cash position remains very strong with a forecast £27.1m at the start of the year. This includes additional cash generated from historic surpluses and provider sustainability funds.
	3. Funding capital expenditure from depreciation and public dividend capital from the Department of Health & Social Care means the operating surplus continues to improve liquidity; acceptance of the control total in 2019/20 gives the Trust access to £1.201m of Provider Sustainability Fund income, as this cannot be spent it also increases the Trust’s cash position.
	4. The Trust expects to achieve the better payments practice code in 2019/20. However this continues to be a challenge for the organisation given the devolved approval regime and the finance team will continue to take every possible action to meet this again for the coming financial year.
	5. **Use of Resources**
	6. The Use of Resources risk rating is how NHS Improvement assesses an organisation’s ability to meet its financial obligations and determine the Trust’s performance across 5 different metrics to establish a single, overall Use of Resources score. The scores range from 1 to 4; where 1 represents the lowest risk and 4 the highest. The plan presented here represents the minimum risk score for Use of Resources of 1.
	7. **Financial Risks**
	8. The risks to delivering the agreed control total are principally around control of expenditure as most of the Trust’s income is fixed. There are no significant risks to income other than penalties on contracts identified in this plan: police custody, sexual health and 0-19 PHINS contracts.
	9. Should the IAPT service currently out to tender be lost, the impact is already built into the financial modelling.
	10. There is a risk around pay expenditure; that recruitment to vacancies is successful. Whilst there is budget for the vacant posts over and above the vacancy factor to be filled, the Trust cannot afford to return to the position that has occurred historically where vacant posts were filled but overtime, bank and agency costs did not fall commensurately. The planned increase in NHS employers’ pension contribution will be met centrally for 2019/20. This may bring further financial challenge in the future given the proportion of the Trust’s contracts that sit outside NHS commissioning.
	11. The Trust enters the financial year with no financial contingency, consistent with and managed in the last two years.
	12. Breach of the agency cap is unlikely given historic performance, the fact the Trust starts the year with fewer vacancies than recent years and the level of headroom between planned spend and the cap.
	13. The most significant cost risk is the non-delivery of prior year cost saving plans. Within the financial plan the assumption is that these will be delivered in 2019/20. These relate to recurrent savings required but have not yet been attributed to specific budgets and therefore present an increased risk of non-delivery These include:
* £500k reduction in discretionary expenditure as a contribution to the £1.5m contract gap in 2018/19;
* £500k admin review savings;
* £300k reduction in corporate services costs; and
* £170k procurement CIP not delivered in 2018/19.
	1. The level of risk in 2019/20 CIP delivery is shown in the CIP scheme table above. The Trust has a good record of delivering cost reduction on discretionary expenditure in-year and this would be the first port of call to cover the unidentified non-recurrent CIP requirement if the overall financial position was not on target during the year.
	2. There is a risk to the in-year and underlying position of the Trust if recurrent CIPs fail to be delivered.
	3. The Trust continues to risks to its financial stability due to the competitive tendering of Trust services. During 2019/20 the IAPT service contract will become part of a newly commissioned integrated primary care mental health service; full year effect is a potential reduction of £5.4m income. The part year impact of the loss of contribution from the IAPT services is included in this financial plan. The Trust has planned for additional resources to support the work involved in ensuring the best possible bids can be made when services are tendered and is pursuing other areas of growth particularly in partnership with primary care.
	4. Based on the current known financial assumptions the underlying recurrent position is a Trust surplus of £40k.
	5. **Conclusions**
	6. In a very difficult financial environment for the NHS, Leeds Community Healthcare has a strong financial position and met or exceeded all its statutory financial duties in 2018/19. For 2019/20 the Trust has a plan that underpins service delivery and its strategic objectives whilst demonstrating it is able to deliver its financial duties.
1. **Risks and Mitigation**
	1. The plan reflects work required to mitigate the key operational risks and strategic risks to delivering the plan. The key strategic risks are reflected in the refreshed Board Assurance Framework: attached at appendix 5. Robustness of controls and mitigation is monitored through the Trust’s risk review and reporting process.

**Appendix 1: LCH’s Strategic Framework**

**Organisational Vision**

**To provide the best possible care to every community we serve**

**Strategic goals**

1: Ensure LCH’s workforce is able to deliver the best possible care in all our communities

2: Deliver outstanding care

3: Work in partnership to deliver integrated care and care closer to home

4: Use our resources wisely and efficiently

**Value proposition**

The benefit LCH offers - what differentiates LCH from other providers:

* **Scale of our operation** – We are the only organisation that provides community care 24/7 in Leeds and across Yorkshire and the Humber. We have the ability to mobilise services at scale and pace across the city and in any venue, including people’s homes.
* **Diversity of services provided –** We provide a very diverse range of universal and specialist servicesat citywide and very local levelacross all ages and all communities, tailoring the offer to meet the patients needs
* **Diverse and highly capable workforce** – Our workforce is multi-skilled which allows us to evolve our service portfolio quickly to meet the constantly changing needs in our communities.
* **Community insight** – Working closely with people in the community on a day-to-day basis provides us with deep insight into the population’s health needs, trends, complexities and potential solutions.
* **Strong relationships with people** – The close relationships that we have with people put us in a strong position to empower patients to take control of their own health and provide us with insight into the best way to manage their care.
* **Flexible and value driven culture** – We ‘work with’ and don’t ‘do to’ patients. We tailor ‘the offer’ to meet patients needs, actively reaching out to the most vulnerable groups in our communities. We are committed to creating effective and caring cultures for both patients and staff.
* **We are innovative -** We have a strong track record of innovation and are pioneers in developing and delivering integrated care closer to home, working in partnership with others.
*

**Appendix 2**

**2019/20 Trust Priorities**

**Strategic goal: 1: Ensure LCH’s workforce is able to deliver the best possible care in all our communities**

|  |
| --- |
| **Priority 1**: Improve overall engagement levels across the organisation through initiatives on creating the working lives that we want :• Health and Well-being;• Diversity and inclusion;• Cultural initiatives;• Leadership and management development• Training & development |
| **Key focuses** * Focused work throughout the year on particular areas e.g. mental health, bullying and harassment, MSK.
* Sickness absence project to understand better measurement and reporting + getting people back to work
* Reverse mentoring of senior leadership by BAME employees is implemented and reviewed
* BAME representation on recruitment & selection panels is increased
* E&D training reviewed and improved, specifically E&D statutory & mandatory training plus additional subject-specific masterclasses, prioritising a disability masterclass
* The principles of “people before process” and “just and fair culture” are explored and developed
* Leadership & management training is promoted throughout LCH and delivered through the 3 strands of the new Leadership & Management programme
* Redevelopment of the LCH Learning & Development offer and infrastructure
* Redesign of statutory, mandatory and role based training requirements in ESR.
 |
| **Key success measures** * 19/20 KPIs will be defined in the Workforce Directorate 19/20 Business Plan, currently in development. They will include KPIs linked to sickness management and staff survey; as well as training systems and takeup
 |

|  |
| --- |
| **Priority 2**: Further strengthen recruitment, particularly for hard to recruit roles, and produce an organisational workforce plan underpinned by future organisational design principles aligned with operational business plans that sets out resourcing requirements and plans to meet these by profession |
| **Key focuses*** Development & implementation of an organisation wide workforce plan
* Focused action plans for “hard to recruit” roles.
* Organisation and Business Unit workforce plans address critical skills shortages including through apprenticeships.
* e-rostering implementation
* Source permanently the digital marketing skills needed, to develop and implement digital resourcing campaigns aligned with workforce needs.
* Nursing Associate programme and apprenticeships continue with increasingly targeted approach
 |
| **Key success measures*** 19/20 KPIs will be defined in the Workforce Directorate 19/20 Business Plan, currently in development. They will include KPIs linked to workforce plans, e-rostering, vacancy rates and new roles
 |

|  |
| --- |
| **Priority 3**: Leadership: implement and further develop a revised leadership and management development offer for the organisation. |
| **Key focuses*** Embed and expand the new Leadership & Management offer, launched in January 2019, underpinned by the Leadership Competency Framework
* Develop a new talent management approach, including tools to support staff and managers, through a process of engagement
 |
| **Key success measures*** 19/20 KPIs will be defined in the Workforce Directorate 19/20 Business Plan, currently in development. They will include KPIs linked to workforce plans, e-rostering, vacancy rates and new roles
 |

|  |
| --- |
| **Priority 4: W**ork effectively as a system partner in the development and implementation of workforce and HR strategies, systems and plans across Primary Care, the city of Leeds and the West Yorkshire and Harrogate ICS |
| **Key focuses*** Leadership & launch of Leeds citywide statutory & mandatory training project; to smooth flow of workforce across organisational boundaries
* Design and delivery of GP Confederation employment / engagement model
* Introduction of bank arrangements for GP Nurse / HCA opportunities
* We will be instrumental in the development and delivery of the Leeds One Workforce Strategic Priorities
* Strong Leeds voice in WY&H workforce considerations
 |
| **Key success measures*** 19/20 KPIs will be defined in the Workforce Directorate 19/20 Business Plan, currently in development. They will include KPIs linked to workforce plans, e-rostering, vacancy rates and new roles
 |

**Strategic goal 2: Deliver outstanding care**

|  |
| --- |
| **Priority 5**: Maintain quality across all services & aim for outstanding rating by CQC & in services’ Quality Challenge+ |
| **Key focuses*** Timely implementation of action plans to address improvement requirements from external reviews
* Complete Quality Challenge + review and implement revised process.
* Implement agreed organisational plan to systemise outcome measurement and reporting and establish robust processes for central oversight.
* Embed internal QIA process across service / pathway development, transformation and improvement processes, work with commissioners on joint process and embed monitoring and escalation of impact in BU performance process
 |
| **Key success measures*** Implement action plan to address improvement recommendations from external reviews to the agreed timescale
* Quality challenge success measure to be defined once Quality Challenge review complete and revised approach agreed
* QIA’s undertaken on a timely basis, monitoring and escalation of impact embedded in BU performance process
* Services have access to reliable outcome data to inform service development and linked to QI – once SMT agree plan can define more specifically e.g. which / how many services
 |

|  |
| --- |
| **Priority 6**: Develop and embed continuous quality improvement which engages staff and service users. |
| **Key focuses*** Develop a clear strategy outlining our approach to CQI aligned to LCH vision and values – to agree timescale
* Develop communications plan – to agree timescale
* Identify the needs and wants from Improvement partnership with the Improvement Academy
* Delivery of QI training, evaluation training, Effective decision making and compassionate leadership sessions
* Align QI with wider quality improvement through QI team participating in key quality improvement forums including CEG, PSEG and Always events oversight group
 |
| **Key success measures*** Staff able to articulate how they have used QI methodology to improve care / working life
* An increase in the number of hits on Elsie page to use resources, contact staff
* Increase in the number of Improvement stories shared
* Increased numbers of QI projects based on audit findings and increased articulation of positive impact of clinical audit to board
 |

|  |
| --- |
| * **Priority 7:** Strengthen organisational approach to service user engagement and experience at all stages of care delivery.
 |
| **Key focuses*** Experience and Engagement framework in place to measure progress
* Development of a patient engagement strategy and operational plan to deliver the strategy once new staff in place and based on Healthwatch findings (report due end of March)
* Work with our partners to support and benefit from engagement work across the City
* Consider how we ensure patient engagement in the incident investigation process
* Organisation-wide roll out of ‘Hello my name is…’ Campaign
* ‘Always Events’ are understood and in place across the Organisation
 |
| **Key success measures**1.Implement a Patient Experience and Engagement Framework by end of Q22. Develop a Patient Engagement and Experience Strategy* Agree an implementation plan which has SMART objectives by end of Q2; to include impact measures and review timetable
* Agree the process and support structure to services to increase patient engagement across the organisation by end of Q3
* Agree process and support structure to help facilitate patient and/or carer involvement in incident investigations by end of Q3

3. Develop Patient experience and engagement service staff champion role and quarterly meetings* Aims, membership and Terms of Reference of the group are clearly defined by end of Q1
* There is representation from each service/team across the Organisation

4. Organisation-wide roll out of ‘Hello my name is…’ Campaign5. ‘Always Events’ are understood and in place across the Organisation |

|  |
| --- |
| **Priority 8**: In developing and implementing new models of care and new ways of working including integrated pathway development, service developments, tenders and sub-contracting arrangements and working across boundaries ensure quality is maintained or improved |
| **Key focuses*** Agree a focus on clinical governance at the start of all projects in the remit of the Director of Nursing.
* Establish processes to ensure consideration of appropriate governance processes being in place at the start of establishing all new and existing integrated ways of working.
* All integrated nursing and therapy projects that fall under the remit of the Director of Nursing will have clinical oversight from the integrated care steering group chaired by the Director of Nursing
* Work is ongoing to establish robust clinical governance processes within new contracts e.g. weight management service, liaison and diversion etc. prior to services going live. This will be ongoing work as new contracts are awarded.
* Undertake internal audits of clinical governance processes in sub-contracts, new pathways, pilots, New Models of Care and tenders.
 |
| **Key success measures*** All QIAs / project evaluations evidence quality maintained or improved
* Clinical governance structures fully established and functioning effectively at the commencement of delivery of services.
* Clinical governance structures established and functioning effectively across all sub-contracts.
 |

**Strategic goal 3: Work in partnership to deliver integrated care and care closer to home**

|  |
| --- |
| **Priority 9**: Engage fully as a key partner in the development of LCPs and their plans and ensure service responsiveness in implementing new models of care and pathway redesign. |
| **Key focuses*** Engage fully in LCPs, Primary Care Networks and Family Health Hubs and support their development
* Engage fully in the development of integrated care pathways: respiratory, neuro, diabetes, cardiac, gynaecology
* Ensure the development of First Contact Practitioner and implementation
* Participate in development of Urgent Treatment Centres, the Virtual Frailty Ward and further development of the Virtual Respiratory Ward
* Participate in the development and implementation of Population Health Management approach
 |
| **Key success measures*** First Contact Practitioner model in place in line with agreed implementation plan
* Different organisational model with the GP Confed to support Primary Care Network and LCPs is understood and being developed
 |

|  |
| --- |
| **Priority 10**: Increase service and organisational focus on prevention, early intervention, pro-active care and self-management to keep people well in the community and enable left shift.. |
| **Key focuses*** NT self-management roll out depending on success of transformation fund bid
* 0-19 contract implementation
* Successful outcome of IAPT procurement
* Continue roll-out of health coaching and motivational interviewing across services
* Develop a 3rd sector strategy to support and drive closer working with the 3rd sector
 |
| **Key success measures*** self-management roll out – to be defined when know if funding secured
* 0-19 mobilisation
* Success measures relating to embedding Better Conversations in the way we work organisation-wide to be defined once the organisational plan has been agreed
 |

|  |
| --- |
| **Priority 11**: Focus on all opportunities to develop integrated working & provision between Primary Care & LCH. |
| **Key focuses*** Roll out integrated nursing models
* Progress development of integrated pathways
* Work with the GP Confed to develop a different organisational model to support Primary Care Network and LCPs
 |
| **Key success measures*** Tangible examples of working together more effectively and using clinical capacity and skill across the partnership more effectively
* Different organisational model with the GP Confed to support Primary Care Network and LCPs is understood and being developed
 |

**Strategic goal 4:Use our resources wisely and efficiently**

|  |
| --- |
| **Priority 12** Develop an innovative and viable model for the new CAMHS Tier 4 service to the agreed time-frame |
| **Key focuses*** Agree a viable revenue operational model and affordable capital scheme.
* Obtain LCH Board approval of full business case for submission to NHS Improvement in autumn 2019
 |
| **Key success measures*** FBC approved by NHSI by end of quarter 3
* Contract awarded during quarter 4
 |

|  |
| --- |
| **Priority 13**:. Mobilise the 0-19 PHINs service, Community Dental service, Liaison and Diversion and Tier 3 Weight Management service, and other successful bids |
| **Key focuses*** Operationalise 0-19 PHINs service by 1 April 2019
* Operationalise Liaison & Diversity service by 1 April 2019
* Operationalise Tier 3 Weight Management service by 1 April 2019
* Consultation on dental bid April – June 2019 and operationalise by 1 October 2019
* Continue with negotiations in relation to IAPT April - June 2019 to develop an effective, integrated and viable model and operationalise by 1 October 2019
 |
| **Key success measures*** Services up and running by contract start dates
 |

|  |
| --- |
| **Priority 14:** Understand and reduce unwarranted variation. |
| **Key focuses*** Agree an approach for identifying unnecessary variation in services
* A programme of work to identify and reduce waste of resources across the Trust
 |
| **Key success measures*** Clear examples of identified waste or variation within an action plan to tackle it
* Contribution to CIP as a direct result of the approach
 |

|  |
| --- |
| **Priority 15**: Implement digital and estates strategies |
| **Key focuses*** By September 2019 refresh both the Digital and Estates strategies consistent with Trust strategy and supporting ‘Creating the Working Lives that we Want’
* Commence implementation once strategies approved
 |
| **Key success measures** * Strategies approved by Board
* To be defined once the strategies are approved
 |

**Appendix 3**

**2019/20 Quality Account Priorities**

|  |
| --- |
| **Priority 1**: Maintain quality across all services & aim for outstanding rating – CQC & Quality Challenge+ |
| **Success Measures**1. Implement action plan to address improvement recommendations from external reviews to the agreed timescale
2. Quality Challenge+: ensure that:
	1. At least 80% of Quality Challenge+ visitsare reported as good or outstanding following a peer review visit
	2. Increase the number of Quality Challenge+ peer reviewers across LCH who actively engage in the Quality Challenge+ process
3. Define other key Quality Challenge+ success measure once review complete
 |
| **Priority 2**: Strengthen organisational approach to service user engagement and experience at all stages of care delivery |
| **Success Measures**1. Implement a Patient Experience and Engagement Framework:
	1. To establish current position across the organisation
	2. Includes chosen models for engagement
	3. Identifies key actions
	4. Directly links to the organisations strategic priorities
2. Develop a Patient Engagement and Experience Strategy:
	1. Agree an implementation plan which has SMART objectives by end of Q2; to include impact measures and review timetable
	2. Agree the process and support structure to services to increase patient engagement across the organisation by end of Q3
	3. Agree process and support structure to help facilitate patient and/or carer involvement in incident investigations by end of Q3
3. Develop Patient experience and engagement service staff champion role and quarterly meetings:

a. Aims, membership and Terms of Reference of the group are clearly defined by end of Q1b. There is representation from each service/team across the organisationc.  Expectations of the role are clearly definedd. The group feeds into reporting structures via the Patient Experience Team 1. Organisation-wide roll out of ‘Hello my name is…’ Campaign
2. ‘Always Events’ are understood and in place across the organisation
 |
| **Priority 3:** Strengthen our learning mechanisms for incidents and good practice |
| **Success measures**1. Set up a repository on ELSIE for all learning from incidents and good practice
2. Roll out FABULEEDS across LCH:
	1. Gain good practice stories from Business Units in each quarter
	2. Provide an annual poster of good practice for display in services
	3. Ensure that learning from good practice is escalated to senior staff leaders through the governance reporting structure
3. Support focus events for all staff on learning from incidents and excellence to showcase good practice and learning
 |
| **Priority 4:** Development of new models of care across health and social care economies within Leeds  |
| **Success measures**1. Increase the number of patients who are active with self-management/care across the neighbourhood teams – target to be defined in measurable terms when know whether successful in securing funding for roll-out
2. All new services and service developments undertake a QIA
 |

**Appendix 4. BAF (2018/19) strategic risks**

Changes from 2018/19 BAF indicated below 

(Previous) RISK 1.4 ‘If the Trust does not achieve external and internal quality priorities and targets then this may cause damage to reputation and loss of income’ has been removed as the achievement of CQUINs is not viewed as a significant risk and all other aspects of this risk are reflected in risk 1.3.

Risk 4.3 ‘If the Trust does not engage patients and the public effectively in Trust decisions, the impact will be difficulties in transacting change, and reputational damage’ –this is realigned with the ‘Delivering Outstanding Care’ strategic goal and is therefore renumbered as 1.4 above.