

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May		
People will live longer and have healthier lives	<ul style="list-style-type: none"> Year of Care - Education and Training Eating and Drinking - Increase capacity, primary care benefit, eat more food/less supplements. Assumption = release cash. 	<ul style="list-style-type: none"> Children and Families Act 'Live' – Education Health & Care Plans implications for parents/providers/primary care/education. Education, health and care assessment – has replaced statements in schools. CQUIN – Commissioning improved join up of LCH and LHT for initial diagnosis/support for children with complex needs. Launch of Leeds Maternity Strategy – 23 Sep 2014. 	<ul style="list-style-type: none"> Agree Pre-referral Tests and Diagnoses – shift to Primary Care. Looked After Children – local pilot in East Leeds increase CSW skills in MH – LD – SU- DU. Primary Care – links to GP knowledge of risk factors for children's entry into care Childhood Obesity Business Care LWCCG – Fruit in schools programme in Leeds West CCG Commissioning For Value Packs (from PHE & Right Care) - for children and infant will help inform commissioning intentions 	<ul style="list-style-type: none"> Children's Clinics in Primary Care – on offer after school to avoid A & E attendance in LSE. 	<ul style="list-style-type: none"> SW Training and New provisions of the Care Act – Assumptions = New responsibilities. Issues = Preparatory work. Assessing carers own needs. Primary care development work – initiatives in each CCG. 	<ul style="list-style-type: none"> Co-Commissioning Primary Care – with local area team JSNA Baseline Report and rolling programme of needs assessment released 	<ul style="list-style-type: none"> Practice Profiles – Primary care quality tool. Increased number of primary care health checks – Issue = more pressure. External Changes – Possible changes to the rules/guidance from NHS England on specialist services delivery Working within new adult and social care integrated neighbourhood team model Development practice nurse work force – to support move of work to Primary Care 	<ul style="list-style-type: none"> Personal Health Budgets – Increase in scope and capacity 	<p>Priorities</p> <ol style="list-style-type: none"> Support more people to choose healthy lifestyles Ensure everyone will have the best start in life Ensure people have equitable access to screening and prevention services to reduce premature mortality 		
People will live full, active and independent lives	<ul style="list-style-type: none"> Pro-active Management - not compulsory. Assumption = keep people out of hospitals. Dementia redesign: procurement of Eldercare Facilitator provider and recruitment; Leeds memory service clinics in primary care locations, designing 'Year of Care' monitoring and review for people living with dementia 	<ul style="list-style-type: none"> AGE UK Making the Link Project – covers all 3 CCGs, funded until the end of March, social prescribing. Diabetes Workshop to describe changes. Develop "Frail Elderly Rapid Response Unit" (Q4). Nurse Preceptorship Scheme - Allow more practice nurses. 6 month scheme. Assumption = Long term increase of capacity. Short term service element. Risk = Less acute staff. 	<ul style="list-style-type: none"> CQUIN – Driving relationships. Community nurses supporting practices. Proactive not reactive. Assumption= Add capacity. Therapy for ICT – Increasing therapy. Assumption = Reduce length of stay. Cabinet Office Money – supporting hospital to home scheme, assisting discharge and admissions avoidance in A & E. Eldercare Facilitator tender advertised – Short-term use of slippage on Eldercare Facilitator funding for Leeds memory service (LYPFT) to offer Saturday appointments, keep waiting times down, push towards 67% diagnosis ambition 	<ul style="list-style-type: none"> Emergency Discharge Team – EDAT. Assumption= Avoid admission and quick turnaround. CIC Beds – 183 now, 193 by end October ... Grow bed base until long term plan. ILT recommend long term strategy. Patient Placement Systems – go live – sending patients to the right bed quicker. Identification of GP practices / health centres to host community memory clinic sessions 3rd SECTOR support to facilitate early discharge – (Red Cross/Age UK). 	<ul style="list-style-type: none"> Common Care Pathway between ICT/Rapid Response. Comm IV – Assumption = Increased capacity. Need help with clinical pathways. Creating a very joined up service. EOL Beds x 8. Integrated COPD Pathway 3 CCG Review - of how we commission from the voluntary sector 	<ul style="list-style-type: none"> Past Stroke Assessment Service – Voluntary sector – Q4 Rehab and Recovery – Implementation of new model. Relocation of services from Millside / Towngate to new site. Reduction in X15 inpatient rehab beds. Commencement of new community model (step down unit for inpatients). Reviewing the use of wound dressings to improve patient outcomes and reduce unnecessary costs Catheters use to improve patient outcomes and reduce unnecessary costs 	<ul style="list-style-type: none"> Long term plan closure of beds. Increased Dementia Diagnosis – increasing towards 67% ambition by increasing activity and capacity on existing pathway to March 2015; new pathway from April 2015 Warfarin Service Review – NOACS. Change or more targeted service. Diabetes Medication Review – Reduce chronic amb care counsellors. Cancer Screening Campaigns - Increase screening. At capacity, aim to reach balanced position. Whole pathway NHSE. 	<ul style="list-style-type: none"> Review of Bexley Wing ICT Reconfiguration – Long term. Care Home Review – Hospital avoidance for 75+ Care Host Schemes in LSE and LW – residential recurring funding in place, nursing non-recurrent funding to test. Jan 2015 – successful provider selected for Eldercare Facilitator posts Consensus on post-diagnosis dementia reviewing, including medication monitoring – what can we stop doing, who does what, resources required 	<ul style="list-style-type: none"> By May 2015 – Non-recurrent funding for 3 mental health/ dementia community liaison practitioners comes to an end Elder Care facilitators in post Spring 2015. New responsibilities for Carer Support needs by LA Social Prescribing for the 3rd Sector. LSE Practice Engagement Scheme – focused on pro-active management of long term conditions. Memory Clinics running in Primary Care locations. Dementia Year of Care – review of medication and monitoring routinely done by Primary Care, specialist services report with change of need. 	<ul style="list-style-type: none"> Diagnostic Targets/Cancer Targets – Changing pathways, link to other trusts. Investment in 3rd Sector August 2015 – Implementation of mental health applications - digital tools. Chronic fatigue; eating disorders; My Health Locker 	<ol style="list-style-type: none"> Increase the number of people supported to live safely in their own home Ensure more people recover from ill health Ensure more people cope better with their conditions
People's quality of life will be improved by access to quality services	<ul style="list-style-type: none"> Care Pathway Development for YAS. Staff. (CQUIN). Risk = delivery concerns/hospital avoidance. Find the need to fund/continue current service. Street Triage - Multi-agency. Assumption = Avoid A & E/ better impact. 7 Day Bed Bureau Gateway - Adult social care brokerage. Access to facilities. Assumption = Increase flow/ access, reduce bump and bottle neck at weekend. Leg Ulcer Clinics - Reducing impact on LHT 	<ul style="list-style-type: none"> Walk-in Centre Closure (Options Appraisal) - Shift availability. Assumption = Completion within timeframe with increased capacity City Wide Mental Health Workshops – start in September 2014. Develop "Discharge to Assess" Model - Incremental approach rather than a 'thing' 2015 delivered? Roaming MDT - Parachute capabilities, troubleshoot. Overview of Cost Improvement System – impact for all key organisations in Leeds (included specialist commissioning) – CFOS to share and discuss a workshop. CAMHS – EHWB – cost saving of £500k commissioning action, re-design of CAMHS service, CAMHS system (strategy). 	<ul style="list-style-type: none"> Patient Empowerment Scheme - (Leeds West) General thrust to increase capacity. Community Neuro-Service - Reconfiguration. Assumption = Less beds/more community care and day care. LTH Nursing Increase of 350 Nurses in October – even 450 does not meet "Stafford Numbers". Commence Leeds west enhanced primary care pilot LHT Bed Reduction – 6 in Chapel Allerton, 11 in Stroke, 29 in Maternity (community based replacement as LHT staff), 8 surgical, 6 Oncology – leaves identified gap of 30 beds likely to be in medicine will present a challenge for the system – can't do without risking quality and performance City-wide review of All Business Continuity Plans – system resilience work 	<ul style="list-style-type: none"> LTHT Bed Reviews – Across Leeds 70-100 patients in bed unnecessarily, but system deficit. Increase in patients due to demographics. Assumption = Increase in efficiency and smart accounting Health Respite Budget Increase – Buy additional care overnight. Assumption = More capacity. Extended hours access to GP (variable). Children's MDT Clinic - in S+E community setting. Leeds Equipment Service 7 days - Brings social care assisted technology. Assumption = Extend and add capacity. Dependency = Needs linked assisted living needs centre. Joint Care Managers – Assumption = Add capacity. Cancer Work – integrating LTHT and practices to scope integrated cancer services across Leeds 	<ul style="list-style-type: none"> Potential actions to reduce re-admissions – re-offenders for drug and alcohol abuse Early discharge and Advice Team - at the front door of LHT to avoid unnecessary admissions. Decision on expanding and re-configuring Community Bed Service. SPUR Interaction – Access health and care. Assumption = Integration. Co-located but no simple response. Risks= When can this be delivered? SPUR+PCAL? Telecoms solution. Not for 2014/15 to integrate. Social Care Packages 7 day Brokerage 	<ul style="list-style-type: none"> Integrated Neighbourhood Teams Street Triage Service: Extension of service for 24 hours (from 10); extending length of the pilot. (LYPFT) Offer Urgent MH Assessments: Pilot service to off immediate (rather than in 4hrs) assessments. This will include input from Harm Reduction Workers within the team to provide brief input for people with drug / alcohol problems. Pilot Impact of Paramedic working within the Mental Health Crisis Assessment Service: This will aim to reduce transfers to the Emergency Department. System Resilience – Money to fund an extra night of Dial House (Leeds survivor led crisis service) from November 2014. Directing people from A & E and MH crisis services. Proactive Care Programme – (BCF) Assumption = Additional nursing and therapy Increase Discharge Facilities (BCF) Medicines optimisation to reduce patient harm and improve treatment outcomes 	<ul style="list-style-type: none"> LYPFT Crisis Assessment Unit opening at the Becklin Centre which will provide 6 places for extended assessment and allow home based extended assessment up to 72 hrs. Eight beds for longer assessment - (72 hours) without inpatient admission.. (LYPFT) Recurrent Development - with aim of reducing out of area placements. Increased IAPT capacity. Dependency – Awaiting formal decision. 	<ul style="list-style-type: none"> Alcohol Screening St George's Crypt – 3 beds for managing discharges for homeless individuals. Co-Commissioning specialised Services – with NHSE Winter pressures to change practice/enhance assessment of LHT Decant of some services from Seacroft – outpatients. 8 to 8 Service – move to primary care Mental Health for Students – business case 	<ul style="list-style-type: none"> LIQH work – fractured neck of femur, COPD, cardiology. Leeds Federation Housing Associations – plan for LSE BCF moves for shadow to reality – with new governance arrangements – funds to be signed off by LCC 	<ul style="list-style-type: none"> IAPT Plus (CBT) Personal Health Budgets. Additional services being proposed for local population Dermatology pilot in Otley ENT Pilot Wetherby LHT Detailed 5 year Service Strategy – Speciality based / Costed / Activity 	<ol style="list-style-type: none"> Improve people's mental health and wellbeing Ensure people have equitable access to services Ensure people have a positive experience of their care
People will be involved in decisions made about them	<ul style="list-style-type: none"> Local Offer – Single offer around disability/ complex needs website and increase in self care/self choice decrease in expert assessment. 			<ul style="list-style-type: none"> State of the City Summit – building narrative for public comment. 	<ul style="list-style-type: none"> Leeds Care Record – Will impact numerous services. Assumption = Increase integration. Risk = Affect not fully known. 		<ul style="list-style-type: none"> Expansion of National Prescription Service. Development of Map of Medicine New IT – offer for advice, guidance and-self management (Care Act) 	<ul style="list-style-type: none"> New IT System Drill – (ASC) new self-assessment capacity online (Care Act) 	<ol style="list-style-type: none"> Ensure that people have a voice and influence in decision making Increase the number of people that have more choice and control over their health and social care services 		
People will live in healthy and sustainable communities		<ul style="list-style-type: none"> Personal Budget – Children and young people short breaks/social care/transport/top-up education. 			<ul style="list-style-type: none"> Local Authority Learning Disability Provision – Formal agreements to become a social enterprise. 		<ul style="list-style-type: none"> Launch with Local Authority Social Enterprise - for managing and providing care for service users in specialised living service. 		<ol style="list-style-type: none"> Maximise health improvement through action on housing Increase advice and support to minimise debt and maximise people's income Increase the number of people achieving their potential through education and lifelong learning Support more people back into work and healthy employment 		

Dependencies

- Spur vs PCAL (urgent referrals)
- Street triage working partnership
- 7 day bed bureau and 7 day brokerage
- Children's clinic and walk in centres changes
- 7 days – Leeds equipment services linked to Living Needs
- Emergency Discharge Team links to Discharge facilities (BCF)
- Integrated Elderly Care services, Social Enterprise LCH and LCC
- Medicines Management and Diabetes Management plans
- Personal health budgets effects on community nursing

Assumptions

- Co-commissioning proposals from NHS England.
- Workforce – Are our assumption about supply/demand & timescales realistic?
- Stat release from Community Maternity Services.
- DOFs Meeting 17 Sep to define, impact analysis.
- Each CCG doing different initiatives need an overall list.
- Health Summit in Nov 2014 for city, actions to pick up.
- Discussion with YAS is happening to link Intermediate Care & Falls service.
- 4 Yorkshire programme deliverables.
- Review Bexley Wing Q4 -> Impact?

- Hospital avoidance improved due to increased GP services.
- New walk in centres (specialist) will have an impact on primary care.
- Relieving primary care through complex services i.e. leg ulcers.
- Leeds Care Record implementation: health in November, social care April.
- New duties as result of Care Act from April 2015.
- Other IT initiatives. Map of Medicine to GPS. Expansion of national prescription service.
- The system is configured to support change, especially financially.
- Joint indicators and performance measures – joint dashboard.

- Action that needs to happen in order to move services into Primary Care.
- Financial flexibility is available to move care between sectors.
- Some initiatives already covered from 14 Aug will not always be reiterated.
- Public Health pump priming is happening
- Money will be available for projects like 'Falls Assessment' in BCF? Discussion with YAS.
- LIQH 3 programmes will have milestone outputs (check dates).
- That there is evidence base around 8-8 working and care shift into the community.
- That the 8-8 offer is one that is wanted by patients

Leeds City Wide – Strategic Planning Timelines April 2015 – March 2016

	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<p>People will live longer and have healthier lives</p> <p>People will live full, active and independent lives</p> <p>People's quality of life will be improved by access to quality services</p> <p>People will be involved in decisions made about them</p> <p>People will live in healthy and sustainable communities</p>	<ul style="list-style-type: none"> Personal Health Budgets – Increase in scope and capacity Practice Profiles – Primary care quality tool Increased number of primary care health checks – Issue = more pressure External Changes – Possible changes to the rules/guidance from NHS England on specialist services delivery Working within new adult and social care integrated neighbourhood team model Developed practice nurse work force – to support move of work to Primary Care 	<ul style="list-style-type: none"> City wide 3rd sector funding proposal – aligned to transformation Health Coaching. Train the trainers (LCH/ LYPFT/PH) complete 15 people – April 2015 (self-management strategy) Care Act in force (huge number of new people eligible for assessment and support including 60,000 carers) Consolidate single carers' service for Leeds Social prescribing programmes across Leeds - April 2015 	<ul style="list-style-type: none"> ASLT for people (speech and language therapy) with LD (hearing difficulties) JSNA core documents published (demographic, quality of life and others) Joint commissioner for carers' services Commissioning for social value Extended Primary Care (PC) opening hours 'Inspiring change' comms and engagement around Transformation Programme Leeds practice locality/neighbourhood team integration 	<ul style="list-style-type: none"> Primary Care quality scheme 15-16 not finalised but likely to include care homes enhanced support focus of Long Term Conditions (LTC) Patient empowerment schemes across all Leeds CCGs / social prescribing Virtual Practice GP practice data (operational and actual) to collate and calculate 'average' practice – help with transformation engagement and procurement logic with primary care. Leeds City Wide GP provider organisation Primary care strategy development Tackling childhood obesity project. 	<ul style="list-style-type: none"> Investment in Leeds Federated Housing to train wardens to identify frailty/isolation and signpost to services Re-examine of basis of children centre funding with health providers – role of joint commissioning across health LCC and schools. Young people's support to achieve Education, Employment and Training (EET) social investment model bid to DWP Leeds City Wide care home project – practice localities / neighbourhood teams joint working Delivery of chronic pain services in community care and primary care Locality commissioning budgets to enable more local commissioning of health improvement initiatives in Leeds North. Year of Care roll out across CCGs results in improved levels of decision making of patients in primary care Testing of citizen driven health projects in some neighbourhood teams 	<ul style="list-style-type: none"> Age 0-5s Early Start - commissioning transfers NHS England Increasing co-operation in business structures between practices based around locality. These focus on large determinants e.g., drugs and alcohol. Equals advice and guidance. New special schools for children with autism and complex behaviour issues – 60 places in total. Personalisation Citywide street triage agreed model for implementation June/July 2015 Improved, more relevant CCG sponsored training / education. 	<ul style="list-style-type: none"> Five multi-agency teams including at least social worker, school, CC staff in at least one cluster (JESS) in South and East CCG. Move to increased re-unification rates of LAC (NSPCC partner project) Review of children's homes provision. New outreach behaviour specialist service could support instead Consultants working in primary care to a registered list Bespoke Learning Difficulties (LD) packages Expansion of Leeds Autism Service City wide position / strategy on future personal budget agenda Integrated (Health and Social Care) neighbourhood team Integrated gateway specification 					
	<ul style="list-style-type: none"> By May 2015 – Non-recurrent funding for 3 mental health/dementia community liaison practitioners comes to an end Elder care facilitators in post Spring 2015 New responsibilities for Carer Support needs by Local Authority Social Prescribing for the 3rd Sector Practice Engagement Scheme – focused on pro-active management of long term conditions. Memory Clinics running in Primary Care locations. Dementia Year of Care – review of medication and monitoring routinely done by Primary Care, specialist services report with change of need. 	<ul style="list-style-type: none"> Dementia – active, independent lives. Sustain funding for - Leeds Dementia Action Alliance. Café and activity development worker. Carer training. Advocacy project. BME support Age extension for bowel screening Commencement of FYE Self-management – structured programme to start April 2015 to December 2015 Palliative care from hospices provided 7 days/week. January 2015 dementia and access. Reclassification of dementia medication to reflect reduced cost and changes in evidence – less routine reviewing and memory service can see new people quicker. Community Expressive Vocabulary Test (EVT) hearing loss (AQP procurement) 	<ul style="list-style-type: none"> Improve management referral for MSK diagnostics. Dementia and MH community liaison roles pilot ends 05/15. Dementia – access to sources. Spring 2015 – LYPTT memory clinics 'go live' in GP/health centre locations, with GPs able to book directly. Chronic pain 04/15 (AQP procurement). Diagnostic Targets/Cancer Targets – Changing pathways, link to other trusts. Investment in 3rd Sector August 2015 – Implementation of mental health applications - digital tools. Chronic fatigue; eating disorders; My Health Locker Social isolation programmes for older people (Time to Shine) - £6m April 2015 – 2021 (July 2015). New performance measure of Community Service Provision Dementia – access to services. May 2015 – Memory Support Workers 'go live' 	<ul style="list-style-type: none"> Community interim bed strategy and procurement – stabilise position to long term plan implementation 2017. Discharge letters from NT's to GPs New alcohol and drugs service to start June/July 2015 Integrated sexual health service – 2015. Dementia – access to services. Spring 2015 – LYPTT led work stream in 'complex needs and later life' produces proposals for specialist MH services to work closer or integrate with community health and social care "Dying matters" week (May 2015 onwards). Community bed increase procurement Review of Community Rehabilitation Unit – inpatient – v- community 	<ul style="list-style-type: none"> Inclusion fund- DV perpetrator service, FGC family support, large scale testing programme for RP, universal approach across CS. Children's asthma nurses to improve management of asthma and decrease admissions. Additional investment in improving health and wellbeing in the population e.g., increased uptake of screening (bowel and breast), increased smoking cessation, increased access to alcohol service, increased health trainers. City Wide third sector grant scheme – process for small grants to third sector organisations to respond to local needs and populations. 	<ul style="list-style-type: none"> Leeds early discharge / primary care to LTHT in reach project Health Visiting Commissioning Responsibilities Transfer Re-Procuring/Re-Commissioning Drugs & Alcohol Treatments - community based start October 2015 new contracts simpler with increased emphasis on peer support. Re-Commissioning Sexual Health Services – start October 2015 Practice federation beyond enhanced access. Review of IAPT service. New service model with better links to services supporting wider determinants of health (debt, parenting) Transforming emergency care at LGI completed. BCF – End of Life Care generic beds with hospice support Output of LTHT cross cutting themes and commissioner sign off and partners. Review and agree podiatry access criteria. 	<ul style="list-style-type: none"> Extend choose and book to other community services Mental health – rehabilitation and recovery model liaison services in LTHT other commissioning intentions Triage and referrals into NT's via Single Point of Referral / Gateway. Improved case management process between community teams and primary care Review NHS England emergent guidance on centralising specialist surgery e.g., Paediatrics Enhanced access in primary care 8 to 8 and weekend opening Shadow monitoring for Year of Care (national commissioning pilot) Workforce – development of nursing roles in primary care and practice nurse development programme. Leeds development practice localities with shadow budgets. Leeds development of 5 year plan for GP practices including clustering of practices into Hubs Enhanced access in primary care 8-8 and weekend opening Improved access to alcohol services – new services commissioned by Leeds City Council Memory support workers (elder care) out of Better Care Fund 	<ul style="list-style-type: none"> Increase testing of third sector in neighbourhood teams. Dementia and personalised care; Dementia workforce standards – next priorities (after completion of memory support works and redesign). Coeliac annual review in community TWOC clinics (trial without catheter) in community Dementia – involvement focus group established and representation/link to Leeds Dementia Board Review needs for neuro rehabilitation beds Review bereavement services Development of crisis intervention – assertive outreach model for LD Expansion of women's counselling therapy service 				
	<ul style="list-style-type: none"> Better Care Fund official start date April 2015 Winter beds close LIQH work – Fractured Neck of Femur (FNOF), COPD, cardiology Leeds Federation Housing Associations – plan for Leeds BCF moves for shadow to reality – with new governance arrangements – funds to be signed off by Leeds Partners IAPT Plus (CBT) Personal Health Budgets. Additional services being proposed for local population Dermatology pilot in Otley ENT Pilots i.e. Wetherby LTHT Detailed 5 year Service Strategy – Speciality based / Costed / Activity 	<ul style="list-style-type: none"> Business case for alcohol harm workers. LTHT - Increase number of patients on cellulitis pathway. Move complex leg ulcers service from LTHT community. Additional diabetes community capacity and education 2015-16 and 16/17 Discharge to assess model (integrated work stream) Improve flow through community matron service. Alignment of Long Term Conditions service to Neighbourhood Teams Ophthalmology (AQP procurement) 	<ul style="list-style-type: none"> Venous Thromboembolism (VTE) new pathways BCF for me. Proactive Care Management Pilot BCF - Additional Community Nursing capacity Integrated Discharge Model in LTHT. Leeds Institute for Quality Health (LIQH) - variance analysis for three priority areas LTHT; 1. Real time bed state. 2. Integrated demand system across ED/PCAL. 3. Predictive modelling tool regarding non-elective demand. Output of phase 1 re-admission work Emergency Department - clarify discharge process for future Street triage extended System resilience extended 	<ul style="list-style-type: none"> Diagnostic pathway opportunity PCAL/ED turning unscheduled care to scheduled. Re-provision of sexual health unit. Co-commissioning of: primary care and specialist care. Hospital to home continued from March 2015 – 2016. LTHT - Optimisation of outpatients (including Did Not Attend (DNA) analysis) Mental health/wellbeing CAMHS review February 2015 onwards likely to have numerous initiatives agreed. Extend LIQH projects to urgent care/A & E Leeds clinical care co-ordinators for practices for one year Major emergency centre designation 	<ul style="list-style-type: none"> Leeds early discharge / primary care to LTHT in reach project Health Visiting Commissioning Responsibilities Transfer Re-Procuring/Re-Commissioning Drugs & Alcohol Treatments - community based start October 2015 new contracts simpler with increased emphasis on peer support. Re-Commissioning Sexual Health Services – start October 2015 Practice federation beyond enhanced access. Review of IAPT service. New service model with better links to services supporting wider determinants of health (debt, parenting) Transforming emergency care at LGI completed. BCF – End of Life Care generic beds with hospice support Output of LTHT cross cutting themes and commissioner sign off and partners. Review and agree podiatry access criteria. 	<ul style="list-style-type: none"> Extend choose and book to other community services Mental health – rehabilitation and recovery model liaison services in LTHT other commissioning intentions Triage and referrals into NT's via Single Point of Referral / Gateway. Improved case management process between community teams and primary care Review NHS England emergent guidance on centralising specialist surgery e.g., Paediatrics Enhanced access in primary care 8 to 8 and weekend opening Shadow monitoring for Year of Care (national commissioning pilot) Workforce – development of nursing roles in primary care and practice nurse development programme. Leeds development practice localities with shadow budgets. Leeds development of 5 year plan for GP practices including clustering of practices into Hubs Enhanced access in primary care 8-8 and weekend opening Improved access to alcohol services – new services commissioned by Leeds City Council Memory support workers (elder care) out of Better Care Fund 	<ul style="list-style-type: none"> Additional winter capacity LTHT Review current provision of neonatal and midwifery at Leeds General Infirmary (LGI) and St James' Hospital BCF (delivers). Falls pathway development business cases by November 2015. Agree which new provider models five year forward view (post election). LTHT estates strategy HV and SN transfer to Local Authority Development of new contract for YoC (national commissioning pilot) Contracts awarded to providers for new YoC model 					
	<ul style="list-style-type: none"> New IT System Drill – (ASC) new self-assessment capacity online (Care Act) 	<ul style="list-style-type: none"> Roll out of LTHT electronic link with GPs for pathology Patient satisfaction feedback process for BCF embedded into practice 	<ul style="list-style-type: none"> Right to have PHBs for children with complex needs (personal budgets). Further PHB roll out of CHC eligible people. April 15 	<ul style="list-style-type: none"> Outcomes Based Accountability (OBA) workshops - To generate performance measures for projects to continue all through 2015 Economic modelling phase 2 (to inform 2016/17 planning) Full roll out of phase one Leeds care record to most practices available to other members of care team 	<ul style="list-style-type: none"> Improved care home – primary care communication through increased connections of Primary Care Computer Systems i.e. SystemOne and EMIS Year of Care – all practices trained by July 2015 Electronic patient record and remote working extended in community Care. data implementation by GP practices 	<ul style="list-style-type: none"> Improved care home – primary care communication through increased connections of Primary Care Computer Systems i.e. SystemOne and EMIS Year of Care – all practices trained by July 2015 Electronic patient record and remote working extended in community Care. data implementation by GP practices 	<ul style="list-style-type: none"> Telehealth / Telemedicine project Facilitated testing of new technology in health and social care Looking to start a potential tele-health procurement which facilitates innovation and testing Roll out of new Adult Social Care system and permit integration into Leeds care record 					
<ul style="list-style-type: none"> Launch with Local Authority Social Enterprise - for managing and providing care for service users in specialised living service. 	<ul style="list-style-type: none"> Review Residence Schemes. Recurrently required? New housing strategy – start November 15. Making Leeds the best city to grow old in (WHO age friendly status) start January 2015 – February 2016. Embedded neighbourhood teams into community. 	<ul style="list-style-type: none"> Evaluation of system resilience plans. Challenge fund to 2 bid submissions January 2015 	<ul style="list-style-type: none"> Re-design of information services of guidance and youth offer based on 50% revenue reduction from LCC Co-commissioning between CCG and AT focused on improved quality of care plans – enhanced service. Will lead to people having greater involvement in decisions about them. 	<ul style="list-style-type: none"> Re-design of information services of guidance and youth offer based on 50% revenue reduction from LCC Co-commissioning between CCG and AT focused on improved quality of care plans – enhanced service. Will lead to people having greater involvement in decisions about them. 	<ul style="list-style-type: none"> Re-design of information services of guidance and youth offer based on 50% revenue reduction from LCC Co-commissioning between CCG and AT focused on improved quality of care plans – enhanced service. Will lead to people having greater involvement in decisions about them. 	<ul style="list-style-type: none"> 70,000 new houses over 20 years = 4,000 per annum. 						



- Support more people to choose healthy lifestyles
- Ensure everyone will have the best start in life
- Ensure people have equitable access to screening and prevention services to reduce premature mortality

- Increase the number of people supported to live safely in their own home
- Ensure more people recover from ill health
- Ensure more people cope better with their conditions

- Improve people's mental health and wellbeing
- Ensure people have equitable access to services
- Ensure people have a positive experience of their care

- Ensure that people have a voice and influence in decision making
- Increase the number of people that have more choice and control over their health and social care services

- Maximise health improvement through action on housing
- Increase advice and support to minimise debt and maximise people's income
- Increase the number of people achieving their potential through education and lifelong learning
- Support more people back into work and healthy employment

Subject to appropriate consultation and engagement

Risks

- Potential change in funding and direction post General Election May 2015
- Alcohol strategy is due in July – currently have alcohol workers funded that are due to be reviewed

Dependencies

- Housing strategy and links to the overall planning – 4,000 new homes each year
- Council has 7 break through projects – including: older people, DV, housing and reshaping H&SC
- Cross CCG streamlining e.g. GP economies of scale
- LIQH capacity to do A&E analysis to inform the potential new front door policy for LTHT
- Walk in centre review – post election
- Create needs requirements for each work stream and then match to market analysis to technology available

Assumptions

- Development of a clinical strategy for transformation
- Third sector is able to deliver services required
- That the governance of BCF is supportive
- That the triage process in SPUR makes things rapid and accessible
- Comprehensive spending review (CSR) 5 year.
- Specialised commissioning NHSE to CCGs
- Launch of new joint health and wellbeing strategy



People will live longer and have healthier lives

Transformation Programmes

- Effective admission and discharge (review).
- Good and support services (review).
- Growing up in Leeds (review).
- Urgent care (review).
- Elective care (review).
- Integrated care and prevention (review).

1. Support more people to choose healthy lifestyles
2. Ensure everyone will have the best start in life
3. Ensure people have equitable access to screening and prevention services to reduce premature mortality

People will live full, active and independent lives

Q1 2016-17

- Review re-commissioning public health funded mental health
- PTS (patient transport) re-procurement
- Brokerage service for CHC eligible people
- Re-commission structured self-management
- Review/re-commissioning third sector public health locality community development.
- Fuel poverty review – April 2016.
- Spring 2016. Current Leeds dementia strategy expires; refreshed plan to focus on what remains to be done.

4. Increase the number of people supported to live safely in their own home
5. Ensure more people recover from ill health
6. Ensure more people cope better with their conditions

People's quality of life will be improved by access to quality services

Q2 2016-17

- Maternity Services - Review
- Ambulatory Centre – Review
- Delivery of the output of urgent care review.
- Dementia evaluation and hopefully ongoing evidence of admission avoidance for memory support workers
- Community diagnostic hubs - Direct access
- Practice localities holding live budgets

Q3 2016-17

- Urgent assessment clinics at St James (result of review of urgent care access to hospital to reduce duplication and increase efficiency)
- Local authority – new contracts and configuration for domiciliary care
- New service procured and goes live for younger adults with dementia – day services and community options (health and social care funded).
- A low-cost co-produced, creative and therapeutic activities offer for people with dementia (health and sustainable communities)

Q4 – 2016-17

- Review/Re-commissioning healthy lifestyle (smoking/physical activity-well being). Services to start 2017
- Section 75 agreement for integration of LYPFT staff with adult social care.
- Plan for 120 Community (CIC) beds in bespoke buildings

7. Improve people's mental health and wellbeing
8. Ensure people have equitable access to services
9. Ensure people have a positive experience of their care

People will be involved in decisions made about them

Q1 2016-17

- Review financial inclusion contracts - April 2016.
- Dementia – access (confirming BCF funding for medication management) and new model goes live
- Review requirement for GP out of hours services
- Devolved GP practice budgets
- Patient transport services review options
- Integration of LYPFT and adult social care mental health services

10. Ensure that people have a voice and influence in decision making
11. Increase the number of people that have more choice and control over their health and social care services

People will live in healthy and sustainable communities

12. Maximise health improvement through action on housing
13. Increase advice and support to minimise debt and maximise people's income
14. Increase the number of people achieving their potential through education and lifelong learning
15. Support more people back into work and healthy employment

Subject to appropriate consultation and engagement