

System vision

Success for us is when the people of Leeds:

- live longer and healthier lives.
- live full active and independent lives.
- have a quality of life improved by
- access to quality services.
- are involved in decisions made about them.
- live in healthy and sustainable communities.

Our aim is that Leeds will be a healthy and caring city for all ages, where people who are the poorest, improve their health the fastest.



Sustainability

Through our economic modelling approach we have refined our calculations of the whole system financial challenge and this shows an estimated shortfall of approximately £64.1 million in 15/16 which we expect to rise to £619 million over 5 years.

Governance overview

The Transformation Board has an effective governance structure that ensures that the work of the Board oversees the programmes beneath it. All programmes are led by Senior Directors with cross system membership and all have communications and engagement plans. The Transformation Board also reports into the Health and Wellbeing board.

Involved, included and empowered citizen

We will do this by:

Engagement

- using asset based engagement.
- seeking and using customer insight.
- working with, and through, elected members.
- working through neighbourhood networks

to ensure that health care system changes reflect and meet local need.

Empowerment

- ensuring all individuals and communities have equitable access to ill health prevention activities.
- developing our workforce to have the skills, knowledge and culture to support individuals to self-care.
- effective use of patient decision support tools.
- adopting the principles from the House of Care model

Wider primary care , provided at scale

- Effectively managing clinical risk at an individual and population level.
- Tackling unwarranted variation through collaboration and shared learning.
- General Practice leading integrated out of hospital care to meet the needs of the local population.
- Working with local communities and Primary Care providers to improve access by developing capacity to meet population need.

A step-change in the productivity of elective care

- Using patient decision support to meet individual need.
- Harnessing micro commissioning to meet local need.
- Ensuring care flows for patients with pathways without boundaries.
- Using the latest technology to enable patients to be seen by the right professional at the right time in the right place.

A modern model of integrated care

- Ensuring we understand individuals and populations:
 - who are at risk now and in the future and
 - ensuring they are known to the health and social care system.
- Developing community based service models that are
 - clinically integrated across social, primary, community and secondary care and
 - incorporate the principles of the House of Care model.
- Building trust and understanding between culturally different care workers to ensure effective working with clear accountability.
- Aligning incentives across multiple providers by developing common outcomes, indicators and performance measures.

Access to the highest quality urgent and emergency care

- Providing a planned response to urgent care needs which can be identified in advance and an appropriate and responsive one where they cannot.
- Providing new service responses for the intoxicated.
- Enhancing services for people with mental health needs.
- Providing timely access to urgent primary care for children.

Specialised services concentrated in centres of excellence

The Leeds CCGs and NHS England will join together to ensure that we are able to support LTHT to deliver services as a centre of excellence.

- Working with our providers to develop their specialised services for Leeds with the wider commissioning community.
- Providing system leadership.
- Developing the cancer centre.
- Working to integrate pathways locally and regionally.
- Exploring research opportunities with the universities.