



Our long-term aspiration

Leeds is a great city, but not everyone benefits from what it has to offer, and unacceptable inequalities exist. Our **Health and Wellbeing Strategy** commits us to making Leeds the best city for now and for future generations. This means a city where everyone can start life well, live well, age well and die well, and where tackling inequalities is our priority.

As the Leeds Health and Care Partnership (LHCP) we must help deliver this vision. Together we must improve health and wellbeing, support independence and care closer to home and deliver high-quality person-centred care with and for the people of Leeds. We will achieve this by radically rethinking how we use our strengths to find new and innovative ways of addressing our shared challenges.

We will focus on the 26% of the population in Leeds who are living in the 10% most deprived areas nationally to 1) Reduce preventable, unplanned care utilisation across health settings and, 2) Increase early identification and intervention (of both, risk factors and actual physical and mental illness). We will use the priorities within our Healthy Leeds Plan to measure our progress in delivering these ambitious improvements.

Our commitment to reduce health inequalities is more important than ever as we work with people to manage the legacy of the pandemic, and deal with the current economic situation. Balancing our long-term commitment with the reality of the current issues we face is not going to be easy, but by continuing to work together we can make a bigger difference.



Current situation - September 2023

Despite all planned cost improvement work, the NHS in Leeds has put into place this financial year, we still have to find £23 million in saving for 23/24. From 24/25 the target increases to £30 million recurrent savings. In this context, our 3rd sector colleagues across Leeds remain in a perilous position and Leeds City Council report that they need to save £65 million.



Until we have effective plans in place to meet these short-term financial challenges our ability to focus on our longer-term aspirations and the goals we have jointly agreed in our Healthy Leeds plan is limited.

Proposed approach

As we move towards a model where decisions about allocation of NHS budget are made at a partnership level, our leaders at PEG (Partnership executive group) have been discussing the best way for us to meet the financial challenges we face.

They have considered a number of options and of all those options the currently proposed approach, believed to be most appropriate, is to apply a fair share of the savings (3%) evenly across all contract and non-contract elements of the NHS budget in Leeds. In addition to this, there will be an agreed amount allocated to a shared risk and transformation pot with a jointly agreed set of investment priorities associated to that pot. This will enable the partnership, albeit in a limited way, to work together on strategic level transformational priorities, a good example of such a programme is Home First.

Since early August all NHS Organisations have now adopted NHSE required expenditure control processes which comprise vacancy controls, review of all non-pay spend over £10k and all healthcare spend over £50k, this includes the ICB. There are a few exceptions around care packages and prescribing, but all other discretionary spend and slippage is now routinely reviewed by EMT at the ICB in Leeds. In Leeds we will work with Population Boards and through PEG to ensure that any decisions to decommission services are in line with our collective priorities as a partnership. Similar processes are in place across all WY NHS organisations, including those still forecasting to remain in course to achieve their planned positions. We have submitted evidence of this to NHSE as part of our assurance processes.

Next steps:

We will work as a partnership to agree jointly the mechanisms to make these savings.

