Better care **together**

Leicester, Leicestershire & Rutland health and social care

A five year plan for Health and Care across Leicester, Leicestershire and Rutland

2014-2019

Update – January 2015

Adult Social Care and Health and Wellbeing Scrutiny Commission

More information at:

www.bettercareleicester.nhs.uk

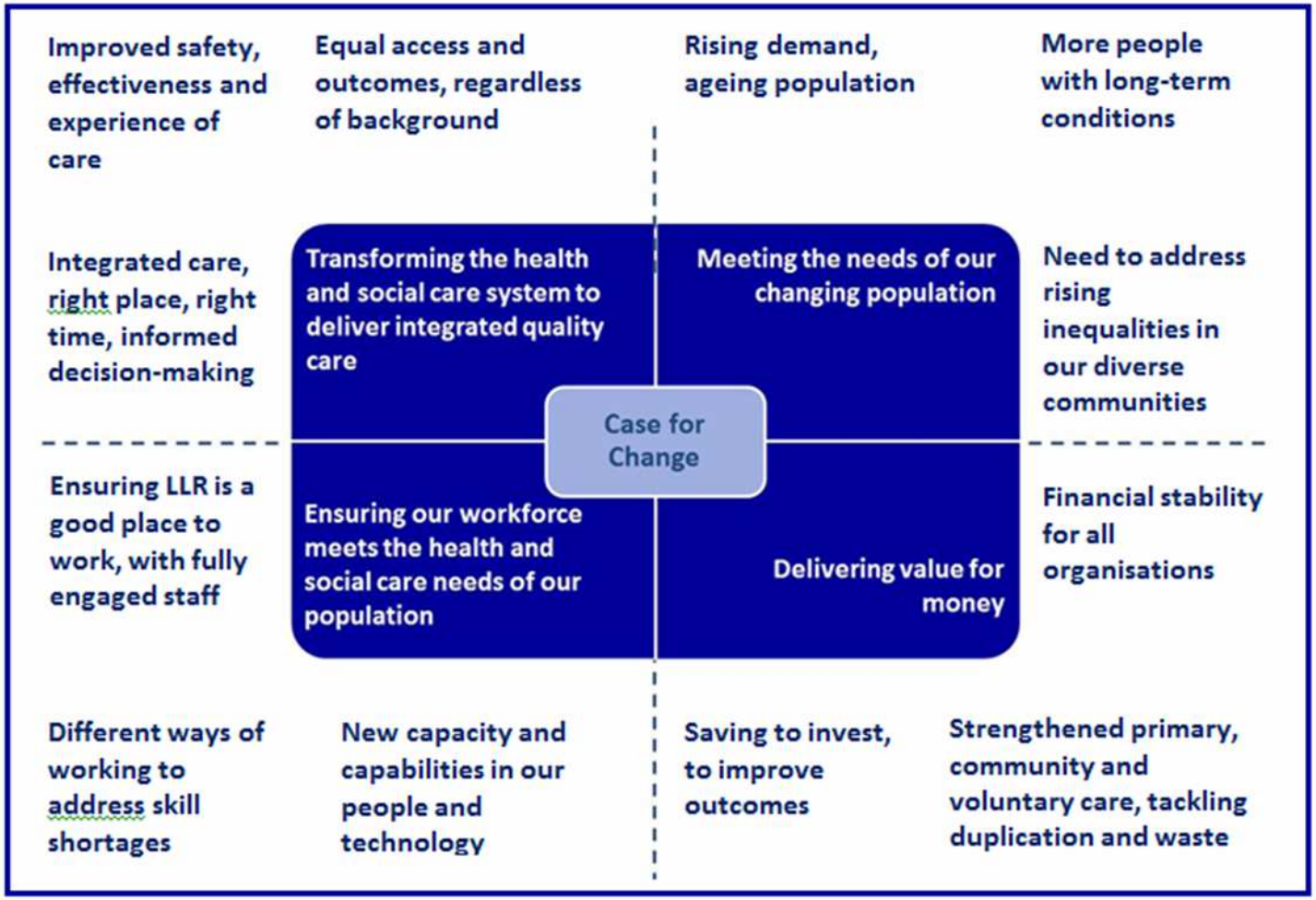

THE STORY
SO FAR

Vision ‘NHS and Social Care service that supports you and your community through every stage of life’

- Meeting the clinical and social care case for service change for Leicester, Leicestershire and Rutland
- Closing a potential health financial gap of £400m
- Addressing historic local issues ie meeting the differing needs of our communities
- Working in partnership across the health and social care system
- Moving at sufficient pace ie translating plans into delivery and implementation

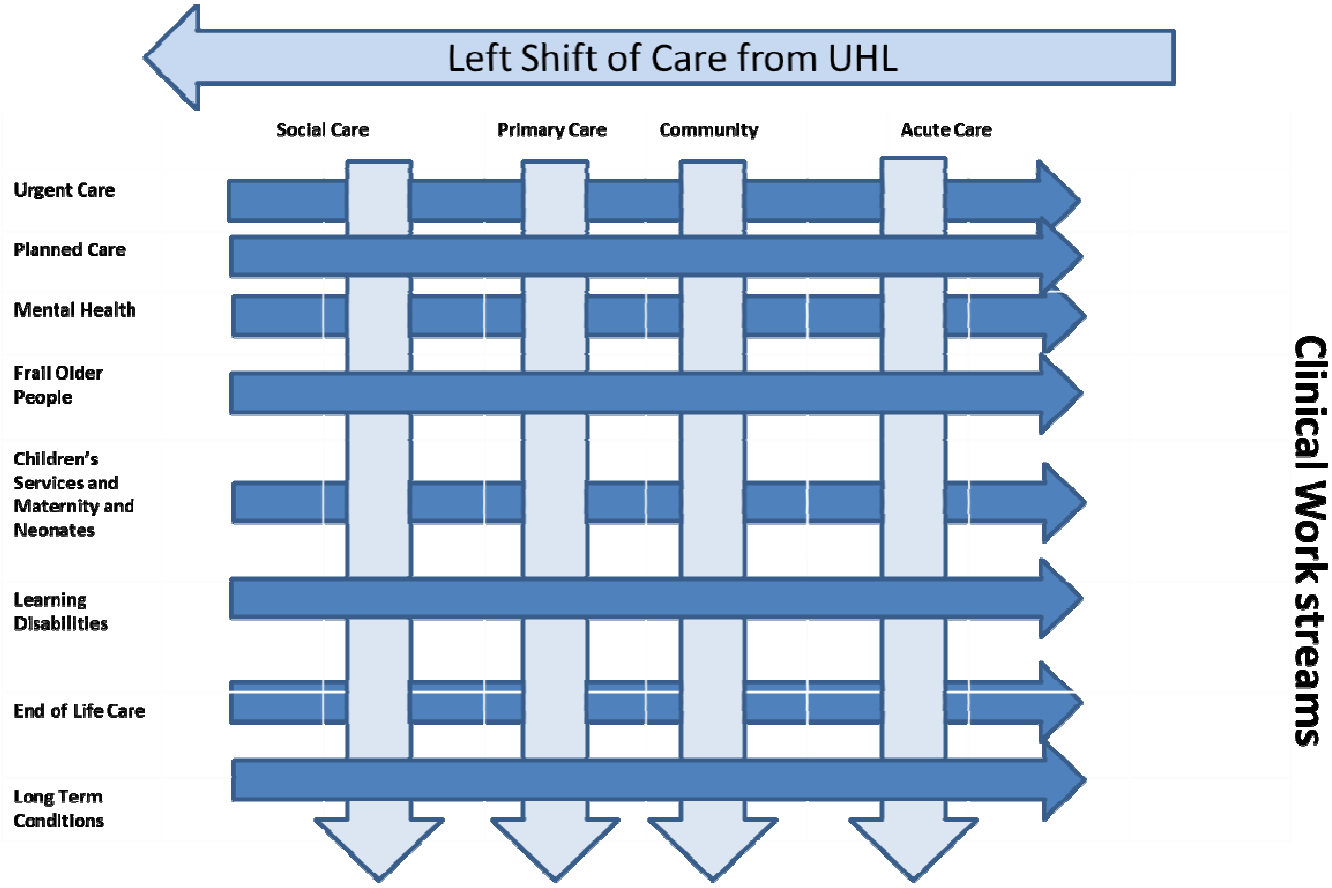
We have a draft plan. We have increased confidence in delivery. We are addressing known risks to the quality of our plan and to our ability to deliver

A vision and plan built around the clinical and social care case for change



A framework for developing our service change

The Better Care Together Programme sets out plans for eight clinical workstreams, and within four different care settings



Developed into proposed Clinical pathway work streams

Each of eight clinical pathway work streams has worked to the same format of describing our existing service, the interventions we intend to make and the resulting outcomes.

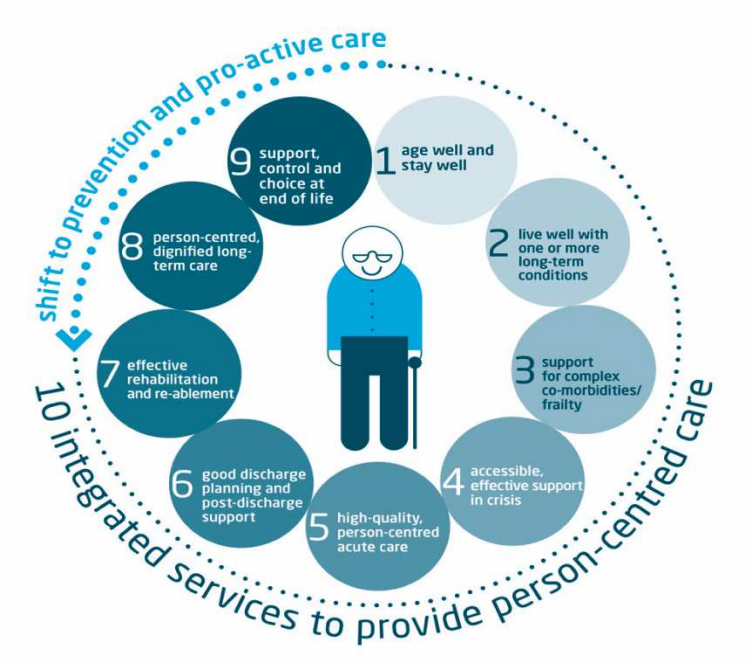
URGENT CARE (ACCIDENT AND EMERGENCY)

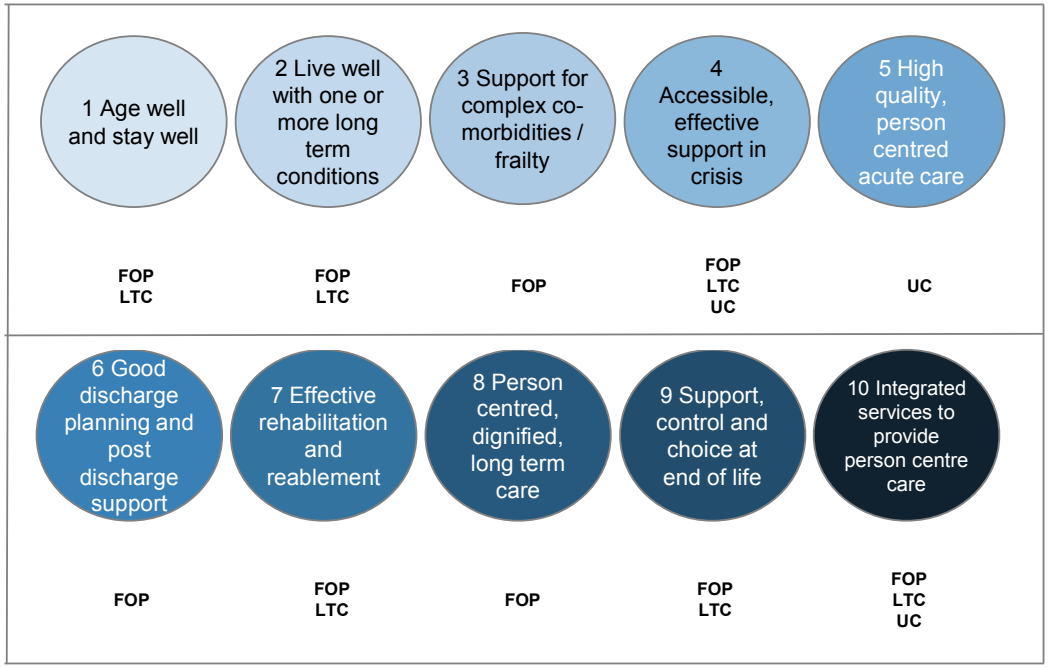
Our existing service	What are we going to do	Our outcomes in 5 Years
Difficulty achieving **national standards** - *we need to make sure we deliver to our 4 hour targets*	Help people to choose right and look after themselves when appropriate	More people being treated in the **right place**
Setting is **crowded** and uncomfortable - *we need to improve the urgent care environment*	Support more patients to be seen and treated by the ambulance service	Better **patient experience**
Complex and **different depending on where you live** in LLR - *where is it best for me to go when I'm ill*	Targeting support to those who need it through cases management	**Simpler system** for people to understand
Lack of **connection** in community services - *we need to deliver joined up services*	Develop more services to support people at home or in the community	Reduction in **admissions** for chronic diseases
	Make urgent care services across LLR consistent	**Less time** spent in hospital
	Support A&E to be as effective as possible	**National targets** being met with 4 hours targets consistently met
	Next 5 years ---------- →	

That are built on best practice and have the patient at the centre

The urgent care, frail older people and long-term conditions workstreams used the Kings Funds' Ten Components of Care to frame service transformation

Urgent care example…





In summary what have we achieved so far?

First Phase- 'Developing the Plan' through to 'Discussion and Review'

Through the support of Leicester, Leicestershire and Rutland (LLR) NHS and Social care partners, clinical and patient representatives

1. The engagement of clinicians, patient and voluntary representative groups in developing the proposals

2. A BCT five year strategic plan approved by all health and Local authority organisations which describes our shared plans to reform health and social care services across LLR;

3. A strategic outline case (SOC), published in December 2014, which sets out the financial case for the BCT programme as being the preferred way forward to deliver the plans set out in the five year strategic plan.

4. A BCT Partnership Board and Clinical Leadership Group with supporting programs representing Health and Social care partners , public and patient representative groups

5. External reviews supporting the approach ie Health and Wellbeing Boards, Clinical Senate, NHS England, Office of Government Commerce

6. Delivering early service reconfiguration patient benefits

A recent patient story by introducing the Crisis Response team for 2014/16 – Frail Older People work stream.

Two scenario's of a 78 year calling 999 with back pain, feverish and lethargic. Here is his pathway before and after the revised pathway

Usual patient pathway:

EMAS responds within 30 mins

Transport patient to hospital

Patient in ED for 4 hours

What actually happened via the revised pathway:

999 call at 6.45pm. CPT GP responds within 20 mins

Assessed and treated at home. Referred to Urgent Care Triage for holistic assessment

Unscheduled Care Team responded within 2 hours, provided 72 hours of care

Patient discharged from care with full independence. GP informed.

A patient story under development through the Planned Care work stream 2015/16

Patient present at GP/ Optometrist with problem with their eye

Usual patient pathway:

GP refers patients to eyes specialist out patient unit in UHL

Patient waits weeks for appointment to see eye specialist

Patient attends A&E as an emergency.

What actually happened via the revised pathway:

Optometrist/GP attends PEARS Scheme to gain accreditation to treat patient.

Optometrist/GP delivers treatment to patient.

Patient discharged!!

Optometrist/GP attends course every 3 years for on going accreditation

Reductions of A&E attendances by 2000 per year!!

A proposed patient story for Long Term Conditions work stream 2016/17.

Usual patient pathway:

Story one: Patient presents at hospital with Breathing Problems

- Patient admitted into hospital for specialist review
- Specialist advise patient on a course of self management treatment for COPD condition
- Patient leaves hospital after 10 days

What actually happened via the revised pathway:

Story two: Patient attends GP surgery and is risk assessed

- GP advises patient to attend an out patient clinic to complete self management course.
- Specialist Respiratory nurse advises on a structured approach to self management
- Patients confident raised. Now has more skills to deal with management of condition
- Patient has better quality of life !! & Less A&E admissions .

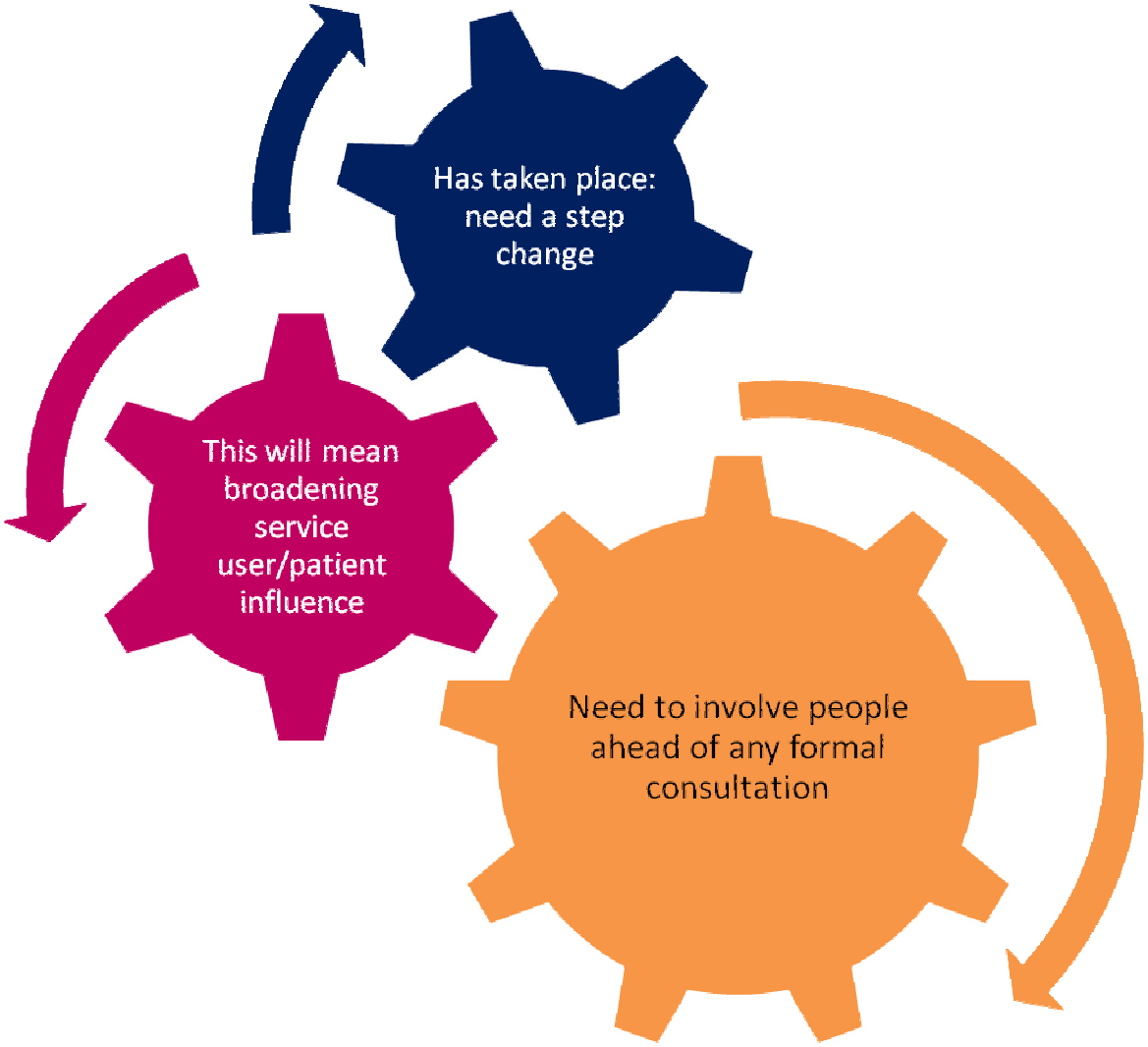

THE NEXT
STEPS

Service Reconfiguration – Implementation Commencing February 2015

Supporting work underway

- Social care -integration/alignment of services started
- Primary care- Review of services being approved
- Improving Quality of Care- End of Life Care, Learning Lessons programs established
- Workforce - New Roles, Recruitment and Cultural change programs commenced
- Quality and Risk assurance- Ongoing external reviews ie Safeguarding Boards, Clinical Senate.
- Voluntary Sector – Joint Engagement event April 2015

Engagement so far



Patient and Public Involvement and Communication and Engagement Workshop: feedback

Honest narrative about challenges

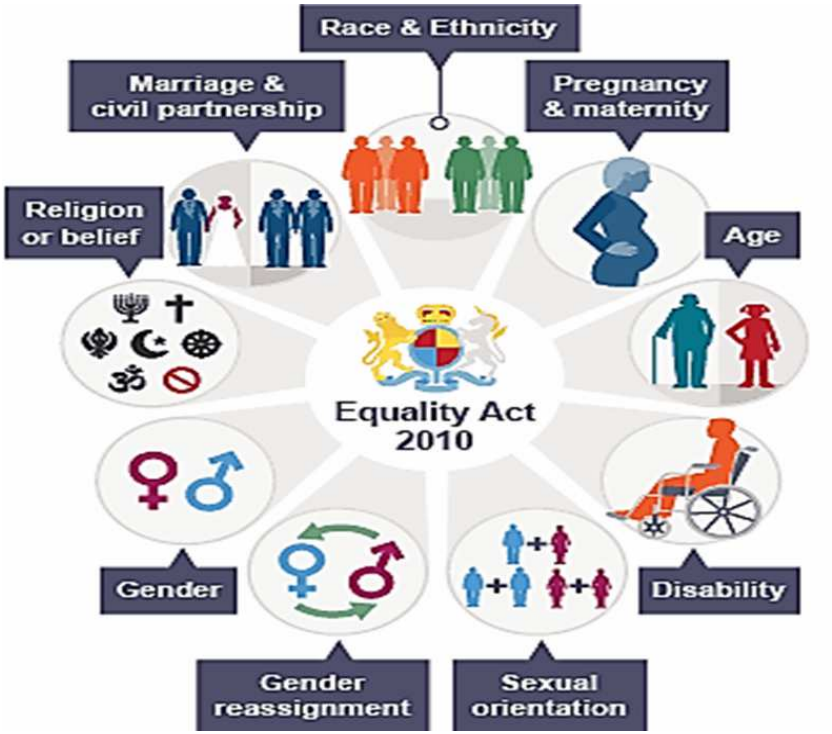
Greater diversity more work with ethnic minority/hard to reach groups

Welcome the open approach to Public and Patient involvement

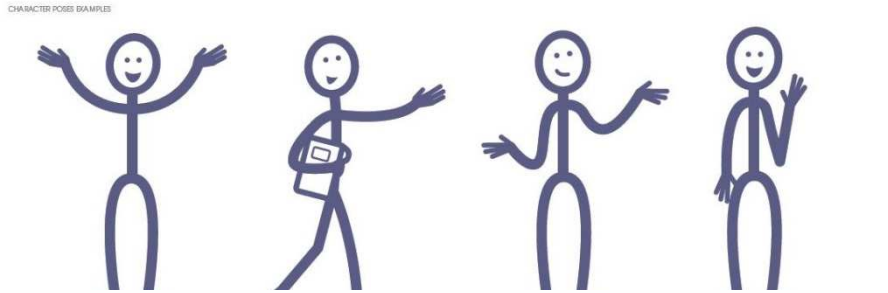
Widen the Ambassadors clinical/patients role

more outreach work needed, go out to communities and voluntary groups rather than host event where they would have to attend. Outreach not events

Wider awareness raising being planned with health watch groups Feb/March 2015



New public led creative designs narrative being launched February 2015



BCT Film → Updated Website → New documents

In development

Consultation process plan under development – February to May 2015

- Work stream agrees an engagement and consultation plan using **'intent form'**.
- Plans submitted to **Implementation** and **communications and engagement groups** – these are checked against legal and equality considerations
- Task and Finish – Review consultation plans
- Plans submitted **to Partner Boards, Partnership Board, HWBB,OSCs,**
- Task and Finish – Review consultation(s) groups
- Plans are implemented
- Results of consultation have **an independent analysis ie NHSE, OGC**

What methods should be used?

Multi layered approach

- Public & Patient Groups
- Healthwatch
- Voluntary & Community sector
- Outreach ie Local companies
- Coat tailing ie Council Tax bills
- Events & Meeting

Engagement – Use what is known to work

- Youtube
- Blogs
- Social media
- Connectors & messengers ie ambassadors

Experiment with others

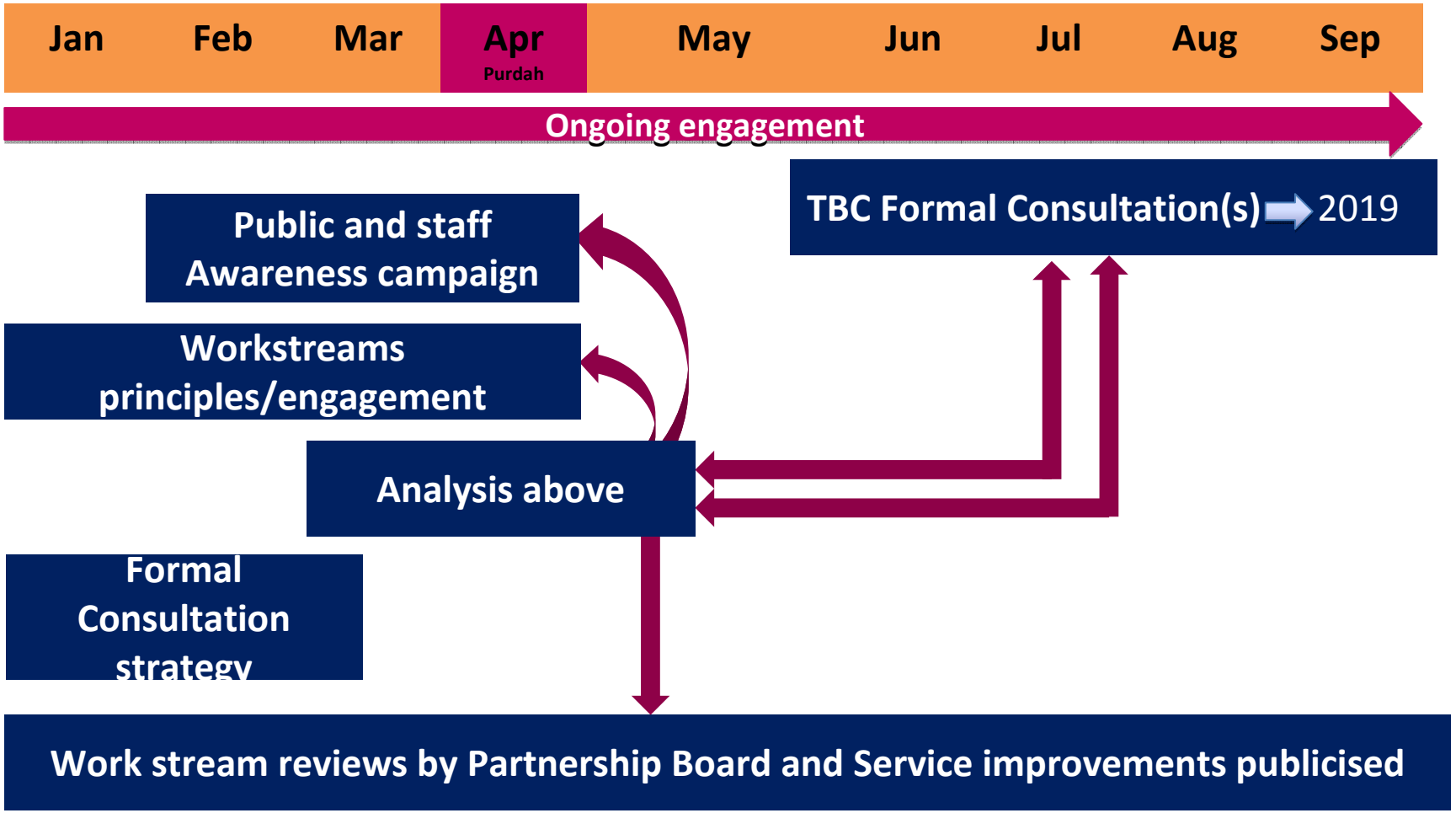
Right message

Right audience

Right time

Campaign Development

Timeline


Jan
Feb
Mar
Apr
Purdah
May
Jun
Jul
Aug
Sep
Ongoing engagement
TBC Formal Consultation(s)
2019
Public and staff Awareness campaign
Workstreams principles/engagement
Analysis above
Formal Consultation strategy
Work stream reviews by Partnership Board and Service improvements publicised


Questions &
Comments