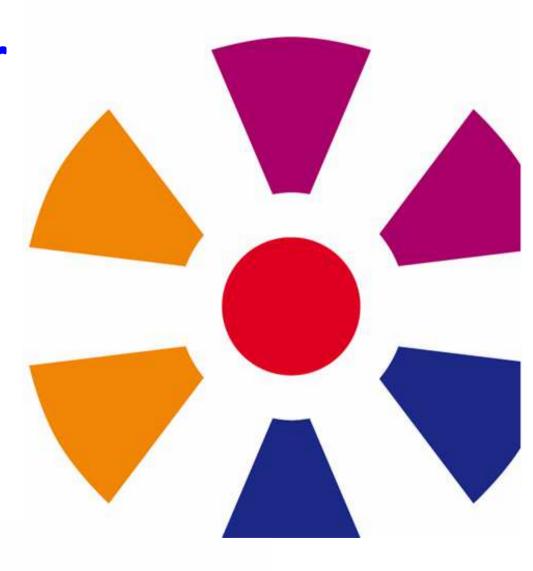
A blueprint for Health and Social Care in LLR 2019

Phase 2- 'Discussion and review phase'

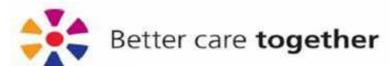




How we got here

Phase 1

- Better Care Together: strategic partnership of commissioners, providers, local authorities, Health watch
- Biggest ever LLR health and social care review
- Financially-'challenged' economy
- Development of integrated LLR Health and Social care 5-Year directional plan



Why are we doing this?

The clinical and social care Case for Change

Improved safety, effectiveness and experience of care	Equal access and outcomes, regardless of background	Rising demand, ageing population	More people with long-term conditions
Integrated care, right place, right time, informed decision-making	Transforming the health and social care system to deliver integrated quality care	Meeting the needs changing popu	
Ensuring LLR is a good place to work, with fully engaged staff		Delivering va	Financial stability for all organisations money
Different ways of working to address skill shortages	New capacity and capabilities in our people and technology	Saving to invest, to improve outcomes	Strengthened primary, community and voluntary care, tackling duplication and waste



Quality

People want to be informed and involved in decisions about their own care and the wider care system

People expect choice

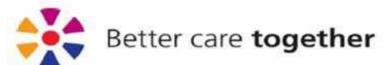
Performance needs to improve – eg waiting times

Mixed outcomes – some good, some less so

Workforce

Addressing workforce shortages through different ways of working

New capacity and capabilities in people and technology



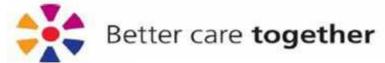
Changing population

Rising demand for care

3% population growth 2014-19 BUT 12% in 65+

More people living with long term conditions

Rising inequalities – eg Learning Disabilities, underlying causes of mental and physical ill health



Value for money

All organisations must be financially sustainable, long term

Need to save, to deliver investment for improvement

Transformational change needed to close the gap

Stronger primary, community and voluntary care to drive integrated, appropriate and cost effective care



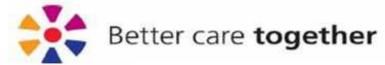
Our vision for the system

'maximise value for the citizens of Leicester, Leicestershire and Rutland (LLR) by improving the health and wellbeing outcomes that matter to them, their families and carers in a way that enhances the quality of care at the same time as reducing cost across the public sector to within allocated resources by restructuring of safe, high quality services into the most efficient and effective settings.'



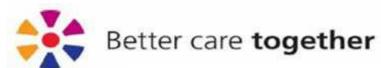
Values and principles

- We will work together as one system
- We will put citizen participation and empowerment at the heart of decision making
- We are committed to addressing inequalities
- We will maximise value



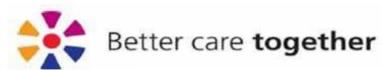
Strategic aims and objectives

- 1. High quality care right place, right time, less time in hospital
- 2. Reduced inequalities in care, leading to longer life
- 3. More positive experience of care
- 4. Integration and use of assets to reduce duplication and eliminate waste
- 5. Financial sustainability for all health and social care organisations
- 6. Better use of workforce, new capacity and capabilities in people and technology

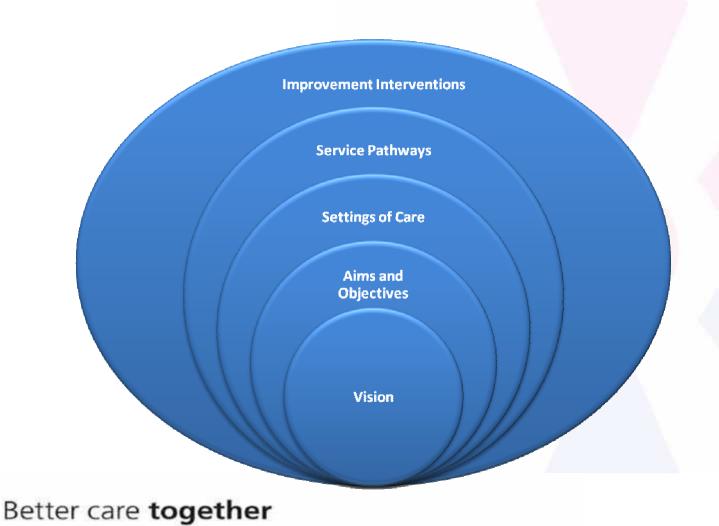


How the plan was produced

- Involvement clinicians, patients, public, voluntary sector: workshops, summits & membership of Board
- Shared vision aims and objectives, settings of care, interventions
- Benchmarking and financial modelling
- Aligning all partner strategies including Better Care Funding
- Supporting programmes strategies in development for workforce, estates, IT, primary care, social care
- BCT governance structure supported by external consultants as 'critical friend'

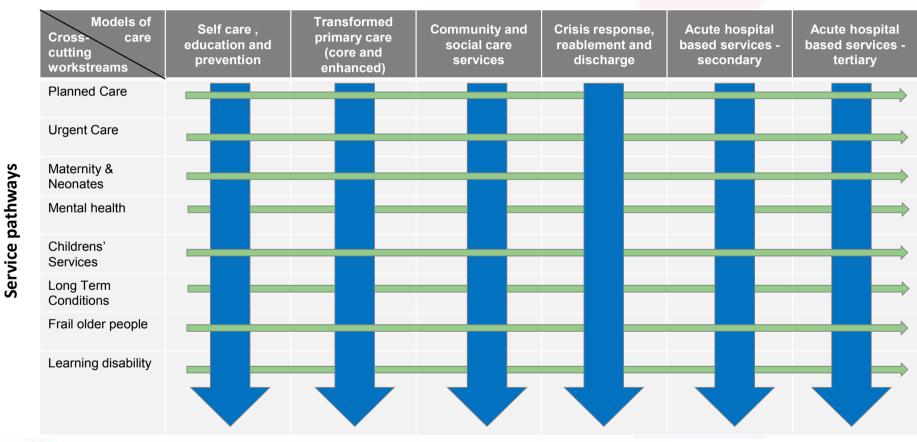


Developing transformation



Settings of care

Settings of care





Improvement interventions – Urgent Care

Our existing service

- Difficulty achieving national standards – we need to make sure we deliver to our 4 hour targets
- Setting is crowded and uncomfortable – we need to improve the urgent care environment
- Complex and different depending on where you live in LLR – where is it best for me to go when I'm ill
- Lack of connection in community services – we need to deliver joined up services

What are we going to do?

Help people to choose right and look after themselves when appropriate

Support more patients to be seen and treated by the ambulance service

Targeting support to those who need it through case management

Develop more services to support people at home or in the community

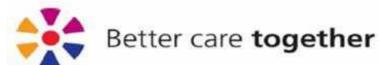
Make urgent care services across LLR consistent

Support A&E to be as effective as possible

Next five years

Our outcomes in 5 years

- More people being treated in the right place
- · Better patient experience
- Simpler system for people to understand
- Reduction in admissions for chronic diseases
- Less time spent in hospital
- National targets being met with 4 hour targets consistently met



Improvement interventions – Frail Older People

Our existing service

- Too many older people end up in hospital for too long – we need to support care to be delivered elsewhere
- Not enough services that are joined up to support physical and mental health and wellbeing needs – we need to deliver integrated pathways
- Too many people end up in services such as residential care instead of going back home with the right changes made to that home to make it a safe environment—we need to support people to be independent

What are we going to do?

Develop programmes to support people to participate in society – healthy and active for longer

Build systems to predict those most at risk of urgent care so they can be supported beforehand

Develop care plans together to improve health outcomes to the best they can be

Increase support for older people who fall

Intervene appropriately and in a timely manner when older people are unwell

Increase ambulance service support for older people who fall

Support people to leave hospital as soon as they are medically fit

Next five years

Our outcomes in 5 years

- Improve independence and wellbeing
- More older people with agreed and managed care plans
- Fewer older people going into hospital
- Reduced delayed discharged and length of stay
- Reduce readmission
- Ensure increased dignity
- Increase the number of people who die in a place of their own choosing



Improvement Interventions – Long Term Conditions

Our existing service

- High level of health inequalities leading to different outcomes for people with long term conditions (LTC) we need to improve outcomes across LLR
- Low detection rate for LTCs and some cancers we need to work to increase screening and prevention
- Too many people being admitted for conditions that could be treated outside of hospital – we need to improve ambulatory care

What are we going to do?

Increase self-care and screening for LTCs

Work with patients and primary care to increase education

Build systems to predict those most at risk of requiring urgent care so they can be supported beforehand

Develop care planstogether to improve health outcomes to the best they can be

Develop telehealth, coaching and telecare services

Intervene in line with care plans in a timely manner in the setting people have chosen when they are unwell

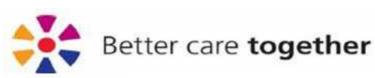
Ensure that medical outreach and rehabilitation are available when required

Be clear when people move into the palliative phase of their disease and care plan for that circumstance

Next five year

Our outcomes in 5 years

- More people reporting higher personal resilience and support for self management
- More people with LTCs supported by telehealth and telecare services
- Reduce dependency on access to care in acute settings if you have a LTC
- An increased number of care plans in place and people on disease registers
- Reduced length of stay on inpatient spells for LTCs
- Reduced number of admission and readmission associated with LTCs



Improvement interventions – Planned Care

Our existing service

- Opportunities to improve efficiency for example through delivering a higher number of procedures as day cases we need to ensure national standards for productivity are met
- Waiting times under increasing pressure – we need to make sure the system is delivering to required performance standards

What are we going to do?

Improve patient and clinicians knowledge to support timely referrals

Increase the number of procedures undertaken in a day

Concentrate activity at scale in the right location

Ensure efficient use of existing resources for example through theatre productivity

Reduce clinically unnecessary follow-ups

Next five years

Our outcomes in 5 years

- Increased day surgery / 23 hour rates and reduced in patient surgery rates
- Shortened length of stay for people requiring elective surgery
- Consistent application of elective care protocols
- Fewer number of clinically unnecessary follow-ups
- Lower hospital acquired infection rates
- National standards consistently met for referral to treatment



Improvement interventions – Maternity and Neonates

Our existing service

- 1. Two obstetric-led units supported by different clinical services delivering over 10,500 births a year. When reviewed in 2010 by the National Clinical Advisory Team was suggested that this was only clinical sustainability on a temporary basis we need to review what a sustainable service will be
- Low number of home births we need to support this choice
- Some communities access
 antenatal services too late
 we need to support early
 contact

What are we going to do?

Review options and consult on future shape of maternity services

Review options and consult on future shape of services to support newborns

Increase the number of home births

Increase take-up in the first 12 weeks of antenatal services by hard to reach groups

Our outcomes in 5 years

- A sustainable long term model for maternity and neonatology services that complies with national standards
- Increased home births by 50%
- Improve uptake of antenatal and parenting support, particularly in hard to reach groups
- Better perinatal outcomes in LLR





Improvement interventions – Children, young people and families

Our existing service

- Existing services are fragmented for children and young people – we need to coordinate care hetter
- Good informal working relationships between parts of the system although differing views on what good looks like - we need a consistent integrated approach
- Variability intransition services – we will ensure smoother transition to adult services
- Lack of focus on supporting independence children & young people supported to self-care

What are we going to do?

Review what Children and Adolescent Mental Health Services (CAMHS) capacity is required

Develop options to facilitate greater integrated working between all sectors

Establish age range that that review will cover

Develop a strategy around optimising children's life chances through public health interventions—Health and Wellbeing

Next five years

Our outcomes in 5 years

- Improved health and wellbeing for children, supported into adulthood
- Improved life expectancy throughout their lives for children we support
- Integrated working across secondary, primary and community to reduce duplication of structures and maximise productivity
- Age appropriate services across LLR
- More children and young people who have coordinated care



Improvement interventions – Mental Health

Our existing service

- Wellbeing inequalities and low life expectancy – we need to support parity of esteem
- Mismatch between service need and location – we need to align services across LLR
- Waits for some services are too long – we need to ensure people receive timely care
- Focus on treatment we need to increase prevention services
- Not enough crisis
 resolution and outreach
 including drug and alcohol
 we need to expand care

What are we going to do?

Develop peer support model for early interventions

Develop case management capability in all sectors to maintain relationships for people at times of crisis

Develop solutions with education to reduce reliance on Children and Adolescent Mental Health Services

Review what CAMHS capacity is required

Develop locality based teams to manage care close to home

Develop community 'safe spaces' and increase mental health first aid training

Ensure services are equipped to deal with physical and mental health needs—parity of esteem

Crisis response service that responds in a timely way to support recovery

Next III

Our outcomes in 5 years

- · Increase in parity of esteem
- Reduce incidence of mental health conditions
- Reduced crisis escalation episodes, with quicker response times when required
- Reduced delays in discharge and lengths of stay
- Integrated pathways and case management for people
- Reduced reliance on acute services



Improvement interventions – Learning Disabilities

Our existing service

- High use of specialist services and underdeveloped offer from universal and preventative services
- Too many people accessing long-term acute or intensive support services because of underdeveloped crisis response, step up and step down services
- Carer support and short breaks are inconsistent and not sufficiently integrated
- Poorly developed market leading to over-priced package provision – we need to work together to manage and develop the learning disabilities market

What are we going to do?

Joint market management and development

Develop integrated personal budgets to match support better to needs

More consistent whole life approach across children and adult services

Better support for universal and primary care services

Develop more integrated pathways and short breaks provision

Our outcomes in 5 years

- The potential of individuals to lead independent and fulfilling lives is recognised as the norm
- Tailored services to peoples' needs using appropriate commissioning
- Equitable access to mainstream services
- Reduce spend per head, by matching support setting to individual needs
- Good quality service provision is available in LLR at the right place and time





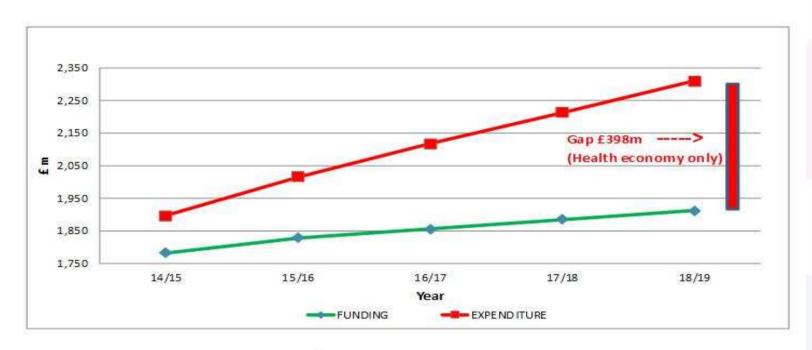
The Financial Challenge

- Projected LLR NHS deficit of £400m by 2019 if nothing is done
- Recognition that key to meeting the challenge can be met through greater efficiency and productivity -4%
- Some transformation also needed BCT plan reflects that

Financial challenge creates opportunity to improve outcomes and patient experience



The "do nothing" financial gap 2014-19

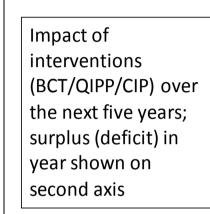


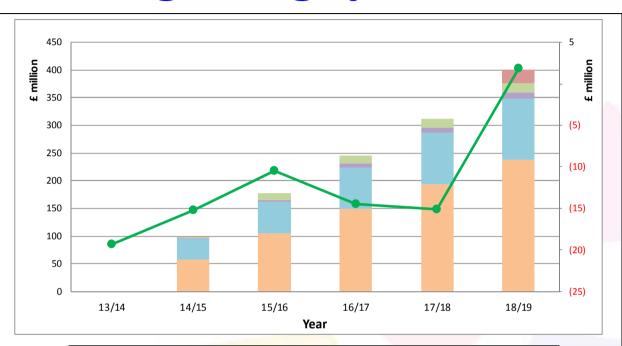
INCOME & EXPENDITURE FUNDING EXPENDITURE "DO NOTHING" GAP

£m								
14/15	15/16	16/17	17/18	18/19				
1,783	1,829	1,856	1,885	1,912				
1,896	2,016	2,117	2,213	2,310				
(113)	(187)	(261)	(328)	(398)				

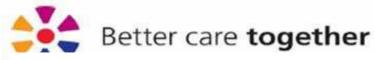


Closing the gap





	£ 000						
INTERVENTION	13/14	14/15	15/16	16/17	17/18	18/19	
CIPs		56, <mark>908</mark>	105,106	149,943	193,516	238,372	
QIPPs		38,4 <mark>41</mark>	56,301	73,701	93,498	110,324	
Bed reconfiguration		1,102	4,249	7,503	9,450	11,020	
Transformation Interventions		435	11,164	14,981	15,928	16,844	
Other Interventions						23,436	
After Interventions: Health Economy Surplus / (Deficit)	(19,343)	(15,200)	(10,525)	(14,446)	(15,096)	1,880	



Transformation in acute and community services-opportunity

Acute:

- •Smaller hospitals workload and resource shifted to the community
- •Greater focus on specialised care, teaching, research
- •Acute services on two sites rather than three probably LRI and Glenfield
- •Re-shaped General Hospital, eg: community beds and Diabetes Centre of Excellence
- Option for single site maternity unit
- •Fewer beds shorter length of stay, day surgery

Primary , Community and Social Care:

- •Expanded teams to support care at home
- More effective use of estates
- •Strategic detailed response being developed for primary ,social , community services and workforce



What will be different for patients?

PREVENTION Information and support for self care and

independence

INTERVENTION Supported to better manage their health, acting

early to avoid a crisis and to maintain independence

TREATMENT Rapid treatment when truly needed in the right

setting by the right professional

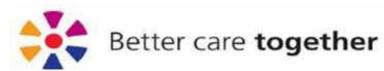
RECOVERY Minimum hospital stay, smooth discharge

FOLLOW-UP Support at home to restore independence

as quickly as possible

CO-ORDINATION Co-ordinated care provided in partnership with

patients and carers



This is work in progress

- Phase 2 Discussion and Review April-September
 - Draft 5 Year Plan published Thursday 26th June
 - For 'discussion and review' by partners no decisions made
 - Further community and patient engagement during summer
 - Ongoing pathway re-design and development of 1st Wave business cases
 - Detailed options for change and final strategy for approval in September
 - Further work on primary and social care strategic response from July
 - LLR Transitional Workforce Plan developed
- Phase 3 Implementation and Consultation
 - Agreed wave 1 projects implemented
 - Formal public consultation where required (2015 onwards)

Underpinned by delivery of 'in year' CIP/QIPP and continued improvement in key performance targets

More information at: www.bettercareleicester.nhs.uk
Better care **together**