

*'It's about our life, our health,  
our care, our family and  
our community'*



**Better care together**

Leicester, Leicestershire & Rutland health and social care

# Better care together

Programme Overview

Leicester City HOSC

May 2016



# BCT Partners and Governance

- BCT is a major change programme involving all of the major NHS and social care organisations across Leicestershire, Leicester and Rutland
- It brings together the three healthcare providers for the region, the three CCG's and the three local authorities who are known as the "Partners"
- The Partners govern the programme via a Partnership Board which has a lay chair
- The operational delivery of the programme is run via leaders from each of the Partner organisations and working groups are made up of team members from a mixture of the Partner organisations which drives integration. These groups are known as Work-streams
- Clinical leaders from all Partners come together as a Clinical Leadership Group
- A small Programme Management Office supports the process of change



## BCT Strategic Objectives

The Better care together (BCT) programme was launched in January 2014 with the aim over five years to;

- Deliver high quality, citizen-centred, integrated care pathways, delivered in the appropriate place and at the appropriate time by the appropriate person, supported by staff/citizens, resulting in a reduction in the time spent avoidably in hospital;
- To reduce inequalities in care (both physical and mental) across and within communities in Leicester, Leicestershire and Rutland (LLR) Local Health and Social Care Economy;
- To increase the number of those citizens with mental, physical health and social care needs reporting a positive experience of care across all health and social care settings;
- To optimise both the opportunities for integration and the use of physical assets across the health and social care economy, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste in the system;
- All health and social care organisations in LLR to achieve financial sustainability, by adapting the resource profile where appropriate;
- To improve the utilisation of workforce and the development of new capacity and capabilities where appropriate, in the people and the technology used.



# BCT Outcomes

The combined outputs from the BCT work-streams drive a set of improved outcomes for patients and the public

We will ensure the very best start in life

We will help people stay well in mind and body

We will provide faster access shorter waits and more services

We will be there when it matters and especially in a crisis

We will know peoples History and plan for their needs

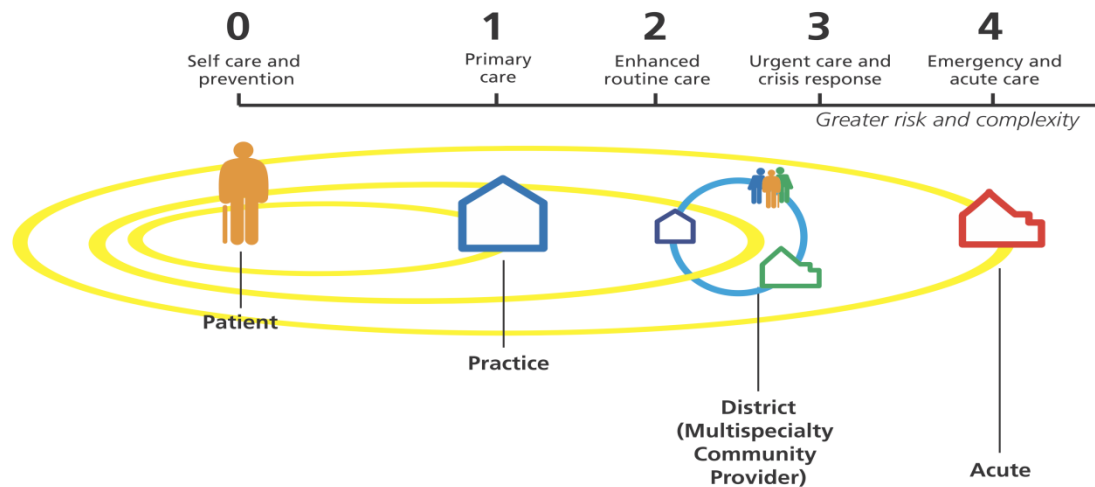
We will care for the most vulnerable and frail

We will provide better support when life comes to an end

***BCT  
Outcomes***

**Only by combining the outputs of the work-streams can the outcomes be achieved – the partnership approach.**

# The Journey: Prevent, Avoid, Reduce




**Prevent: Primary prevention, early detection, treatment**

**Avoid: Enhance crisis response or ambulatory pathways to prevent avoidable admission to hospital**

**Reduce: When hospital admission is required, length of stay is as short as possible and long term health and wellbeing is optimised**

## Services will change and some change requires public consultation



<b>Overall impact on services available by district or locality</b>	<ul style="list-style-type: none"><li>•Improvements to availability of community services</li><li>•Improvements to availability of primary care services</li></ul>
<b>Improvements in specific services that do not need consultation</b>	<ul style="list-style-type: none"><li>•Mental Health</li><li>•Learning disabilities</li><li>•Long term conditions</li><li>•Planned care</li><li>•Children’s services</li><li>•Adult social care</li><li>•End of life services</li></ul>
<b>Changes to services requiring public consultation</b>	<ul style="list-style-type: none"><li>• Overall changes to UHL and the future of the General hospital site</li><li>• Maternity services</li><li>• Overall changes to community hospital services</li></ul>

Public consultation will be structured to cover:

- Services requiring consultation
- Other service improvements
- What it means by district or locality

## Changes of interest to City patients

- Additional “Hospital at home” beds, more patients rehabilitate in own home
- Reconfiguration of Leicester General Hospital (LGH) site, acute services moved to Leicester Royal Infirmary (LRI) and Glenfield hospital
- Maternity services on LGH site moved to LRI and potentially a Midwife led unit created at LGH
- Diabetes centre of excellence, Evington centre and stroke rehabilitation remain at LGH site
- New women’s hospital at LRI
- New look for children’s hospital at LRI
- New planned care hub at Glenfield site
- City CCG investigating potential for primary care hubs

