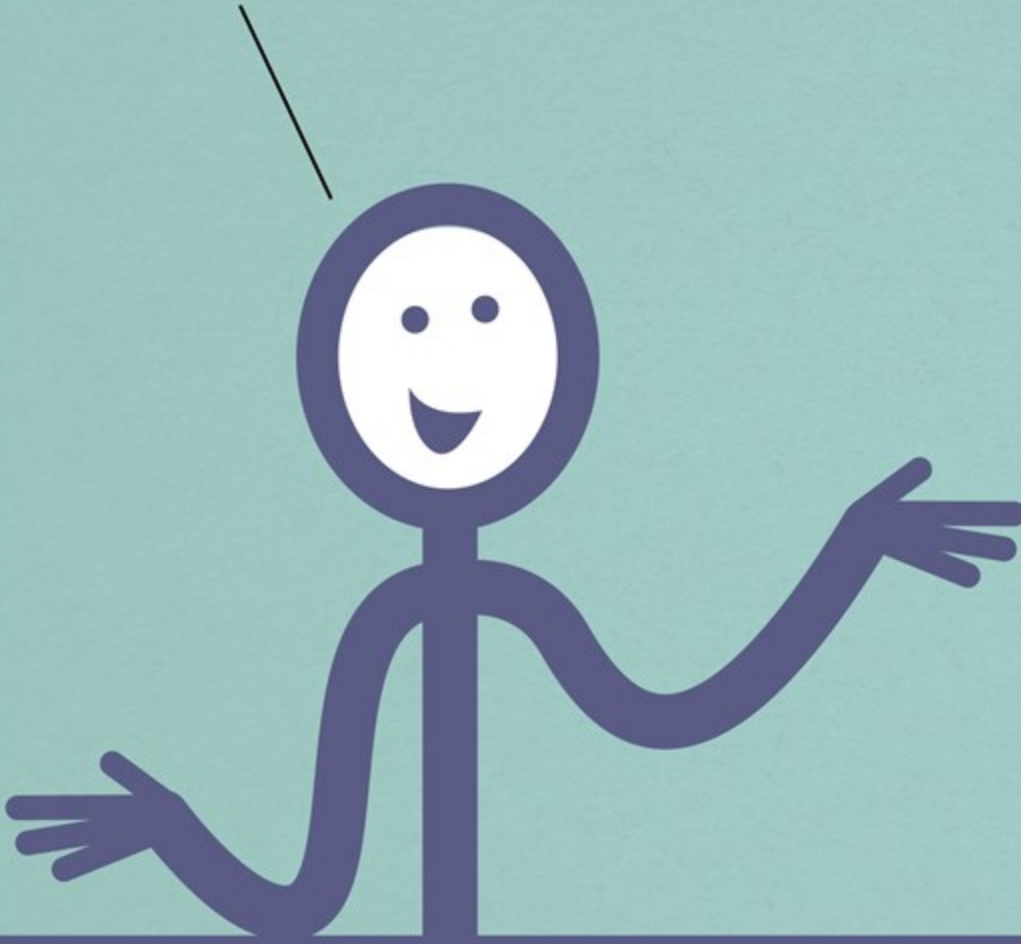


*'It's about our life, our health,  
our care, our family and  
our community'*



**Better care together**

Leicester, Leicestershire & Rutland health and social care



STP Footprint:

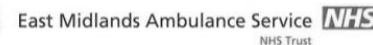
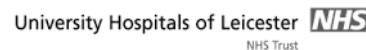
**Leicester, Leicestershire  
& Rutland (No.15) June 2016  
Update**

Region: Midlands & East

Nominated Footprint Lead:  
Toby Sanders, Chief Officer, NHS West  
Leicestershire CCG

Presenter:  
Sarah Prema, Director Strategy and  
Implementation, Leicester City CCG

**Organisations within footprint:**



## National context

### 44 STP footprints have been agreed

- Each will be convened by a local leader, backed by national bodies
- Footprints are not statutory boundaries – they are vehicles for collaboration
- Planning will still need take place at different levels - subsidiarity is a key principle

### A good STP focuses on the big questions and early action

- Get going on some early actions rather than waiting for the plan to be complete
- As 'umbrella' plans, STPs can be a way of making sense of competing priorities
- Think about populations, not institutions or organisational form
- Spend time on identifying the practical opportunities and solutions, not endlessly debating the scale of the challenge

### It won't be easy

- There will be technical challenges, e.g.
  - Cross-footprint flows and boundaries
  - Incentives that pull in different directions
- Non-technical challenges, e.g.
  - Building meaningful relationships
  - Freeing people to focus on the long-term
  - Moving quickly, whilst ensuring buy-in

### This is an opportunity to build or strengthen relationships

- Across health, social care and local government – but also with patients, communities, staff and the voluntary sector
- STPs aren't all about writing the plan: building energy, relationships and collaborative leadership is even more important
- Trust and ownership is crucial for implementation

## Key local STP messages

### This is about:

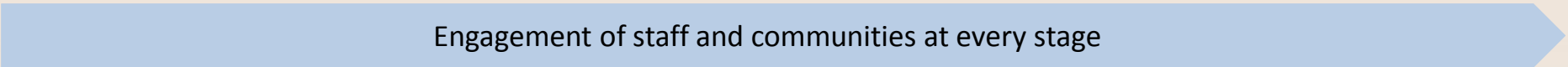
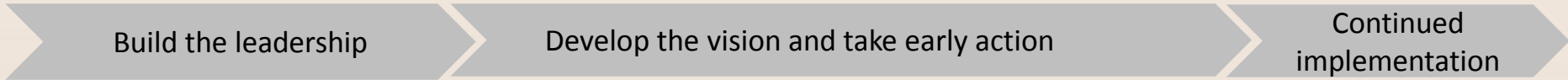
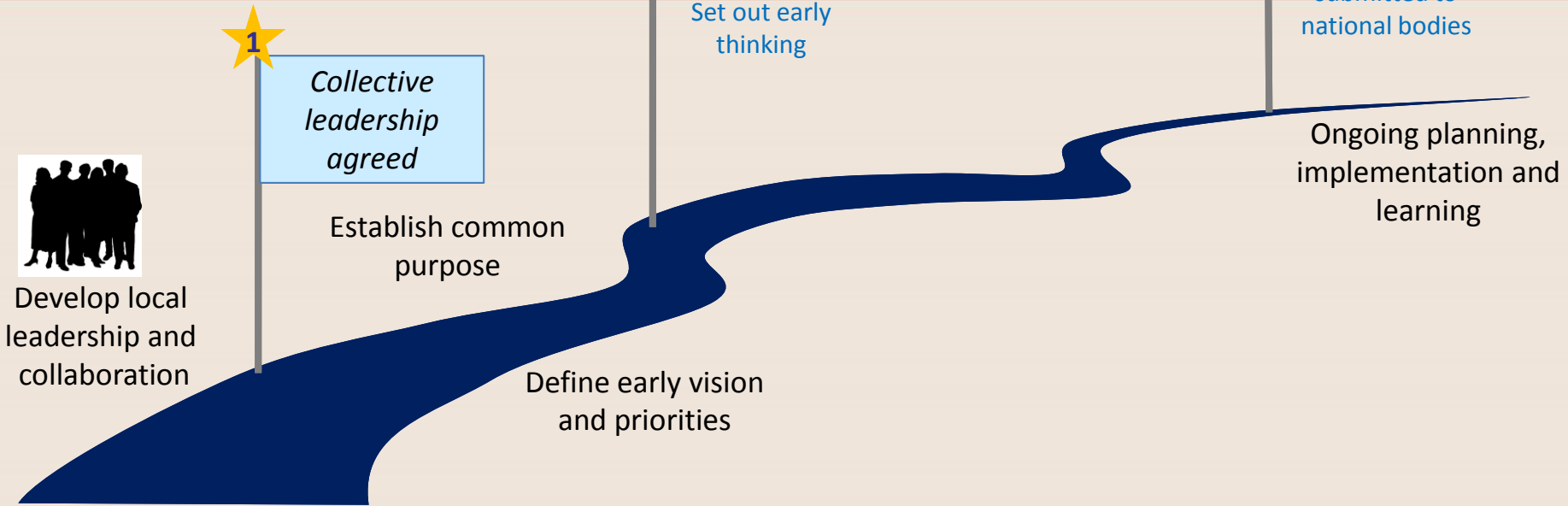
- The Triple Aim - Improving health and wellbeing, improving care and quality and improving productivity and closing the financial gap
- Building on LLR good starting position with BCT (plans, relationships and governance)
- Using STP process as vehicle for 'where next' (BCT 'Phase 2')
- Having an honest local conversation about those system issues where we either don't have a clear plan/proposition or where our current plans are not sufficient
- Looking at total health & care resource (CCG, specialised, LA)
- Identifying what is needed to give best prospect of making place based control total work by 2020.

### It is not:

- A re-write of the last 2 years of BCT
- A checklist exercise
- Long on analysis and plan 'weight'
- A plan for every service/condition
- One size fits all solutions across LLR
- A supra-Health & Wellbeing Strategy for whole of LLR
- A collation of lowest common denominator solutions
- An attempt to 'answer' everything by end of June!



## Overview of STP milestones





- During early April 2016 engagement took place with all partners to identify the key challenges that the STP should address – this resulted in 11 emerging priorities;
- Initial STP submission was made to NHS England on 15<sup>th</sup> April 2016 followed by a national meeting in May 2016;
- Feedback from NHS England was positive – expectation that the STP would simultaneously address the in-year challenge of delivering the 2016/17 position as well as putting in train the actions that will be needed to ensure a high quality financially sound health system by 2020/21. It needs to set out a tangible and detailed model of care, and set out an affordable capital strategy;
- BCT workstreams have refreshed their plans to identify what more can be done particularly in the later years of the plan – this has identified further savings;
- The bed reconfiguration work detailed in the Pre Consultation Business Case has been refreshed by UHL and LPT;
- The financial model has been rerun – this identifies a gap of £467m by 2020/21 if no action was taken – when the BCT workstream savings; provider CIPs and CCG QIPP are modelled in this leaves a gap of £158m - further opportunities identified, that need more scoping work, then bring the gap down to £18m – further work being done to close this gap.



## What

- **Improving health outcomes and independence** – Long Term Conditions, Frail Older People, End of Life Care, Mental Health, Learning Disability and Prevention
- **Delivering care in the right place** - reconfiguration of acute and community hospital services, planned care, urgent and emergency care, maternity services
- **Making best use of resources** – reducing waits and delays, limited clinical value, reducing variation, prescribing, organisational functional integration (including CCGs and “LLR plc” back office), estate utilisation and consolidation, IT, Carter review

## How

- **Integrated placed based teams** - integration of primary, community, acute and social care teams based around place
- **Ensuring resilience in primary care** – workforce, business model, service offer, premises and IT
- **System leadership** - creating the system conditions for quality improvement – LLR improvement methodology, culture and leadership (especially clinical leadership)



- During June 2016 further engagement with partners on the emerging scope of the STP will take place;
- The LLR Capacity Plan is being refreshed;
- Task and Finish Group to develop the STP for submission on 30<sup>th</sup> June 2016 – expectation that the plan will be no more than 30 pages;
- NHS England have confirmed that the June 2016 submission is an initial submission – however as LLR is seen as an area with mature plans there is an expectation that the submission will be a fuller more comprehensive submission which reflect progress to date;
- There is no expectation that formal sign off by Boards will be required for this submission;
- The Better Care Together Pre-Consultation Business Case will be refreshed to identify any changes to the consultation proposals that need to be made;
- It is anticipated that a final version of the STP will be required towards the end of the year but as a mature system we would be expected to drive forward.