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















## LLR STP big issues

- We've reviewed our 'triple aim' gaps, current work programmes and experience of system change through BCT over recent years as well as national best practice/evidence (e.g. Vanguards)
- From this, we have five strands that we need to focus on:
  - 1. Service Configuration to ensure clinical and financial sustainability
  - 2. Redesign Pathways to deliver improved outcomes for patients and deliver core access and quality
  - 3. Operational Efficiencies
  - 4. Getting the enablers right to create the conditions for success

...plus on-going pathway redesign through existing BCT Workstreams











# What's included in the STP plan

The five elements	What's included
1. New models of care focused on prevention, moderating demand growth	place based integrated teams, a new model for primary care, planned care, an integrated urgent care offer.
2. Service configuration to ensure clinical and financial sustainability	(subject to consultation), acute reconfiguration, consolidating maternity provision onto one site, community hospitals reconfiguration.
3. Redesign pathways to deliver improved outcomes for patients and deliver core access and quality	long term conditions, improving wellbeing, increase prevention, self-care and harnessing community assets, further work to improve cancer; mental health and learning disabilities.
4. Operational efficiencies	reduce variation and waste, provide more efficient interventions and support financial sustainability - the Carter recommendations; provider cost improvement plans, medicines optimisation and back office efficiencies.
5. Getting the enablers right	to create the conditions of success –including workforce; IM&T estates; workforce, engagement and health and social care commissioning integration











### What will be different for patients

- Patients will have more of their care provided in the community by integrated teams with the GP practice as the foundation of care.
- Patients will only go to acute hospitals when they are acutely ill or for a planned procedure that cannot be done in a community setting.
- Patients will have the skills and confidence to take responsibility for their own health and wellbeing.
- More people will be encouraged to lead healthy lifestyles to prevent the onset of long term conditions.
- Screening and early detection programmes will enable more people to be diagnosed early to enable improved management of disease and to reduce burden.
- Professionals will have access to a shared record to improve the quality and outcome of patient care.
- GPs will increasingly use their skills to support the most complex patients and routine care will be delivered by other professionals.
- General Practice will be increasingly working in networks to improve resilience and capacity.
- The system will be in financial balance, be achieving its performance targets and operate as "one system".
- Delivery of RTT, A&E, Ambulance, Cancer, mental health targets. We will also reduce out of area placements.
- Services delivered from fit for purposes premises.











### Recent update

- Submitted the next draft of the STP in October
- Continued engagement process whilst awaiting feedback
- Feedback due on our submission from NHS England in the next couple of weeks.











### **Next steps**

- Once the final version is approved by NHS England, a date for publication will be agreed and the document will be published, along with a public facing summary
- Full LLR STP also made public through Boards in Nov/Dec (following NHSE assurance)
- Transition to strengthened governance and delivery arrangements from Nov
- Translate into 2 year Operational Plans & provider contracts by end December
- Anticipate NHSE approval to initiate formal public consultation on some elements in early 2017







