

# LEICESTERSHIRE LEICESTER AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE MEETING

## Update on Better Care Together – the Sustainability and Transformation Partnership for Leicester, Leicestershire and Rutland

### Purpose of the report

1. This report aims to provide an update on Better Care Together (the Sustainability and Transformation Partnership for Leicester, Leicestershire and Rutland), and the work being undertaken by partners to improve the health and wellbeing of people locally.

### Background

2. Back in November 2016 the local NHS organisations published draft proposals to improve health services for patients in our area. That was as part of a national initiative to produce what were called Sustainability and Transformation Plans (or STPs for short) for 44 areas across the country.
3. Known locally as Better Care Together, we engaged with local people and staff on these draft proposals. The overall direction of improving care quality and safety while integrating services by breaking down artificial organisational barriers was welcomed. However, people told us they had concerns about the number of hospital beds planned for the future, as well as the capacity of general practice and community services to support planned new service models.
4. Since then national policy has refocused these STPs, moving the emphasis from being about producing plans to concentrating on ongoing partnership working to improve services and care for patients through more integrated care in local places.
5. Whatever acronym is used, locally the NHS partners in Better Care Together have taken forward a significant amount of work over the 18-month period since the document was first published.
6. We've opened a new treatment centre in Market Harborough, enhanced the NHS111 service which provides more access to clinicians and created 2,000 extra appointments each week with GPs and nurses at hubs in Leicester City. We have secured £48 million for the new A&E department at Leicester Royal Infirmary as well as a commitment to fund around £2 million of improvements at general practice premises. Last year, we also secured £8 million for a purpose-built mental health ward for children and young people with a focus on eating disorders and £30 million for new intensive care units and a new ward at Glenfield Hospital. We've also started changing the way that the NHS organisations work together, so that we operate more as one team working for the people of Leicester, Leicestershire and Rutland in a less fragmented way.
7. However, the last 18 months have also seen local NHS finances and performance challenged in many services and organisations, particularly during the winter period.
8. Nationally, the Government has recognised the pressure local NHS services are under and so we welcomed the announcement, in March this year, of the development of a

long-term plan and funding settlement for the NHS. Later this year more detailed information on what the NHS can, and can't do, with any increased level of funding will be published.

9. Set against this context, the local NHS partners decided that our Better Care Together partnership needs to continue its ongoing work to improve care for patients. We also decided not to produce a detailed long-term 'blueprint' for all NHS services by creating a 'final' version of our original STP plan. This is because the outcome of the national funding review could have a direct and significant impact on what it is possible to afford; and therefore, some of the choices that we may need to make.
10. In the meantime we felt it important to update local people and stakeholders on the work that is being done by the Better Care Together partners. This is why we have published the *Next Steps to better care Leicester, Leicestershire and Rutland* document.
11. The Next Steps publication:
  - provides an update on the progress we have already made to deliver high quality, sustainable services.
  - sets out our refreshed strategic direction which responds to the feedback on our initial proposals and the actual experience of services.
  - summarises our plans to improve the health and wellbeing of our diverse population which is centred around our model of care that has been evolving over recent years. The model focuses on keeping more people well and out of hospital, providing more care closer to home, providing care in a crisis and providing high quality specialist care.
  - explains how we are working together across NHS organisations, and in partnership with others, in a more integrated way that is focused on doing the right thing for local people not necessarily individual organisations.
  - it is open about those areas where we are still doing ongoing work to develop care models and the implications of these for local services, for example some community services and hospitals.

### **Reconfiguration of acute and maternity services**

12. One of the key elements that our draft STP proposals focused on in 2016 was the need for improvement in our NHS buildings. We've already had some success in securing funding for the new A&E department at Leicester Royal Infirmary as well as commitment of around £2 million for improvements to general practice premises. Last year we also secured £8 million for a purpose-built ward for children and young people with a focus on eating disorders and £30 million for new intensive care units and a new ward at Glenfield Hospital.
13. However, work continues on business cases totalling more than £350 million for the configuration of services provided by University Hospitals of Leicester, maternity services, and some community hospitals.
14. We are currently applying for national funding to support the acute and maternity services reconfiguration. This includes moving acute clinical services onto two sites, Leicester Royal Infirmary and Glenfield Hospital and retaining some non-acute health services on the site of Leicester General Hospital. Also remodelling maternity services to create a new maternity hospital at the Leicester Royal Infirmary and subject to the outcome of the consultation, a midwife-led unit at Leicester General Hospital.

15. If successful, under national NHS capital guidance we will then be able to undertake formal public consultation that we remain committed to doing, which we hope to announce in 2019. Unfortunately national rules now mean that consultation cannot start until we have a level of surety regarding the potential availability of the required capital investment.

### **Engagement and consultation**

16. As we are making and proposing significant improvement to how we deliver healthcare in LLR, experience shows that listening to patients and understanding what matters most to them leads to more efficient and effective services.

17. In addition involvement of key stakeholders including the voluntary and community sector, patient groups including Healthwatch and councillors is essential to enable communities to shape services and the care that people receive.

18. We plan to hold in the autumn, deliberative events in Leicester, Leicestershire and Rutland to enable elected member councillors, members of Health and Wellbeing Boards and Scrutiny Committees to receive a BCT update and share their views and give us an understanding of the impact of proposals on the people they represent.

19. This type of informal engagement has been a key feature of BCT since 2014 particularly through each BCT work stream. We are commencing shortly a further engagement programme to improve a range of adult community health services provided by Leicestershire Partnership NHS Trust.

20. Where formal consultation is required in addition to the major reconfiguration work, we involve the public to understand the impact of proposals. We have recently launched engagement on proposed changes to some planned care services across LLR, which we are promoting online and at events.

### **Enhancing collaborative arrangements**

21. BCT is about partner organisations and our health and care staff working together to share responsibility for the planning and delivery of improved and sustainable health and social care for people of LLR within the resources available to us.

22. To support us to operate in this way, the clinical commissioning groups in LLR are discussing options to enhance their collaborative arrangements. A review of the current governance structure of BCT, which has been in place since 2016, is also underway. Any proposed changes will ensure that partners are more responsive to the needs of the population and able to improve services while tackling the financial and operational issues we face.

### **Conclusion and summary**

23. The LLR Joint Health Scrutiny Committee is asked to:

- **NOTE** this update and the work of the BCT partners
- **NOTE** publication of the Next Steps document
- **NOTE** Ongoing work to co-ordinate business cases for acute and maternity reconfiguration, which will be subject to formal public consultation once capital funding is identified

- **NOTE** on-going work of BCT work streams, and engagement and consultation activities.