

# A blueprint for Health and Social Care in LLR 2014-2019

Phase 2- 'Discussion and  
review phase'



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A partnership of Leicester, Leicestershire & Rutland Health and Social Care



# How we got here

## Phase 1

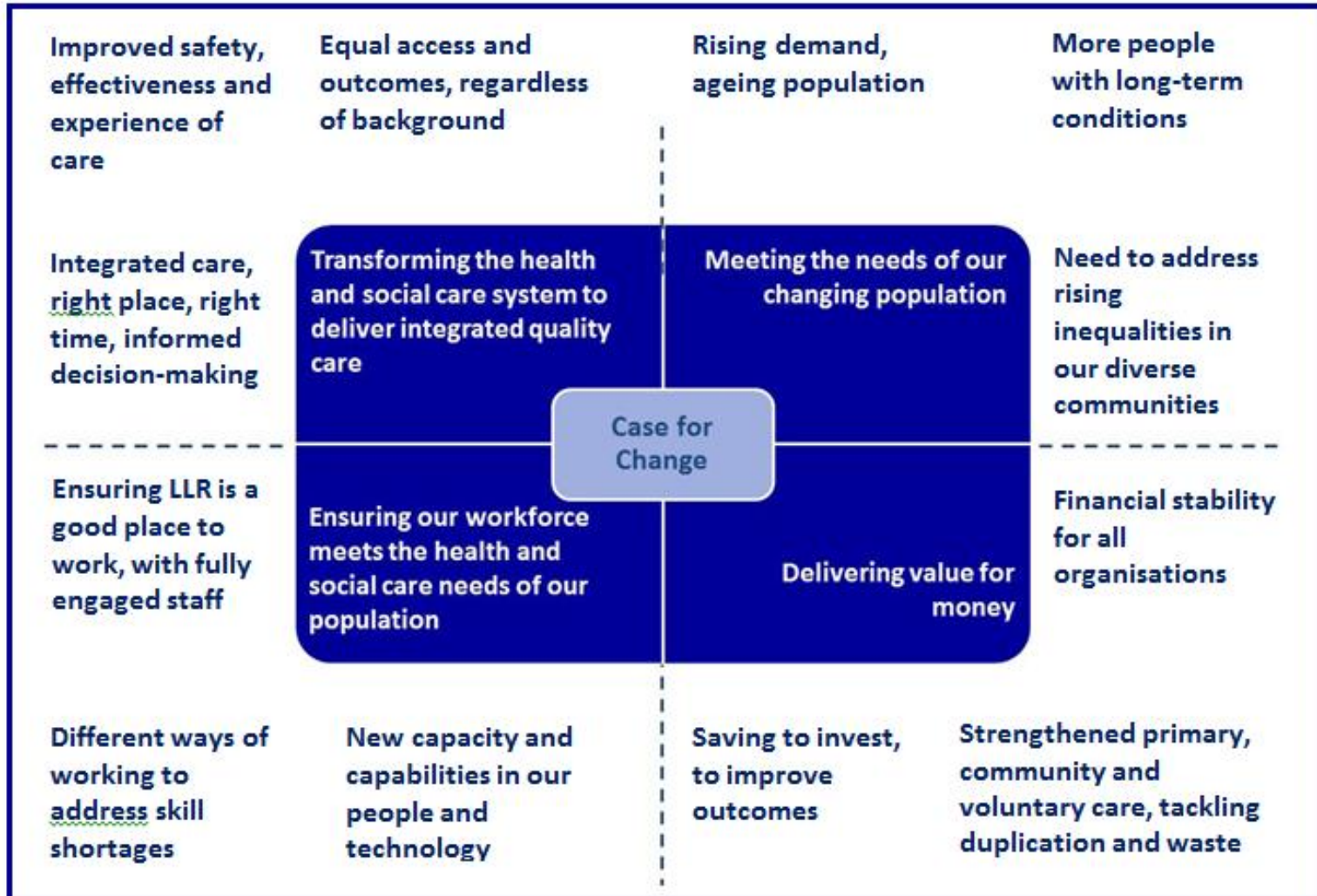
- Better Care Together: strategic partnership of commissioners, providers, local authorities, Health watch
- Biggest ever LLR health and social care review
- Financially-'challenged' economy
- Development of integrated LLR Health and Social care 5-Year directional plan



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# Why are we doing this?

## The clinical and social care Case for Change



# 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



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# 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



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# 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



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# 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.'*



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# 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



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# 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



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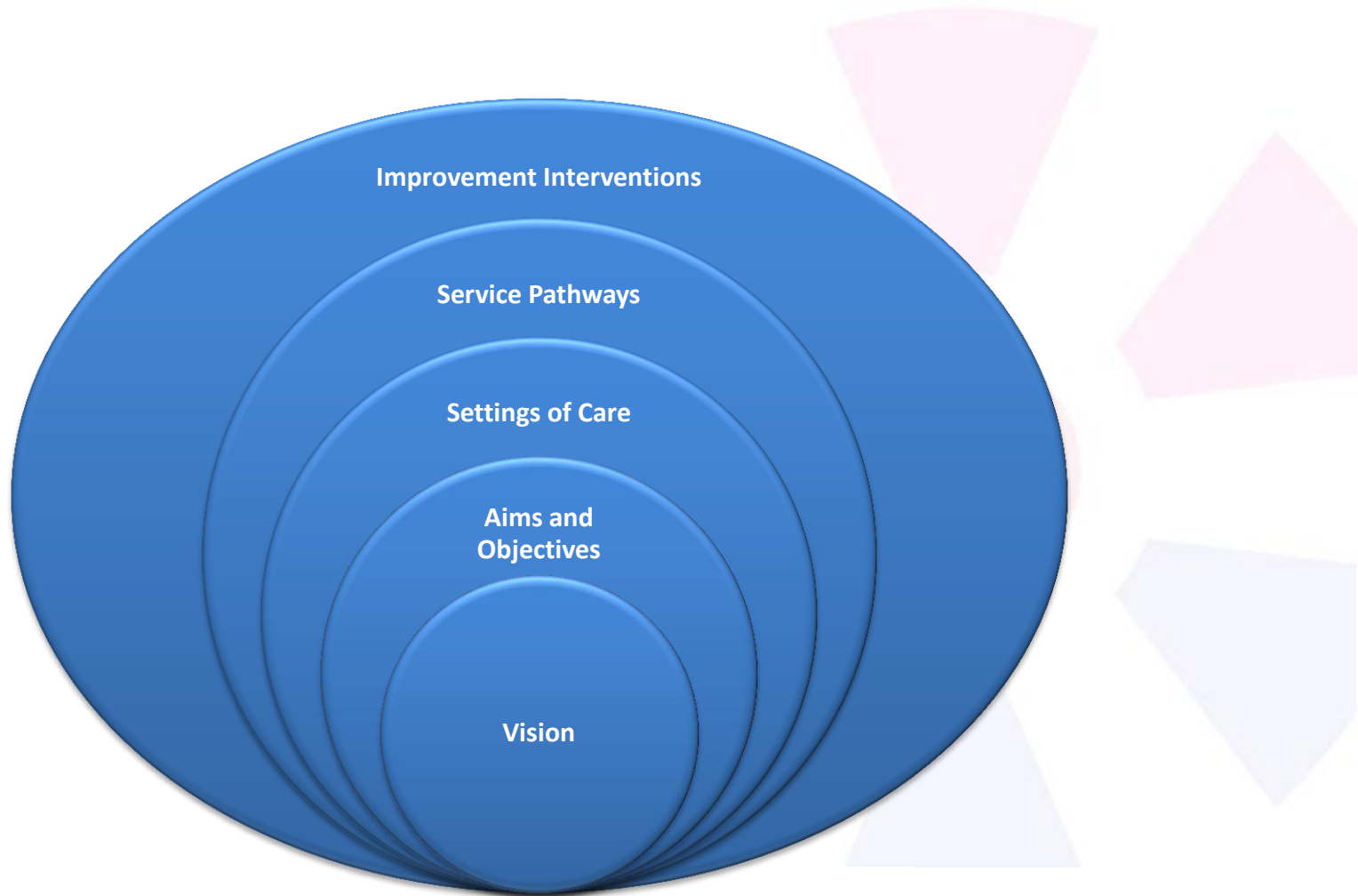
# How the plan was produced

- **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’



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# Developing transformation

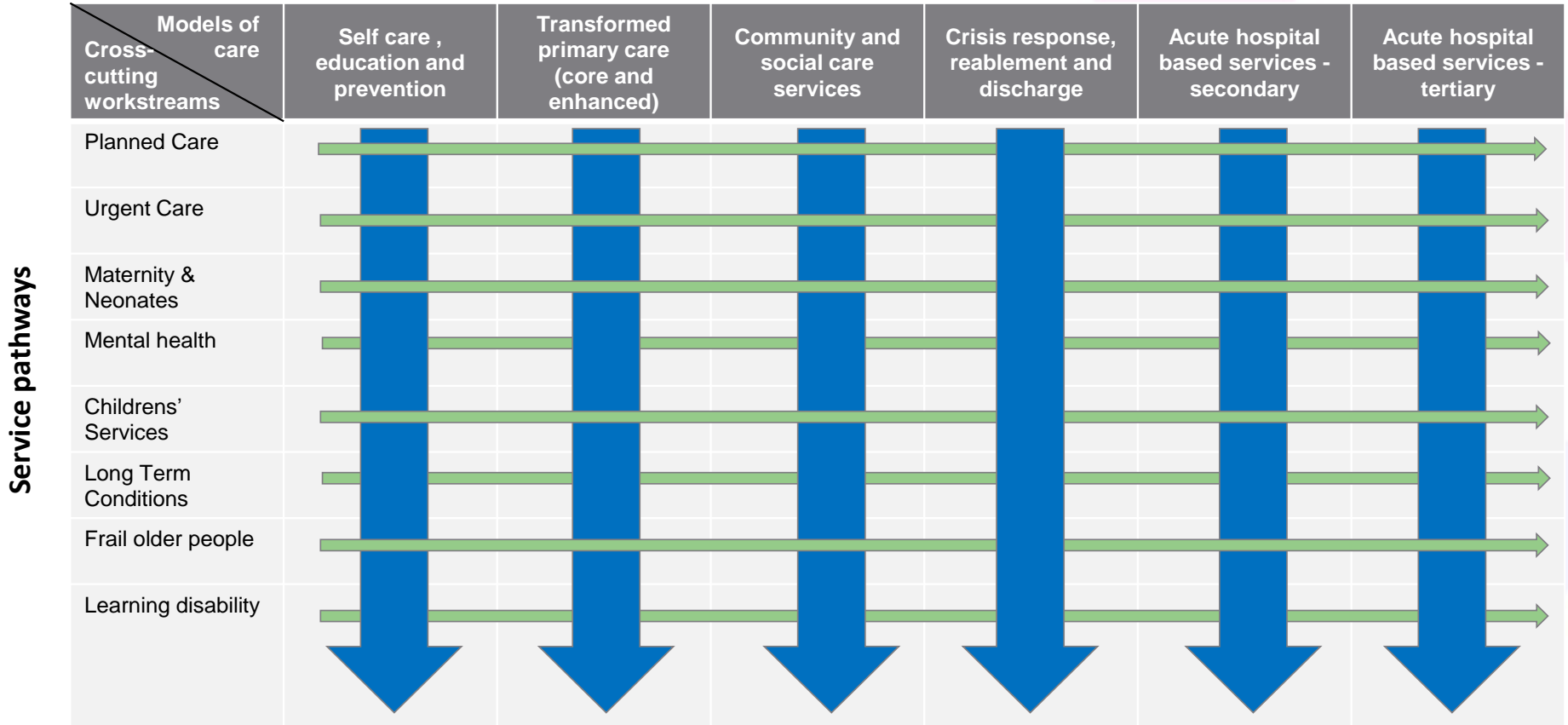


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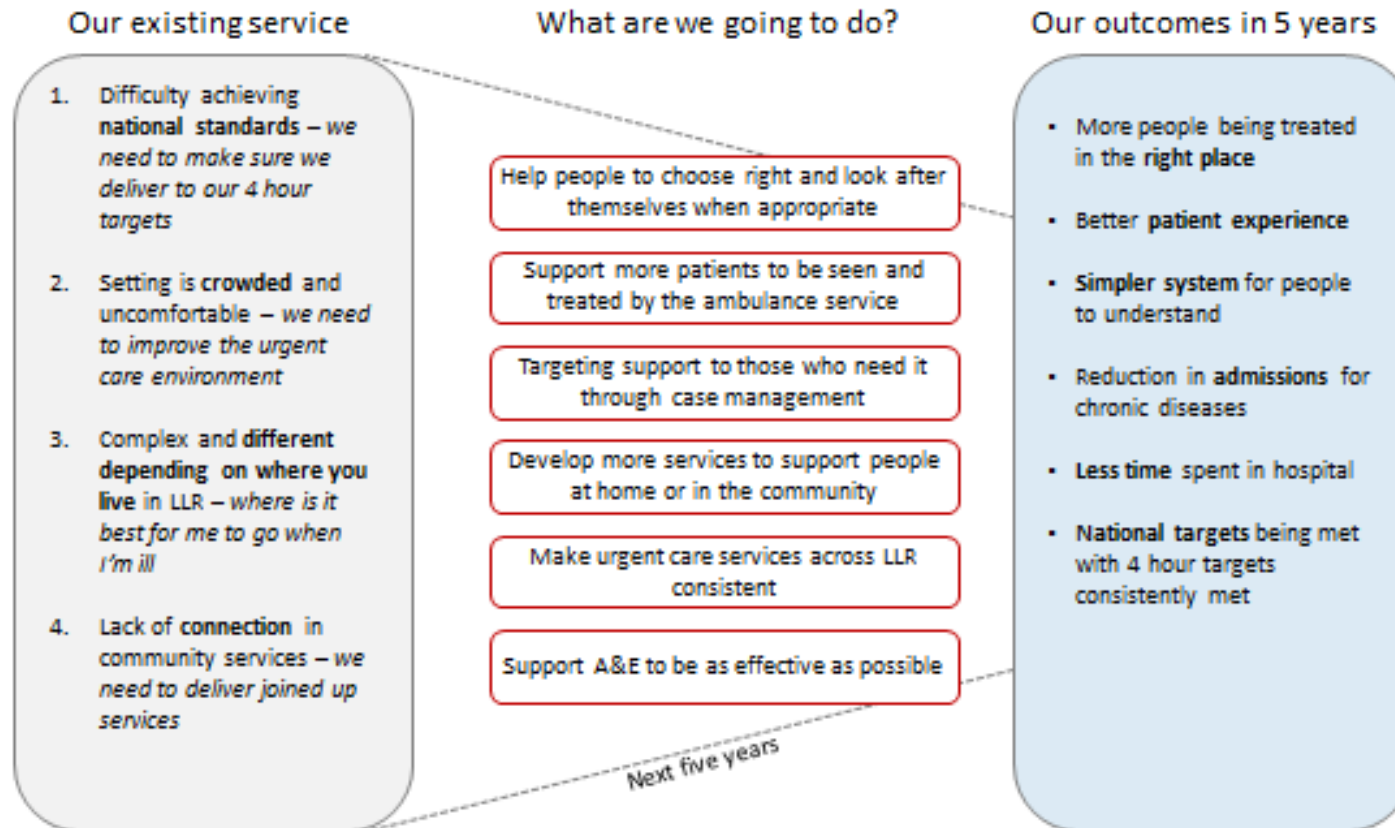
# Settings of care

## Settings of care



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# Improvement interventions – Urgent Care



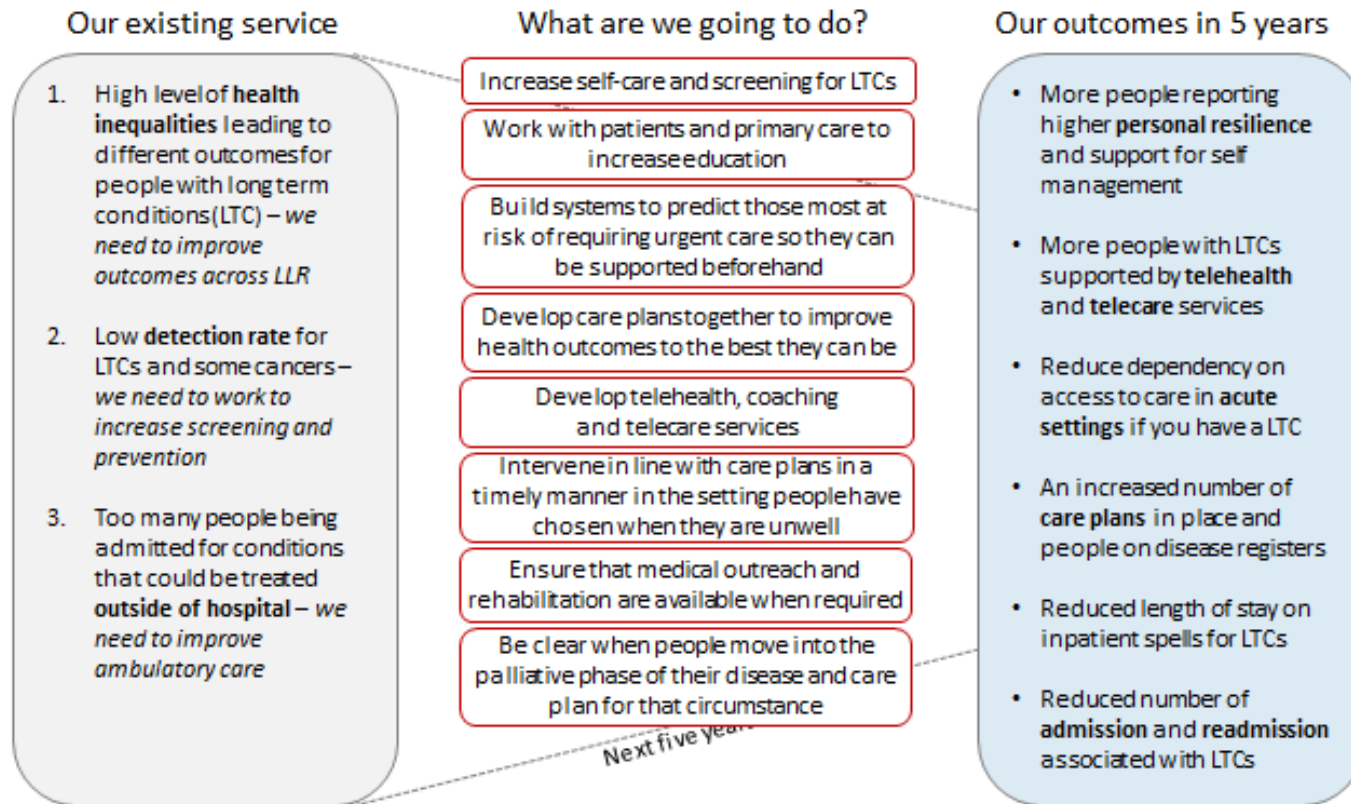
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# Improvement interventions – Frail Older People



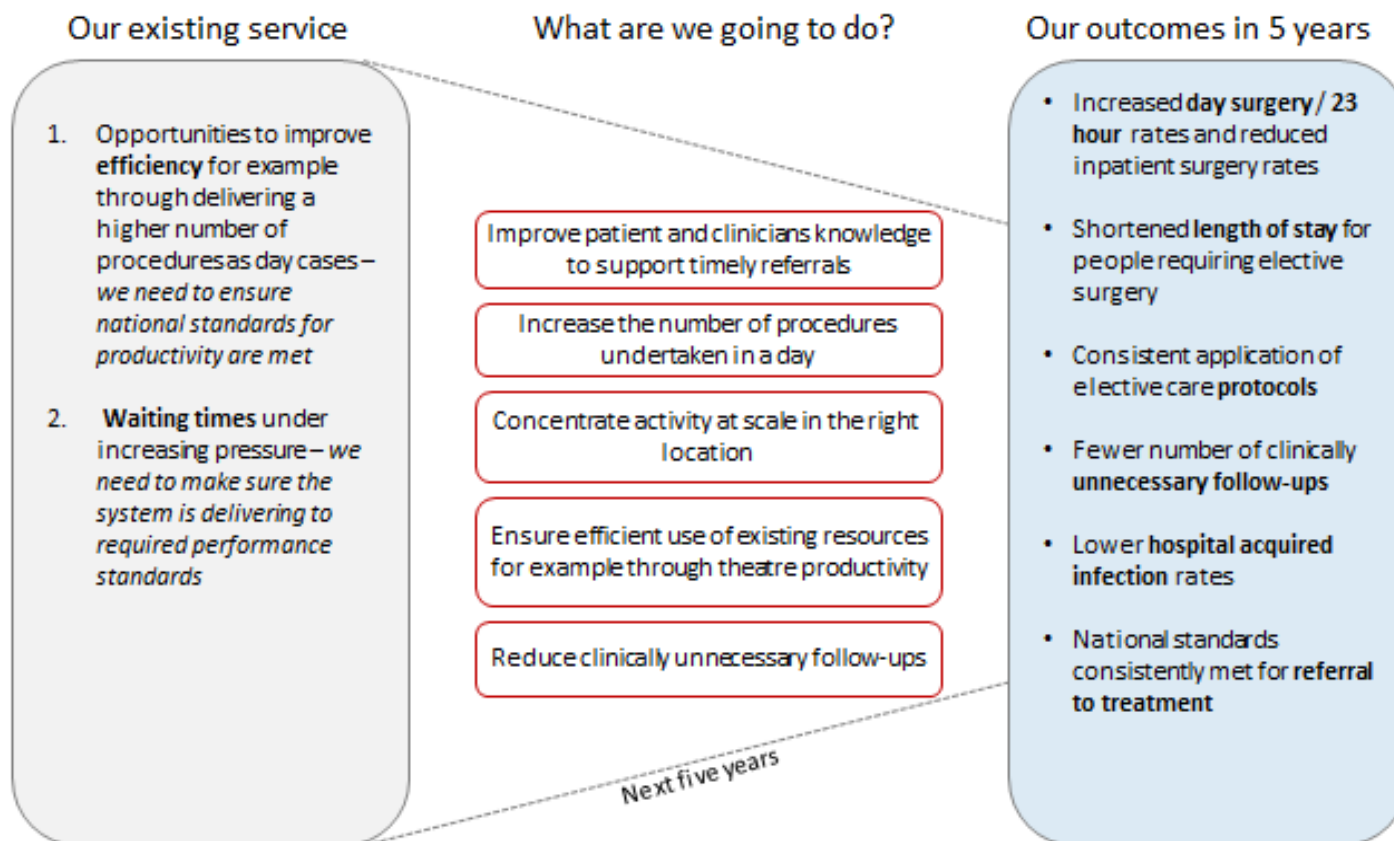
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# Improvement Interventions – Long Term Conditions



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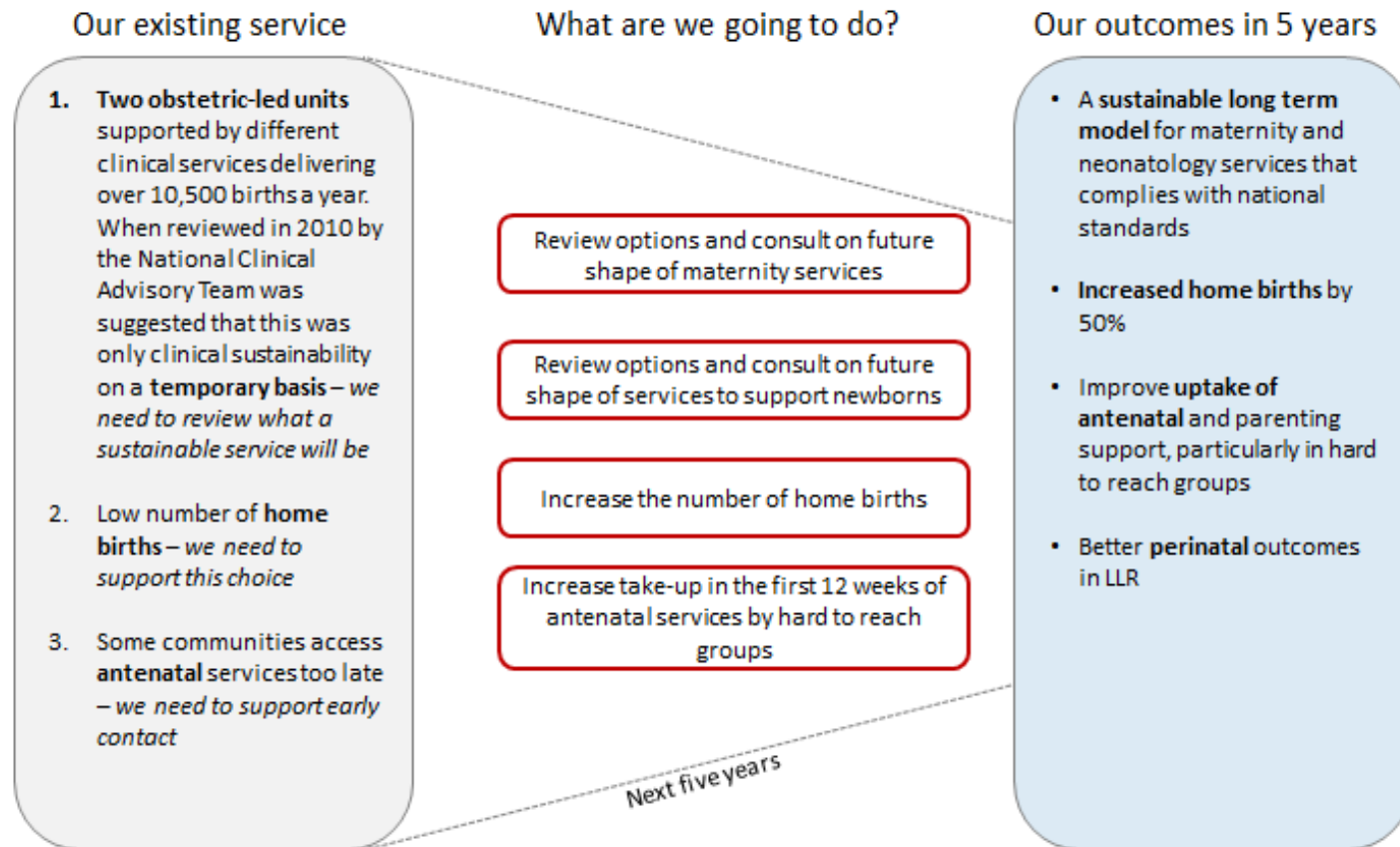
# Improvement interventions – Planned Care



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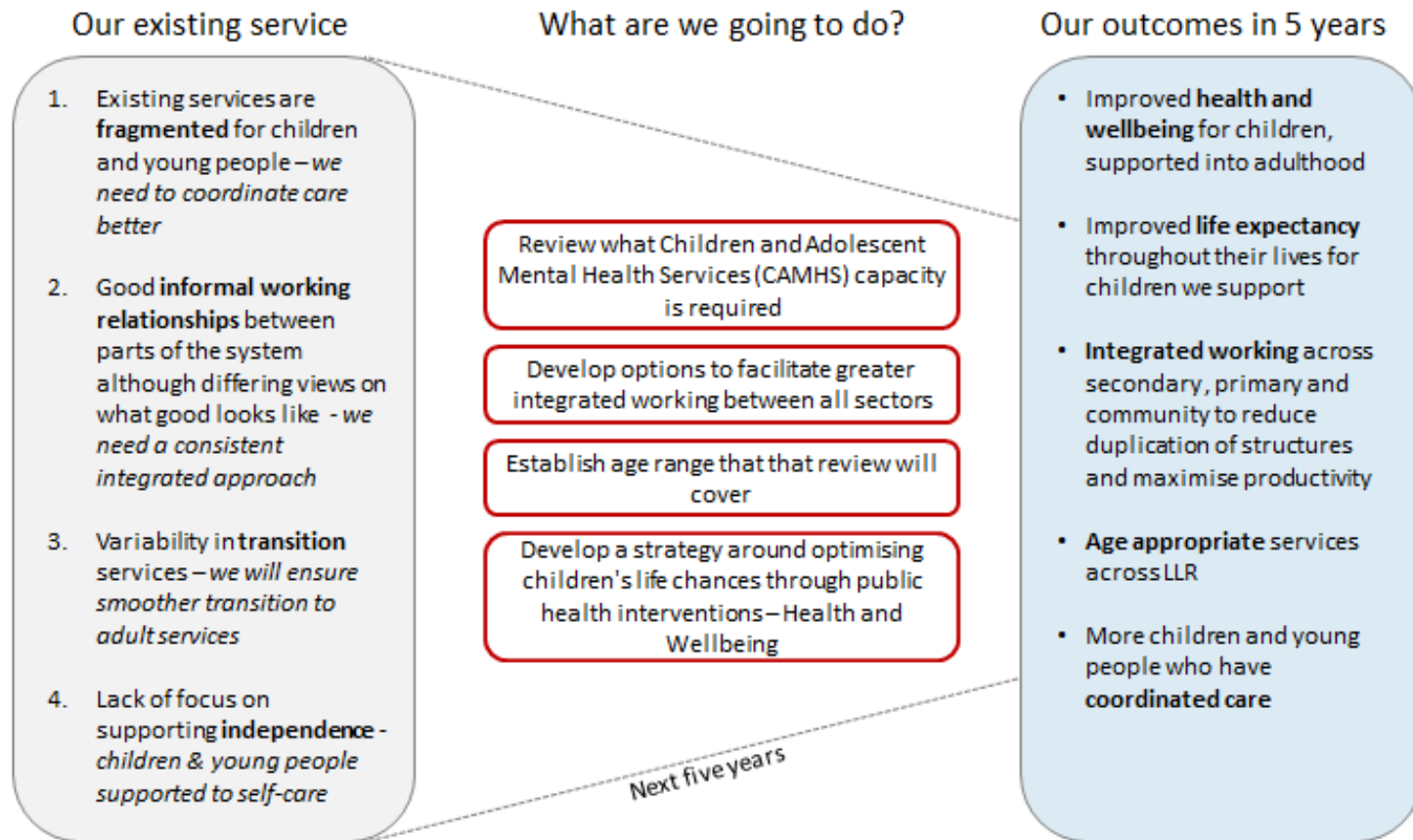


# Improvement interventions – Maternity and Neonates



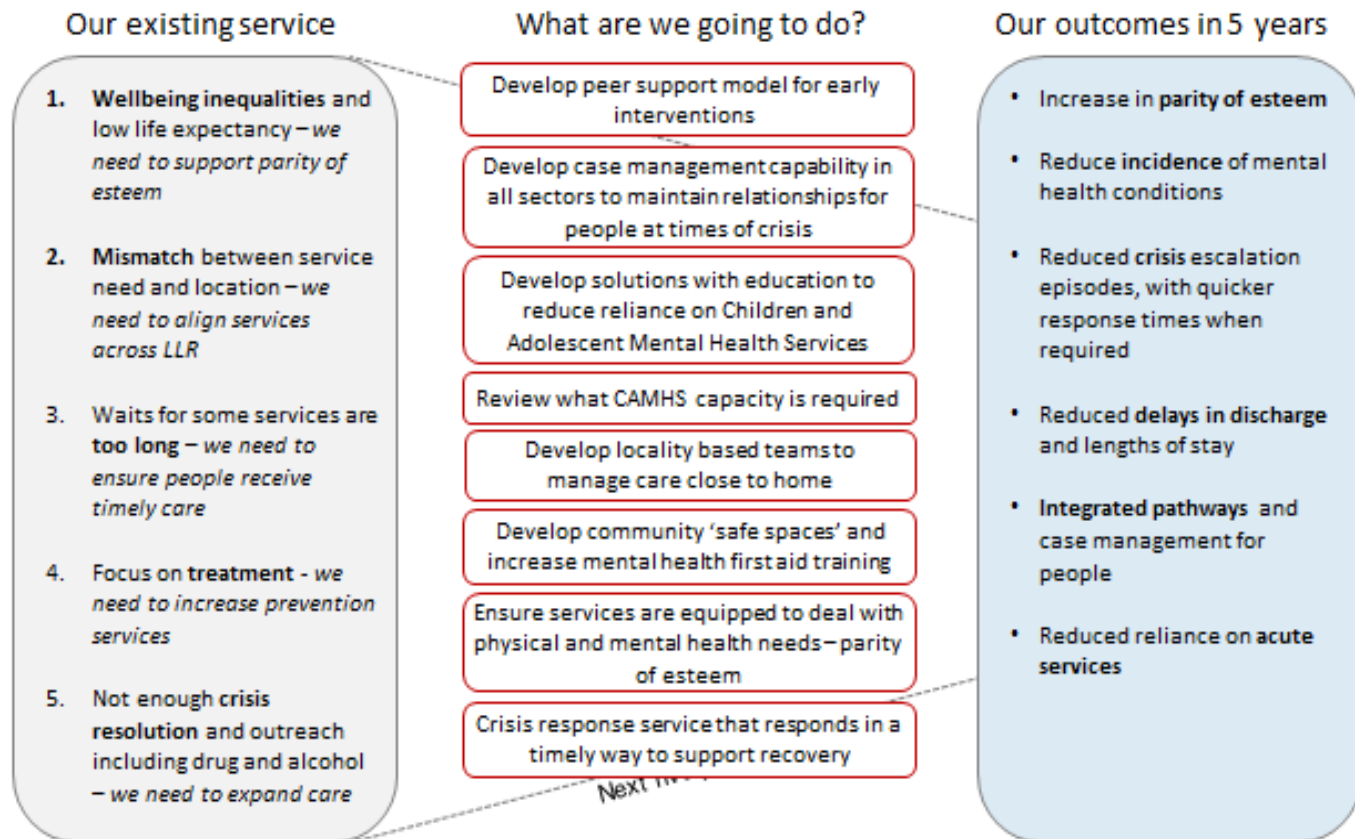
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# Improvement interventions – Children, young people and families



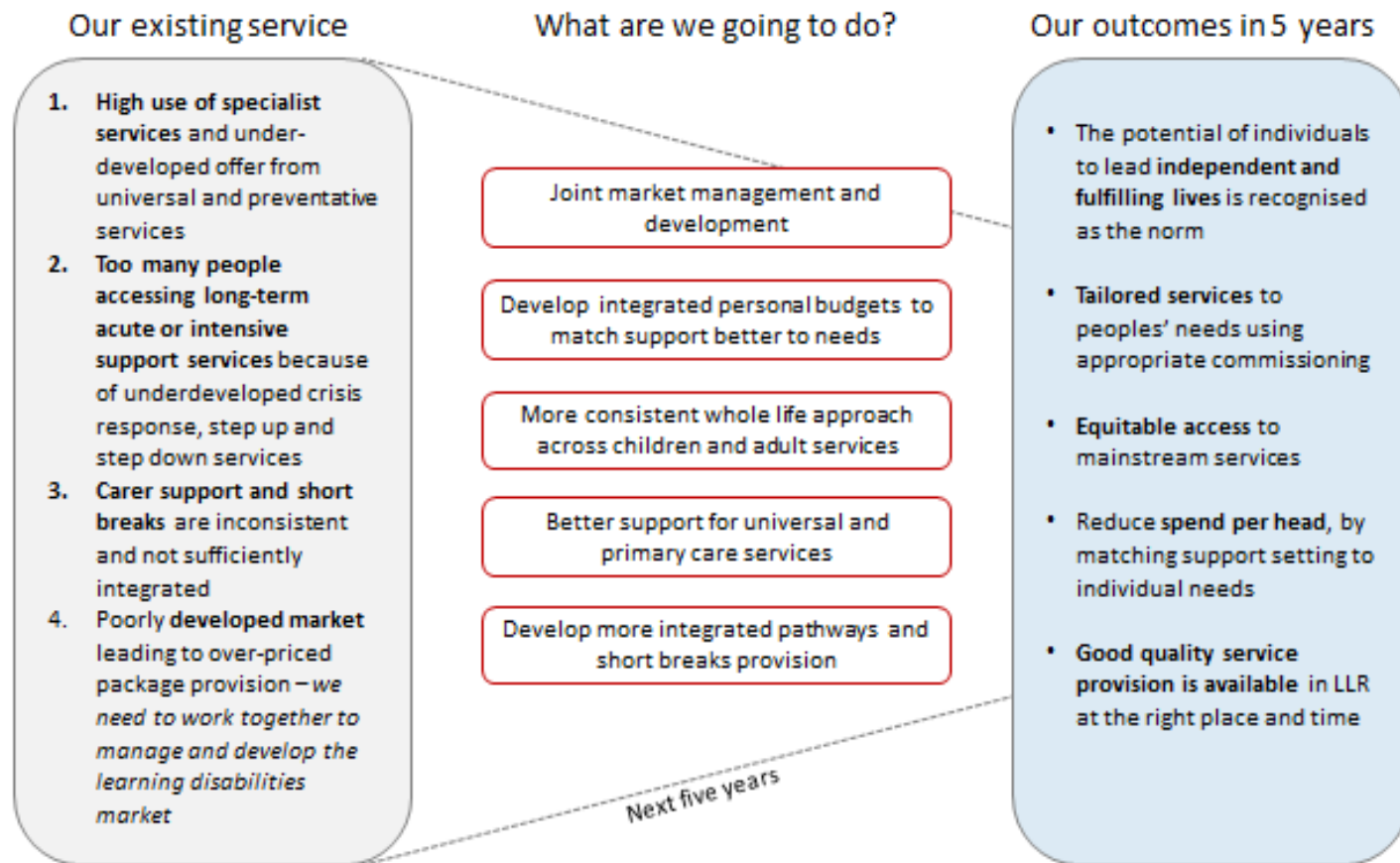
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# Improvement interventions – Mental Health



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# Improvement interventions – Learning Disabilities



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# The Financial Challenge

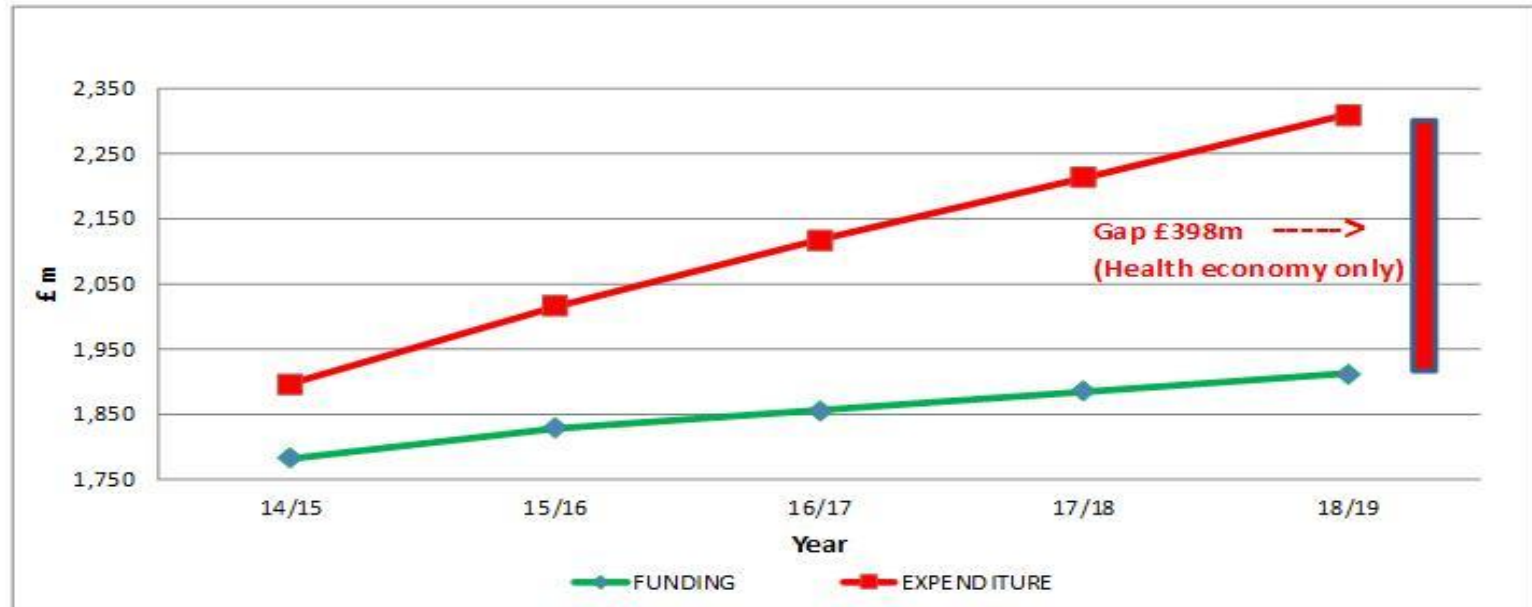
- Projected LLR NHS deficit of £400m by 2019 – if nothing is done
- Recognition that key to meeting the challenge can be met through greater efficiency and productivity -4%
- Some transformation also needed – BCT plan reflects that

**Financial challenge creates opportunity to improve outcomes and patient experience**



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# The “do nothing” financial gap 2014-19



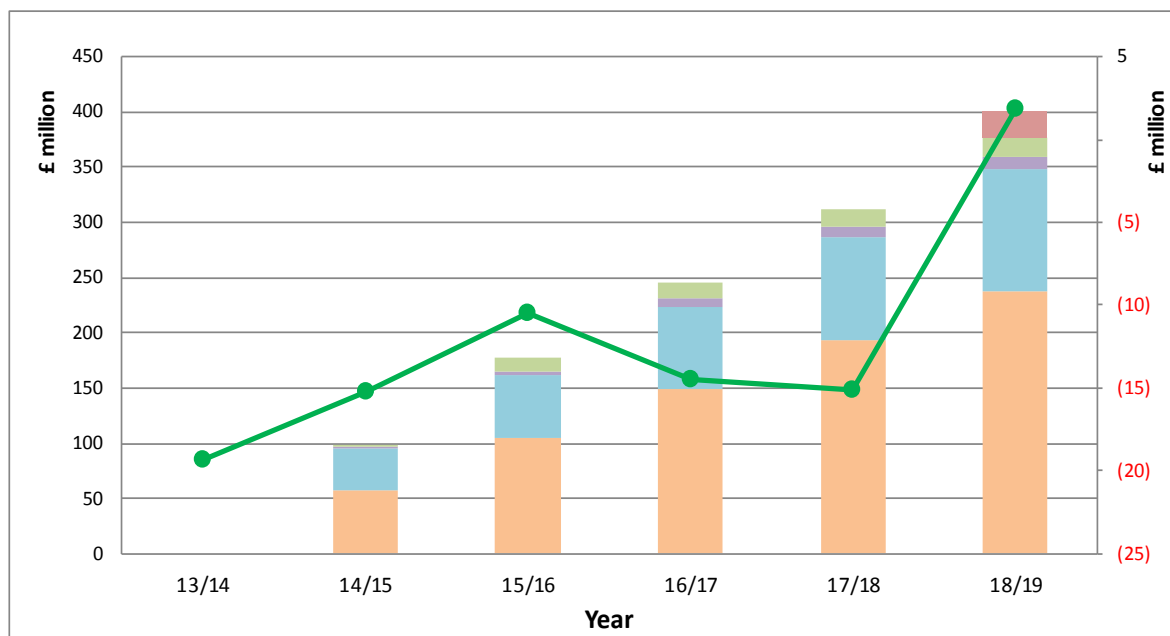
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<u>INCOME &amp; EXPENDITURE</u>	14/15	15/16	16/17	17/18	18/19
FUNDING	1,783	1,829	1,856	1,885	1,912
EXPENDITURE	1,896	2,016	2,117	2,213	2,310
"DO NOTHING" GAP	(113)	(187)	(261)	(328)	(398)



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# Closing the gap

Impact of interventions (BCT/QIPP/CIP) over the next five years; surplus (deficit) in year shown on second axis



	£ 000					
INTERVENTION	13/14	14/15	15/16	16/17	17/18	18/19
CIPs		56,908	105,106	149,943	193,516	238,372
QIPPs		38,441	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



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Nb The model identifies 87% of the projected savings to be addressed through on-going organisation savings programmes (CIP / QIPP).

# 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



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# 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



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# This is work in progress

- **Phase 2 – Discussion and Review April-September**
  - Draft 5 Year Plan published Thursday 26<sup>th</sup> June
  - For ‘discussion and review’ by partners – no decisions made
  - Further community and patient engagement during summer
  - Ongoing pathway re-design and development of 1<sup>st</sup> 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](http://www.bettercareleicester.nhs.uk)



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