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Better care together

Leicester, Leicestershire & Rutland health and social care

Report to Rutland People (Adult) Scrutiny Panel

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NHS

Better care together
Leicester, Leicestershire & Rutland health and social care

1. Purpose

This document provides an update for the Health Overview and Scrutiny Committee on the progress of the Better care together programme focussing on the preparation for Public Consultation.

2. BCT Programme present status:

The Better care together programme was launched in January 2014 with the goal to transform the way that health and social care services are delivered across Leicester, Leicestershire and Rutland (LLR). The plan is to do this via a collaboration of nine health and social care organisations who are known as "the partners". These partners are the three health provider organisations supporting LLR, the three Clinical Commissioning Groups (CCG) for the region, and the three Local Authorities (LA). After a significant design and development process involving patients, public, clinical staff and officers from all of the partner organisations the programme is approaching the point where the CCGs will request permission from NHS England to move into a process of Public Consultation on areas of the programme s change plans.

The target date for the initiation of public consultation is the 30th of November 2015 and it will last fourteen weeks. It will commence once NHS England are assured that the Department of Health's (DH) four tests of service reconfiguration have been fulfilled. It is not possible to estimate the length of the NHS England assurance process, however the goal is to complete it in October 2015. If the process takes longer then the initiation of public consultation will move back on a week for week basis (taking into account the Christmas period). Timing is important from a point of view of moving into consultation so that the necessary changes to the health and social care services can be made, but this needs to be balanced with the quality of the consultation documentation.

Where proposed changes to health and social care services do not require public consultation, for example where they are increases to existing services known to benefit patients, these changes are continuing in parallel to the consultation process.

3. BCT Strategic Objectives:

The BCT programme is a broad programme having an impact on most settings of care. Its principle is that by combining changes across care settings and organisations it will be possible to create a health and care service that overall provides higher quality care and an overall more sustainable system.

The strategic objectives of the programme agreed at its initiation remain valid and are outlined below.

- 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 (LHSCE);

- 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.

The remainder of this update will cover the areas of the programme that are anticipated to be discussed with the public as part of a public consultation process and highlight how the proposed changes will impact the quality of services delivered in Rutland. It will also cover areas of the programme that the programme anticipates to use the consultation process as an opportunity to engage with the public and gather feedback but are not topics for consultation.

4. Patient centred care:

Integrated care combines a range of disciplines across the NHS, social services and voluntary organisations to create person-centred care. Person-centred care recognises that an individual is best placed to make decisions about their own health, lifestyle, and the level and location of treatment. Successful integrated person-centred care, will tend to keep a person in their own home for as long as possible, and focus on proactive prevention strongly led by the person's desires and wishes with a broad spectrum of choice

The BCT programme aims to increase the delivery of integrated care, starting with improving public and patient ability and capability to self-care and access the right services at the right time, through providing a greater level of services presently provided in an acute hospital setting in community and primary care settings, to providing improved specialist care in the acute hospital.

The combined plans of the partner organisations will over time and where appropriate shift care from the acute hospitals into community settings, and as a result the acute care provider will be able to reconfigure to provide more high quality specialist care and an overall sustainable operation.

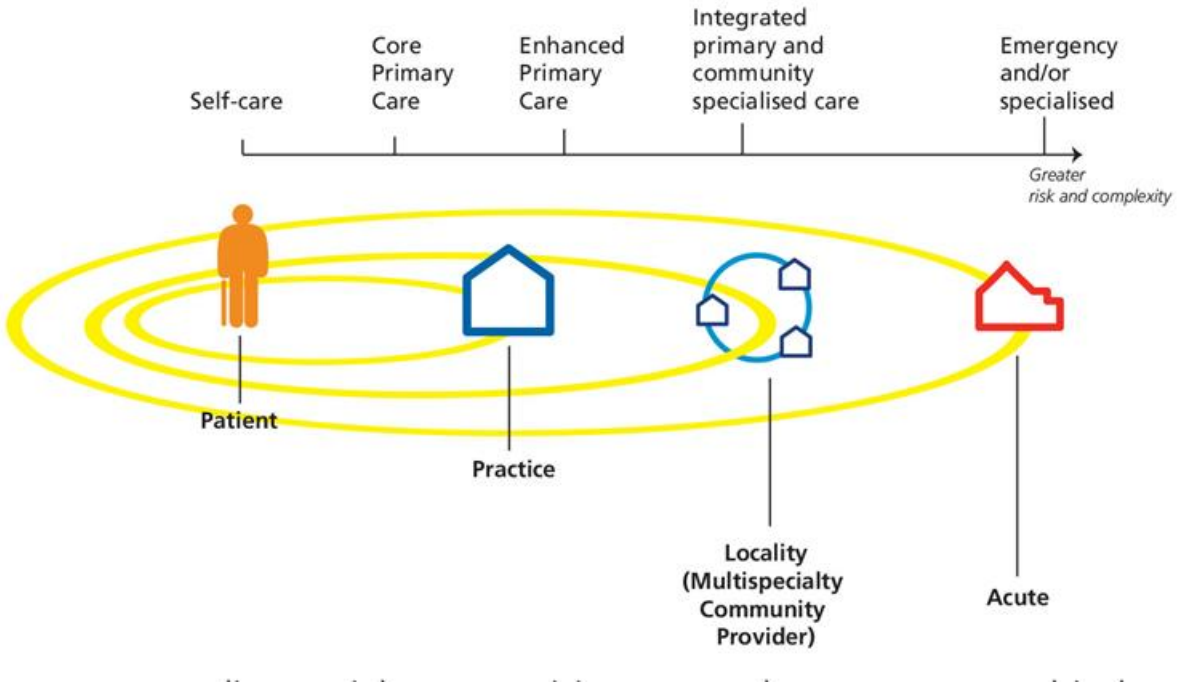

Fig 1: Settings of care focussed on the patient.

5. Proposed consultation topics

Shifting care in this way creates a number of changes that will meet the criteria of requiring Public Consultation. The areas where BCT presently believes that Public Consultation is required are described below.

- **Community services offering**

Overall the community services offering across the region will change in a number of ways in order to increase the quality of services from a patient perspective, reduce the negative impact of acute hospital stays, particularly for elderly patients, and improve the sustainability of the overall health and care system. Over two to three years the following changes will be enacted.

Increased services in community settings: One of the main drives of BCT as mentioned above is to increase person centred care, and it is therefore not solely about in-hospital care. The changes to in-patient care will be described below however it is also important to describe the drive for prevention, self-care and increase in day care services.

There will over time be an increase in the screening services available in community settings to increase early diagnostics and treatment. There will be more clinics for individuals with long term conditions in community settings and an increase of about 40% of planned procedures and out-patient treatment provided in community hospitals and as day surgery. There will also be an increase in the level of crisis support in a person's own home. These changes combined are expected to reduce the flow of patients into the acute hospitals and accident and emergency. There are already early signs of success being seen from the work already initiated via the Better Care Fund.

Increased number of Intensive Community Services (Beds at home); Leicestershire Partnership Trust presently offers a service known at Intensive Community Service (ICS) where they provide care to patients rehabilitating in their own home. They presently provide this service to 126 patients at any time (126 "beds"). The plan is to increase the availability of this service by 250 "beds" so that many more patients can be given the opportunity to rehabilitate in their own home and their own environment. This service will be provided across LLR and will provide care as close to home as possible, that is, in a patient own home. This change will replace some of the present in-patient rehabilitation beds provided by LPT via its community in-patient hospital services. However the total number of in-patient beds LPT provide will not reduce but will increase by nine beds as will be described below.

LPT will maintain five rehabilitation wards of twenty one beds across the region spread to allow access from both counties and city.

Creation of a sub-Acute in-patient service in LPT: There is both national and local evidence that some patients are treated in an acute setting when they no longer require that level of care and as a result they can deteriorate unnecessarily. The BCT programme via its partners LPT and the University of Hospital Leicester (UHL), plan to create a service in community hospitals to which appropriate patients can be transferred once they no longer need acute care but they may not yet be ready for rehabilitation. This is known as sub-acute care and is a new and emerging model of care. LPT will create four wards of twenty one beds across the region, distributed to allow access from both counties and the city. They will do this by converting four of their present rehabilitation wards and providing rehabilitation services via the ICS services described above.

In order to improve the quality of this provision and the rehabilitation in-patient care, in line with CQC and NICE guidance, LPT will rationalise the number of hospital from which they delivery in-patient services. In-patient services will be delivered from paired wards of 21 beds each. This will mean that the number of hospitals from which these services are delivered will reduce from eight to six.

Additionally once the additional ICS services and the sub-acute services are up and running their will be a reduction in the bed numbers at UHL. It is expected that UHL will transfer 250 beds worth of activity to LPT as a result of these changes.

- **Women's and Maternity Services offering**

Women's and maternity services are presently delivered via the Leicester General and Leicester Royal Infirmary sites as well as maternity being delivered via a standalone midwifery service at St Mary's Melton Mowbray and via region wide home birth services.

To improve the quality, safety and equity of service delivery it is presently being considered, following significant public engagement, that women's and children's services should be brought together onto one site, which is likely to be Leicester Royal Infirmary. Rationalisation of maternity services are also being considered with the goal to have one stand-alone midwifery unit situated so that it is accessible to as wide a number of the pubic of LLR as possible and also

close enough to the acute hospital to deal with the significant number (circa 30%) of transfers for first time pregnancies.

- **Reduction in acute sites from three to two**

In order to achieve a sustainable system the published strategic plan for UHL is to move from three sites to two by 2019. It is expected that the site that will be largely vacated is the General hospital site and the evidence for this has been discussed over the last few years with various stakeholders and will be re-played as part of the BCT consultation.

UHL future model of care is to have one site that is a major emergency site and the present changes to emergency department at UHL are the start of this programme of change, and one site that carries out largely but not exclusively planned operations and care. UHL patients presently experience issues with cancelations to operations and delays to care when the emergency flows into UHL create a situation where services that are anticipated to be used for scheduled operations and procedures are utilised by emergency admissions. To reduce this impact on patients UHL are considering the option of a planned care day case hub potentially at the Glenfield site and this plus the increases in community based planned care outlined above is expected to reduce the level of cancellations and delays to patients.

6. Potential topics for further public engagement

There are a number of changes to health and social care services encompassed within the BCT change programme that either do not require consultation as they are an increase in an existing service or may require consultation in the future but are presently in the early stages of decision making and design. These will be included in the BCT consultation so that the public can gain an overarching understanding of the whole five year change and how it impacts them in their locality. An update on a number of these areas is provided below.

Primary Care: One of the challenges of Better Care Together is that a system which can accept movement of care from the acute sector to primary care at a population level is created, whilst retaining primary care's efficiencies. The emerging model of primary care outlines the role of the GP as part of wider community response, identifying where the GP can add greater value and how the wider practice and community teams actively support the delivery of care.

For example in the East Leicestershire and Rutland area a new model of wrap around services is being piloted around populations of 30-40,000 patients. This model puts the GP at the centre of health care provision with the supporting services necessary to support patients to access the right services first time. This has started with each population hub having a number of key professionals including; A health and social care co-ordinator who works as a navigator to ensure that all of the available local authority and third sector services are accessible when patients need it most, Pharmacists working with GPs to ensure quality cost effective prescribing including reviewing patients in care homes. This service will soon be expanded to include, physiotherapy, community nursing, community psychiatric services and geriatric input. The outcome will be a truly patient-centred resourced service closer to a patient's home.

Mental Health: The mental health work-stream focusses on keeping people well and providing crisis support when needed and rehabilitation support to prevent re-occurrence. The focus on avoiding crisis will lead to the further development of the crisis house services and to improving

the support that low need patients can receive from their GP. This will ideally reduce the number of admissions to acute hospital beds and as a result help the repatriation of out of area placements.

The focus on resilience and recovery will build on existing locality networks and create additional recovery colleges in City localities.

Learning Disabilities: Similarly to the Mental Health work-stream the focus of the Learning Disabilities work is on keeping people well and out of crisis situations. Additional out-reach services are being developed which will for some individuals reduce the need for in-patient care.

1. Conclusion

The BCT change programme encompasses a number of clinically led change projects that together will improve the overall quality of care for the people of Leicester City and the sustainability of the health and care system for LLR in total. Health and social care organisations across England presently face an unprecedented forecast increase in demand for health and social care services and a flat or reducing budget. This situation is the catalyst for the changes described in this paper and these will be discussed with the public during late 2015 and early 2016.