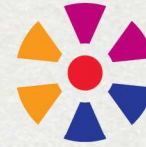


*'It's about our life, our health,
our care, our family and
our community'*



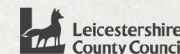
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Leicester, Leicestershire & Rutland health and social care

Leicester, Leicestershire and Rutland's **Sustainability & Transformation Plan (STP)**

UPDATE

Toby Sanders, STP Lead
27 September 2016



What is the STP?

- Health and care 'place based' plan for Leicester, Leicestershire & Rutland (LLR) 'footprint' (one of 44 nationally)
- Addressing local issues and implementing the NHS 5 year forward view to March 2021
- Makes the case for national/external capital investment and access to non-recurrent transformation funding
- Progression of BCT work, but with clearer focus on implementing a few key system priorities
- 30 page document supported by detailed finance, activity, bed capacity and workforce templates
- Final Plan by end of October followed by public consultation on some elements



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The local 'triple aim' gap issues our STP needs to address

Health and wellbeing outcomes gap:

- Lifestyle and Prevention
- Outcome and Inequalities (people's health outcomes not being determined by things like where they live)
- Mental Health Parity of Esteem (mental health services on an equal footing with other parts of health)

Care and quality gap:

- Emergency Care Pathway (A&E and ambulance handover delays)
- General Practice variation and resilience
- Clinical workforce supply (ensuring we have the staff in place we need to deliver our plans)

Finance and efficiency gap:

- Provider systems and processes (internal efficiency)
- Estates configuration (how we use our buildings)
- Back office functions



The money context

- We currently spend c£1.6billion on NHS services across LLR
- By the end of the STP 5 year plan this will increase to c£1.8bil
- But, demand and demographic growth plus the cost of delivering services and new treatments will outstrip these increased resources by c£450m across the local NHS and a further c£70m across the local authorities
- The STP is not about ‘cuts’ but it is about choices in how we spend public money
- The approach we are taking to this is a ‘place based budget’ one (single system control total) that looks across organisations at the ‘LLR pound’
- And which focuses on new ways of working and models of care that manage demand and are more efficient



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. Vanguard)
- From this, we have identified a smaller number of big system issues:
 1. Urgent & emergency care
 2. Integrated teams
 3. General practice resilience
 4. Service reconfiguration
 5. Operational efficiency
- ...plus on-going pathway redesign through existing BCT Workstreams



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1. Urgent and emergency care

- Moderating demand growth (reducing presentations) at the LRI campus through:
 - Implementing a Clinical Navigation Hub linked to NHS 111 and 999, providing enhanced clinical triage and navigation to larger numbers of patients and incorporating a professional advice line
 - Integration of Urgent Care services in the community, simplifying the number of different, overlapping services and access points and developing a model based on tiers of care. The new model will include 'day time' access through urgent care centres / hubs and 'night-time' out of hours face to face contact at Loughborough UCC and LRI
 - Integration of OOH home visiting and acute/crisis visiting services 24/7
- Improving the LRI front door and internal flow within ED, linked to the new ED floor opening next year and incorporating streaming and urgent care minors and eye emergencies
- Improving discharge processes to reduce length of stay and bring forward earlier in the day



2. Integrated teams

- Supporting targeted risk stratified cohort of patients:
 - Over 18's with 5 or more chronic conditions
 - Adults with a 'frailty' marker (regardless of age)
 - Adults whose secondary care costs are predicted to be 3+ times the average over next 12 months
- Through integrated place based teams (general practice, Federations, social care, community services & acute specialists) focused on:
 - Prevention and self management
 - Accessible unscheduled primary and community care
 - Extended primary and community teams
 - Securing specialist support in non acute settings



3. Ensuring resilient general practice

- Workforce – supply, development and skill mix
- Service model to enable GPs to spend more time with complex patients who require expertise and continuity
- At scale / federated working to drive efficiency and more networked local service provision
- IT systems and use of technology
- Improving estate (condition and capacity)
- Contractual funding arrangements (equity and alignment of incentives)





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4. Service reconfiguration

- Proposals driven by clinical quality, sustainability and condition/use of estate
- Most proposals already in public domain through BCT/UHL 5-Year Plan
- Move acute hospital services onto two sites (LRI & Glenfield)
- Consolidate maternity services at LRI
- Smaller overall reduction in acute hospital beds than originally planned
- Reduce number of community hospital sites with inpatient wards from 8-6
- But invest in expanding capacity (refurb/extension) on some retained sites
- Move Hinckley day case & diagnostic services from Mount Road to Sunnyside/Health Centre
- Detailed proposals being developed for community services in Hinckley, Oakham & Lutterworth
- Changes subject to securing significant external capital investment (£400m+)
- And no decisions taken until after formal public consultation (anticipated start early 2017)





5. Reducing operating costs

Increasing provider efficiencies including:

- Back office efficiencies / collaboration (NHS/public sector)
- Medicines optimisation (reviews, cost and waste)
- Procurement to ensure best value items
- Provider system/process efficiencies (reducing delay/duplication)
- Rostering systems and job planning to reduce use of agency staff
- Estate utilisation (across wider public sector)





6. Critical enabling work

- Patient and public involvement
- Clinical leadership
- Workforce
- IM&T (Local Digital Roadmaps)
- Estates
- Integration between health and social care commissioning
- Organisational development / culture (the 'LLR Way')



Strengthening implementation

- Review of BCT governance arrangements underway:
 - Simplify and mainstream ownership (Boards/HWBs)
 - Increase senior clinical leadership and public visibility
 - New joint exec/clinical System Leadership Team (commissioner and provider with delegated authority)
 - Greater stakeholder transparency (public meetings and Quarterly Forum)
 - Multi-agency implementation teams to deliver priorities with strong patient involvement
- Draft proposals to Chief Officers on 3 Oct
- Aiming for rapid transition during November 2016



Proposed greater HWB role

- Ownership of place based plans (separate from scrutiny)
- Ensuring the STP addresses key place based priorities for each HWB area
- Ensuring adequate plans are in place within each HWB to deliver local contribution to STP
- Ensuring adequate plans for place specific service reconfiguration proposals (City re General, Leicestershire Hinckley & Lutterworth, Rutland, Oakham)
- Lead oversight for agreed STP priorities (e.g. City, primary care; Leicestershire, Integrated Teams; Rutland, Oakham community services)
- Standing agenda item with regular public progress reports



Next steps

- Re-submission of our final STP by end of October
- Full LLR STP made public through Boards in Nov (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

