

Welcome

Better Care Together
Chair Philip Parkinson



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Structure

Interactive evening to share and shape the development of the first draft of the Leicester, Leicestershire & Rutland 5 Year Plan

Session 1

- Progress report and the draft case for change

Session 2

- Emerging service transformation programmes
- Appraisal criteria for the programmes
- The respiratory pathway as an exemplar

Session 3

- Supporting implementation- progress update
- Public and patient engagement



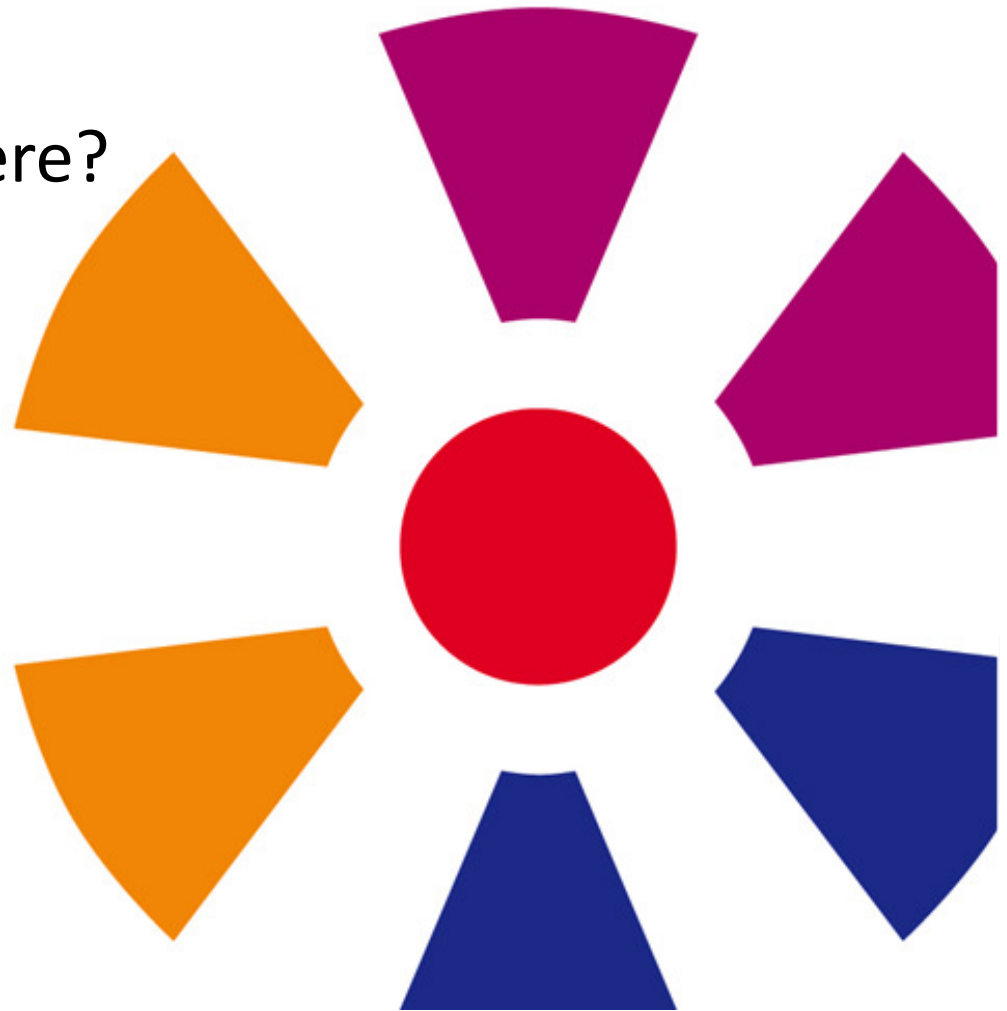
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Session 1: Why are we here?

Progress Report

Toby Sanders
Chair, LLR Chief
Officers Group



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Progress Report (last 15 weeks)

At the Summit Event 29th January we agreed:

- A whole LLR Health and Social Care 5 Year Strategic Plan to be developed through wide involvement
- An emerging joint shared vision, goals and principles for all partners to drive the next stage of transforming health and social care services
- To immediately commence work progressing an initial set of 5 condition areas



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Initial 5 condition areas

- 20 workshops over three weeks in Feb/March supported by Matrix
- 200+ participants from health, social care, voluntary sector, patients and carer representatives
- Clinical models and interventions explored for:
 1. Cancer
 2. Dementia
 3. Cardiovascular Disease
 4. Respiratory
 5. Mental health
- Cross cutting issues identified (e.g. IM&T, workforce, prevention and patient empowerment)



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A broader context

- Leicester, Leicestershire and Rutland nationally in Feb as one of 11 “financially-challenged health economies”
- External support provided through Ernst and Young consultants since April to facilitate system developing appropriate response at pace
- Local recognition that we need to broaden programme and align with existing work
- National recognition re complexity of task and impact on timescales

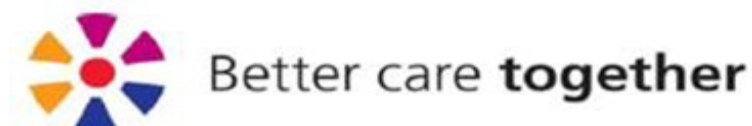


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LLR 5 Year Strategic Plan- the building blocks

Vision and Case for Change			
On-Going Communication and Engagement			
	Feb – June 2014	July – Sept 2014	Oct 2014 onwards
<ul style="list-style-type: none"> Health and Social Care Service Transformation Programmes 	<ul style="list-style-type: none"> Strategic case for change and vision Workstream proposals and setting of care implications Economic/activity model 	<ul style="list-style-type: none"> Wider review and 'stress testing' Development of detailed proposals Delivery arrangements 	<ul style="list-style-type: none"> Approval, implementation & on-going review Scope and timing of formal consultation where required
<ul style="list-style-type: none"> 3 x LAs Better Care Fund Plans 2 x NHS Trusts Integrated Business Plans 4 x commissioner (CCGs and NHSE) Operational Plans 	Alignment of plans across and within the LLR system		
<ul style="list-style-type: none"> Primary Care plan Social Care plan 	Briefs, scope and approach approved	<ul style="list-style-type: none"> Setting case and vision Development of models 	<ul style="list-style-type: none"> Wider review Proposal detail
LLR 5 Year Directional Plan	BCT Board 19th June- 1st draft	<ul style="list-style-type: none"> H & SC Partner Boards and Committee Healthwatch Reviews 	Final Directional Plan approved for delivery



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Why are we here? *The Case for Change*

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Chair Clinical Reference
Group

Professor Azhar Farooqi



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A Shared Vision for all Partners

Following the input at the last summit and wider engagement a shared vision has now been agreed

‘ To maximise value for the citizens of Leicester, Leicestershire and Rutland (LLR) by improving 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 the provision of safe, high quality services into the most efficient and effective settings’



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The Proposed 'Case for Change'

- Has been developed from the vision and by the BCT Clinical Reference group
- Outlines 'why' services need to change and the principles that will 'underpin' any proposed changes
- Follows input from the BCT Programme Board, Health and Social Care partners and Public Patient Group



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Citizens seek citizen-centred, seamless integrated care pathways, delivered in the appropriate place and at the appropriate time by the appropriate person, reversing overly-medical and hospital-centred models of care, with shared and informed decision-making

Demonstrating sustained and improving safety, effectiveness and experience of care, benchmarked against peers, and to system agreed standards

Citizens with diverse backgrounds, and diverse social care, mental and physical health needs, receive equitable access and outcomes in personalised care

There is a rising demand for health and social care - the LLR population is forecast to grow by 4% over 2014-19, with a changing age profile (11% growth in 65+ population)

More people are living with single and multiple long-term health conditions

Rising health inequalities, across the rich diversity of LLR communities including citizens with LD, and the underlying causes of physical and mental ill-health, need to be addressed

Transforming the health and social care system to deliver integrated quality care

Meeting the needs of our changing population

Case for Change

Ensuring our workforce meets the health and social care needs of our population

Delivering value for money

LLR is a good place to work, where staff are fully engaged and involved in transformation, working in new and exciting roles

All health and social care organisations in LLR to achieve financial sustainability, in a time of financial constraint

Addressing the shortfall in local and national workforce availability, through different ways of working

Developing new capacity and capabilities where appropriate, in our people and the technology we use

Commissioners will need to make phased savings to deliver investments in the models of care that will provide the highest quality and best outcomes for patients and citizens

Strengthen primary, community and voluntary sector care, to deliver integrated care, maximising the use of physical assets, supporting self-care, exploiting IM&T, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste in the system



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Your Feedback

- Do you believe the case for change is clearly set out?

YES or NO

- Do you support the case for change ?

YES or NO



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Session 2: Where are we going? *Emerging Service Changes*

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Chair Strategy Delivery Group

John Adler

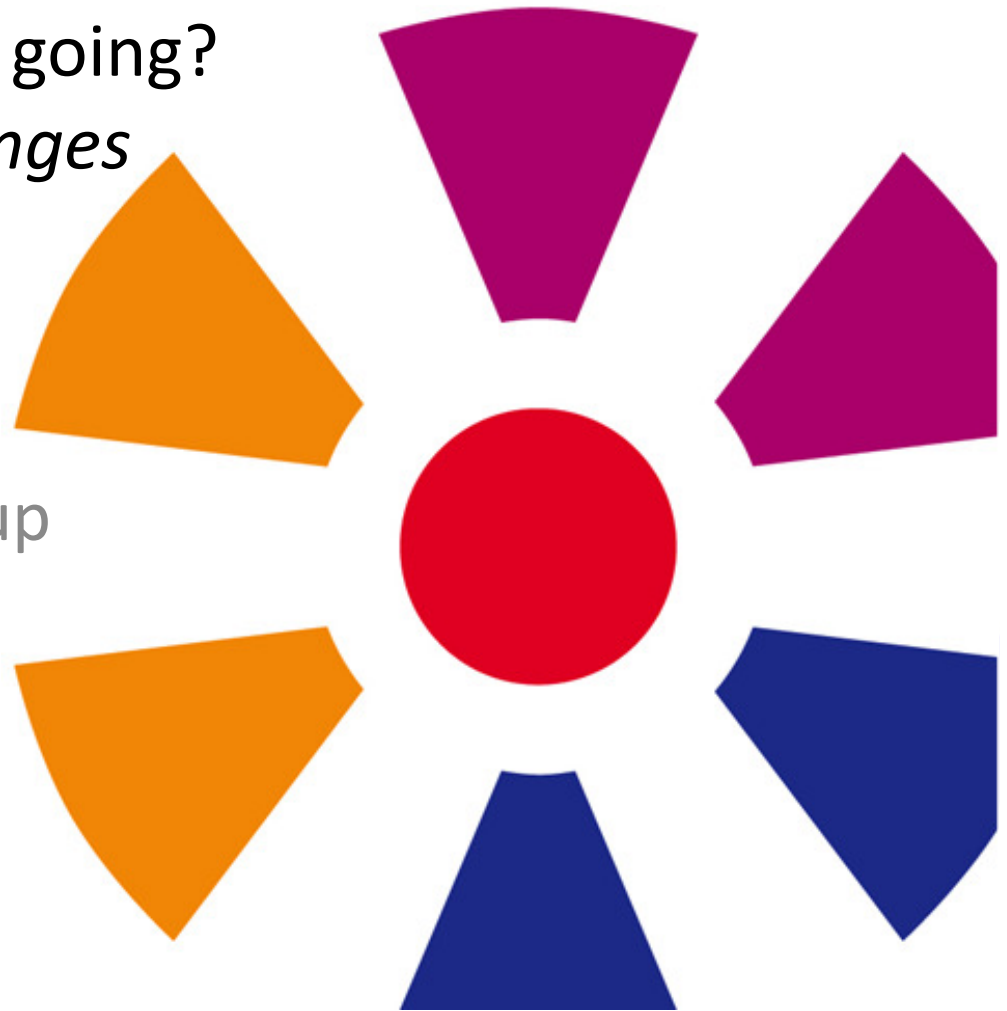
Member of Better Care
Together Board

Mick Connell



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Outline of session

- The emerging service transformation themes
- The agreed appraisal criteria-recommendation to include an additional criteria
- Update on the respiratory work stream development programme



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The Emerging Service Transformation Themes

- The review is being led by the Better Care Together Programme Board partners supported by Ernst and Young
- Reviewed by the Clinical Reference Group and Public and Patient Group



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3 Phased Approach-Work in Progress

- Developing standards and models of care to support transformational change
- Identifying through bench-marking and integrated working, efficiencies and productivity opportunities
- Determining preferred options based on best outcomes and sustainability



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The Service Delivery Framework

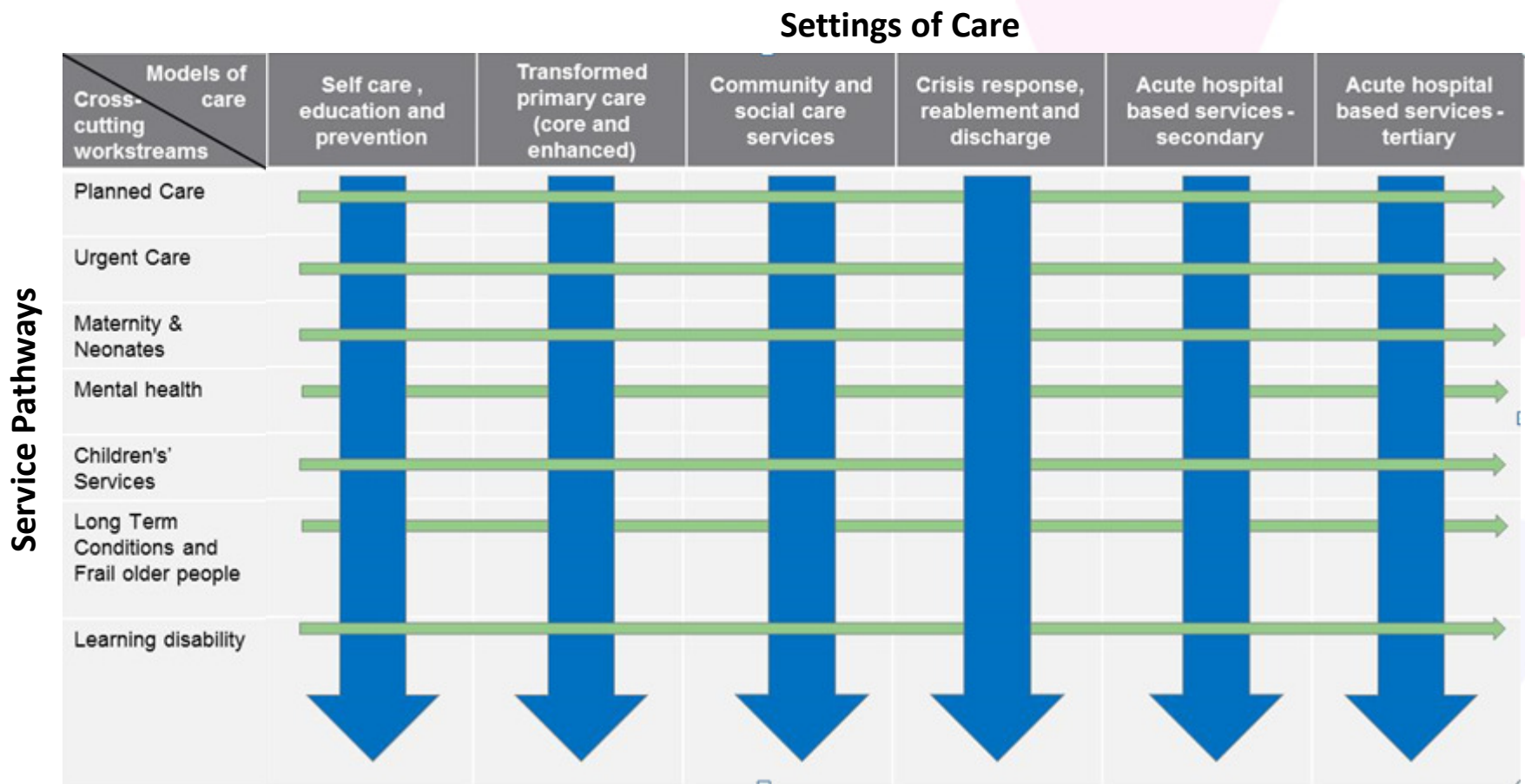
- Service Pathways
 - High level models of care for health and well being services
- Settings of Care
 - Care Closer to Home (the ‘left shift’ opportunity)
- Approach
 - This means we need a “matrix” approach required to deliver integrated service change



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The Service Delivery Framework (Matrix Approach)



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The Emerging Service Transformation Themes

- There are 8 emerging themes for developing standards and models of care to support transformational change
- These themes incorporate the work being undertaken within the 5 priority workstreams, Better Care Funding and Health & Wellbeing Strategies
- They will inform our Strategy for right sizing, acute, community and primary care



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Urgent care

What are we going to do?

Our existing service

1. Difficulty achieving **national standards** – *we need to make sure we deliver to our 4 hour targets*
2. Setting is **crowded** and uncomfortable – *we need to improve the urgent care environment*
3. Complex and **different depending on where you live** in LLR – *where is it best for me to go when I'm ill*
4. Lack of **connection** in community services – *we need to deliver joined up services*

Help people to choose right and look after themselves when appropriate

Support more patients to be seen and treated by the ambulance service

Targeting support to those who need it through case management

Develop more services to support people at home or in the community

Make urgent care services across LLR consistent

Support A&E to be as effective as possible

Next five years

Our outcomes in 5 years

- **National targets** being met with 4 hour targets consistently met
- More people being treated in the **right place**
- Better **patient experience**
- **Simpler system** for people to understand
- Reduction in **admissions** for chronic diseases
- **Less time** spent in hospital



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Frail Older People

Our existing service

1. Too many older people end up in **hospital** for too long – *we need to support care to be delivered elsewhere*
2. Not enough services that are **joined up** to support physical and mental health and wellbeing needs – *we need to deliver integrated pathways*
3. Too many people end up in services such as residential care instead of going **back home** with the right changes made to that home to make it a safe environment – *we need to support people to be independent*

What are we going to do?

Develop programmes to support people to participate in society – healthy and active for longer

Build systems to predict those most at risk of urgent care so they can be supported beforehand

Develop care plans together to improve health outcomes to the best they can be

Intervene appropriately and in a timely manner when older people are unwell

Increase support for older people who fall

Support people to leave hospital as soon as they are medically fit

Our outcomes in 5 years

- Improve **independence** and **wellbeing**
- More older people with agreed and managed **care plans**
- **Fewer** older people going into hospital
- Reduced **delayed discharged** and **length of stay**
- Reduce **readmission**
- Ensure increased **dignity**

Next five years



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Long term conditions

Our existing service

1. High level of **health inequalities** leading to different outcomes for people with long term conditions (LTC) – *we need to improve outcomes across LLR*
2. Low **detection rate** for LTCs and some cancers – *we need to work to increase screening and prevention*
3. Too many people being admitted for conditions that could be treated **outside of hospital** – *we need to improve ambulatory care*

What are we going to do?

Increase self-care and screening for LTCs

Work with patients and primary care to increase education

Build systems to predict those most at risk of requiring urgent care so they can be supported beforehand

Develop care plans together to improve health outcomes to the best they can be

Develop telehealth, coaching and telecare services

Intervene appropriately and in a timely manner when older people are unwell

Ensure that medical outreach and rehabilitation are available when required

Our outcomes in 5 years

- An increased number of **care plans** in place and people on disease registers
- More people reporting higher **personal resilience** and support for self management
- More people with LTCs support by **telehealth** and **telecare** services
- Reduced number of **admission** and **readmission** associated with LTCs
- Reduce dependency on access to care in **acute settings** if you have a LTC

Next five years



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Planned care

Our existing service

1. Opportunities to improve **efficiency** for example through delivering a higher number of procedures as day cases – *we need to ensure national standards for productivity are met*
2. **Waiting times** under increasing pressure – *we need to make sure the system is delivering to required performance standards*

What are we going to do?

Improve patient and clinicians knowledge to support timely referrals

Increase the number of procedures undertaken in a day

Concentrate activity at scale in the right location

Ensure efficient use of existing resources for example through theatre productivity

Reduce clinically unnecessary follow-ups

Our outcomes in 5 years

- Increased **day surgery / 23 hour** rates and reduced inpatient surgery rates
- National standards consistently met for **referral to treatment**
- Shortened **length of stay** for people requiring elective surgery
- Consistent application of elective care **protocols**
- Fewer number of clinically **unnecessary follow-ups**
- Lower **hospital acquired infection** rates

Next five years



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Maternity and newborn services

Our existing service

What are we going to do?

Our outcomes in 5 years

1. **Two obstetric-led units** supported by different clinical services delivering over 10,500 births a year. When reviewed in 2010 by the National Clinical Advisory Team was suggested that this was only clinical sustainability on a **temporary basis** – *we need to review what a sustainable service will be*
2. Low number of **home births** – *we need to support this choice*
3. Some communities access **antenatal** services too late – *we need to support early contact*

Review options and consult on future shape of maternity services

Review options and consult on future shape of services to support newborns

Increase the number of home births

Increase take-up in the first 12 weeks of antenatal services by hard to reach groups

- A **sustainable long term model** for maternity and neonatology services that complies with national standards
- **Increased home births** by 50%
- Improve **uptake of antenatal** and parenting support, particularly in hard to reach groups
- Better **perinatal** outcomes in LLR

Next five years



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Children's Services

Our existing service

1. Existing services are **fragmented** for children and young people – *we need to coordinate care better*
2. Good **informal working relationships** between parts of the system although differing views on what good looks like - *we need a consistent integrated approach*
3. Variability in **transition** services – *we will ensure smoother transition to adult services*
4. Lack of focus on supporting **independence** - *children & young people supported to self-care*

What are we going to do?

Review what Children and Adolescent Mental Health Services (CAMHS) capacity is required

Develop options to facilitate greater integrated working between all sectors

Establish age range that that review will cover

Develop a strategy around optimising children's life chances through public health interventions – Health and Wellbeing

Our outcomes in 5 years

- Improved **health and wellbeing** for children, supported into adulthood
- Improved **life expectancy and independence** throughout their lives for children we support
- **Integrated working** across secondary, primary and community services to reduce duplication of structures and maximise productivity
- **Age appropriate** services across LLR
- More children and young people who have **coordinated care**

Next five years



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Mental Health

Our existing service

1. **Wellbeing inequalities** and low life expectancy – *we need to support parity of esteem*
2. **Mismatch** between service need and location – *we need to align services across LLR*
3. Waits for some services are **too long** – *we need to ensure people receive timely care*
4. Focus on **treatment** - *we need to increase prevention services*
5. Not enough **crisis resolution** and outreach including drug and alcohol – *we need to expand care*

What are we going to do?

Develop peer support model for early interventions

Review what Children and Adolescent Mental Health Services (CAMHS) capacity is required

Ensure services are equipped to deal with physical and mental health needs – parity of esteem

Crisis response service that respond in a timely fashion to support recovery

Our outcomes in 5 years

- Reduced **incidence** of mental health conditions
- Reduced **crisis** escalation episodes, with quicker response times when required
- Reduced **delays in discharge** and lengths of stay
- **Integrated pathways** and case management for people
- Increase in **parity of esteem**
- Reduced reliance on **acute services and increase focus on recovery**

Next five years



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Learning Disabilities

Our existing service

What are we going to do?

Our outcomes in 5 years

1. **High use of specialist services** and underdeveloped offer from universal and preventative services
2. **Too many people accessing long-term acute or intensive support services** because of underdeveloped crisis response, step up and step down services.
3. **Carer support and short breaks** services are inconsistent and not sufficiently integrated
4. Poorly **developed market** leading to over-priced package provision – *we need to work together to manage and develop the learning disabilities market*

Joint market management and development

Develop integrated personal budgets to match support better to needs

More consistent whole life approach across children and adult services

Better support for universal and primary care services

Develop more integrated pathways and short breaks provision

Next five years

- The potential of individuals to lead **independent and fulfilling lives** is recognised as the norm
- **Tailored support** to peoples' needs using appropriate commissioning
- **Equitable access** to mainstream services
- Reduce **spend per head**, by matching support setting to individual needs
- **Good quality service provision is available** in LLR at the right time and at the right price.



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In Summary - the overarching transformation themes from the 8 service pathways are:-

PREVENTION

Information and support for independence

EARLY INTERVENTION

Acting early to avoid a crisis

ACUTE CARE

Rapid treatment when truly needed

RECOVERY

Minimum hospital stay, smooth discharge

FOLLOW-UP

Support at home to restore independence



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Your Feedback

- Do you believe the overall direction of travel is correct?

YES or NO



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Establishing Appropriate Appraisal Criteria

- Appraisal criteria(s) being used to agree the phasing of the programme
- 6 criteria were agreed by the c.200 people attending the February workshops
- The Clinical Reference Group, Public and Patient Group have recommended the additional inclusion of 'Access' as a criteria
 - 'Access' means time, modes of travel and equity of access to health and well being services



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The Appraisal Criteria

Value for money

Quality

Scalability

Achievability

Return on Investment

Level of Pathway Change

Access (proposed)



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Your feedback

Do you agree that access should be included as an additional appraisal criteria in defining the phasing of the programme?

Yes or No



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Where are we going?
*Respiratory – a clinical case
study*

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Kate Shields – Director of Strategy

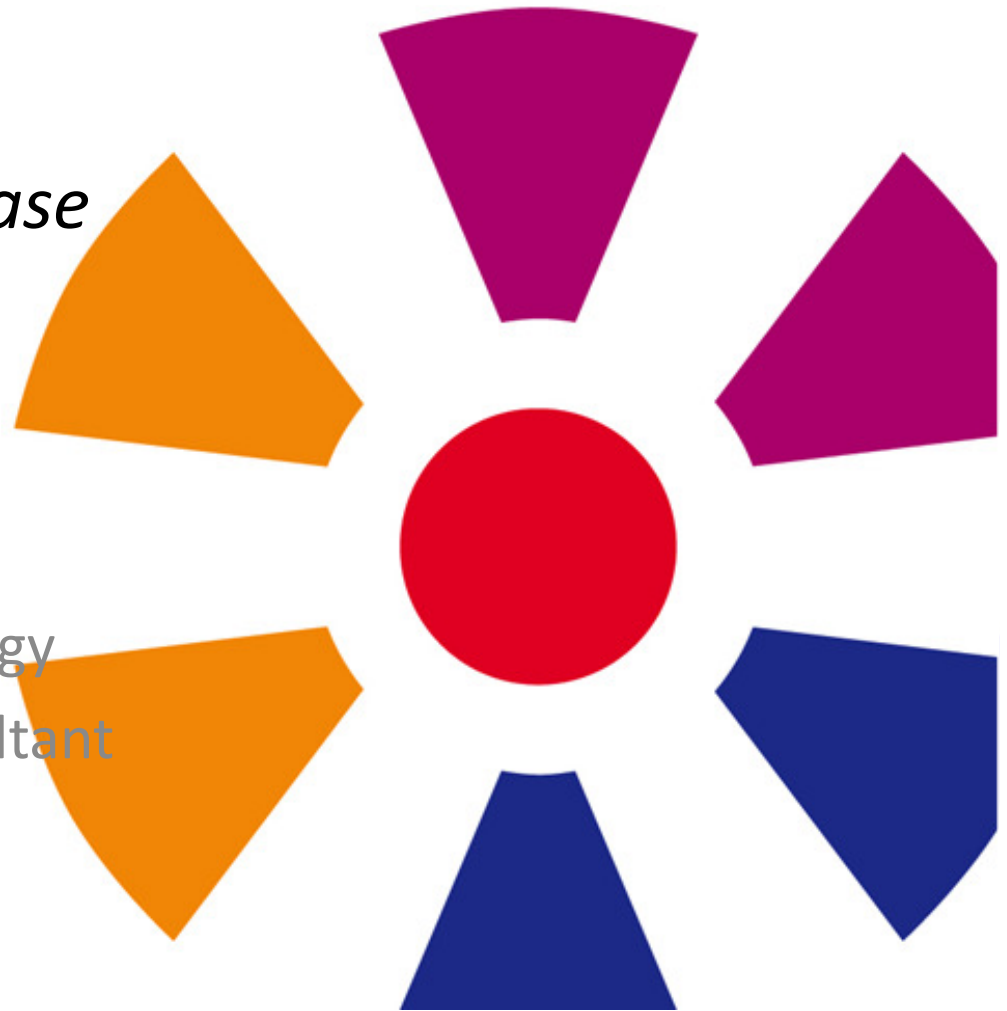
Mike Morgan – Respiratory Consultant

Dr Darren Jackson - GP



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What is respiratory?

- Chronic Obstructive Pulmonary Disease (COPD)
- Asthma
- Bronchiectasis
- Interstitial Lung Disease (ILD) (Pulmonary fibrosis)
- Tuberculosis (TB)
- Lung Cancer
- Respiratory failure and obstructive sleep apnoea



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Where are the opportunities?

- **Prevention** (smoking cessation, physical activity)
- **Early and accurate diagnosis** (symptom recognition, spirometry)
- **Better outcomes** (pneumonia, asthma and COPD care bundles)
- **Improved Quality Care** (whole pathway commissioning, risk stratification, improved rehabilitation capacity,)
- **Right place, first time** (community specialists and advanced disease hospital clinic)



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You said we did!!

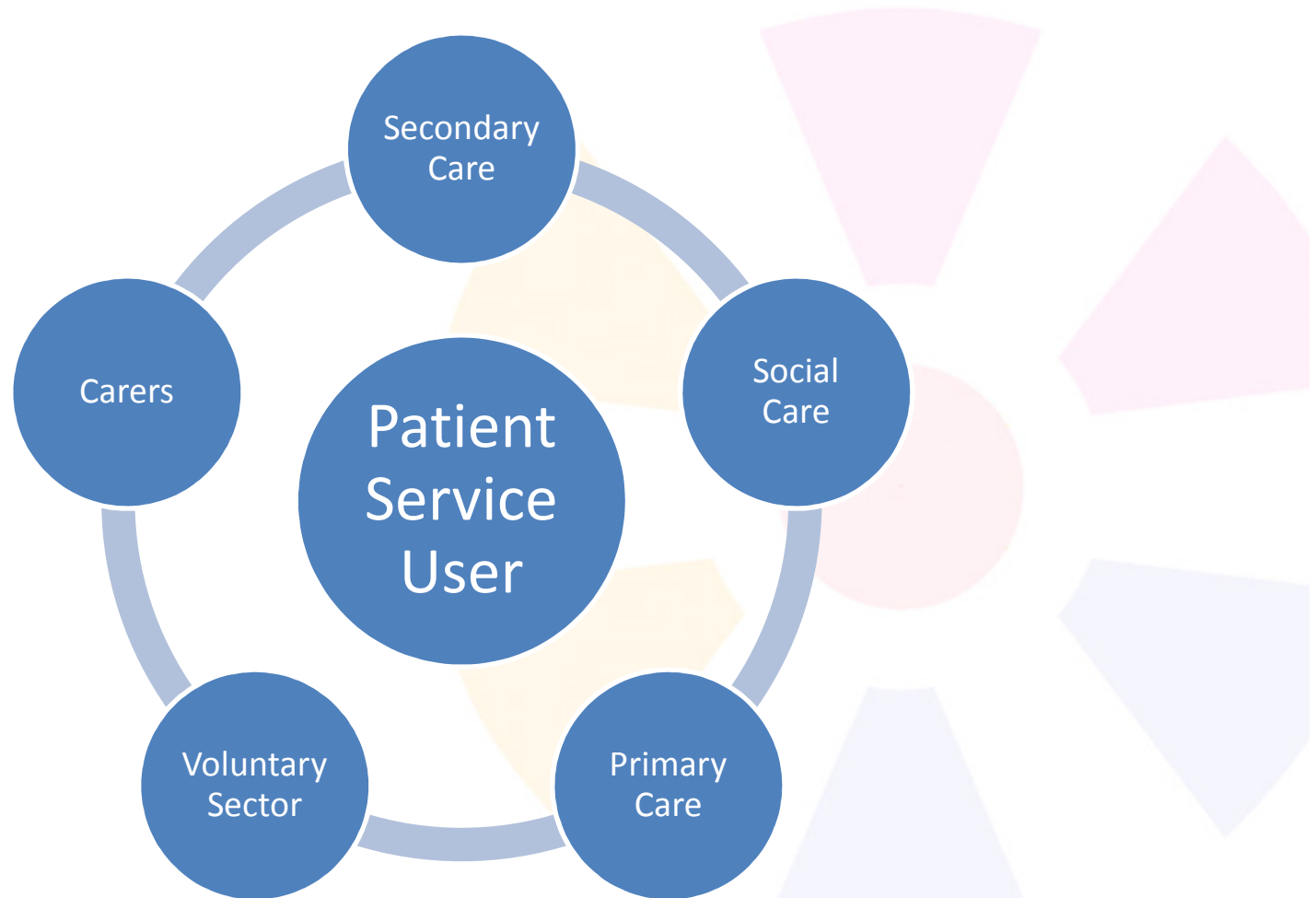
- Attended 'Matrix' workshops
- Outcomes from workshops challenged, refined and the value of opportunity identified
- Set up Respiratory Steering Group to oversee progress
- Set up small groups to look at patient pathways across health and social care



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Who's involved?



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The community approach

- Amazing opportunity to coordinate care across health and social sectors
- Need to improve and move care away from acute hospitals
- Need to enable patients to manage their own conditions
- Value of the opportunity – patient pathway
- Reversing the current pyramid of care



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Pathway change proposals for the whole system-Model of care

- Self-Care, Education and Prevention
- Transformation of Primary Care (core and enhanced), Community Services and Social Care
- Crisis response re-enablement, discharge & Acute sector hospital based services – secondary
- Acute hospital based services – tertiary



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What's next

By September 2014 we will have;

- An agreed and specified patient pathway across health and social care
- Agreed activity movements away from acute
- Key enablers activated e.g. commissioning, education, IT, workforce
- Implementation plan with clear timescales

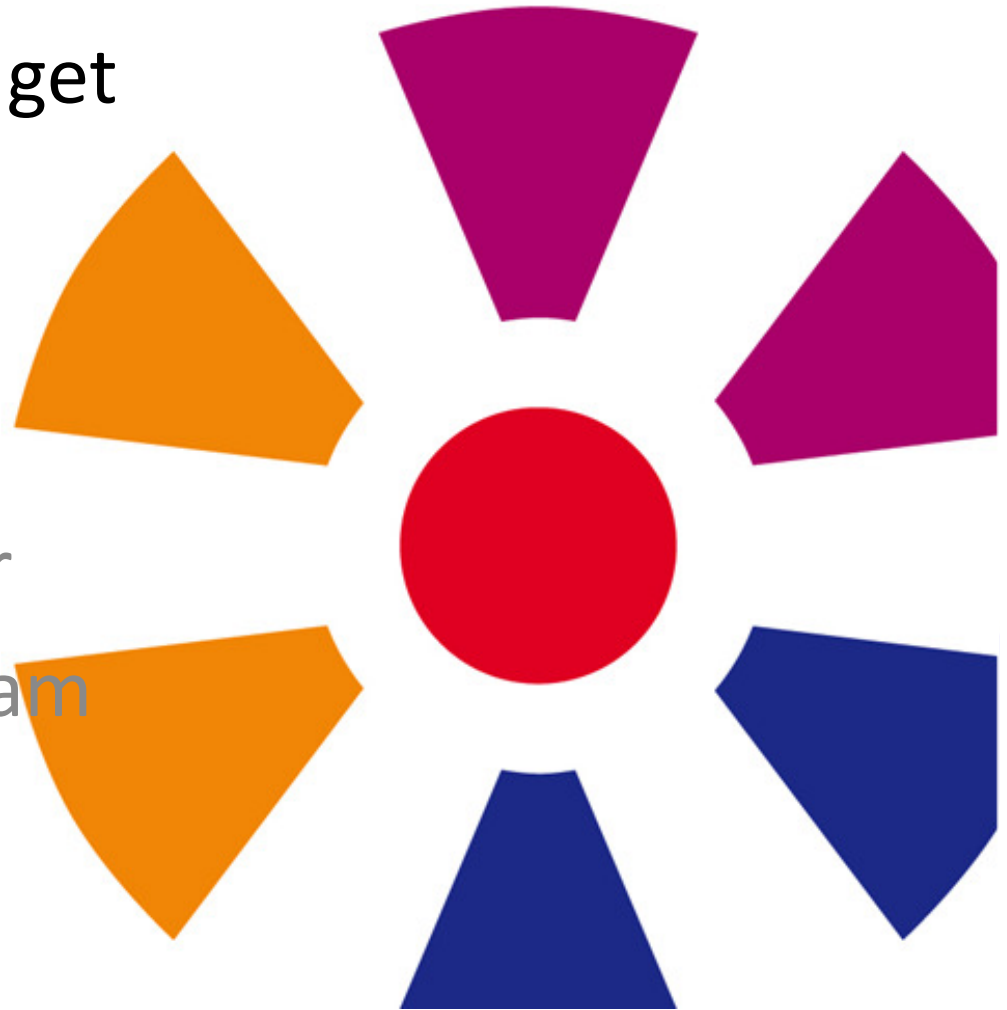


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Session 3: How will we get there?

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Chair Workforce program
Dr Peter Miller



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Supporting Implementation-Progress Update

- A full programme governance structure with a supporting programme management team has now been established
- Key enabling groups to support and underpin the service transformation programmes are now in place
- Membership across all groups covers health and social care with public and patient representation



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BCT Programme Governance

Full details are included within your packs in summary the LLR Better Care Together Board is supported by:

- Reference Groups- Clinical, Public & Patient, Political
- Operational and Performance Management- Chief Officers, Chief Finance Officers, 5 Year Strategy Delivery Group and the Programme Management Office (PMO)



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Enabling Groups

Supporting the service transformation programmes are the 4 key enabling groups that have been set up:

- Workforce-Looking at how we support the existing teams and what new skills will be required
- IM&T-How we support service users with appropriate technology
- Estates-Reviewing existing estates across health and Social care partners to meet future requirements
- Communication & Engagement- Establishing an ongoing communication and engagement strategy for staff and service users



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Immediate Next Steps

Phase 1

- Review today's feedback and include it within the development of the 5 Year Plan
- Continue developing the 1st Draft of a LLR directional plan for the 19th June BCT Board

Phase 2

- Finalise the discussion and engagement programme for partner organisations, staff and public representative groups July-September
- Utilising the directional plan principles, develop and validate with partners and wider organisations* a detailed business case

Phase 3

- Formal consultation (where required).
- Approval, implementation & on-going review

*voluntary sector and representative service user groups



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In Summary

- This is still very much work in progress. Your continued input through these events, workshops and individual contribution is shaping our proposals
- Recognising the size and the pace of change required and the significant cross health and social care partnership working that is now being undertaken by teams
- The ongoing support and input being given by patient and public groups, and wider voluntary organisations

As a result

The 1st draft of an LLR directional 5 Year Plan is on schedule for Board discussion on 19th June and wider discussion June-September



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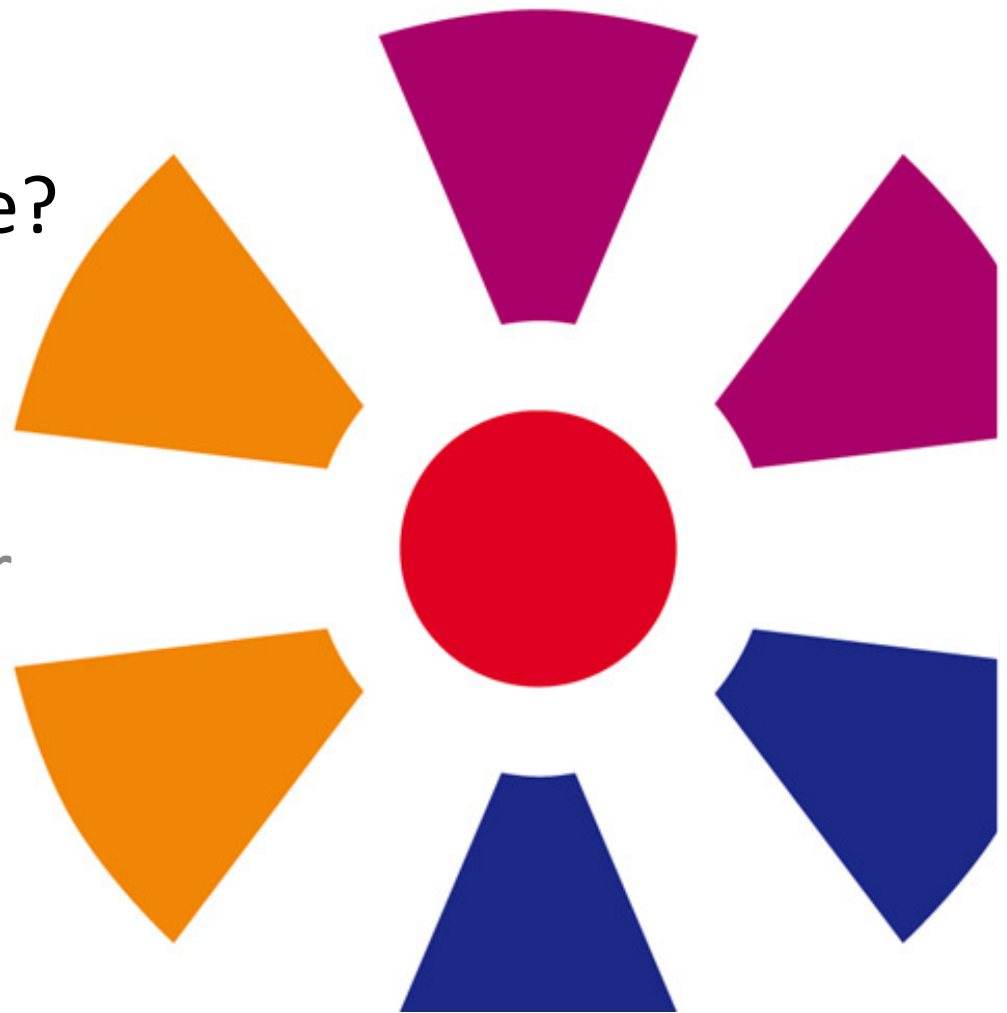
How will we get there?

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Chair Public Patient
Group
Jennifer Fenelon



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No Decision About Me Without Me – FACT OR FICTION?

“ ...We have been here before and nothing happened...
...They've got the answers worked out already...
...They just want us to rubber stamp their plans...
...It's a tick box exercise...
...It's just about saving money...”

...So is it different this time?



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It Does Feel Different This Time

People are more savvy

- Integrated care close to home now welcomed
- Recognition of need for new ways to meet demand
- Cuts alone dressed up as change won't wash
- Importance of quality understood - scandals have served a purpose

2010 NHS Guidance - 4 tests for reconfiguration

1. Strong public and patient engagement
2. Consistency with need for patient choice
3. Clear clinical evidence base
4. Support from clinical commissioners

And so...?



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PPI in Better Care Together

Strategic presence

- Healthwatch seats on Health & Wellbeing Committees
- PPI reps at every level of Better Care Together
- PPI Reference Group – advice and challenge
- Detailed involvement in pathway work

Extending reach

- Working with communications
- Community engagement: June - September
- Using all available channels
- Shaping final proposals



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Closing Remarks

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