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

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

UPDATE

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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 focused 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

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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 ‘placed based budget’ one 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

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LLR STP priority areas

- 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. Vanguards)
- From this, we have identified a smaller number of key system change priorities:
  1. Urgent & emergency care
  2. Integrated teams
  3. General practice resilience
  4. Service reconfiguration
  5. Operational efficiency

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STP Priority 1 - Urgent and emergency care

- 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

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STP Priority 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

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STP Priority 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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STP Priority 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 (£40m+)
- And no decisions taken until after formal public consultation (anticipated start early 2017)

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STP Priority 5 - Reducing operating costs

Doing things more efficiently through:

- Back office efficiencies / collaboration (NHS/public sector)
- Medicines optimisation (reviews, cost and waste)
- Provider system/process efficiencies (reducing delay/duplication)
- Delivering elective treatment through most efficient model (outpatient procedures, day case, inpatient) and lowest cost setting (including Alliance community and primary delivery)
- Estate utilisation (across wider public sector)

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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 Qly Forum)
  - Multi-agency implementation teams to deliver priorities with strong patient involvement
- Evolve BCT Programme Management Office function and resource
- Release individuals from across partner organisations to drive key pieces of work over next 12 months
- Investment in leadership, organisational development and building teams
- Arrangements in place swiftly from November 2016

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Next steps

- Re-submission of our STP by end of October
- New governance and delivery arrangements in place from November
- Translate into 2 year Operational Plans
- And provider contracts aligned by end December
- Anticipate NHSE approval to initiate formal public consultation on some elements in early 2017

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