



**Better care together**

Leicester, Leicestershire & Rutland health and social care

Leicester, Leicestershire and Rutland

# **Sustainability and Transformation Plan (draft)**

## **Public summary January 2017**



*East Leicestershire and Rutland Clinical Commissioning Group  
East Midlands Ambulance Service  
Leicester City Clinical Commissioning Group  
Leicester Partnership Trust  
University Hospitals of Leicester  
West Leicestershire Clinical Commissioning Group*



# Our sustainability and transformation plan (STP)

Our draft STP establishes the way forward for developing local NHS and social care services over the next five years.

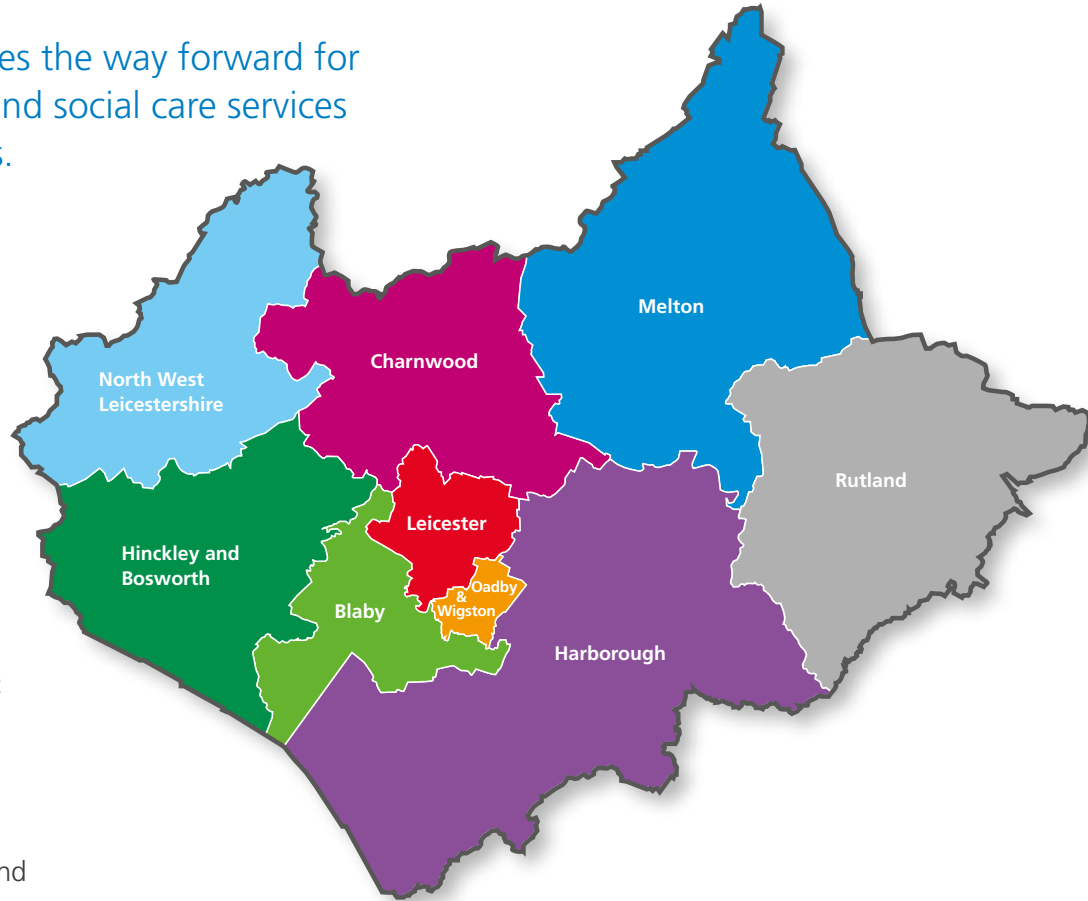
Called Better Care Together, it sets out how hospitals, GPs, social services and community services can work together as one in the interests of us all.

The draft STP focuses on:

- preventing ill health;
- community hospitals;
- urgent and emergency care;
- maternity services;
- mental health;
- services for young people;
- GP surgeries;
- planned and routine care; and
- community services.

This public summary is an introduction to the draft STP's key elements. Our summary explains the general challenges to services, including closing a forecast gap between the costs of care, and the money available to us over the next five years. The draft STP looks to reduce this financial gap not by cuts, but by doing things differently. And, it supports investing over £300m in new services and facilities including:

- services delivered at home;
- a single site maternity hospital at Leicester Royal Infirmary;
- a children's hospital;
- a day surgery unit at Glenfield Hospital; and
- an A&E at Leicester Royal Infirmary.



## Why do we need an STP?

Our local population is growing, and so are the health and social care needs of local people, and communities. There are more older people, and more people living longer with long-term illnesses. If we don't plan for the future now, the services we currently rely on won't be able to cope.

## Your feedback

Your feedback on our draft STP is very important. We will continue to develop its contents over the coming weeks and months.

Details of how to feedback are on the back page of this summary.

# Leicester, Leicestershire and Rutland – our local area

In Leicester, Leicestershire and Rutland we have a population of around 1.1 million people. We are a diverse area, ranging from inner city and urban centres, through to very large expanses of rural countryside. Like many areas of England, our population is growing, and its health and social care needs are also changing.

Our population is getting older and living longer, which means there are more people living with complex health conditions and demand for health and social care services is increasing by a large amount every year.

We also know that some services do not always deliver the quality and access of care that we want for local people. For example, we want to improve our early detection rates for conditions such as cancer so that people can be treated sooner with an increased chance of recovery.

The way that our health and social care system is set up right now means it will not be able to cope with existing and future demand in a way that offers the best possible, high-quality service with the money, buildings and staff we have available.

## What is a sustainability and transformation plan and why do we need one?

Our draft sustainability and transformation plan (STP) for Leicester, Leicestershire and Rutland, under the banner of Better Care Together, sets out how we want to tackle the challenges of our ageing population. It sets out how, within the resources available, we can ensure that we consistently deliver quality services that are easier for local people to access.

In 2015, **NHS England** produced a national plan called the [Five Year Forward View](#). It explains the challenges facing our health service in England, and what we need to do to overcome them to provide a service that meets the needs of people by 2021. It looks at: the rise in demand for services; pressures on finances; healthcare priorities such as cancer services and mental health; and whether we need to take a fresh approach to how we deliver services that will enable us to meet these challenges.

NHS England identified three main 'gaps' in current healthcare services in their [Five Year Forward View](#) and wanted local regions to think about how these gaps affected health services in their area:

**Health and wellbeing** – focusing on preventing people getting ill and taking greater responsibility for their good health; ensuring recovery from illnesses is not determined by where someone lives, or which part of the community they come from. Also important is ensuring mental health services are as much of a priority, and are treated as equally as physical health services.

**Quality of care and services** – making sure our GPs have the support and resources they need to deliver the best care in their community, and improving services in emergency care such as in A&E, while making sure we have right staff with the right support and training to deliver the care needed by local people.

**Efficiency and finances** – getting the best value for money while delivering the optimum possible quality of service by looking at things such as how we use our buildings, and how we run our support and 'behind the scenes' functions such as IT (information technology).

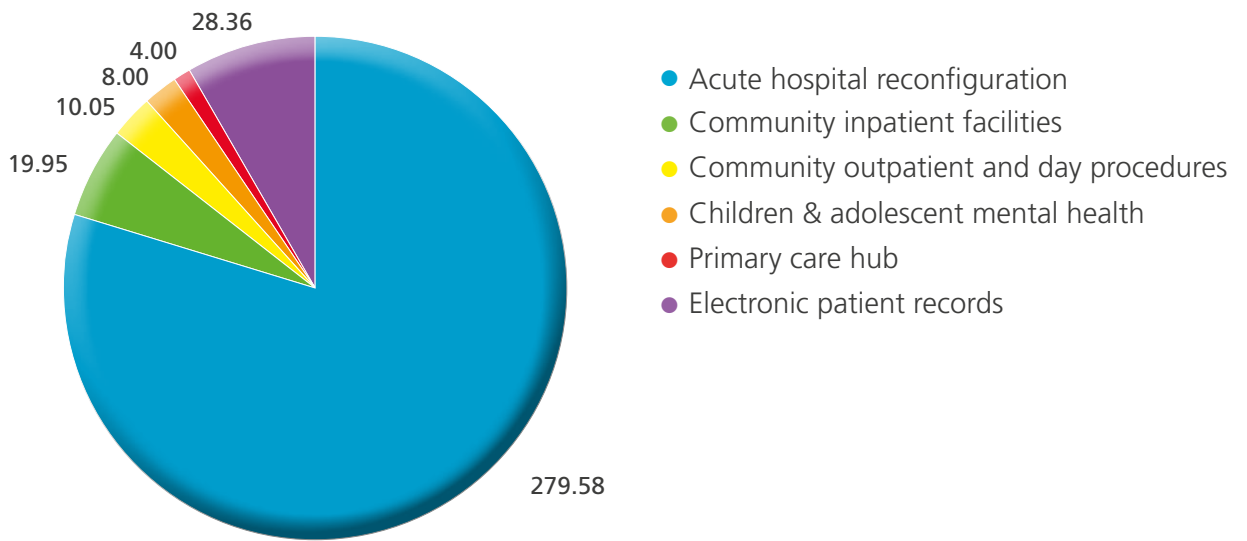
NHS England then created 44 health areas, or 'footprints' across England, of which Leicester, Leicestershire and Rutland is one. The local authorities and the NHS in each of these areas were then asked to come together to plan how they were going to deliver the NHS [Five Year Forward View](#), and address the challenges presented by the three 'gaps' it identifies. Each local plan is called sustainability and transformation plan (STP).

Our Leicester, Leicestershire and Rutland STP sets out how we propose to change services for the better, improving care and the patient experience, while addressing the problem of demand for services continually outpacing the resources available. To deliver our objectives it means the services we deliver, and where and how we offer them, will need to change.

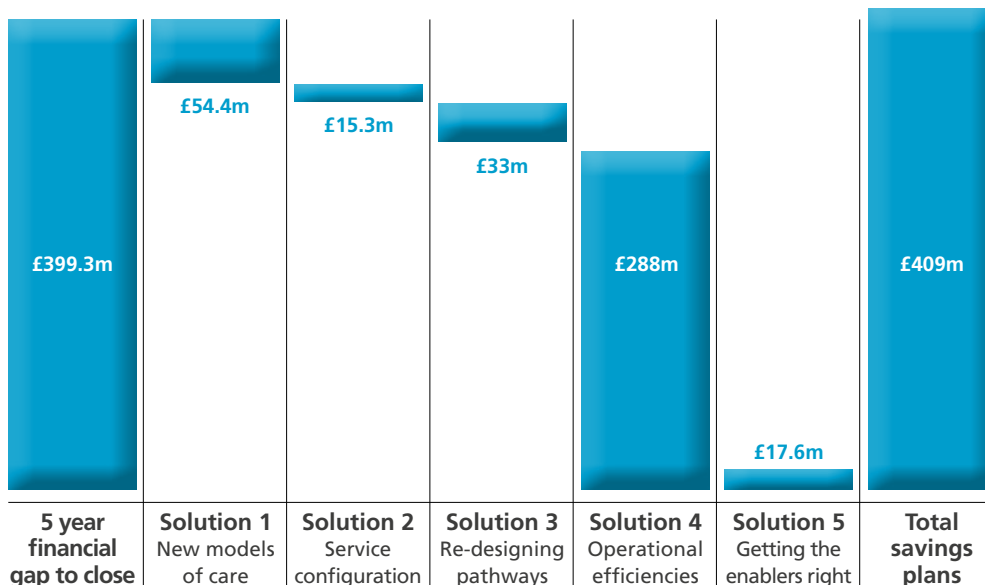
### Our finances

Money plays a part in why services need to change, but it isn't the only reason. We need to get the best possible value for taxpayers from the money we spend on health and social care. In recent years, the money invested in healthcare by the UK government has gone up.

### LLR capital plan £(millions)



### Our shortfall and savings plan



However, we need to make the money we have work harder. This is not about 'cuts' but about the choices in how we spend our public money. Currently we have around £1.6 billion a year to spend on health services in Leicester, Leicestershire, and Rutland. In five years' time, this will have increased to approximately £1.8 billion. However, the growth in our population, the increasing cost of delivering our services – let alone the costs of new treatments and increases in demand for services – means if we do nothing we will be at least £399 million short of what we need to maintain the service we offer.

Some of our proposals will require funding to support improvements in our buildings and land. Our programme of improvement will cost an estimated £350 million over the next five years, of which £250 million will need to be new external funding. This investment will ensure our services will be able to meet the needs of our community now and in years to come. The plans will be spread out over a number of years. We are seeking to secure NHS funding nationally (subject to the NHS prioritisation framework). If not available we will explore other sources of funding. For each scheme, we will need detailed plans that will need to be approved before work can start.

### Who has been involved and engaged in drawing up this plan?

In our area, long before writing our STP, we had been thinking for some time about how to meet the challenges our health and social care system faces. In 2014 we launched Better Care Together to tackle the challenges highlighted in NHS England's [Five Year Forward View](#). This means many of our proposals have already been shaped by our discussions with: representatives from patient groups; local politicians; others involved with and interested in local health and social care services; the wider public; and also input from healthcare staff, including doctors and nurses.

### What do we want to do in Leicester Leicestershire and Rutland?

Our senior doctors, nurses, social workers, health and local authority leaders have long seen the need for change in our local health and social care services.

Together they have together looked at the challenges we face, the money we have, and the increasing demand for health and social care services. They also looked at good practice in other areas of the country. They identified five important things for our area to concentrate on in order to deliver the national [Five Year Forward View](#), and create a high-quality, health and social care service that meets the needs of local people, and remains affordable in the long-term.

## 1

### Our priorities

**New ways of caring for patients that concentrate on preventing people from becoming unwell and avoiding hospital admissions.**

### Community-based teams supporting patients

We believe in 'Home First', which means being at home with support is the best place for many people to stay well, and manage their conditions or illnesses. We want to create specialised integrated teams in the community, to keep people well at home, while reducing unnecessary hospital stays and ensuring those who do need to be admitted to hospital don't stay longer than necessary. The community-based teams will support older people and those with long-term illnesses. They will help people avoid the need for emergency support and urgent care, and will help them to better manage their health and wellbeing, and avoid unnecessary hospital stays.

Approximately 10 integrated teams will be based across Leicester, Leicestershire and Rutland. Each team will place each patient at the centre of their own care with support from their GP practice plus other support from professionals like nurses, social workers, physiotherapists, and healthcare assistants. You can read more about integrated teams and Home First in the section 'Re-organising our community hospitals'.

## Strengthening our GP surgeries

We want GP services to grow and develop so they can manage the increasing demands placed on them, while still delivering a high quality and consistent service for local people. Developments planned range from surgeries working together in order to provide a wider range of services, pharmacists being employed to more closely support people with long-term illnesses, and appointments being offered at GP 'hubs' to increase the number of people being seen outside standard times (such as evenings, weekends and early mornings). Patients will still receive the majority of their services through the practice they are registered with, and which co-ordinates their care. In addition to this, we expect more services will be offered by groups of practitioners working together to provide a wider range of services locally.

Another really important part of GP surgeries taking on an enhanced role, is to make sure we have the right staff in place and enough of doctors and nurses serving our region. Nationally there is a shortage of GPs and so like many areas we are looking at new ways to recruit staff for GP surgeries, and to hold on to the ones we train in this area.

Most of a person's care will remain at their own GP surgery, however more services will begin to be provided by surgeries coming together in networks or 'federations' sharing their expertise, buildings, staff and resources to deliver care for, and on behalf of, each other. This means GP surgeries will be able to offer better access to appointments, and an extended range of services. Too often patients receive care in hospital that could be safely provided in the community, coordinated through their GP surgery, and supported by the wider health and social care teams.

## Routine and planned healthcare services

Locally most routine outpatient services and procedures take place in one of the three large city hospitals, which means people to come in from all over Leicester, Leicestershire and Rutland for appointments. Sometimes routine appointments and procedures are cancelled because of emergencies taking priority. Some outpatient services are already carried out in community hospitals in Leicestershire and Rutland, but we aren't currently making the most of the capacity of

our community hospitals to offer these services in these counties. We want to further increase the number of services available in community hospitals, and create 'hubs' where the services can come together in the community under one roof so that people's illnesses can be quickly diagnosed before having to go into the city hospitals. In the city, the proposed planned care treatment centre at Glenfield Hospital would be a dedicated facility for routine appointments. It would relieve congestion at Leicester Royal Infirmary, which would be able to concentrate more on emergencies. We also want to make the most of technology so that patients do not necessarily have to attend at a hospital – such as using telephone consultations for routine follow-up appointments.

## Urgent and emergency healthcare services

We want local urgent healthcare services to be consistently available 24 hours a day, seven days a week in the community and in hospitals. The main changes and new services we plan to introduce include the following.

- A new telephone advice service run by doctors and nurses where staff will have access to your medical records to give you the best advice to meet your needs and where necessary can directly book appointments in community health and urgent care centres. The advice line will also be able to direct people to more specialist help in mental health, medication and dental issues. In future, we'd also like to expand the service to offer advice on, and to signpost to, social care services.
- We want to ensure people can get access to appointments with a healthcare professional within their general practice (and other care services in the community) when they need them, either with their GP, or a member of the practice team. This would be during normal practice opening times, or as a result of practices working together to offer extended opening hours.
- We want to create new centres where people will be able to see doctors and nurses, and get the medical services they need to diagnose complex or urgent illnesses (such as access to X-rays and scans). We want to use these centres to avoid,



as much as possible, people being admitted into a large hospital unnecessarily, without knowing about their illness first.

- We will run the new accident and emergency department at the Leicester Royal Infirmary differently. GPs and nurses will initially assess patients to make sure they get the right care in the right place. That may not be in the accident and emergency department, as people may be transferred for treatment to alternative health services, such as an appointment with a healthcare professional with their general practice. This will help to reduce waiting times, and ensure that those needing emergency care get treated quickly by our experts.
- We also want to continue to develop a home visiting service across Leicester, Leicestershire and Rutland by combining daytime and overnight services in one team, provided by a single provider twenty-four hours a day, seven days a week. It would, where appropriate, avoid the need for people to go to the accident and emergency department and possibly then be admitted to hospital, when a hospital would not be the best place for their recovery. And, it would prevent people from losing their independence at home.

outpatient appointments also take place at the large city hospitals, and can sometimes be cancelled because of emergency treatments taking priority.

We also know from medical and nursing experts that people, particularly elderly patients, often spend too long in hospital, and can find that their recovery is slowed down and they can end up taking longer to get better. It is important that when a patient no longer needs to be in a large specialist hospital that they are moved quickly into rehabilitation services in community hospitals, or home to help them get back on their feet and prevent them having to go back to hospital.

The overall result is that we want our hospitals to become more specialised and to concentrate on services that cannot be provided in the community. If these changes are to happen, it would make sense to provide our most acute (specialised) services at just two of our hospitals not all three. This would off-set the cost of running three large hospitals and duplicating, or triplicating, services.

Subject to us consulting with the community on our plans, we would like to bring more services together at the Glenfield Hospital and Leicester Royal Infirmary, and to change the role of Leicester General Hospital. Leicester General Hospital would still offer services for patients, and would still be home to our world-leading diabetes research centre and our Evington Centre community hospital, but it would also concentrate on other non-emergency health, and social care services.

## 2 Our priorities

**Improving the way we structure services so that we can provide the best possible medical services with the resources (money, staff and buildings) we have.**

### Re-organising our city hospitals

We know that Leicester, for the size of our population, is unusual in that it has three large hospitals within a few miles of each other. This means that we duplicate (or even triplicate) services, and as a result staff and their expertise can sometimes be spread too thinly.

Maintaining three large hospitals means that we haven't been able to invest as much as we would have liked in our buildings. A lot of routine and planned

### Bringing maternity services together

We want people to have choice and fair access to comprehensive, high-quality maternity services regardless of where they live. So locally our doctors, midwives, nurses and patient representatives have put together plans for the future of maternity services in Leicester, Leicestershire and Rutland based on what parents have told us, and to ensure that services are safe and sustainable for the future.

With around 10,500 babies born locally in six locations, our staff and resources are not being used effectively. Structuring our services in this way can put pressure on services in one or more locations at any particular time, and it doesn't give equal access to all ways of giving birth to all mums and their families. These issues have been recognised in several reviews of our maternity

services which have consistently said that in their current form they are unsustainable. So, our priority is ensuring that future maternity services are of high quality, provide choice, are fairly available to all women, and are affordable with the money we have available to us.

In our plans, we are proposing that the hospital-based elements of the women's service, including gynaecology, neonatal care and maternity, will all be available at one site – the Leicester Royal Infirmary. Some outpatient appointments and procedures will continue to be available or even increase in community hospitals, and midwives will continue to provide antenatal and postnatal care in the community. However, subject to public consultation, we would like to consider whether we provide a standalone midwife-led birth centre away from the Leicester Royal Infirmary site. If, after consultation a standalone birth centre is to be provided then it will need to be available to as many women in Leicester, Leicestershire and Rutland as possible, and have enough births for it to be financially sustainable (approximately 350-500 births per year). The most likely location for such a unit would be the Leicester General Hospital site.

Currently, around 170 babies are born each year at St Mary's Birthing Centre, a midwife-led unit in Melton Mowbray, and so we would propose to close the St Mary's Birth Centre, and re-organise maternity services as follows, to provide the highest quality, fairest service and best value for money.

1. Inpatient maternity services will be provided by midwives and doctors in a Combined Care Unit at Leicester Royal Infirmary and would be supported by the Neonatal Intensive Care Unit in case of emergencies.
2. An alongside midwife-led birth centre located at the Leicester Royal Infirmary near to the Combined Care Unit.
3. Home birth supported by our midwives.
4. Subject to public consultation, a standalone midwifery only birthing centre at a site that ensures equity of access for those in the region that may wish to use it, and has enough activity to ensure that it is affordable and sustainable for the long-term. This would most likely be the Leicester General Hospital site.

Our priority remains to give women and their families a choice of safe, comprehensive, high-quality services that are sustainable for the long-term.

### Re-organising our community hospitals

We currently have nine community hospitals across Leicester, Leicestershire and Rutland, which offer a mixture of services ranging from inpatient wards, outpatient appointments and some treatments and procedures. Some of the hospitals are old and currently not fit for providing modern healthcare services. Some of the buildings and sites don't have the space or facilities to be able to expand to allow us to offer more services in the community.

Over the past decade, it has become possible to provide a greater range of rehabilitation services for patients in community hospital settings, after discharge from our main hospitals, and in their own homes. As a result, there are now more intensive community support services operating across Leicester, Leicestershire and Rutland providing support in people's own homes, and the number of beds in community hospitals has been gradually reducing over the same period.

For both stroke and neurology services a lack of specialist community rehabilitation is resulting in increased admissions to hospital, dependency on hospital and community-based services and longer lengths of stay in both acute and community beds. We plan to address this by providing a new comprehensive, community-based stroke specialist service for people recovering from a stroke who need further rehabilitation after their initial period in hospital.

These new services would focus on individual, seamless care for both stroke and neurology patients who require rehabilitation in the community, and would largely be available in the patient's usual place of residence. The number of stroke and neurology hospital beds would reduce, but would continue to be provided in community hospitals.



## New services in community care

### Home First

The basis for Home First is that the best place for people to be is at home when recovering from an illness. This overall approach enables people to receive the rehabilitation and support they need to get back to their normal lives quickly, and reduce their stay in hospital. With the right community support in place, once you are well enough to leave hospital, home really is the best place to be. To make that happen we are creating community teams made up of a number of professionals (such as doctors, nurses, social workers) who can work closely together to ensure that people's long-term illnesses are managed well in the community, and emergency hospital admissions are reduced. When hospital stays are needed, they shouldn't be longer than they need to be because community support isn't in place ready to help someone leave and continue their recovery in the community. Specialist integrated teams of health professionals working in the community would reduce the need for inpatient community hospital beds, reduce unplanned admissions, and the length of hospital stays.

### More routine care and appointments in the community.

We plan to introduce enhanced community-based services in community hospitals and GP surgeries, which would provide more elective outpatient, diagnostic and day case treatment instead of patients having to use beds in acute hospitals.

Because of the introduction of these enhanced community-based services creating less reliance on inpatient beds, a re-organisation and reduction in the number of hospital beds is being proposed.

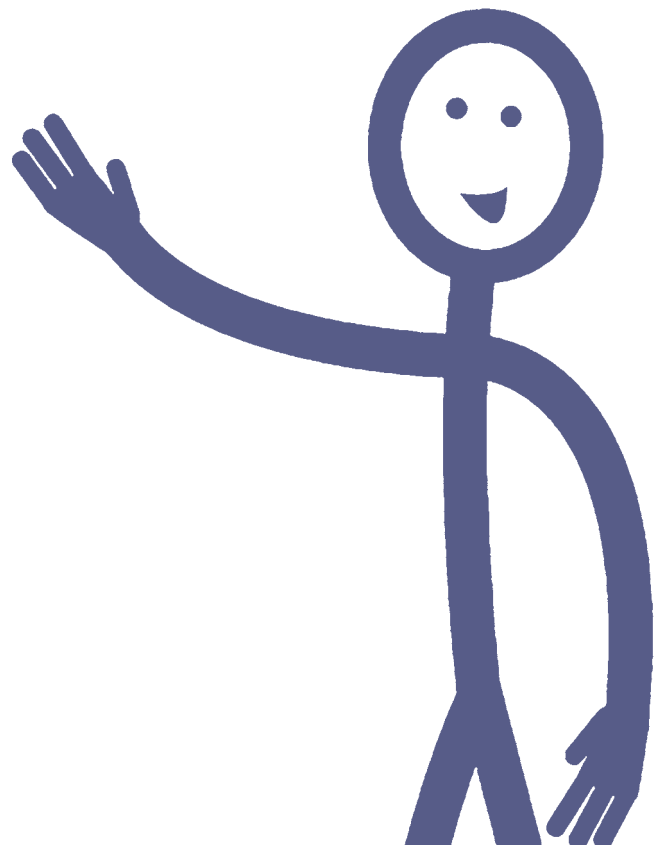
It's important that community hospital inpatient facilities have the right numbers of healthcare staff, that facilities are well used, and that services are delivered in facilities fit for 21st century healthcare. We've already done some work in reorganising our community hospitals, including closing Ashby hospital and building a new hospital (St Luke's) in Market Harborough for outpatient and diagnostic services.

The next stage of our planning involves making the best use of the community hospitals to deliver the best care we can nearer to home, through outpatient clinics, general rehabilitation wards for those recovering from illnesses, and specialist recovery wards for people who have had a stroke.

Overall our aim is to move more services out of the big city hospitals, and into the community, or where possible into people's homes with Home First.

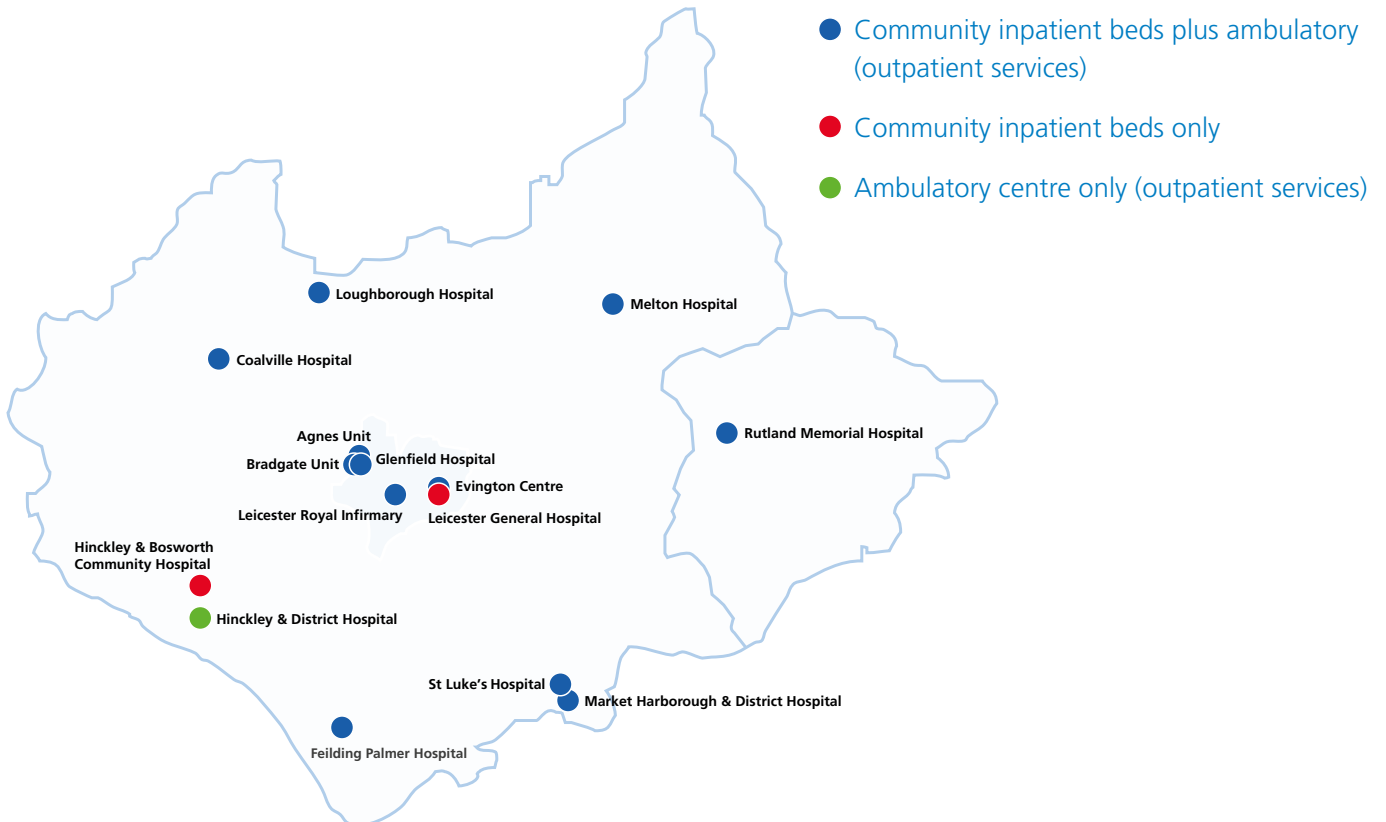
And, subject to full public consultation on our plans, this is how we see the main hospitals and community hospitals in Leicester, Leicestershire and Rutland being organised. It would make the most of what we have already, and it would help to expand services where we can, making sure they offer the best possible care, and are affordable for the future.

As our proposals would involve big changes in how our community hospitals are used, no decisions could be made before formal consultation with local communities.



Place	Current inpatient bed provision
Coalville	Rehab/Sub-Acute(24 beds) Stroke (24 beds)
Loughborough	Rehab/Sub-Acute(24 beds)
Hinckley	Rehab/Sub-Acute(23 beds) Rehab/Sub-Acute(16 beds)
Leicester City	Rehab/Sub-Acute(24 beds) Rehab/Sub-Acute(23 beds) Stroke beds provided by UHL at LGH (15 beds)
Melton	Rehab/Sub-Acute(17 beds)
Oakham	Rehab/Sub-Acute(16 beds)
Market Harborough	Rehab/Sub-Acute (15 beds) Stroke (17 beds)
Lutterworth	Rehab/Sub-Acute(10 beds)
<b>Totals</b>	<b>Rehab/Sub-Acute(192 beds) Stroke (41 beds)</b>

Place	Proposed inpatient bed provision
Coalville	Rehab/Sub-Acute(21 beds) Stroke (15 beds)
Loughborough	Rehab/Sub-Acute(24 beds)
Hinckley	Rehab/Sub-Acute(21 beds)
Leicester City	Rehab/Sub-Acute(21 beds) Rehab/Sub-Acute(21 beds) Stroke (15 beds)
Melton	Sub-Acute (21 beds)
Oakham	No beds
Market Harborough	Rehab/Sub-Acute(21 beds) Stroke (15 beds)
Lutterworth	No beds
<b>Totals</b>	<b>Rehab/Sub-Acute(150 beds) Stroke (45 beds)</b>



### What does this mean for Coalville Hospital?

The number of inpatient beds would reduce by three and stroke recovery beds by nine. There would be no changes to other services at the hospital including outpatient services for a range of services including ophthalmology; ear nose and throat; dermatology; gynaecology; and general surgery.

### What does this mean for Loughborough Hospital?

Loughborough hospital would continue to have outpatient services; diagnostics (X-ray and scans etc.); and day case procedures. The Urgent Care Centre would remain on site. The number of beds and wards would remain the same.

### What does this mean for Hinckley and District Hospital?

We would like to move all outpatient and day case procedures from Hinckley and District hospital to Hinckley Health Centre, which is next door on the same site. The health centre would be refurbished to increase the number of clinical rooms so that this health centre can provide more outpatient appointments and procedures and provide space for new X-ray facilities.

### What does this mean for Hinckley and Bosworth Community Hospital?

Dependent on the outcome of a public consultation, a new endoscopy and day procedure ward would be built either at Hinckley and Bosworth Community Hospital, or adjacent to the Hinckley Health Centre. A ward would close, effectively reducing inpatient beds at Hinckley and Bosworth Community Hospital by four.

### What does this mean for Leicester Evington Centre?

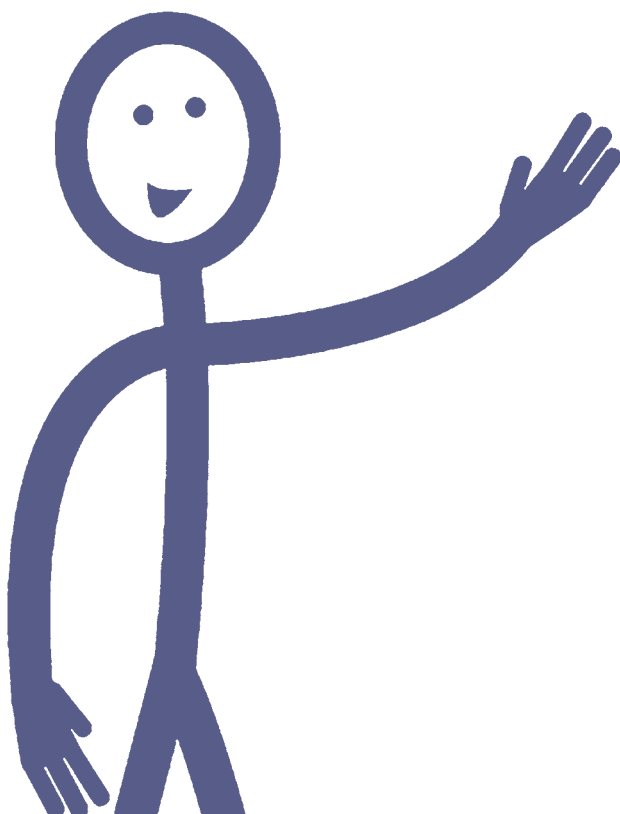
We propose that inpatient beds on the current wards would reduce by five. However, the stroke beds currently at Leicester General Hospital would move to the Evington Centre, which is based next to Leicester General Hospital.

### What does this mean for Melton Mowbray Hospital?

We propose, if we have the money available to us, to expand Melton Mowbray Hospital to create a new ward and increase the total number of beds from 17 to 21. The hospital would also continue to be a base for routine outpatient care and appointments, and we'd also like to make better use of the operating theatre facilities to do more day procedures when people don't need to stay overnight. By expanding outpatient appointments and facilities, as well as diagnostic facilities such as X-ray, we hope to create more of a 'one stop shop' of joined up services at the hospital. These services would work alongside evening and weekend GP-led urgent care services, and a home visiting service for the people of Harborough district.

### What does this mean for Rutland Memorial Hospital?

We propose the hospital becomes a hub for health and social care services. This would include increased routine outpatient appointments, therapy services, diagnostics (such as X-ray), and wellbeing services. This would sit alongside a weekend and evening urgent care service led by GPs. The inpatient ward would close and services would be available for local people either at home with visiting health professionals, or where necessary in other local community hospitals.



### What will this mean for St. Luke's Hospital Market Harborough?

Assuming we have the money available we would like to expand the services provided at St Luke's. We propose 36 beds in two wards for stroke and rehabilitation and recovery services. The new hospital building opening in 2017 replacing the old site, would offer more routine appointments, as well as endoscopy, therapy services, outpatient diagnostics (such as X-ray) and wellbeing services. These services would work alongside an evening and weekend GP-led urgent care service, and a home visiting service for the people of Harborough district.

### What does this mean for Feilding Palmer Hospital?

To meet the needs of a growing population in Lutterworth and the surrounding area, we will need to expand primary care and general practice as well as outpatient and diagnostic services. Subject to funding being available, this would be in new fit for purpose premises on the same site, but not in the existing hospital. The current ward with just 11 beds is too small and not fit for modern health care, and would close. Service would be provided by local health professionals, either in a patient's own home, or at another community hospital. Subject to full consultation on this service model, this would mean that the hospital building would close.

## 3 Our priorities

Re-designing our current care services and treatment pathways for patients so that we can deliver consistently high-quality services that provide for equal access to everyone.

### Long-term illnesses

Services for people with long-term illnesses can often feel like they are mainly based in the large city hospitals, and are not always very flexible in meeting people's needs, or in treating their illnesses. We want

to help people manage their own long-term illnesses better, so they rely less on emergency care and need fewer unexpected stays in hospital. For example, if someone with an ongoing heart condition is unexpectedly taken into hospital, we want to get them back on their feet as soon as possible and help them, through specialist medical and nursing teams, to get better either at home or in the community.

We also want to strengthen the care and support available to people with specific long-term illnesses, so that they gain confidence in managing their own condition. We will work with local authorities to raise the profile of long-term illnesses like diabetes, so that we are able to diagnose people earlier, and prevent their illness getting worse.

### Preventing people from becoming unwell

Helping people stay well is key to our plans. By preventing someone becoming ill a person's quality of life can be maintained and their independence preserved, enabling them to stay in work, or care for loved ones. Each of us is responsible for our own good health and we all have a part to play in maintaining our health and managing our illnesses. Each local authority has worked alongside health services to consider what their priorities are in preventing illness.

We want to help people by detecting illness early and then to give them the tools and knowledge to manage their illness before they become poorly and need an unexpected hospital stay. We will also continue our public campaigns about healthy eating and unhealthy behaviours such as drinking too much alcohol and smoking. We will continue to work with local communities to offer specific advice and support in lifestyle choices.

### Cancer

Diagnosing cancer early saves lives. That is why cancer services are high in our priorities. Recovery rates vary across our region, and we know that people are more likely to survive cancer if it is detected early. We will continue to work with local authorities to raise the profile of the early signs of cancer so that people know

		Preventable diseases						
		CVD	T2DM	Respiratory	Cancer	FrailtyD	dementiaF	alls
Modifiable risk factors	Smoking	●	●	●	●	●	●	●
	Alcohol	●	●		●	●	●	●
	Overweight	●	●		●	●	●	
	Physical activity	●	●		●	●	●	●
	Social isolation and loneliness					●	●	
	Vaccination			●	●	●		
	Support for carers					●	●	
	Blood pressure control	●	●				●	●
	AF detection & management	●				●	●	●
	T2DM detection & management	●	●			●	●	●

what to look for and seek help early on. We also want to make the process of diagnosing cancer smoother, so that it can be detected earlier.

We are reviewing and re-designing cancer treatment services to ensure that by 2020 all patients can have access to high quality services.

We further need to increase the capacity of some of our services to ensure 95% of people with a suspected cancer should receive a definitive diagnosis within four weeks of being referred by their GP. Finally, we also want to make sure that when people are diagnosed they get the support they need, especially after finishing their treatment. This would be achieved by creating a 'healthy recovery' programme.

### Mental health

Mental illness is the single largest cause of disability in the UK with one in four people suffering from a mental health problem each year. We want to make sure that mental health is viewed on an equal footing with physical health. Mental health is also something that could affect anybody so we will ensure that our plans cover all parts of the population, young and old.

As in many other areas of health, our focus is on keeping people well and supporting people in the community to prevent people being taken into hospital unexpectedly, and mental health is no different. We want to support people to stay well at home, but also have better access to emergency and crisis services when they need them

We also want to reduce the number of people who go into hospitals outside Leicester, Leicestershire and Rutland because services are not available locally. We would develop mental health services for people closer to home, and minimise the disruption of a hospital stay for patients, carers and their friends and family.

Mental health for new and expectant mums is also a priority. We want to expand the service available to women who need this specialist support before and just after giving birth and ensure the enhanced service is fully part of existing community and hospital services for new mums.

Encouraging people to look after their mental health and wellbeing to prevent themselves from becoming unwell is just as important as it is in physical health. Health and social care staff in the community are 'prescribing' activities which are beneficial for a person's mental wellbeing and may help them manage their mental health condition. Mental Health First Aid training continues also to be delivered across the community, and we are expanding this training to allow more people to understand the support friends, family or other members of their community need in managing their mental health and what to do if someone does need help.

Young people's mental health is an area we are keen to expand and invest in further, as by getting involved with young people early on, we can help those who need our support and also prevent others from becoming ill. We are creating a new children and young people's mental health service, working with partners such as schools, in order to try and prevent mental ill health. We are also creating crisis teams for children and young people to improve access for when their mental illnesses need that immediate support.

Lastly, we want to promote recovery from mental illness, by developing a patient's understanding of their illness and supporting them to manage their condition more effectively. We want to further support people to be independent by developing our recovery networks and colleges, and using existing community facilities. A public consultation on the 'locality networks' from which these services can be delivered has already taken place at the end of 2016.

## Learning disabilities

We want to transform care for people with learning disabilities. We will do this by developing community services, to reduce a reliance on inpatient wards, and reviewing patient care and treatment plans to ensure care continues to meet their needs. By 2018/19, our aim is to produce and deliver responsible, high-quality, safe learning disability services and support. These services would be person-centred, maximise the individual's independence while meeting their needs and aspirations, and those of their family carers. They would also offer choice.

We will focus on identifying people who need our services early on. We will then empower people by expanding personal health budgets, giving them an independent advocacy service, and offering a greater choice in housing.

We will provide specialist support in the community from nurses, doctors, social workers and other professionals in order to prevent people being taken into hospital.

We also want to improve the health and wellbeing of people with a learning disability, and of their family carer(s) by reviewing short break provision, and ensuring they can take up healthy lifestyle activities in their local communities.

## Continuing healthcare

Continuing Healthcare is an ongoing package of health and social care provided to a person because they have an ongoing health condition, accident or disability. The number of people receiving these packages in our area and their associated cost is higher than the rest of the country. We want to move from the continuing healthcare approach to creating personal health budgets. This will give patients better choice and control over their care.

# 4

## Our priorities

**Getting 'behind the scenes right'.  
Getting more efficient to avoid  
waste in our support functions.**

Making the most of our resources is very important if we are going to be able to afford to provide high quality care into the future.

Firstly, we want to make the most of the inpatient wards we have across Leicester, Leicestershire and Rutland. We want to make sure we have a consistent and efficient approach to people leaving hospital – an approach that provides on-going care and support after they leave, and they don't stay in hospital unnecessarily.

We also want to make sure practices and procedures are of a consistent standard in our operating theatres, increasing their efficiency and reducing wasted time.

For outpatient follow-up appointments, we are looking at exploring ways of using new technology and the internet to provide convenient 'virtual' appointments, and to provide telephone appointments – all saving unnecessary travel and costs for patients and their loved ones.

We will also look at our 'back office' functions such as information technology, human resources, finance, to identify where we can reduce any duplication of services, or make savings by using the latest technologies to reduce costs.

In order to reduce the cost of employing staff from external employment agencies, we will look to create our own in-house agency, which will supply temporary staff to all our hospitals at a more reduced cost.

By working more closely together across healthcare services we also think we can save money on the number of drugs and medication wasted each year – more than £150million worth are avoidably wasted, adding a huge amount to the overall costs of running our healthcare services.



# 5

## Our priorities

**Making sure we have what we need to make our health and care system work now and in the future. For example, making sure our staff are trained and supported to deliver the best possible care.**

### Our buildings and hospitals

One of our main priorities is making sure our buildings are fit for purpose and can help us provide the best possible high quality care. The plans for our community hospitals and making the most of our buildings are discussed in detail in the 'Reorganising our community hospitals' section of this document.

We also want to make the most of the rest of our buildings by looking at whether we can share premises with other public services, such as the fire service, to reduce running costs, and also to provide services where we might not currently have the facilities.

### New technology

New technology could have a massive impact on patient care and the overall patient experience. We are working on how to make the best use of new technology to support healthcare into the future. This includes the following.

- **Paperless patient records** – shared between healthcare services (GPs and hospitals)
- **Developing alternatives to face to face consultations with doctors and nurses** (internet and telephones)
- **Using technology to support people's independence at home** (schemes such as Telehealth)

### Health and social care working together

We want to see our health and social care services working together even more closely. This is particularly important when purchasing care and services for patients in areas such as residential care, learning disabilities, mental health, prevention services, work with the voluntary sector, and in the development of community teams supporting people at home with long-term illnesses.

We aren't looking at merging social services in the local authorities with healthcare services, but want to work closely at a local level, and across Leicester, Leicestershire and Rutland, with local authority partners.

### Developing the staff we need to deliver our health and social care services

Delivering our STP is going to take strong leadership, the development of a new approach which looks at Leicester, Leicestershire and Rutland, and will require new skills for our staff.

Our approach includes:

- planning the staffing we will require to support the changes, including the introduction of some new roles and career paths;
- working on attracting new staff into health and care and retaining the great staff we have;
- thinking about how we help staff to move between hospital and community settings of care by making our terms and conditions more similar and building new rotational posts that appeal to some staff;
- working on development programmes to support staff in building new skills and enhancing the skills they have;
- focusing on building capacity in general practice; and
- developing a common language and approach to the way we work, supported by coaching, training and shared tools.

We think we have the building blocks in place, but we need to develop the people working in our health and social care services to ensure they have the skills and training they need to take on new roles as our services develop. We are now working across the Leicester, Leicestershire and Rutland area to ensure we put staff development and recruitment at the heart of our planning.

### **What does all this mean for me and my local community?**

Overall people will have more of their care in the community, either within their GP surgery, or by community-based teams. People will only go into large city hospitals for more specialist services that can't be done in a community hospital.

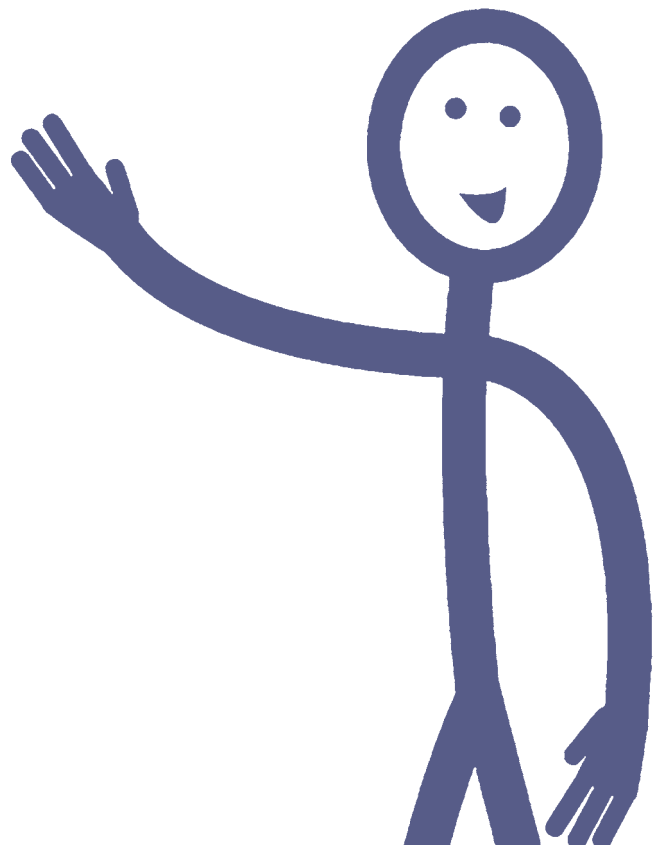
We will encourage people more than ever before to lead healthy lifestyles, and to take responsibility for improving their own health and wellbeing, by building their skills and their confidence in order to make the right lifestyle choices.

We will look more at screening programmes for diseases – meaning people can be diagnosed earlier, and their condition will be better managed earlier.

Healthcare services will be able to share patient records. This will lead to better overall care and a better experience for patients, as they will not have to keep repeating their symptoms or concerns to different professionals, or have repeat tests.

GPs will spend more of their time with patients who have complex illnesses, with more routine care and support provided by nurses and other professionals. GP surgeries will also more often work in networks to increase the range of services available.

This will help our healthcare system be affordable now and in the future, enabling us to meet the demands of our changing population. Services will also be delivered in buildings and hospitals that are fit for purpose.



# What happens next?

Some of our plans are new services and additions to what is already provided, such as the new emergency floor at Leicester Royal Infirmary. However, some of our plans require large-scale change and there are options as to how we could make these changes.

In this case, we will carry out a formal consultation where we will explain the options available in more detail, any potential impacts, and who and what services might be affected by the decision.

Areas we plan to consult on are:

- The proposal to move from three city hospital sites to two (Leicester Royal Infirmary and Glenfield Hospital)
- The proposal to consolidate maternity services onto the Royal Infirmary site with the option to retain a midwife-led birthing unit at Leicester General Hospital
- The proposed removal of inpatient services from Rutland Memorial Hospital in Oakham.
- The proposed removal of inpatient services from Feilding Palmer Hospital in Lutterworth.
- The proposed removal of outpatient services from Feilding Palmer hospital in Lutterworth.
- The proposed changes to the provision of services for Hinckley and Bosworth.

We will continue to speak to local people and others with an interest in our STP, (Better Care Together) including the voluntary sector, patient groups and local politicians, and we will continue to listen to their feedback and ideas on our plans. Subject to any formal consultation needed, we aim to have our proposals to transform NHS service across Leicester, Leicestershire and Rutland adopted by 2021. As change takes place, people will still be able to get the treatment and services they need, and will be kept informed of progress.

If you have any initial thoughts on this plan or want to be kept up to date on the future consultation on specific elements of the STP in Leicester, Leicestershire and Rutland, you can contact us at:

[BCTcomms@leicspart.nhs.uk](mailto:BCTcomms@leicspart.nhs.uk) or read further information at [www.bettercareleicester.nhs.uk](http://www.bettercareleicester.nhs.uk).

You can also write to us at:

**STP Feedback**  
**Better Care Together**  
**Renaissance House**  
**20 Princess Road West**  
**Leicester**  
**LE1 6TP**



We'd love  
to hear  
what your thoughts  
are on our plans.  
Here's how you can  
get involved.



## Have your say

**To express an opinion or ask a question**



[BTcomms@leicspart.nhs.uk](mailto:BTcomms@leicspart.nhs.uk)



**To learn more about the Better Care Together  
programme visit**

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East Midlands Ambulance Service  
Leicester City Clinical Commissioning Group  
Leicester Partnership Trust  
University Hospitals of Leicester  
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