

# BETTER CARE TOGETHER

## A Blueprint for Health and Social Care in Leicester, Leicestershire and Rutland 2014-2019



Better care **together**

A partnership of Leicester, Leicestershire & Rutland Health and Social Care

## Introduction

Better Care Together is the biggest ever review of health and social care in Leicester, Leicestershire and Rutland (LLR).

The programme is a partnership of NHS organisations and local authorities across the area. It is driven by a shared recognition that major changes are needed to ensure that services are of the right quality and capable of meeting the future needs of local communities.

The aim is to improve services and people's experience of them by focussing on community-based prevention and care – while at the same time addressing major financial challenges.

The partners in Better Care Together are:

- Leicester City Clinical Commissioning Group (CCG)
- Leicester City Council
- West Leicestershire CCG
- Leicestershire County Council
- East Leicestershire and Rutland CCG
- Rutland County Council
- University Hospitals of Leicester
- Leicestershire Partnership Trust
- NHS England Local Area Team
- Healthwatch (across LLR)
- Health and Wellbeing Boards for Leicester City, Leicestershire and Rutland



Doctors, managers and a wide range of other professionals have worked over several months to produce a single strategy to deliver the shared vision of all these organisations. This work is supported by some key principles which are summarised here:

- We will work together
- We will involve local people in our decision-making
- We will address inequality between mental and physical health services
- We will make improvements by striving to be the best
- We will be rigorous in ensuring value for money

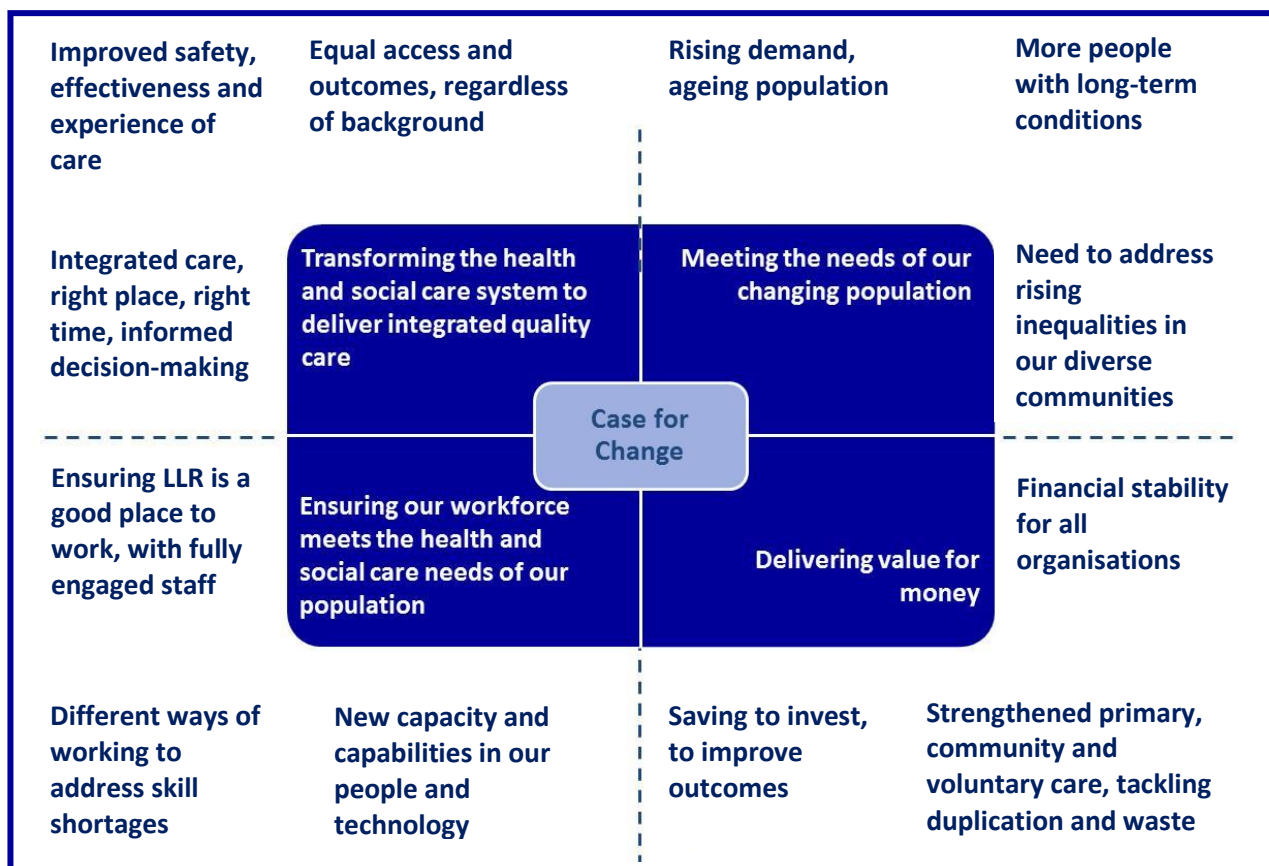
The result is a five-year plan, setting out ideas for how care could be delivered in future. This document is a summary of that plan. The full version, which includes a lot more detail, can be found alongside other information at [www.bettercareleicester.nhs.uk](http://www.bettercareleicester.nhs.uk).

The following pages outline the main points of the plan, which is very much work in progress. While there are proposals and aspirations, no final decisions have yet been taken. Local people are being invited to give their views, which will help to shape detailed options for change (see page 11 for more information).

## The case for change

There are compelling reasons why health and social care in Leicester, Leicestershire and Rutland needs to change. Dealing with current pressures creates opportunities to improve care by redesigning a system around the future needs of patients, in a sustainable way.

The case for change is summarised in the diagram below. It has been developed by senior clinicians, public health professionals, social care service leaders, patients and public.



- **Changing population:** The LLR population is ageing (12% more over 65s by 2019). This means more long term, complex illness and disability - increasing demand for health and social care. There is also inequality. For example, men in some parts of Leicester live more than nine years longer than those in other areas.
- **Workforce:** Skilled professionals are in short supply, particularly in some specialties. Ways of working are also quite inflexible. Staff will need to work differently, in mixed teams that treat the 'whole person' rather than just one condition at a time.
- **Quality:** Services need to achieve the highest possible standards and be more joined up, to provide excellent results and experience for the people using them.
- **Value for money:** We need to do more with less. The LLR health and social care economy is deemed to be 'financially challenged', with particular pressure in Leicester's hospitals. If no action is taken, by 2019 the funding gap for the NHS locally will be around £400m.

For all these reasons, the way services are currently delivered is neither sustainable nor equipped to meet the future needs of local people. This is why things must change.

## How this plan was produced

Work began on this plan in January 2014. A dedicated Better Care Together team was established, supporting staff from across the partner organisations and overseen by a Programme Board. Key features of the work are listed here.

### Benchmarking

Assessing the performance of existing services and looking at what is being done in other parts of the country to see what can be improved locally.

### Understanding

Using all available information to inform plans. Local people have told us they wish to be independent, sustain their health, have confidence in their own well-being and have accessible, high-quality services

### Public involvement

Seeking input from patients, public and voluntary organisations – both at larger events and in small working groups.



### Supporting projects

Developing plans to support successful change, covering areas such as primary care, workforce, information technology and property (see page 10).



### Alignment

Ensuring this plan is pulling in the same direction as others – including Better Care Funds (a different scheme with a similar name), where local NHS and council budgets are being pooled to provide joined-up support services for older people to prevent the need for emergency care

### Financial analysis

Identifying the precise scale of the financial challenge, then working out what savings can be achieved through in-house efficiencies and what requires bigger changes across the whole system.

### Pathway redesign

Identifying opportunities to improve services by reshaping how they are actually delivered for specific areas of healthcare (see pages 6-9).

## Transforming services

Better Care Together aims to make improvements right across the different settings of care, as described here.

### Self-care, education and prevention

Giving everyone a good start in life, helping them to live well and make good choices, and supporting them to be independent as they get older.

### Primary care

Improving access, reducing unjustified variation in the quality of services and working at scale to meet all needs.

### Community and social care

Putting people and their carers in control, as close to home as possible and with health and social care services working together.

### Urgent care

Delivered closer to home where that is clinically and financially viable, with a simpler system and fewer admissions to hospital.

### Acute services

Smaller, more specialised hospitals for people who are only admitted when they really need to be, stay for less time and have well-supported transfers back to the community.



**This approach can be summarised as follows:**

#### **PREVENTION**

Information and support for independence

#### **INTERVENTION**

Acting early to avoid a crisis

#### **ACUTE CARE**

Rapid treatment when truly needed

#### **RECOVERY**

Minimum hospital stay, smooth discharge

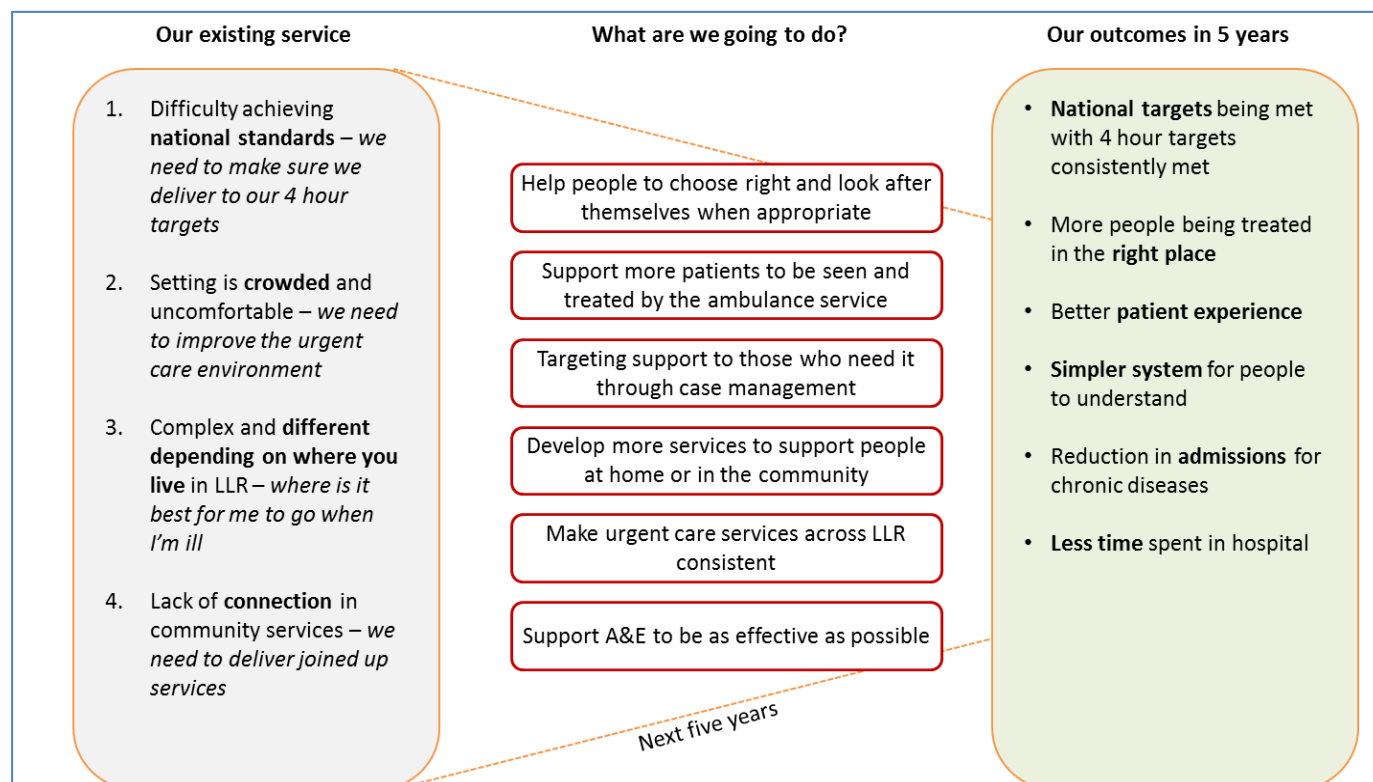
#### **FOLLOW-UP**

Support at home to restore independence

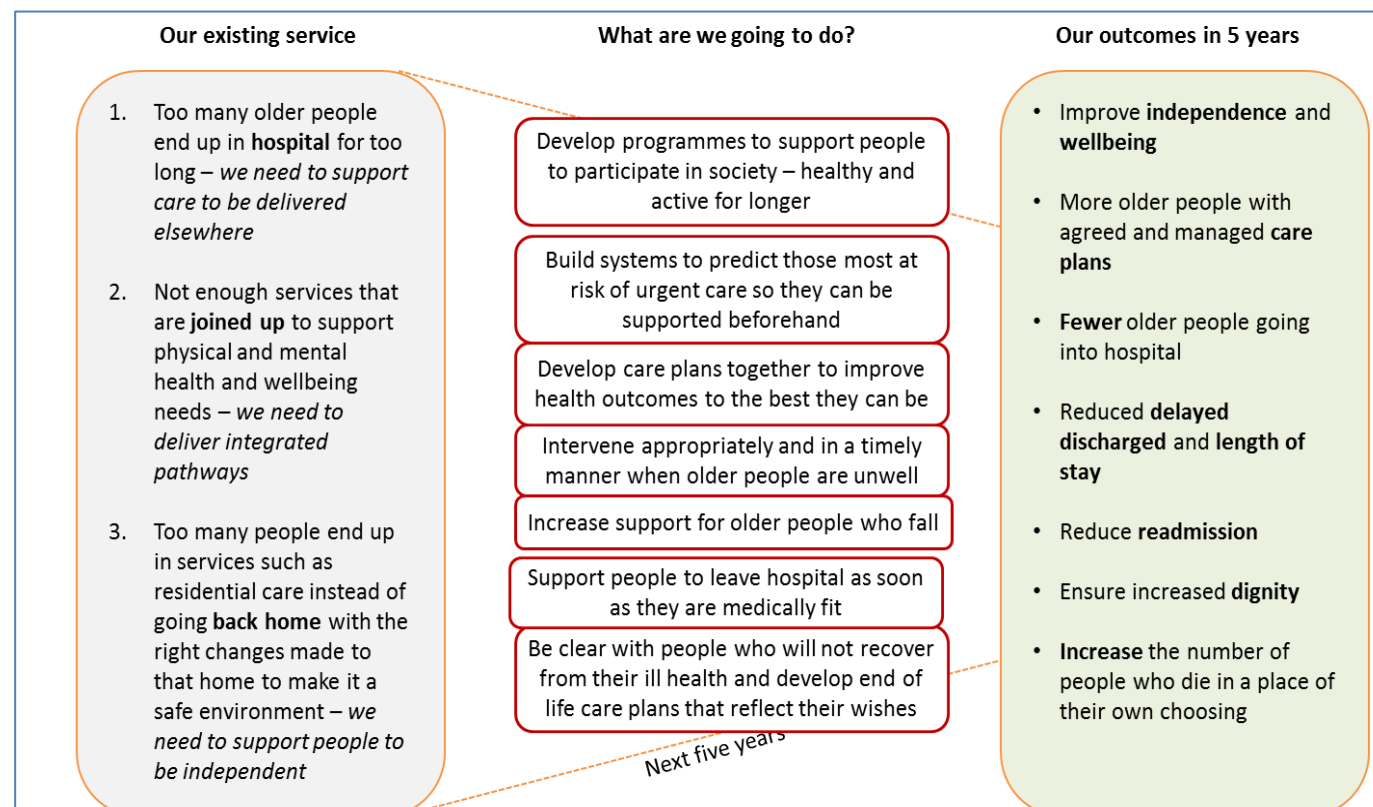
We have ambitions for transforming eight different areas of care (known as pathways). These are explained on the next four pages.



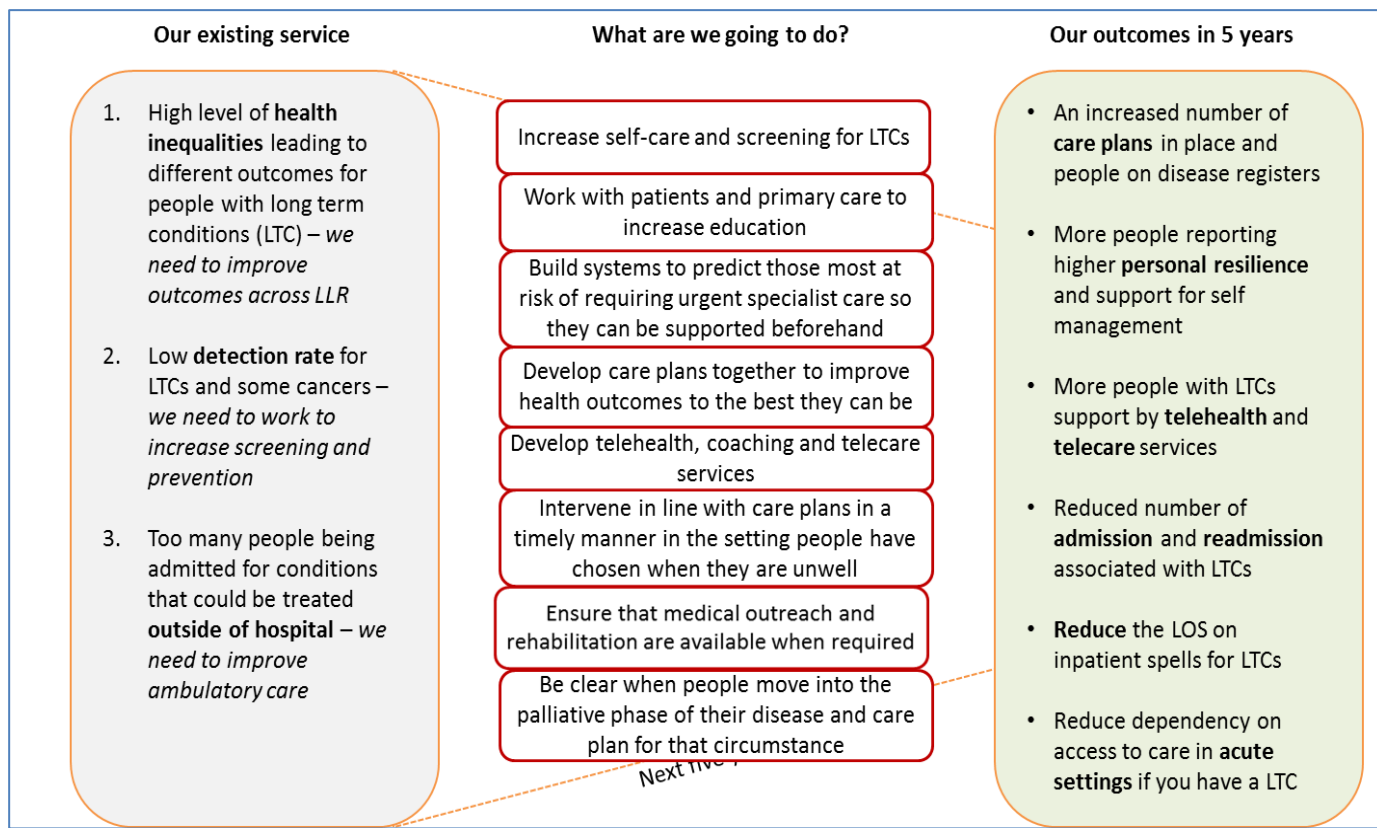
## Urgent Care (Accident and Emergency)



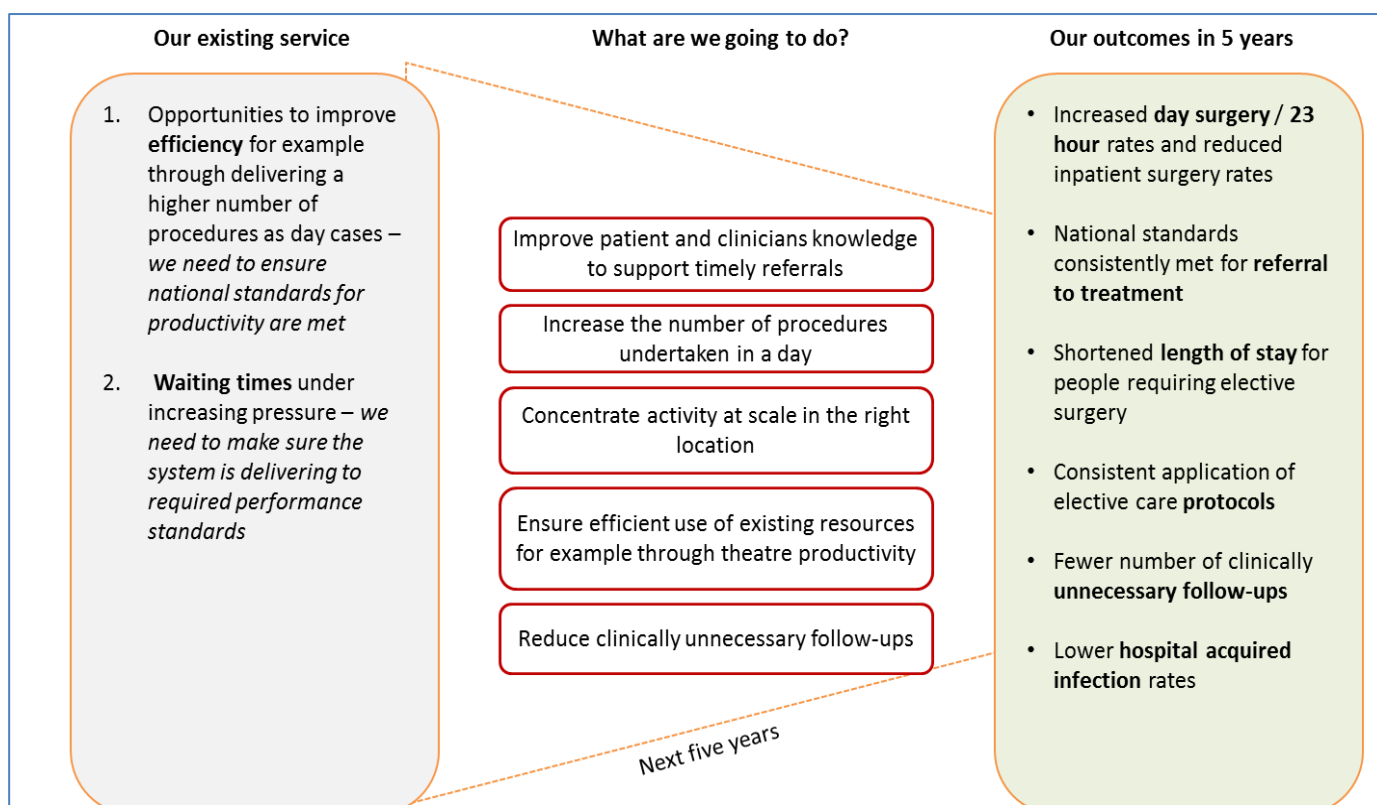
## Frail and Older People



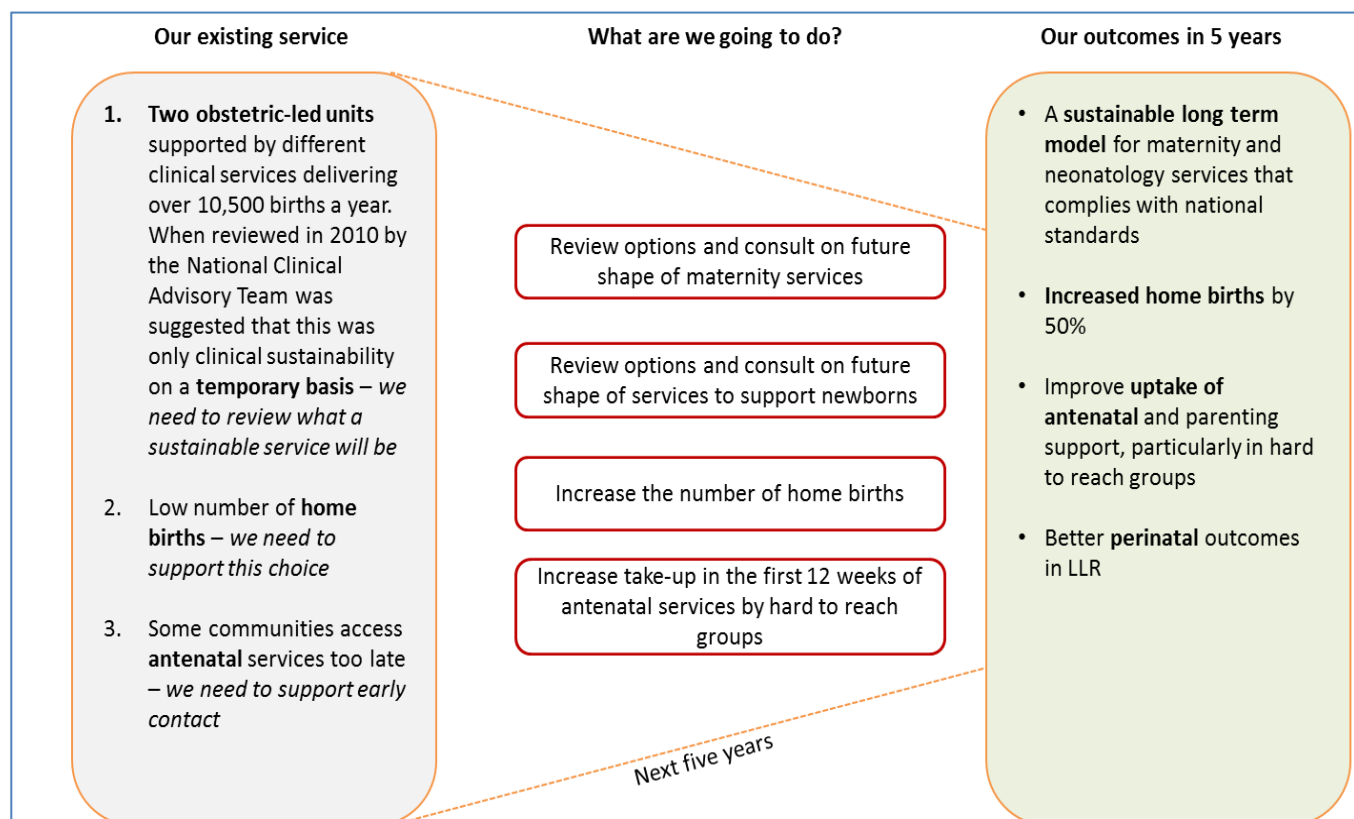
## Long Term Conditions (eg diabetes, respiratory disease, heart failure)



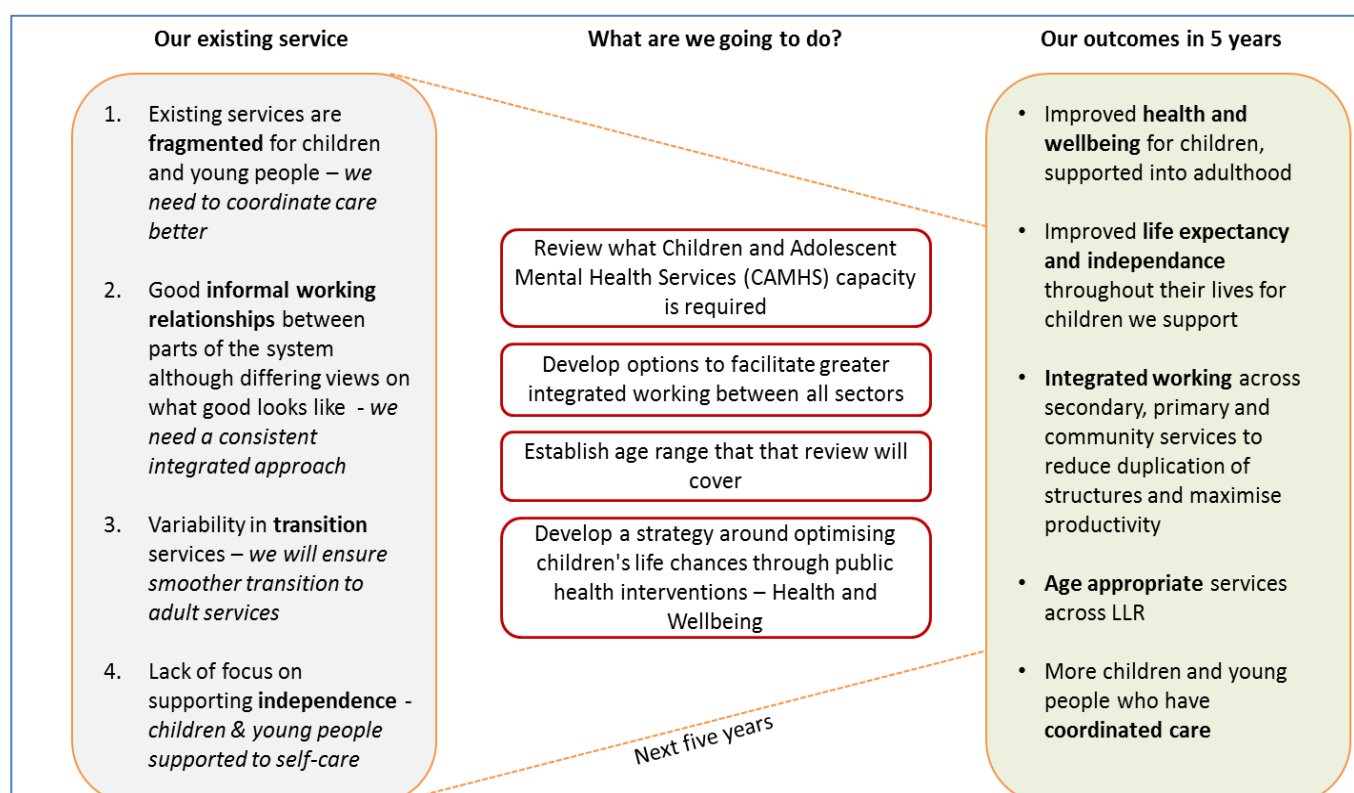
## Planned Care (non-urgent operations)



## Maternity and NeoNates (care of newborn and young babies)

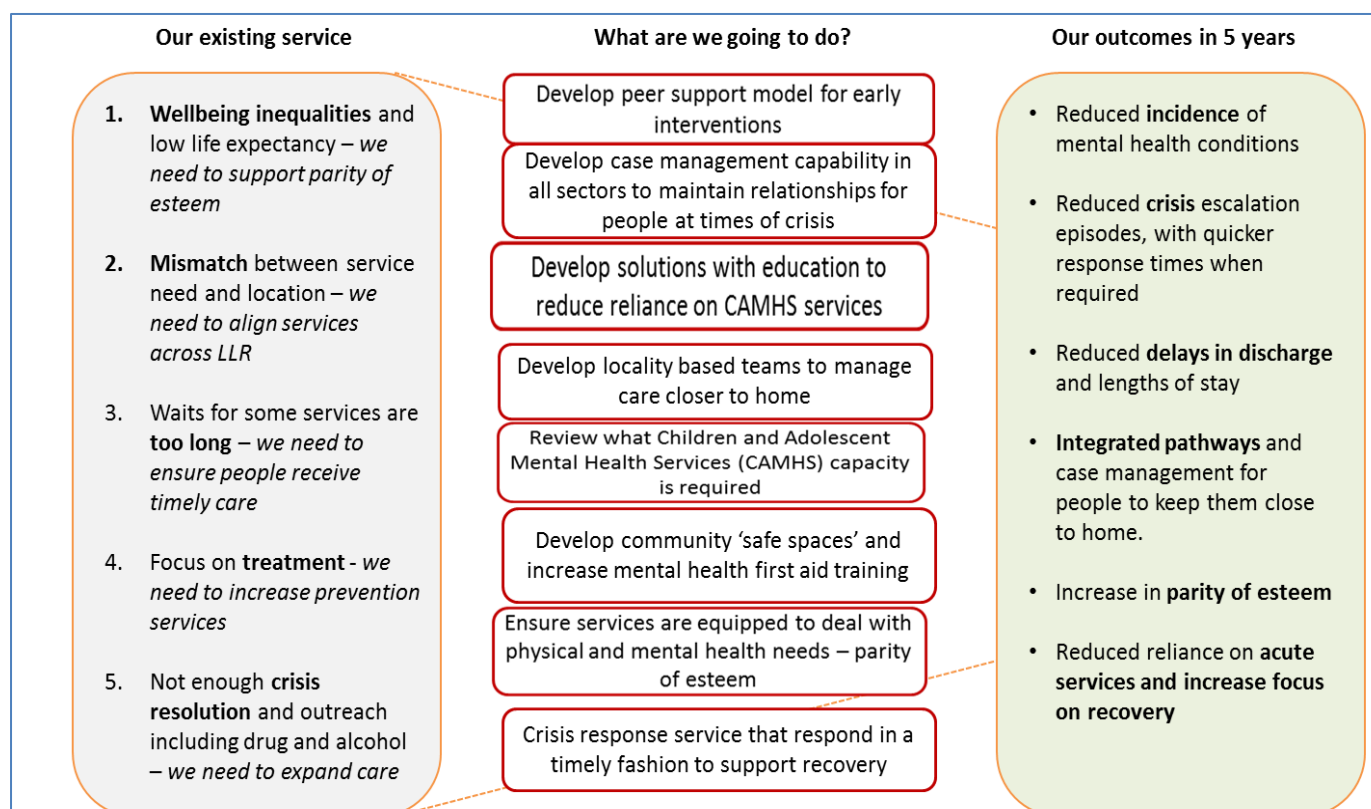


## Children, Young People and Families

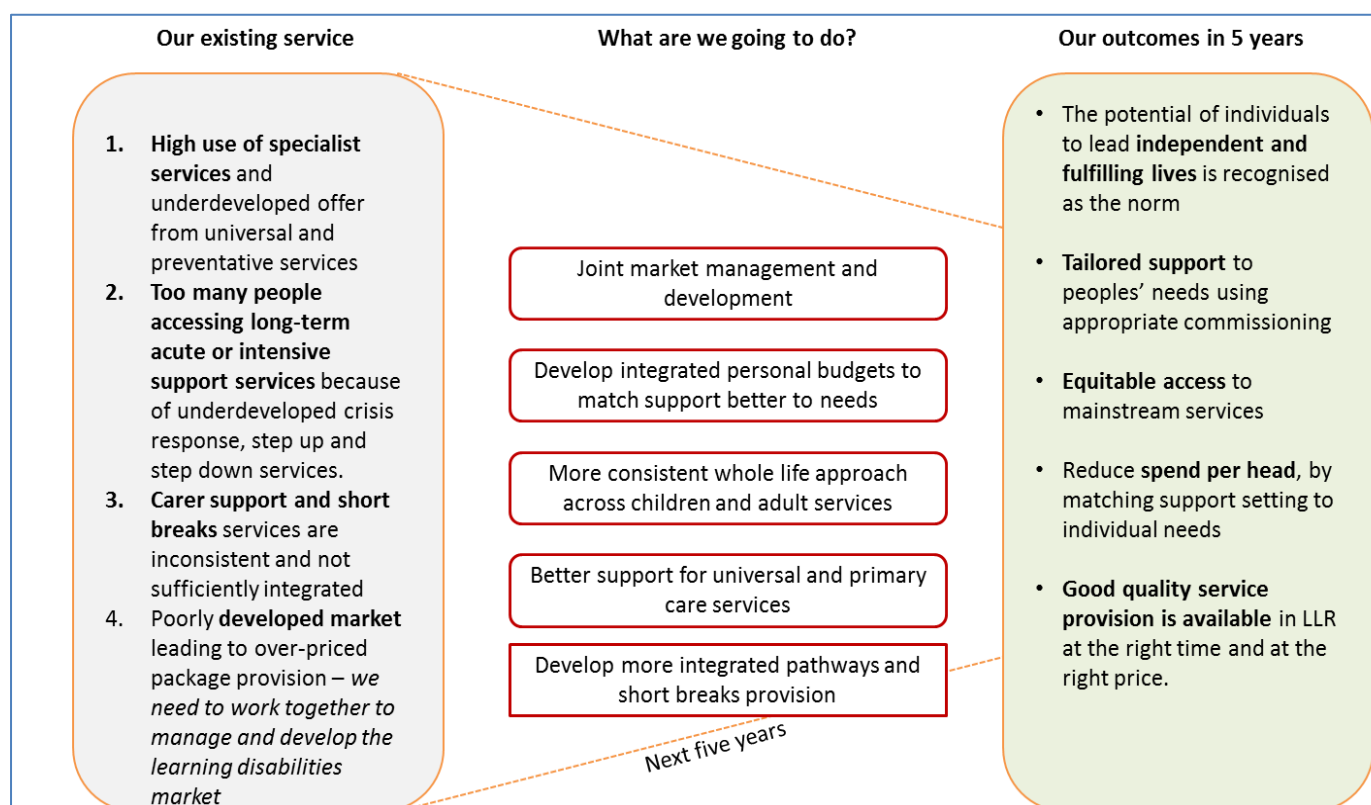




## Mental Health



## Learning Disabilities



## Buildings

There are 148 NHS properties across Leicester, Leicestershire and Rutland, costing more than £80m a year to run. The proposed changes described on the previous pages would significantly affect the way some of these facilities are used, to reflect the greater focus on care closer to home.

## Acute Hospitals

LLR has three acute hospitals – Leicester Royal Infirmary, Leicester General and Glenfield, also in Leicester. All are run by the University Hospitals of Leicester NHS Trust (UHL).



The Better Care Together plan is designed to ensure that people are only admitted to hospital when they really need to be. This means there will be fewer patients for UHL to treat and the hospitals will have to adapt. Possible changes include:

- Smaller hospitals overall, as a result of shifting a substantial amount of the workload and equivalent resource and expertise to the community.
- Fewer acute hospital beds – largely by shortening the length of time patients stay in hospital and doing more day surgery.
- A greater focus on specialised care, teaching and research.
- Redeveloping the Accident and Emergency department at the Royal Infirmary.
- Concentrating acute services on two sites rather than three. There are various ways this could be done, but it most likely to involve the Infirmary and Glenfield Hospital.
- A re-shaped General Hospital, retaining a range of health services – including community beds and the Diabetes Centre of Excellence.

This vision is supported by doctors because it would benefit patients, by increasing both the quality and efficiency of services. It would take several years to implement and could be achieved in a number of different ways. At this stage, no firm decisions have been made.

## Community Hospitals

There are eight community hospitals in Leicestershire and Rutland – in Ashby, Coalville, Hinckley, Loughborough, Lutterworth, Market Harborough, Melton Mowbray and Oakham. They are run by the Leicestershire Partnership NHS Trust (LPT), which provides local community and mental health services.

The greater emphasis on supporting people at home will mean an expansion of LPT teams in the community, rather than in beds or buildings. Work is ongoing to ensure more effective use of these facilities is ongoing and a decision was recently taken to close Ashby Community Hospital. Any further options for change will be developed in consultation with the public.

## Next Steps

Health and social care services in Leicester, Leicestershire and Rutland are on a journey. This has only just begun and local people have a major part to play in deciding precisely which course is taken.

There are three distinct phases to Better Care Together:

1. Developing this plan, which examines the challenges being faced and shows a direction of travel rather than firm proposals.
2. Further discussion and review during the summer, leading to the development of more detailed options for change by the end of September 2014.

This discussion includes the people of Leicester, Leicestershire and Rutland. Healthwatch organisations, patients and members of the public will continue to be involved in the work of Better Care Together. However, we also want to hear your views about this plan. See below for further details.

3. The final phase will be about starting to implement plans, once they have been prepared in more detail. There will be formal consultation with the public before any significant changes are made. When this happens is still to be determined.

If you want to express an opinion, ask a question or get involved in the detailed design of services, email: [bct@eastleicestershireandrutlandccg.nhs.uk](mailto:bct@eastleicestershireandrutlandccg.nhs.uk).

You can also send an email via the Better Care Together website at:

[www.bettercareleicester.nhs.uk](http://www.bettercareleicester.nhs.uk)

On this website you will also find the full Better Care Together plan and supporting information – including answers to questions you may have.



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