Better care together

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

ANSWERS TO QUESTIONS YOU MAY HAVE

What is Better Care Together <u>really</u> all about?
Better Care Together is about ensuring that health and social care services in Leicester, Leicestershire and Rutland are capable of meeting the future needs of local people. Services face increased and more complex demands because of the ageing population. At the same time, there are major financial pressures, with the funding gap predicted to reach £400m in 5 years' time (2018/19).This means that big changes are needed to the way health and social care are delivered. NHS organisations and local authorities have formed a partnership to plan and deliver such changes, under the Better Care Together banner.

Why do we need this project? Why can't extra funding put things right?
Current pressures on all public sector budgets mean that there is little prospect of additional funding. Even if there is an increase, it will not be enough to address the projected £400m deficit. This is a situation facing the NHS and local authorities across the country.However, even without the financial issues, change is still necessary to meet the needs of an ageing population. In fact, there are real opportunities to improve patient outcomes and experience through better prevention of ill-health, early intervention and community-based support.

Who are the people making the decisions about our health care?
Better Care Together is a partnership of NHS organisations and local authorities across Leicester, Leicestershire and Rutland. Its importance is reflected in the fact that chief executives and other very senior officers sit on the Programme Board. Also on that Board are representatives of Healthwatch as well as elected councillors, in their capacity as chairs of the local Health and Wellbeing Boards. All the NHS organisations involved have their own significant public involvement from board level downwards.

How will these different organisations work together to bring about real change?
It is already happening. There is complete commitment to Better Care Together and systems are in place to drive the work forward - from a programme board involving chief officers and senior councillors, to a wide range of specialist working groups.

Who has contributed to this plan?
The plan has had input from a wide range of organisations and individuals. These include doctors and other professionals, voluntary organisations, patients and members of the public. They will continue to be involved in the work of Better Care Together.

Is it true that Better Care Together is receiving national support?
Leicester, Leicestershire and Rutland is one of 11 health and social care economies deemed to be 'financially challenged'. NHS England, the NHS Trust Development Authority and Monitor have funded support for these areas, to help with the development of 5-year plans.

We've been talking about this sort of change for years and nothing has happened, why are things going to be different his time?
The principle of partnership through Better Care together has been in place for a while. The pace of this work has increased in 2014, because of the growing financial pressures and the changing health and social care needs of an ageing population. NHS England and other regulatory bodies have explicitly requested the development of a coherent five-year plan for services in Leicester, Leicestershire and Rutland, where the local health economy has been declared to be "financially challenged". The BCT directional plan is evidence that there is a determination to make the necessary changes – but in the right way.

If there is such urgency, why is it going to take five years?
The health and social care system is complex, so some elements of the plan may take time. This includes ensuring that the right facilities and skills are in place for what is proposed, before any existing service is changed. The plan is likely to be phased, with some changes happening sooner than others; for example, the introduction of more efficient ways of working is an on-going process. The plan will also have to be reviewed and re-assessed regularly, to take account of changing circumstances.

How will changes benefit patients and service users?
A key principle of Better Care Together is to provide the right levels of support for people who need it, close to or in their home. GPs, district nurses, therapists and social care professionals all have a role to play in this. They will be supported by specialist doctors running clinics in the community rather than in hospital. Working in this more co-ordinated way will keep people well, enabling them to lead healthier, productive independent lives without regular visits to hospital.

How can you be sure this will make things better for patients and not worse?
The quality of care and patient safety are key priorities. The work of Better Care Together is being led by doctors and other professionals who will want to ensure that any changes do not compromise care – but rather, improve things for patients and service users.

Why is there little mention of social care? Isn't that a big part of looking after more people outside hospital?
Social care is a big part of Better Care Together. There are big opportunities to provide more effective support by getting health and social care professionals to work together more closely – particularly with frail, older people and those with long term conditions. Work is already underway to address this. Under a separate government scheme called the Better Care Fund, local health and social care budgets are being pooled to promote this integrated working. This new approach will start next year. It is part of the wider Better Care Together plans.

How can you solve Leicester's health problems and Rutland's at the same time, they are completely different?
Leicester, Leicestershire and Rutland is a diverse area with a wide range of differing challenges. By involving organisations and professionals across these communities, we can ensure that wherever possible, services are being tailored to meet local needs.

How will a £400mfunding gap be closed without shutting hospitals and losing staff?
It is possible to make NHS budgets go further by working differently and providing care which is more efficient, prevents ill health and reduces the number of hospital admissions. However, the scale of the financial challenge does mean that some difficult decisions will need to be made along the way.

As the thinking about best practice evolves, many health and social care staff will work differently in future to deliver services in new ways. For example – fewer hospital beds would be expected to lead to a smaller workforce. This creates opportunities to reduce reliance on locums and agency staff. There will also be a need to recruit to new community-based services – so in fact, the overall long term impact on jobs is not yet clear. That depends on work to be done in the coming months. Staff and the wider public will be heavily involved and consulted about any changes

Is it really possible to save so much money without everything falling over?

Better Care Together is about ensuring that it is possible. By working together, all the organisations involved in health and social care can manage resources much more effectively, for example - by sharing buildings, providing care in less expensive settings and removing delays and other inefficiencies.

Is this about finding the money to cover the huge deficit at UHL?
It is true that University Hospitals of Leicester NHS Trust is facing significant financial pressures, as demand for services rises in a period when public sector spending is severely restricted. But so are other organisations. Better Care Together is about the whole system, not just UHL. By rebalancing services between community and acute settings, there is a real opportunity to provide better care for patients – as well as making savings.

Will there be cuts?
There will be changes in services over time, which may mean that they are delivered differently. However, it is important to understand that providing a different service is not a "cut". The changes will be designed to ensure that the needs of local people are being met. Services won't be changed unless doctors and other professionals are satisfied that those needs can be met in other ways which are often better for patients.

It is a fact that the changes also need to close the big financial gap in health and social care budgets, so finding ways of working more efficiently is an important element of Better Care Together. The scale of the financial challenge does mean that some difficult decisions will need to be made along the way. It is not possible at this comparatively early stage to say what those might be, but the public will be heavily involved and consulted.

Are you closing Leicester General Hospital?
No. Leicester's hospitals will become smaller and more specialised overall, to support the drive to deliver much more non-urgent care in the community. It stands to reason that if more patients are cared for at home, less space is needed in hospitals. As a result, there will be fewer acute hospital beds in future.

This does create an opportunity to do what the hospitals' clinicians have been pressing for – to consolidate all acute services onto two sites, probably the Royal and Glenfield. However, while the direction of travel indicates that its role may change, this does NOT mean that the General Hospital will close. It is expected to continue to provide a significant amount of healthcare, including the Diabetes Centre of Excellence and community beds. In any event, this is a long term plan. There is a lot more planning, talking and listening to do before any final decisions are made.

Why will the General no longer do acute work?
Currently we have too many parts of our acute services stretched too thinly across three sites which means that we constantly struggle to staff these services and we pay for the duplication and sometimes triplication of expensive medical equipment and staff. For example; Intensive Care is the most costly kind of care requiring large numbers of highly trained staff and expensive equipment. At the moment there are ITUs at all three sites and yet not enough ITU capacity at the Royal and the Glenfield where most of the emergency and acute care takes place. So, as part of the plan we would consolidate our ITUs on to two sites (Royal and the Glenfield) creating the extra capacity where it is needed most and meaning that our clinical teams no longer had to try and cover 3 different ITUs at three different hospitals. This will make the service cheaper to run and more effective.

Will staff be expected to move their location?

Yes, some people may. The services are nothing without the staff and so if a service moves the expectation is that staff would move to. Most staff contracts reflect the fact that services move around frequently and hence people are expected to have to work at different sites during their career. Clearly, this will require lots of detailed planning to look at things like travel and access before anything happens and staff will have plenty of opportunity to contribute to those plans.

Will some staff be expected to work in the community?
It is quite possible that this will be the case. Central to the strategy is that only those patients who require acute care will be in hospital. Currently, too many patients are in hospital because it is the only option. Hence as other options come on line in the community the 'sub-acute care' will transfer from UHL to LPT. Which will mean that we will need more people working across the wider patch and relatively fewer in the City's hospitals.

What about maternity services?
In 2010 the whole health system had a long look at maternity services and made a series of recommendations to improve the quality and safety of the service available to local people. As part of this work a new single site maternity service was discussed and was supported by the National Clinical Advisory Team. This option would require the coming together of the services at the Royal and the General however there are various options available including the potential for midwifery led low risk units. Clearly as with all other significant changes all of this will be subject to engagement and consultation.

Won't reducing the number of beds make things worse?
The increasing pressure on services because of rising demand is one of the reasons why the NHS needs to think differently about how care is delivered. The strength of Better Care Together is that the plan is long-term and covers the entire system. This means that the right support services can be put in place in the community, to stop people ending up in hospital when they don't really need to be there. For example – a lot of people with chronic conditions or recovering from surgery can be cared for at home by specialist nurses – with the amount of support tailored to their needs. Putting more of these services in place will significantly reduce the number of beds required in our acute hospitals. It is adopting this "big picture" approach that will enable NHS and social care organisations to meet the needs of local people AND remain financially viable.

What does this mean for community hospitals?
There is an intention to provide more community services in ways which allows people to stay at home. This will involve making more effective use of facilities, although the overall number of community-based beds is expected to remain about the same overall. There may be some changes to community hospitals in time, but it is not possible to say at this stage precisely what those may be or where they may happen. The more detailed work to be carried out during the summer will start to answer some of these questions.

Will people be having operations in local health centres?
No decisions have yet been made about what type of operations could be performed away from a traditional hospital setting. Senior consultants and doctors are involved at all stages so that the convenience of having treatment closer to home can be balanced against patient safety, quality of service and affordability. There will be a greater emphasis on day surgery, so that patients do not need to spend a night in hospital.

I still can't get to see my GP when I want to, how will that be sorted?
Better Care Together is looking for opportunities to improve all aspects of health and social care, including that from GPs. Indeed, GPs themselves are actively involved in the work we

are doing. It is recognised that the success of Better Care Together depends on providing the right service in primary care (GPs, pharmacists and other community services which are a first port of call for people). That is why a primary care strategy is being developed, mapping out the future shape of these services. However, bearing in mind that there isn't an endless supply of additional doctors or unlimited budgets, it would not be right to suggest that it is possible to create a system which can always guarantee immediate access to a GP.

Will a change of Government at the next election affect the programme?
It is important to remember that the intention is to improve patient outcomes and experience, while making the best possible using of available resources.It is not anticipated that such principles would cease to be valid if there was a change of Government. If national policies change, the work of Better Care Together will adapt accordingly.

What happens if Leicester has a different Mayor?
Leicester City Council is a key partner in Better Care Together. That will not change.

How can I have a say in what is happening?
Patients and members of the public are already heavily involved through Healthwatch and working groups supporting Better Care Together. This is being strengthened through the summer. If you want to get involved or believe you have a particular contribution to make, please get in touch with your local Healthwatch organisation. These exist specifically to provide a voice for patients and public on issues involving health services. You can also make contact, ask questions or submit comments via the Better Care Together website – www.bettercareleicester.nhs.uk. Any options for significant service change will also be subject to formal public consultation at some point.

What about voluntary organisations, are they going to be involved?
Yes. Voluntary organisations will have a key part to play in supporting the delivery of more services in a community setting, closer to home. They too are being given opportunities to shape proposals for change.

When will I know what this actually means in detail for the services that matter to me?
The 5-year directional plan developed by Better Care Together is now published. It sets out the principles for the future shape of services and provides some indications about how that may be achieved. More detailed work is continuing through the summer, with a view to producing options for change by the end of September. It may be possible to implement some aspects of the plan quite soon after that, but there is likely to be a period of formal publication consultation around the more significant proposed changes, which may take years to implement.

What difference will the public see when the project is complete?
Better Care Together is work in progress. Detailed proposals around options for change will emerge in autumn 2014. However, the directional plan published in June makes it clear that there will be a greater emphasis on community-based services. These will be more joined-up and responsive, better at detecting and preventing disease, and more focussed on proactive care management, away from a hospital setting. As a result, acute hospitals are likely to be smaller in future.

Will everything be sorted out by the end of the five-year plan?
The intention is to fully implement the plan over a five-year period. However, because of changing needs and medical advances the NHS never stands still. Plans will be monitored and re-assessed as time passes.