Health and Social Care Services in Leicester, Leicestershire and Rutland

Plans for our region and what it means for your local area

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Programme for today

- Introduction to STP
- Patient story
- General Practice Services
- Urgent and Emergency Care
- Planned Care
- Integrated Care Teams and Home First Model
- Maternity and Acute Services
- Questions and answers
Introduction

• The “Sustainability and Transformation Plan”, (STP) is the 5 year plan for the local NHS and Social Care… we call our plan “Better Care Together”.

• Believe it or not it’s the first time that Hospitals, GPs, Social Services, community services have come together as a system to create one single plan that maps out the future.

• We know it has to be one plan because you tell us that too often patients struggle to navigate different services and different organisations.

• There has to be a better way!
The money context

- We currently spend c£1.6bn on NHS services across LLR.
- By the end of the STP 5 year plan this will *increase* to c£1.8bn.
- But, demand and demographic growth plus the cost of delivering services and new treatments will outstrip these increased resources by c£342m across the local NHS and a further c£57m across the local authorities.
- The STP is not about ‘cuts’ but it is about choices in how we spend public money.
- Bid for £300m capital from the Government to realise these system changes.
- The approach we are taking to this is a ‘placed based budget’ one that looks across organisations at the ‘LLR pound’.
What patients tell us they want

- I want to stay in my own home or in my local area
- I want to feel more in control and independent
- I want all the services to work together so I don’t have to keep repeating my story or attending so many appointments
- I want better access to GPs and Nurses
- I want the knowledge to care for myself and stop myself from getting sick
- I want to feel more in control and independent
- If I have to go into hospital, I want to know that I’ll be looked after when I leave
The three main issues our STP plan needed to address

IMPROVING health and wellbeing:
- Lifestyle and Prevention… alcohol, cigarettes, exercise and eating
- Mental health services on an equal footing with other parts of health

IMPROVING Care and quality:
- More services in the community and at home to reduce the reliance on big Hospitals
- Better Emergency Care and Urgent Care (A&E and ambulance handover delays)
- More GPs with more time to spend on the patients who need them most
- Bringing teams and services together in a joined up way to look after complex patients

IMPROVING Finance and efficiency:
- Hospital systems and processes… less time waiting for things to happen
- Fewer buildings to maintain with services focused where need is greatest
- ‘Back office’ functions shared to reduce costs and protect the front line.
What does this mean in practice?

A health system better designed and resourced to make a stay in hospital the exception rather than the rule.
A patient story - new models of care
New models of care – Resilient General Practice

• A service model to enable GPs to spend more time with complex patients who require expertise and continuity

• A workforce strategy to address the supply, future development and skill mix changes needed

• Embracing technology to improve patient experience, supported by compatible IT systems across health and social care

• Improving the estate, both the condition and the capacity

• Contractual funding arrangements to General Practice to be at the centre of patients’ care
New models of Care - Urgent & Emergency Care

- Implementing a Clinical Navigation Hub linked to NHS 111 and 999, providing signposting and clinical triage
- Bringing Urgent Care services in the community together by simplifying the number of different overlapping services and access points.
- Integration of Out of Hours home visiting and acute/crisis visiting services 24/7
- Improving discharge processes to reduce length of stay and earlier discharge in the day.
What could this mean for Rutland- access to GP/Urgent Services

- Daytime – improved access and facilities, operating a new model based on need
- Evening/weekends – Integrated and responsive Primary care
  - Integrated GP and Nurse service at RMH
  - Responsive mobile urgent care
  - Creates capacity for supporting complex patients
  - Reduces the need for patients to travel
New models of Care – Planned Care

- A redesign of the 32 planned care specialities to shift over 150,000 out patient appointments and 20,000 day case procedures from acute to community settings through the Alliance model
- To support this the development of diagnostic hubs and improved access to diagnostics in different settings
- A proposed referral hub to ensure referrals are dealt with by the most appropriate professional (i.e. Consultants, GPs, Specialist nurses, AHPs)
- Development of a planned care ambulatory hub to manage procedures that require a stay of less than 23 hours
- Reducing unnecessary appointments through new technology and remote options.
What could this mean for Rutland- Planned Care

- Of the 42,089 outpatient appointments attended by Rutland patients in 2015/16, only 5326 were held in RMH
- Rutland patients are not getting access to local specialist services in their local hospital
- RMH will accommodate increased specialist planned care activity based on local need (T&O, Ophthalmology, General Medicine and Surgery & Urology)
- Services from both Peterborough and Leicester Consultants
- Drives which diagnostics and treatments to offer at RMH including x-ray, slit-lamp diagnostics & joint management
Home First

A redefined approach for integrated care across LLR to transform services for all patients, delivering care for people at home to prevent admissions, or in the case of a needed admission, a timely supported discharge following the necessary interventions and treatment.
Service reconfiguration - Maternity and Acute

• Proposals driven by clinical quality, sustainability and condition/use of estate
• Most of the proposals are already in the public domain through BCT/UHL 5-Year Plan
• Move acute hospital services onto two sites (LRI & Glenfield)
• Consolidate maternity services at LRI
• Overall reduction of 243 acute beds taking the bed base from 1,940 to 1,697 (12% of overall beds)
• And no decisions taken until after formal public consultation (anticipated start early 2017).
What Could this Mean for RMH?

- Closure of RMH inpatient bed facilities
- Improved access to GP services, in and out of hours
- Will accommodate more specialised planned care services (outpatients, treatments and diagnostics) to meet local needs
- Will become the local Integrated Health & Social Care Hub
Integration

• The Better Care Fund (BCF) provides pooled funding to enable the LA and the local NHS to work together and integrate their services to meet patient need
• RMH offers an opportunity for these 2 bodies to physically co-locate and work together
• RMH becomes a single point of access to integrated, wrap-around community care
• RMH Hub will also bring in Rutland’s third sector, maximising this capacity and capability
What happens next?

Tell us what you think about Better Care Together.

In summer, take part in the consultation about:

- Moving from three city hospital sites to two (at Leicester Royal Infirmary and Glenfield Hospital)
- Bringing together all maternity services at Leicester Royal Infirmary, with option to keep a midwife-led birthing unit at Leicester General Hospital
- Inpatient services at Rutland Memorial Hospital, Oakham
- Inpatient and outpatient services at Feilding Palmer Hospital, Lutterworth
- Outpatient and day surgery services at Hinckley District Hospital Bosworth
Next steps

A copy of the draft STP is available for feedback and initial thoughts at www.bettercareleicester.nhs.uk or

Write to ‘STP feedback’
Renaissance House
20 Princess Road West
Leicester
LE1 6TP

Formal consultation is planned for specific elements of the STP later this year
Any questions?