

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



**Better care together**  
Leicester, Leicestershire & Rutland health and social care

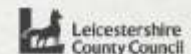
# Better care together

## Update to Leicestershire Health and Wellbeing board

July 2015



**healthwatch**



**NHS**

## Recap: What is Better care together

- Better care together is a major change project that will reconfigure the way that health and social care is delivered across Leicestershire, Leicester and Rutland over 5 years
- It is run by a partnership of all health and social care delivery organisations supporting the region, plus the health and wellbeing boards, Healthwatch, a public and patient involvement group and members of the voluntary sector
- In essence we are attempting to transform health and social care services in Leicester, Leicestershire and Rutland from cradle to grave.
- It is a massive undertaking, but is necessary to ensure the services we all provide meet the changing needs of the communities we serve as well as addressing some of the growing health inequalities that are greatly impacting our local people.
- There is a strong case for change across the system and in the words of one of our clinical leads “We need to learn how to do today’s work differently so that tomorrow’s work is easier”



## Status: What is the present status of BCT

- The Better care together programme we launched in 2014 has now reached its initial implementation phase, having gained formal agreement to a Strategic Outline Case from both NHS England and the Trust Development Authority.
- There are a number of changes already implemented, some planned for this year, funding permitting, and some that are planned post public consultation and so will be delivered from 2016 onwards.
- Public consultation is planned for Autumn 2015 and is presently expected to start in late November.



## Achievements to date

- It is acknowledged that while the support of our various regulators was being gained there has been very little engagement with staff, however change has been taking place. For example;
  - Demolition work has begun at the Leicester Royal Infirmary in preparation for its new £43.3m Emergency Department. The new facility will be the UK's first frailty friendly emergency department. It will also have a fully integrated mental health unit, state of the art imaging and dedicated rapid ambulance access.
  - Hernia procedures are now being carried out under local anaesthetic at some GP practices and health centres in Leicestershire and Rutland. Meaning people can receive care closer to home and don't have to travel to larger city hospitals.
  - A new crisis response pathway is now in place in mental health services including the opening of a new crisis house. These current changes are now being reviewed in order to assess their impact so far.
  - Improved availability of assistive technology to support people to stay out of hospital.
  - A multi-agency workshop is planned to refresh and review the dementia plan for people in Leicester, Leicestershire and Rutland to meet the needs of our changing population.



## Planned for 2015/16

- There are also a number of major changes planned for 2015/16 which include:
  - Additional recovery colleges for patients with mental health issues.
  - Improvements to services for patients with learning disabilities.
  - Re-location of some intensive community support services from UHL to a community setting closer to home.
  - Changes to planned care pathways and increased level of care provided in community as opposed to acute settings.
  - Increased information sharing across primary care.
  - Public consultation for all the changes included within the Better care together programme scope.



# The conversation for the Autumn

- As well as describing how care across Leicestershire, Leicester and Rutland will be improved, the Better care together engagement campaign run in the Spring of 2015 outlined a number of potentially significant proposed changes that will be discussed as part of the Consultation conversation this Autumn
- The following have already been signposted as things we need to discuss:
  - City hospitals wishing to become smaller and more specialist with more services being delivered via the community
  - Acute services being consolidated onto two sites and the clinical view being that this should be the Royal and the Glenfield hospitals
  - A different future for the General hospital
  - Community hospital hubs will be developed in hospitals that are in the best condition and location.
  - Increasing intensive community support services where patients are cared for at home
  - The options for and the future shape of maternity services
  - The options for and the future share of services to support new-borns
- A private session in September to introduce elected members to the options and discuss them from a locality impact perspective is being discussed with the council executive team



## What do the public think so far?

- A public engagement campaign was run in spring of 2015 to assess the public view of the Better care together strategy.
- More than 1000 responses were received over a four week period and they confirmed the general public support for the strategic direction, including;
  - 89% (945) respondents to the questionnaire agree that health and social care needs to change the how and where it works to meet the changing population
  - 94% (999) respondents agree that we all have a responsibility to look after our own health
  - 87% (919) respondents feel that big city hospitals should focus on specialist and emergency care, with some simpler care transferring to the community hospitals/ GP services
  - When asked what is most important to people when choosing a service 44% (469) said the appointment availability/waiting times; 38% (397) said the specialist you will see
  - When respondents were asked what do you think about the proposals relating to the eight healthcare areas, the majority of people agreed with the proposals.



# Some key dates



**First Draft of  
Public facing  
Narrative**

*August*



**Elected  
Officers  
Engagement  
events**

*September*



**First Final  
Draft of  
Public facing  
Narrative**

*October*  
**Agreed  
Pre-consultation  
Business case**



**Final sign  
Off of  
Material  
For  
consultation**

*November*



**Consultation  
Launch  
events**

*November*

