

1. What is Better care together?

Better care together is a major change programme that brings together health and social care organisations supporting Leicestershire, Leicester and Rutland, into a partnership so that they can jointly manage necessary changes to health and social care services that will both improve the quality of patient care and move the overall health system to improved sustainability.

The programme was formed in early 2014 and concluded its initiation phase in February of 2015 with the endorsement of the programme strategic outline case by the partners, both health and social care, and by achieving the endorsement of the two main healthcare regulators; NHS England and the Trust Development Authority (TDA).

The change programme aims to achieve seven outcomes which require health and social care to act together to enact change. The planned outcomes are;

- We will ensure everyone has the very best start in life
- We will help people to stay well in mind and body
- We will know people's history and plan for their needs
- We will care for the most vulnerable and frail
- We will be there when it matters and especially in a crisis
- We will provide faster access, shorter waits and more services out of hospital and
- We will support when life comes to an end.

These improvements will need to be enacted in a challenging financial environment where the whole system needs to find more efficient ways to deliver high quality care so that the systems finances can be brought back into balance. Given the financial challenges the "do nothing" option is not acceptable as it would see the Leicester, Leicestershire and Rutland health economy alone go into the red by £390m by 2019, without taking into account social care expenditure.

2. What has been achieved to date?

Like many change programmes of this type the early stages have been more about agreeing governance, scope, resourcing and funding than about delivery, however over the last 6 months a number of the work-streams that make up the programme have started to deliver beneficial changes. For example the BCT plans to improve care for the most vulnerable and frail are encompassed by the Better care fund plans and in Leicestershire these have achieved;

- **Rapid Assessment Unit for Frail Older People** - Launched October 2014. Jan - April 2015 there have been 147 referrals, of which 112 were assessed as avoided admissions
- **Integrated Crisis Response** - Night nursing service live on 1 September 2014 . Jan – April 2015 saw 141 referrals and 133 avoided admissions
- **Rapid Response - Falls** Trained 123 paramedics. January – April 2015 EMAS responded to 2,599 cases of which 229 were avoided admissions

Similarly the Mental health work-stream has;

- Commissioned Richmond Fellowship, a national mental health charity, to provide crisis services – Box Tree Farm, helpline and face-to-face sessions
- Reviewed crisis response team so that they will accept all referrals where the GP is considering admitting within 24 hours
- Commissioned two pilots – step-down and housing.
- Increased capacity of Community Mental Health Teams to accept urgent referrals within five working days.

Changes to the way that some types of planned care are delivered have also been made, making services more accessible locally.

3. **The challenge ahead**

Although these initiatives are beneficial to patients and citizens the reality is that they are small interventions, and some major changes are required to drive the quality of care up and provide a sustainable health and care system for the future. Some of these planned changes involve the potential for services to be delivered from different locations compared to today and/or to be delivered in a very different way. The changes therefore will require public consultation and the plan is for this to be enacted from the end of November 2015 assuming all parties are assured.

The engagement material shared with the public in March of this year, “Better care together. Supporting you through every stage of life”, described a shift of services out of acute hospitals, which will become more specialist, into community and home care. The two acute sites, likely to be the Royal and Glenfield sites, will focus on specialist and emergency care. Community hospital services in the county will be focussed on “community hospital hubs”, with new services located in those hospitals that are in the best condition and location. Additionally we have also signposted that the future shape of maternity services is also being reviewed.

All of this change needs to be enacted within the existing financial envelope of the system and therefore changes will need to be phased, probably over five years.