

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



Better care together

Leicester, Leicestershire & Rutland health and social care

APPENDIX A

Leicestershire County Council's Health Overview and Scrutiny Meeting 19 June, 2017

INTEGRATED LOCALITY TEAMS

**Cheryl Davenport
Director of Health and Care Integration
and Louise Young
Programme Manager, Integrated Teams**

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Content

Part 1 - Overview of the STP and its Priorities

Part 2 - Integrated Locality Teams



What is the STP?

- Health and care 'place based' plan for Leicester, Leicestershire & Rutland (LLR) 'footprint' (one of 44 nationally)
- Addressing local issues and implementing the NHS 5 Year Forward View to March 2021.
- For more information on the Five Year Forward View see: <https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf>
- STPs make the case for national/external capital investment and access to non-recurrent transformation funding to support national and local priorities
- Locally this is a progression of LLR's previous *Better Care Together* programme, but with clearer focus on implementing a few key system priorities linked to NHS England's new models of care
- More information about *Better Care Together* including the STP documents can be found here:
- <http://www.bettercareleicester.nhs.uk/> - home page
- <http://www.bettercareleicester.nhs.uk/EasysiteWeb/getresource.axd?AssetID=46236> – draft STP
- <http://www.bettercareleicester.nhs.uk/Easysiteweb/getresource.axd?AssetID=47665> – STP summary
- The STP document is supported by finance, activity, bed capacity and workforce analysis.



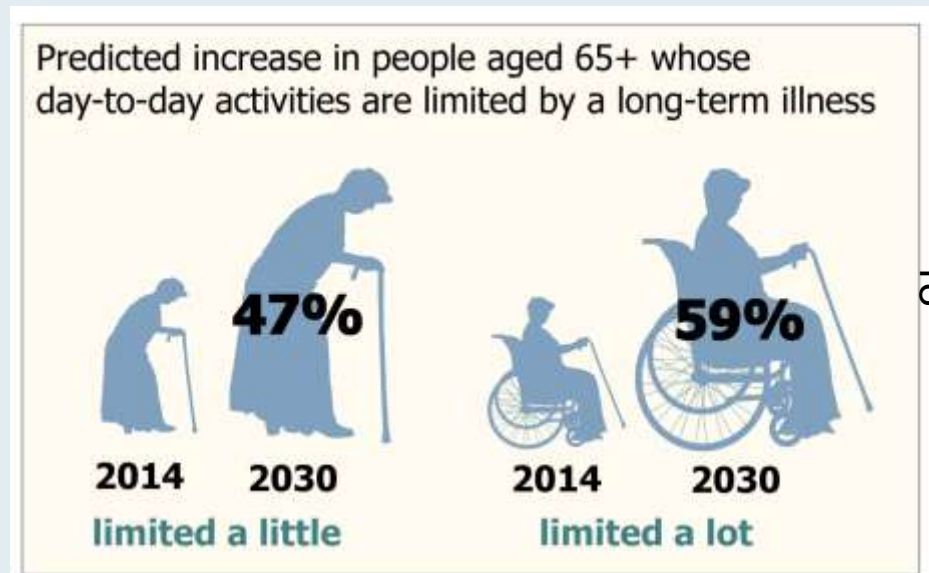
Making us fit for future care

Across Leicester, Leicestershire and Rutland our population is growing

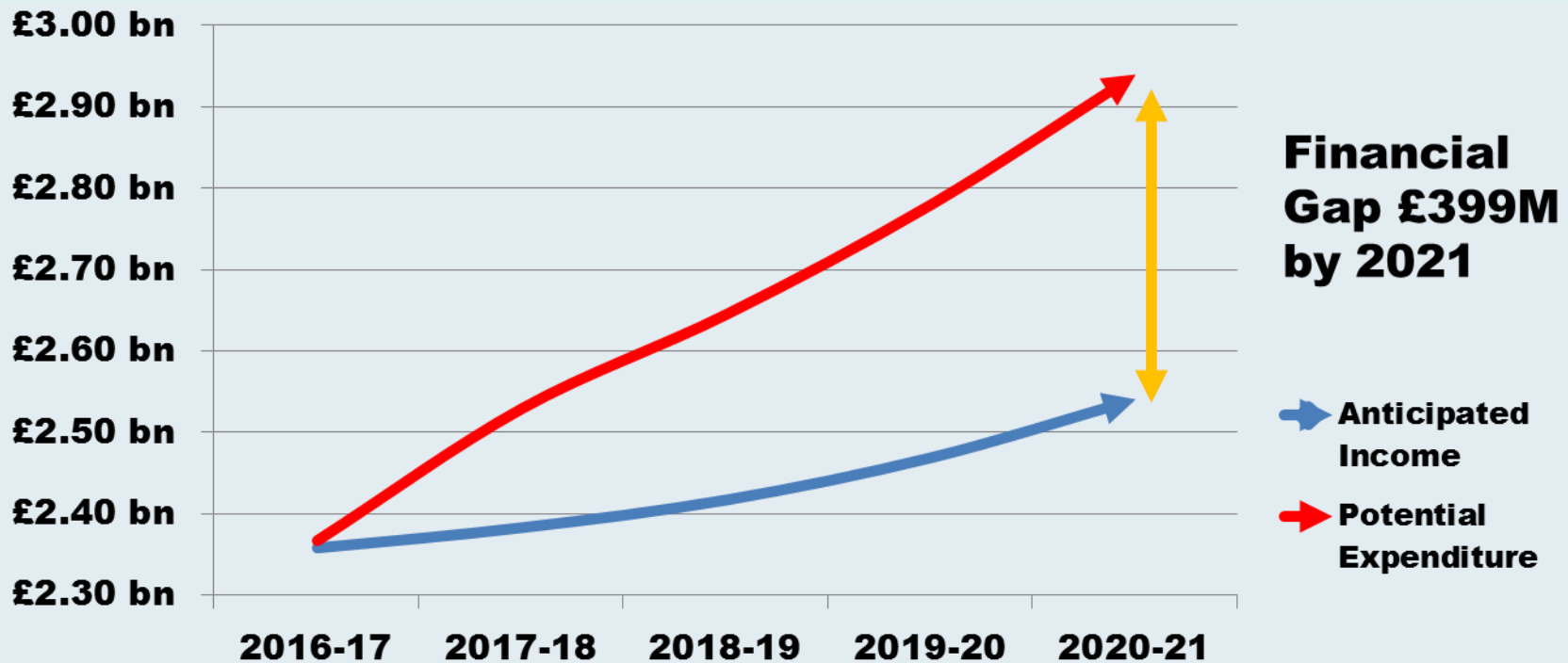
The older population is predicted to increase by 11% in next five years

Long term illnesses are also increasing

This leads to a greater demand for health and care services



Identifying the health and care financial gap



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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
- The approach we are taking to this is a ‘placed based budget’ one that looks across organisations at the ‘LLR pound’
- And which focuses on new ways of working and models of care that manage demand and are more efficient

The 'triple aim' gaps the LLR STP will address

Health and wellbeing outcomes gap

- Lifestyle and Prevention
- Outcome and Inequalities (e.g. people's health outcomes not being determined by where they live, reducing variation in outcomes)
- Mental Health Parity of Esteem (mental health services on an equal footing with other parts of health and care)

Care and quality gap

- Emergency Care Pathway (A&E and ambulance handover delays)
- General Practice (variation and resilience)
- Clinical workforce supply (ensuring we have the staff in place we need to deliver our plans)

Finance and efficiency gap

- Provider systems and processes (internal efficiency)
- Estates configuration (how we collectively make best use our buildings)
- Back office functions (shared services to improve the efficiency of the LLR pound)



Overall STP Philosophy – Home First

We believe that being at home with support is the best place for many people to stay well and manage their conditions or illnesses.

In practical terms this means everyone should ask:

“Why is this patient not at home?” or
“How best can we keep them at home?”

We call this principle “Home First”



LLR STP Priority Areas

1. **New Models of Care** focussed on prevention and moderation of demand growth – e.g. Home First, Integrated Locality Teams, Urgent Care, Planned Care, Resilient General Practice
2. **Service Configuration** to ensure clinical and financial sustainability – how services are planned and delivered across acute, community and mental health hospital sites in the future
3. **Redesign of Care Pathways** to delivered improved outcomes for patients and deliver core services and quality standards
4. **Operational Efficiencies** – e.g Review of ‘Back office’ functions, medicines optimisation, estate utilisation
5. **Getting the Enablers Right** - IMT (digital roadmap), workforce, estates, joint commissioning.



The journey through care for patients



Patient managing their own conditions and preventing illness through healthier living
Prevention Work stream

GP practice co-ordinates care
General Practice Programme

“Federations” of GPs working together to deliver enhanced care and diagnostics
General Practice work Programme

Community based care with support from local teams
Integrated Teams and Home First Programmes

Care when you need urgent medical attention
Urgent Care Programme

The Changes Being Introduced in Community Settings

Commissioners, GPs, GP Practice Federations, Social Care, Acute and Community Services are collaborating to introduce a new model of care focussing on 4 key areas:

- 1) **Increasing prevention and self management**
- 2) **Developing accessible and responsive unscheduled primary and community care**
- 3) **Developing extended primary and community teams**
- 4) **Securing specialist support in non acute settings**



LLR Integrated Teams: Programme Structure



Who will benefit from integrated locality teams?

PHASE 1 = 3 cohorts of people:

- Adults with 5 or more chronic conditions
- All adults with a 'frailty' marker, regardless of age but related to impaired function
- Adults whose secondary care costs are predicted to cost three or more times the average cost over the next twelve months

(inc. people transitioning to end of life care, intensive specialist community or residential care.

In the future the whole population will benefit from integrated locality teams



What's the ask?

- Develop a deep understanding of the needs of the three groups of service users, across organisational boundaries and data sets.
- Identify how care and support varies, why it varies, and how these differences can be addressed.
- Define new ways of working and support staff to change their practice.
- Undertake some initial tests of new ways of working.
- Plan how the new ways of working can be rolled out across all eleven localities during 2017/18.

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Your Integrated Locality Teams (Leicester, Leicestershire and Rutland)

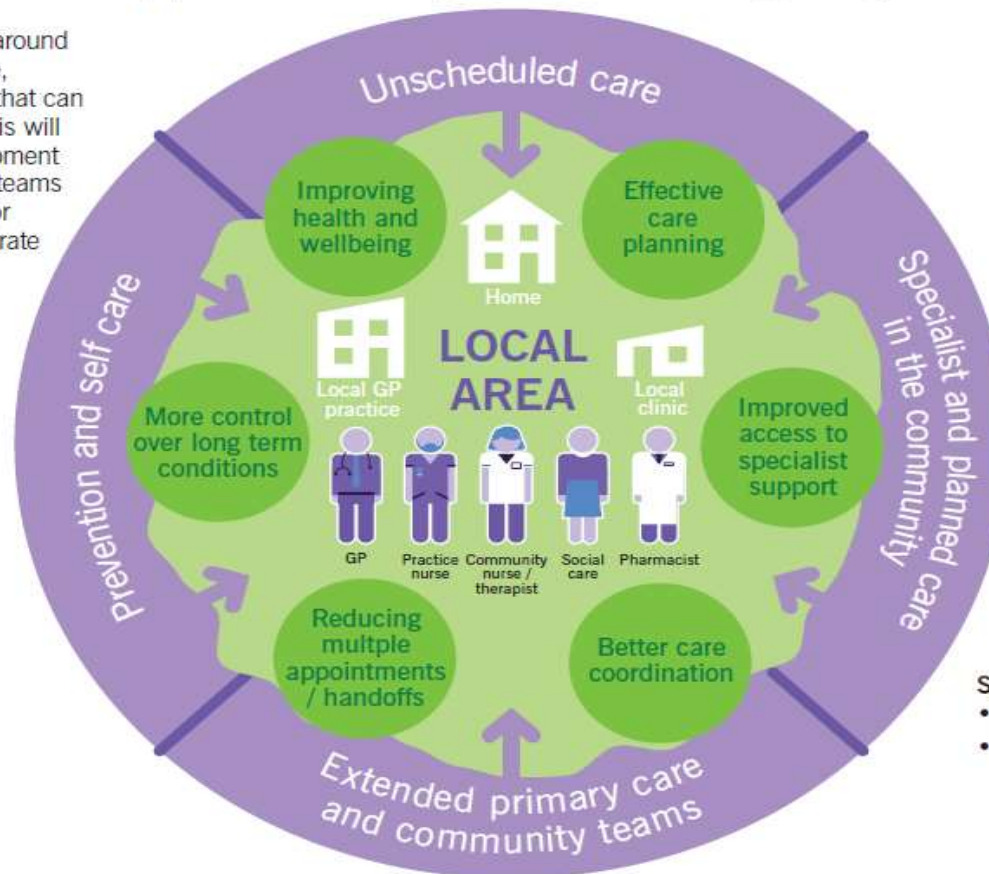
A new innovative approach to joint working in your community

Our model of integration wraps around the patient and their GP practice, extending the care and support that can be offered in the community. This will be delivered through the development of new multidisciplinary locality teams who will be jointly responsible for patient care and initially concentrate on specific groups of patients.

Cohorts:

The specific groups of patients who will initially benefit from this model in Leicester, Leicestershire and Rutland from April 2017 are:

- Adults with five or more chronic conditions
- People with a frailty marker regardless of age (impaired function)
- Adults whose acute care costs are predicted to be three times the average over the next 12 months



LLR System Benefits

-  Reducing the number of permanent admissions to residential care
-  Supporting people to recover and be reabled at home - enabling people to stay in their home for longer
-  Reducing the number of bed days and delayed transfers from hospital
-  Reducing emergency admissions and readmissions
-  Reducing falls
-  Integrating data

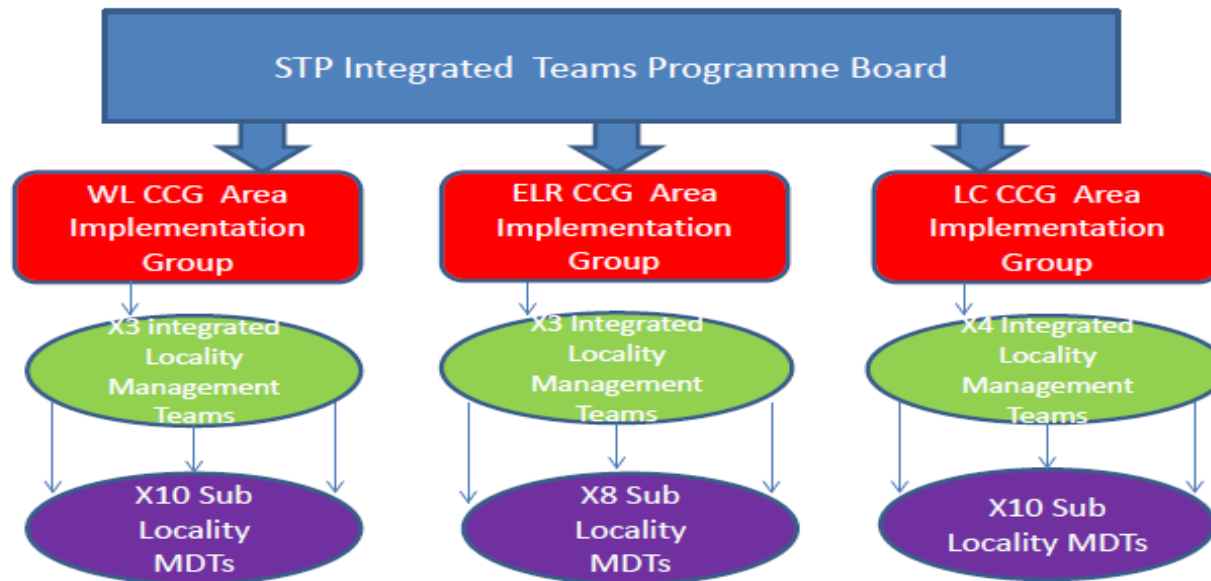
Specialist support examples:

- Community psychiatric services
- Palliative care services



Integrated Teams Implementation Approach

Place Based Leadership Structure



Integrated Locality Teams and Sub Locality Structure

WLCCG Integrated Teams Locality and Sub Locality Structure

NORTH WEST LEICS
103,878

WEIR
Ashby Med Centre
Ashby Surgery
Measham
Ibstock
40,658

WIGGINS
Long Lane
Hugglescote
Markfield
28,381

MURRAY
Castle Donington
Broom Leys
Manor House
Hepplewhite (Whitwick)
Lewis (Whitwick)
Whitwick Surgery
34,839

HINCKLEY & BOSWORTH
114,696

BROWNLEE
Centre Surgery
Barwell & Hollycroft
The Maples
Castle Mead
37,798

FARAH
Health Lane
Newbold Verdon
Desford
Groby
Ratby
35,688

STOREY
Orchard
Stoney Stanton
Burbage
Station View
41,210

SOUTH CHARNWOOD
76,942

AINSLIE
Mahavir
Anstey
Thurmaston
Silverdale
Greengate
Birstall
37,994

HOY
Quorn
Cottage Surgery
Banks Surgery
Highgate Surgery
Charnwood
Alpine House
Barrow
38,948

NORTH CHARNWOOD
83,666

ENNIS
Bridge Street
Park View
Pinfold
Woodbrook
L'boro University
50,330

RUTHERFORD
Forest House
Dishley Grange
Rosebery Street
Field Street
33,336

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MELTON & RUTLAND
101,606

Syston & Melton
Jubilee
County
Latham House
Long Clawson
64,859

Rutland
Empingham
Oakham
Market Overton
Uppingham
36,747

OADBY & WIGSTON
55,006

Oadby
Severn
Croft
Rosemead Drive
Central
25,845

Wigston
Bushloe
Wigston
South Wigston
29,161

BLABY & LUTTERWORTH
106,688

South Blaby &
Lutterworth
Enderby
Northfield
Hazelmere
Narborough
Countesthorpe
Limes
Lutterworth
Wycliffe
67,817

North Blaby
Kingsway
Forest House
Glentfield
38,871

MARKET HARBOROUGH
59,260

Market Harborough
Husbands Bosworth
Market Harborough
27,849

South East
Billesdon
Two Shires
Kibworth
31,411

LCCCG Integrated Teams Locality and Sub Locality Structure

NORTH WEST
109,154

BRAUNSTONE HSCC
Hockley Farm
Meridale
25,672

BELGRAVE
Beaumont Lodge
The Practice Beaumont Leys
Westcotes HC (Dr Lawrence)
Groby Road MC
Heatherbrook Surgery
Manor Park MC
47,950

WESTCOTES
Briton Street Surgery
Fosse MC
The Parks
Westcotes 1
Westcotes 2
Oakmeadow Surgery
Fosse Family Practice
Westcotes HC (Dr Hazeldine)
35,532

SOUTH
90,056

MERIDIAN
De Montfort University
Walnut Street MC
Clarendon Park MC
Victoria Park HC
52,730

PASLEY ROAD
Aylestone Med Centre
Surgery @ Aylestone
Saffron Health
The Hedges MC
Pasley Road (Dr Singh)
Pasley Road HC
(Dr Khong)
37,326

CENTRAL
124,203

ST PETERS
Community Health Centre
Highfields Surgery
Highfields MC
Al-Waqa
Shefa Medical Practice
Dr Mansingh, St Peters
37,578

MERLYN VAZ
East Park MC
The Charnwood Practice
East Leicester MP
Dr Kapur, Melbourn Rd
St Matthews MC
36,236

RUSHEY MEAD
Canon St
Spinney Hill MC
Evington MC
Dr Kapur Brandon St
Brandon St Surgery
(pooled list)
Belgrave Surgery
Broadhurst Surgery
50,389

NORTH EAST
65,702

SPRINGFIELD ROAD
Ar-Razi
Asquith Surgery
Downing Drive
St Elizabeth's
Willowbrook
The Willows
35,822

UPPINGHAM ROAD

Sayed Med Centre
Johnson MP
Humberstone MP
The Practice Rushey Mead
Rushey Mead HC
29,880



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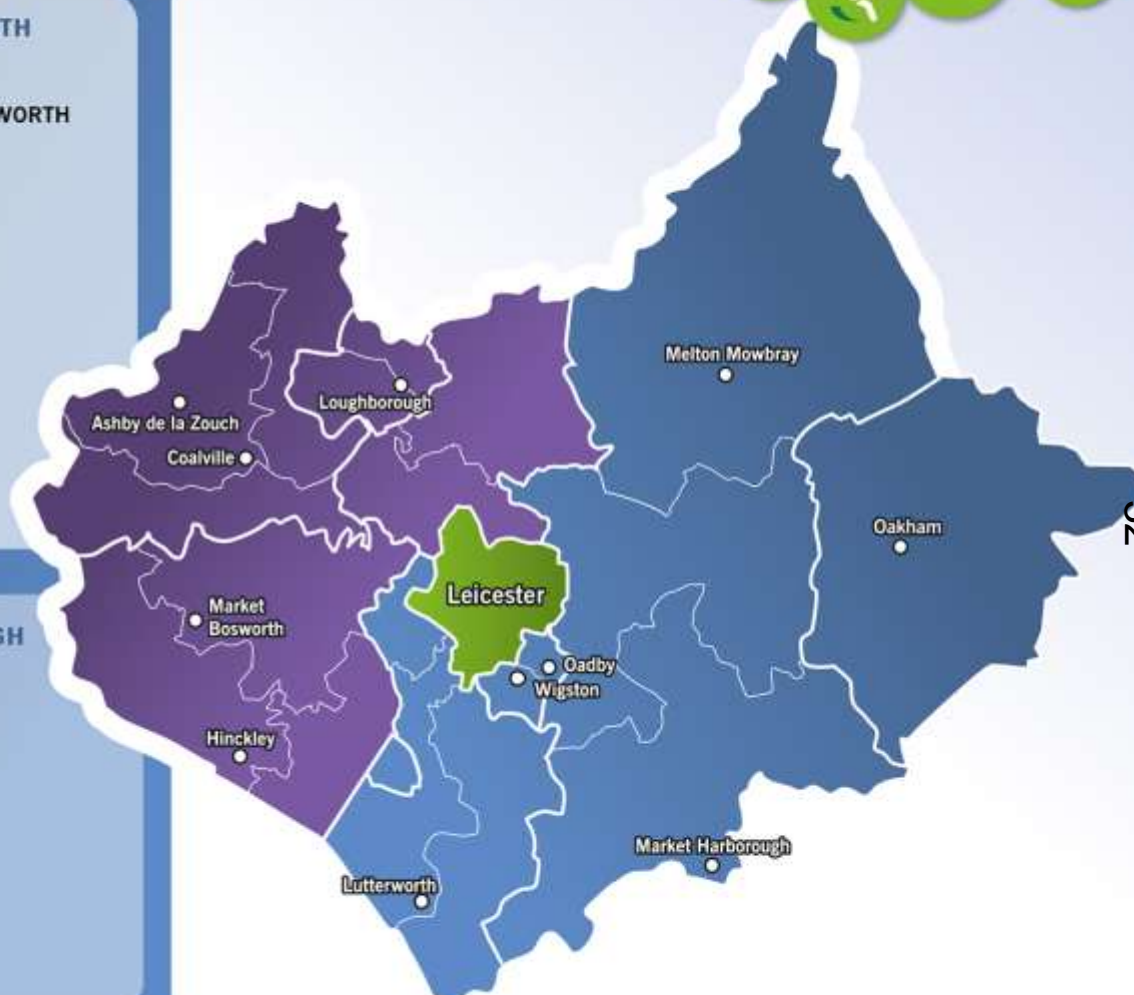
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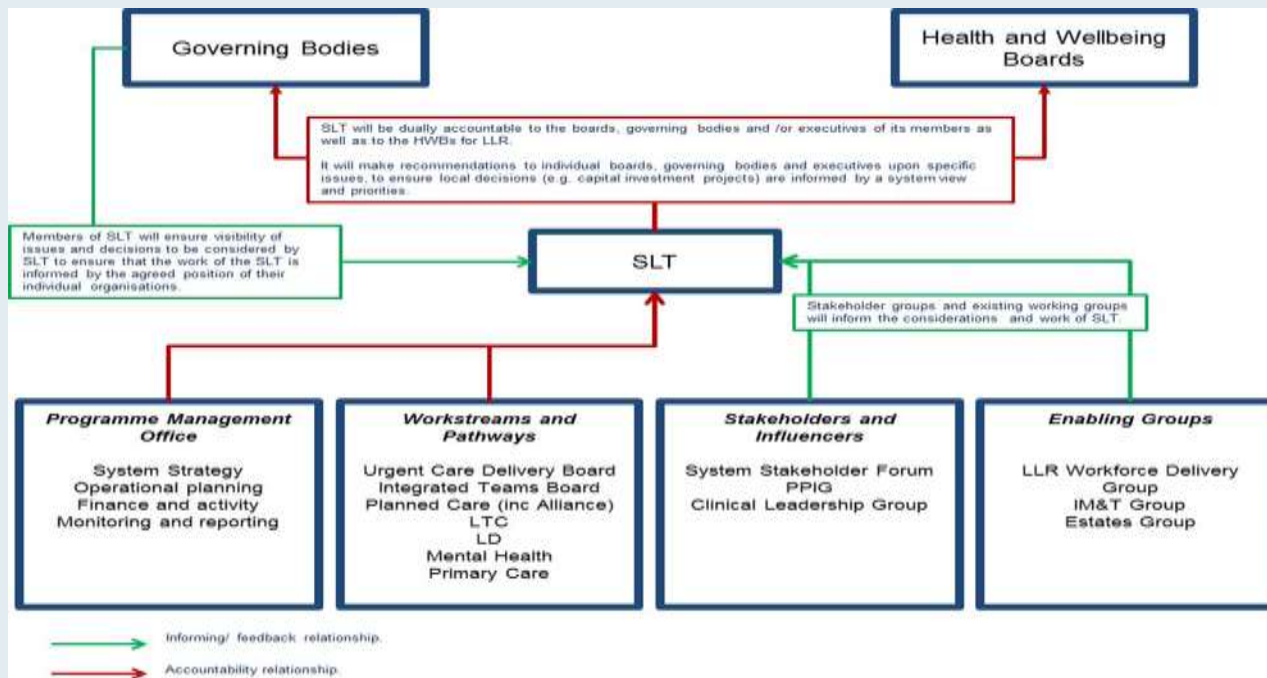
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How is implementation progressing in LLR?

- We have taken learning from other parts of the country to inform how to deliver this in LLR
- Integrated teams are in place across LLR, led jointly by adult social care, GPs, and LPT.
- District Councils are being encouraged to join their local team(s) as key partners
- Other services planned for community settings are being built around these teams³⁴
- Integrated teams are starting to test new ways of working (test beds) during 2017
- An approach to measuring the impact of integrated teams has been developed which includes measuring patient experience, improvements in care coordination, and monitoring that specific aspects of clinical care and support have been offered and put into place
- Regular stakeholder bulletins are available – see example with your papers



STP Governance Arrangements



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