ANNEX 1 – Case for Change Analysis which has informed the BCF Refresh

This section references existing analysis and source documents in support of the vision and aims of the BCF plan and its delivery priorities.

Better Care Together
In 2015 the Better Care Together (BCT) Leicester, Leicestershire and Rutland (LLR) wide five year plan considered the overall sustainability of our health and care system and the reconfiguration opportunities, in particular the shift of care from acute to community settings. The case for change and the BCT blue print can be found at this link:
http://www.bettercareleicester.nhs.uk/EasysiteWeb/getresource.axd?AssetID=31818&servicetype=Attachment?AssetID=31818

The LLR Sustainability and Transformation Partnership (STP) – refreshed five year plan of BCT
In autumn 2016, LLR partners produced the local STP, which was built upon the case for change and strategic foundations of the BCT Programme. A public summary of the STP can be found at this link
http://www.bettercareleicester.nhs.uk/Easysiteweb/getresource.axd?AssetID=47665
The priorities contained within the LLR STP respond to the local case for change and tackle three key challenges which are:
- Improving health and wellbeing;
- Improving the quality of care and services;
- Achieving a more efficient and sustainable health and care economy which can meets future demands.

Leicestershire's Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy
Our JSNA provides in depth population health needs analysis http://www.lsr-online.org/leicestershire-2015-jsna.html and our Joint Health and Wellbeing Strategy illustrates how the Health and Wellbeing Board is responding to the priorities highlighted by this analysis http://politics.leics.gov.uk/documents/s124188/JHWS%20App%20A.pdf, with other sources of supporting information at this link: http://www.lsr-online.org/health-and-wellbeing-leicestershire3.html. Our JSNA includes a helpful infographics interactive webpage, which illustrates the profile of Leicestershire's population per the priorities in our Joint Health and Wellbeing Strategy
https://public.tableau.com/views/CoredatasetMASTER_All_Infographics/BestStartinLife-County?:embed=y&:display_count=yes&:showTabs=y&:showVizHome=no#3.

Public Health Summary Needs Analysis 2016/Health Profiles 2017

In support of the BCF refresh we have provided a summary population health needs analysis which can be found at Appendix A. The analysis is based on the current JSNA and population health profiles for 2017.

Adult Social Care Strategy
The Adult Social Care Strategy 2016-20 outlines the vision and strategic direction of social care support in Leicestershire for four years. The strategy focuses on a progressive model of support in line with the principles of preventing need, reducing need, delaying need and meet need.
https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2016/3/23/ASC_Strategy_2016_2020_0.pdf. This is supported by the market position statement.
http://politics.leics.gov.uk/documents/s116260/Appendix%20D%20-%20Adult%20Social%20Care%20Strategy%202016-20.pdf

Population and Practice Level Risk Stratification

As part of the BCF refresh we have refreshed our population level risk stratification using 2016/17 data via PI Care and Health Trak - the outputs of this analysis are at Appendix B.

In summary this shows that, from April 2016 to November 2016, 37% of all emergency admissions at University Hospital Leicester (UHL) for Leicestershire residents have been for patients aged 70 and over. For those aged 70 and over, length of stay tends to be longer, and admissions for this age group account for 55% of the bed days, and 51% of the health service costs.

The analysis also shows the profile healthcare costs of Leicestershire's population with long term conditions in the over 70 age group. This shows that most of the costs (65%) for emergency admissions to UHL for those aged 70 and over are for patients with between two and five long-term conditions. This amounts to over £24.5 million of costs for April - November 2016.

In Leicestershire in 2015, almost 62,000 (46%) adults aged 65 or over were predicted to have at least one limiting long-term illness (JSNA 2015). Of these, hypertension is the most costly long term condition and 74% of the costs for this condition can be attributed to patients aged 70 and over.

The STP workstream for Integrated Locality Teams has used risk stratification at local GP practice population level, via the ACG tool, to identify three cohorts of the population in each locality who should be the focus of improved case management and care coordination in community settings. The three cohorts are those with frailty markers, those with five or more LTCs and those whose acute care costs are estimated to be three times the expected levels over the coming 12 months. They will benefit from a new model of integrated multi-disciplinary working between primary care community nursing/therapists and social care.

Case for Change: LLR's Urgent Care System

This area of work focuses on the gap between the current model of urgent care operating in LLR and what a redesigned urgent care system based on best practice could deliver. This work has been based on the new models of care for England as set out by Simon Stevens in in the NHS England Five Year Forward View publication.

LLR's urgent care system has been under unsustainable pressure over a number of years with the health and care economy placing too much reliance on urgent/acute care, when other alternative settings of care should be or are available for local citizens to use.

In 2014 an independent review of the health and care system was undertaken by Dr Ian Sturgess which focused on the root causes of the reliance on emergency and urgent care and how the system as a whole needed to respond and change to provide more anticipatory care in the community.

In 2015, the LLR area was selected as one of the Urgent and Emergency Care Vanguard sites in order to accelerate the necessary changes. As a result of this, during 2016/17 a new system of urgent care has been designed and commissioned, which came into effect from April 2017. An ECIP review was also undertaken in 2017 in support of urgent care redesign and the recommendations from this review have been adopted by the A&E Delivery Board.

Customer Insight Analysis that has informed the BCF Refresh

Findings from service user engagement activities across the health and care economy have also been used to inform the BCF refresh, a selection of which is listed below:

- Service user metrics have been analysed to assess improvements in the experience of local people using integrated care and support across settings of care in Leicestershire, including the quality of life score in the Adult Social Care Outcome Framework, support for people with Long Term Conditions via the GP survey, and experience of coordination of care and support on discharge from CQC surveys;

- A BCT customer insight survey undertaken in 2015/16 focused on the views and experiences of carers;

- Engagement with service users undertaken for the introduction of the "Help To Live At Home" domiciliary care services, used to shape the outcomes and service model;

- Engagement with service users across eight BCF services as part of the evaluation conducted with Loughborough University and Healthwatch, focused particularly on community based services targeted to admissions avoidance;

- Engagement and customer insight analysis undertaken for the Lightbulb Housing Project which informed the service model;

- Engagement with service users on integrating customer services points of access across health and care, used to inform the future options and solutions for an LLR-wide operating model;

- Engagement undertaken by Leicestershire Healthwatch, reported bi-monthly to the Leicestershire Health and Wellbeing Board, with thematic analysis on areas such as mental health, primary care access, urgent care and hospital discharge;

- Findings and recommendations from local authority scrutiny committees and scrutiny panels; and

- Feedback from LLR engagement events for Better Care Together and the STP.

Other Data and Analysis that has support the BCF Refresh
- NHSE Benchmarking data (e.g. readmissions within 30 days)

- UHL readmissions report and supporting analysis 2016

- Urgent Care/A&E Board Analysis, including DTOC reporting

- LA Benchmarking data: e.g. on permanent admissions to residential care and DTOC

- Adult Social Care Performance Reports and Dashboards

- Regional and National BCF analysis /benchmarking

- The detailed analysis completed for the recommissioning of Leicestershire's domiciliary care services across health and social care

- A self-assessment against the high impact changes for DTOC

- Independent evaluations and clinical audits, including SIMTEGR8

- Findings from CQC, or reviews/reports by other regulatory bodies

- ECIP Reviews

- LA Peer Reviews

APPENDIX A – **Public Health Summary Needs Analysis**

Everyone Counts: Planning for Patients 2014/15 to 2018/19[1] sets the overall medium term planning framework for the NHS and describes what the NHS must deliver to patients nationally.

The NHS 'Call to Action[2]' asks all NHS providers and commissioners to respond to the significant challenges facing the NHS in delivering health and care policy into the future, including:

- An ageing society
- The rise of long term conditions
- Rising expectations
- Increasing costs of providing care
- Limited productivity
- Pressure of constrained public resources that the NHS face
- Variation in quality of care across the health system.

Our vision for integration and the interventions we have prioritised in BCF have been designed in response to the call to action.
We have considered the implications for Leicestershire in order to respond to these challenges, e.g. in view of the specific needs of our population and the performance of our current health and care system, by analysing the following:

- Leicestershire's Population Trends and Health Needs, using the 2015 Joint Strategic Needs Assessment and 2017 Health Profile
- Population segmentation analysis (completed for the BCF plan resubmission)
- The current utilisation of our health and care economy, and the desired future state – using analysis recently completed for the development of the Five Year Plan for LLR (Better Care Together).
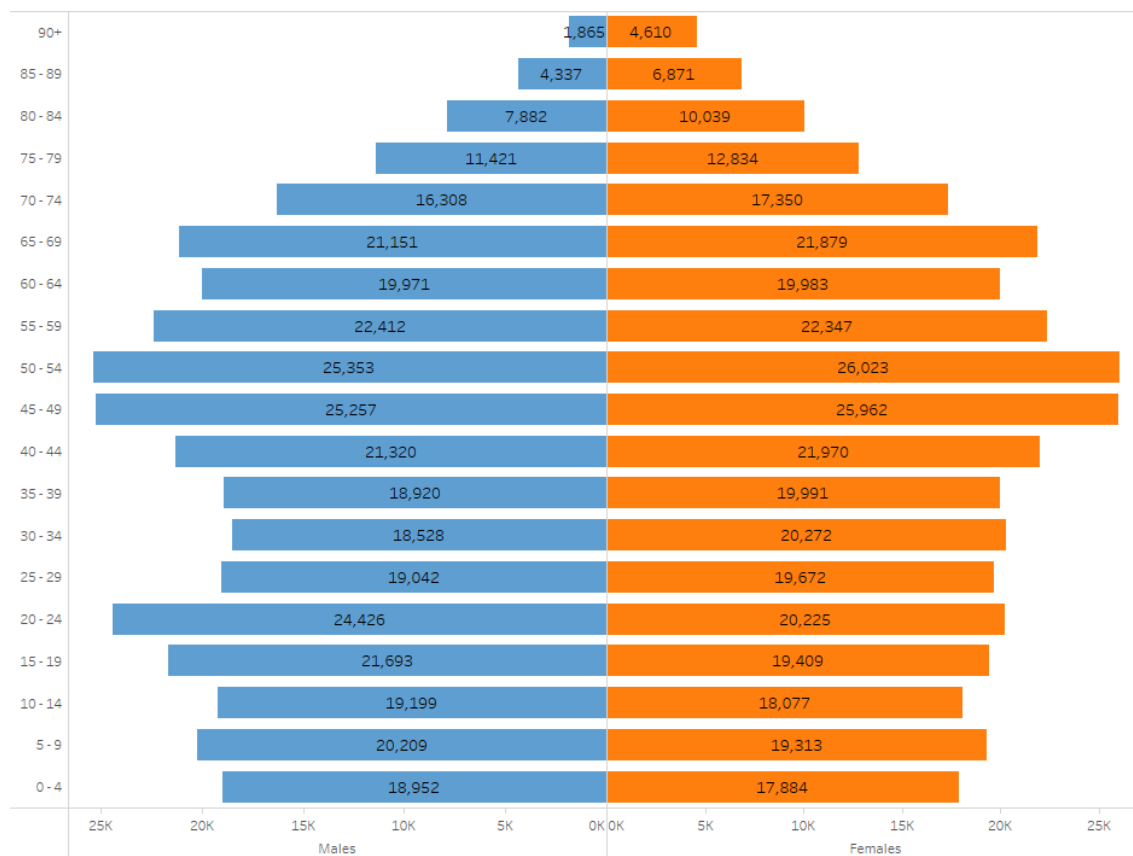
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[1] http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid.pdf

[2] http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf

Overview of Leicestershire's Population and Health Needs

Population

Leicester, Leicestershire and Rutland has a population of 1,069,906, with the Leicestershire population comprising 682,957 - of which 118,864 people were aged 65-84 years (17.4%) and 17,683 people were aged 85 years and over (2.5%) in 2016.

Leicestershire 2016 population estimate by sex and quinary age

Age	Males	Females
90+	1,865	4,610
85 - 89	4,337	6,871
80 - 84	7,882	10,039
75 - 79	11,421	12,834
70 - 74	16,308	17,350
65 - 69	21,151	21,879
60 - 64	19,971	19,983
55 - 59	22,412	22,347
50 - 54	25,353	26,023
45 - 49	25,257	25,962
40 - 44	21,320	21,970
35 - 39	18,920	19,991
30 - 34	18,528	20,272
25 - 29	19,042	19,672
20 - 24	24,426	20,225
15 - 19	21,693	19,409
10 - 14	19,199	18,077
5 - 9	20,209	19,313
0 - 4	18,952	17,884

Source: 2016 mid-year population estimates, ONS.

The population of Leicestershire is currently growing and by 2039 the total population is predicted to reach 784,400 people, representing growth of 17.4%. However, the population is not growing uniformly across the different age bands. In the next 25 years, the population is predicted to grow as follows:
- A 11% increase in children and young people age 0-24 years (196,900 people to 217,600)
- A 4% increase in the working age population age 25-64 (from 341,100 people to 354,400)
- A 49% increase in people aged 65-84 year olds (from 113,400 people to 168,500)
- A 162% increase in the oldest population group of people aged 85 years and over (from 16,700 people to 43,700)

Source: 2014-based population projections, ONS.

Deprivation

The map below shows the national decile for each LSOA in Leicestershire for Multiple Deprivation. The darkest purple areas fall in the top 10 percent (1st decile) most deprived neighbourhoods in England.

2015 Multiple Deprivation national deciles by LSOA, Leicestershire
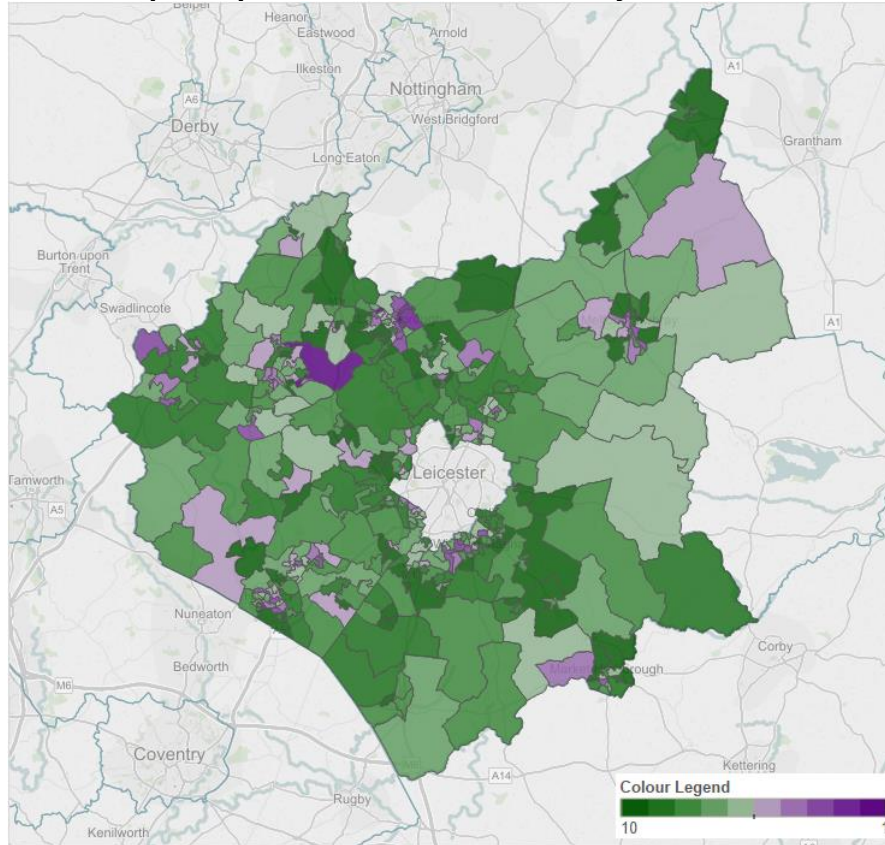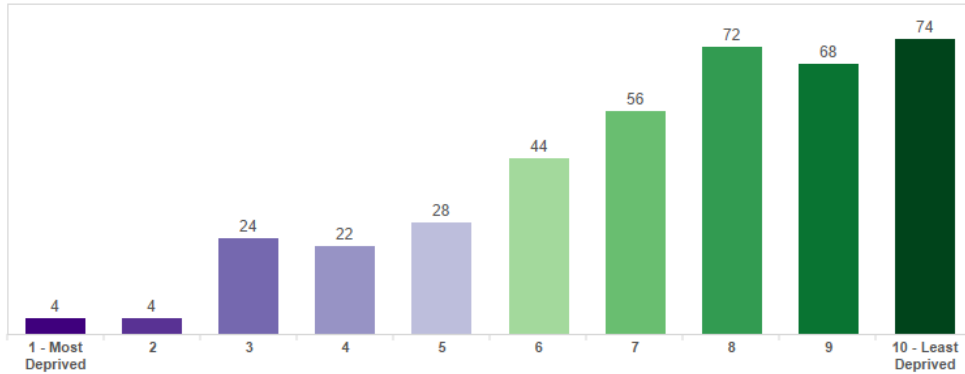

Source: DCLG, 2015

There is a very small proportion of LSOAs in the county that fall within the top 10 percent most deprived in the country. These areas are located in Loughborough, Coalville and Hinckley. Elsewhere, there are small pockets of neighbourhoods which fall within the more deprived nationally in and around the main towns and smaller urban centres.

The table below shows the distribution of LSOAs in Leicestershire by national decile for Multiple Deprivation.

**2015 Multiple Deprivation national deciles by LSOA, Leicestershire**

Source: DCLG, 2015

The chart underlines the fact that only a small proportion of the county's LSOAs fall within the top 10 percent most deprived in England. Only four out of the county's 396 LSOAs fall in the top decile, with a further four in the second decile. In comparison, 74 neighbourhoods are placed in the least deprived decile.

Ethnicity

The chart below shows the proportion of Leicestershire's population by broad ethnic group. The vast majority of the county population (91 percent) belong to White ethnicities, including White British and White Irish. This equates to almost 600,000 people. The next largest ethnic group in Leicestershire is Asian, which constitute 6.3 percent of the population, followed by the Mixed or Multiple Ethnic Group with 1.7 percent and Black, with 0.6 percent.

Leicestershire population by broad ethnic group, 2011
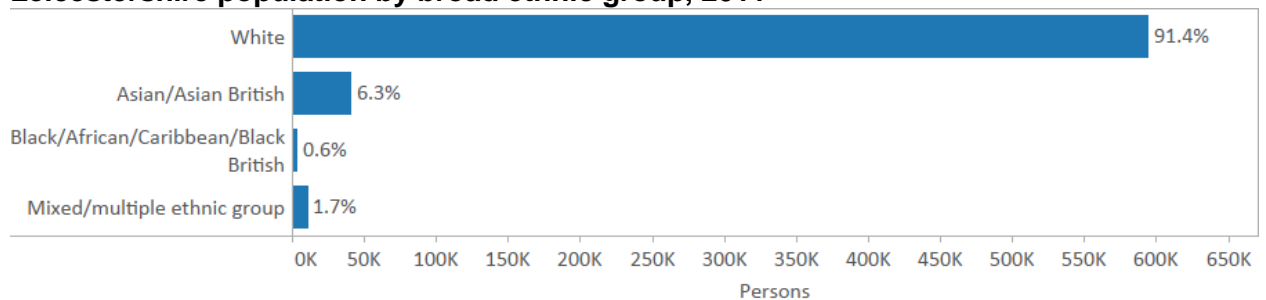
Source: 2011 Census, ONS

Leicestershire Health Profile 2017

Health profiles are published annually by Public Health England and provide a useful snapshot of the health needs of the local population. The 2017 Health Profile for Leicestershire shows that:

- The health of people in Leicestershire is generally better than the England average.
- In 2014, about 12.4% (14,100) children lived in poverty.
- Between 2013 and 2015, life expectancy at birth for males in Leicestershire was 80.5 years and for females was 83.9 years. This is significantly better than the England average for both males and females.
- Life expectancy at birth is 6.1 years lower for men and 4.8 years lower for women in the most deprived areas of Leicestershire than in the least deprived areas.

Table 1 *Health Profile Summary* on p.24 shows how people's health in each local authority across Leicestershire compares to the rest of England.

It is clear that Leicestershire performs well in many indicators, with 20 indicators that perform significantly better than the England average, however there is not an even spread across all districts in Leicestershire and there is still room to improve the overall health of Leicestershire's population.

The table identifies a number of areas where Leicestershire can focus to improve health, e.g. where the county results are worse than the national average, and where Leicestershire performance is no different to the national average.
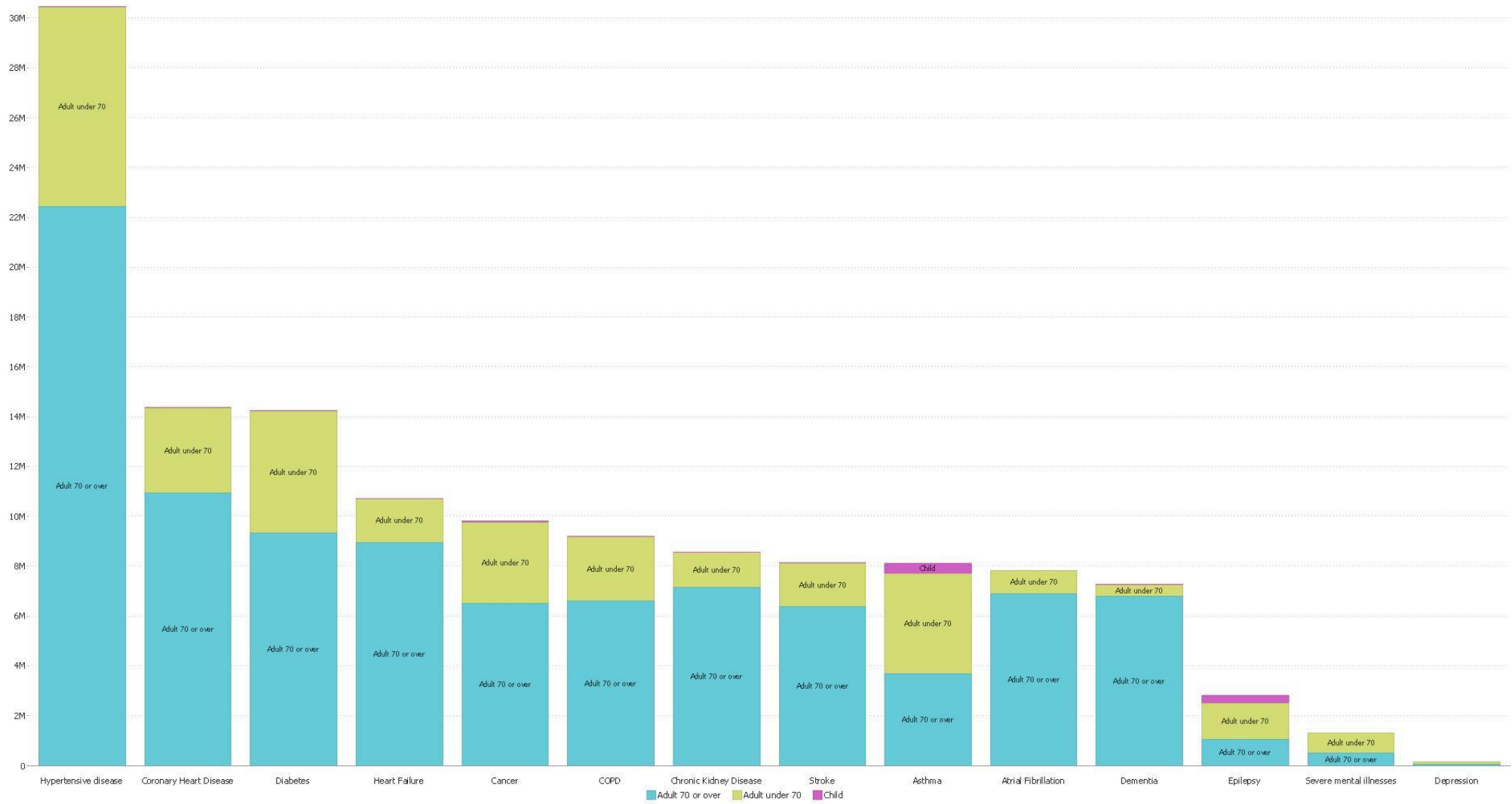
There is one indicator where Leicestershire has poor performance: recorded diabetes. Across Leicestershire there are other indicators where performance could be improved. North West Leicestershire has four indicators where performance is worse than the national average; Hinckley & Bosworth has three indicators where performance is worse than the national average; Melton has two indicators where performance is worse than the national average; Blaby and Oadby and Wigston have one indicator where performance is worse than the national average.
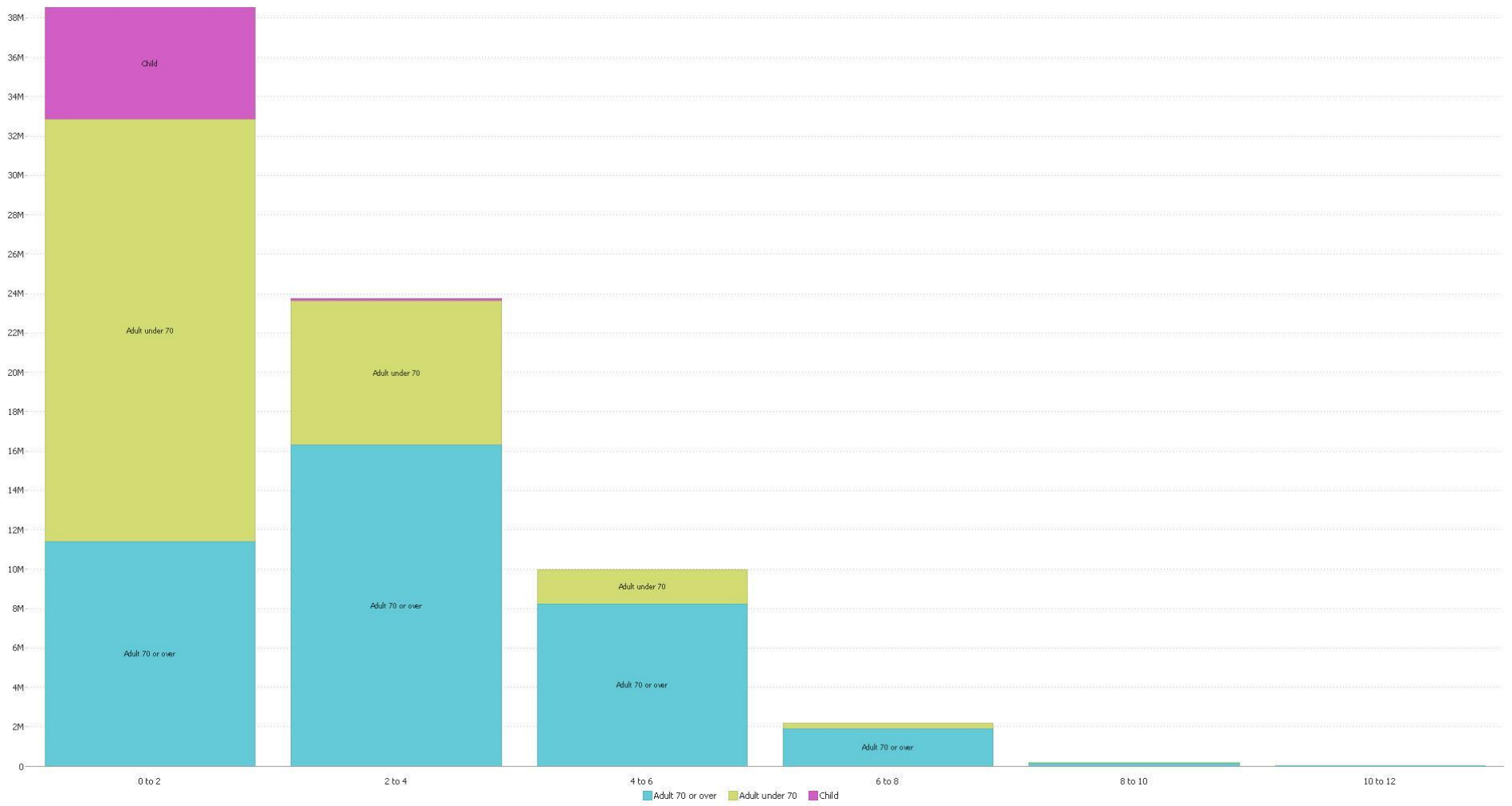
Charnwood and Harborough have no indicators worse than the national average.

2017 Health Profile Summary

		Blaby	Charnwood	Harborough	Hinckley and Bosworth	Melton	North West Leicestershire	Oadby and Wigston	Leicestershire CC
Our Communities	1 Deprivation score (IMD 2015)								
	2 Children in low income families (under16s)								
	3 Statutory homelessness								
	4 GCSEs achieved	↓	↑		↓		↑		
	5 Violent crime (violent offences)								
	6 Long term unemployment								
Childrens and young peoples health	7 Smoking status at time of delivery	↓							↓
	8 Breast feeding initiation*	↑	↑			↑			↑
	9 Obese children (year6)		↑			↓	↑		
	10 Alcohol-specific hospital stays (under 18)			↓					
	11 Under 18 conceptions		↓	↑					
Adults health and lifestyle	12 Smoking prevalence in adults		↑	↓	↑				↑
	13 Percentage of physically active adults		↓					↓	
	14 Excess weight in adults					↓			
Disease and poor health	15 Cancer diagnosed at early stage								
	16 Hospital stays for self harm				↑				
	17 Hospital stays for alcohol related harm	↑		↑	↑				
	18 Recorded diabetes		↑						
	19 Incidence of TB								
	20 New sexually transmitted infections (STI)								
	21 Hip fractures in people aged 65 and over		↓						
Life expectancy and causes of	22 Life expectancy at birth (male)							↓	
	23 Life expectancy at birth (female)								
	24 Infant mortality							↓	
	25 Killed and seriously injured on roads	↓			↑	↓			
	26 Suicide rate								
	27 Smoking related deaths								
	28 Under 75 mortality rate: cardiovascular								
	29 Under 75 mortality rate: cancer				↓	↑	↑		
	30 Excess winter deaths								

*	Data has not been updated
(green)	Significantly better than England average
(amber)	Not significantly different from England Average
(red)	Significantly worse than England average
(hatched)	No significance or not compared
↑	Rag rating has moved from red to amber or amber to green; ie performance has improved from 2016
↓	Rag rating has moved from green to amber or amber to red; ie performance is not as good as 2016

APPENDIX B – Population Level Risk Stratification Analysis

Population Level Risk Stratification – extracts
from Care and Health Trak Tool

Emergency Admissions

| 0 to 10 | 10 to 20 | 20 to 30 | 30 to 40 | 40 to 50 | 50 to 60 | 60 to 70 | 70 to 80 | 80 to 90 | 90 to 100 |

Bed Days

| 0 to 10 | 10 to 20 | 20 to 30 | 30 to 40 | 40 to 50 | 50 to 60 | 60 to 70 | 70 to 80 | 80 to 90 | 90 to 100 |

Total Cost

| 0 to 10 | 10 to 20 | 20 to 30 | 30 to 40 | 40 to 50 | 50 to 60 | 60 to 70 | 70 to 80 | 80 to 90 | 90 to 100 |