DESIGN GROUPS & SYSTEM GOVERNANCE WITHIN LEICESTER, LECIESTERSHIRE AND RUTLAND

HOSC

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Presentation Overview...

- Context
- Where are we now?
- How will LLR deliver care?
- System Expectations underpinned by a Population Health Management Approach
- Translating expectations into improved care through design groups
- What areas do Design Groups cover?
- How do design groups fit into the System Governance Structure?
- Questions

Context...

Clear mandate across Leicester, Leicestershire and Rutland (LLR) that we will:

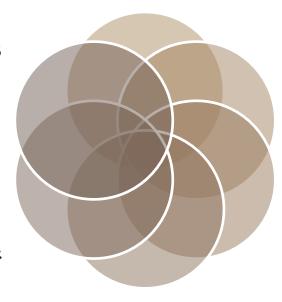
- Design transformed models of <u>care</u> at system level
- Delivery will be driven at a local, place based level
- Organisational plans across health and care will contribute to system model of care
- Clear, clinical and practitioner led directives
- √These will be underpinned by:
 - Streamlined governance across and within systems
 - √ A joint workforce strategy
 - ✓ An aggregate system financial model
 - ✓ A robust system and organisational demand and capacity model

Current position...

Recovery from Covid & Planning

Equity of access and outcome

Sustainable, high quality service design & delivery



Reconfiguration of acute and community services

Primary Care
Network / Place
/ System
delivery models

Resilience of Provider Workforce

The LLR model of care...

Our Model of Care



Individuals empowered to live a healthy life in resilient communities

- Supported to stay well via preventative interventions
- Supported self-management
- Active social prescribing and signposting
- Communities supported to develop a vibrant third sector volunteer opportunities supporting health and care



Primary Care

Where the majority of patient care takes place working as individual practices or in networks (Primary Care Networks) using digital and total triage first, including:

- Advice, Information, diagnosis, treatment and prescribing
- Active Long Term Condition management
- Signposting and referral to other services including specialist services
- Screening and immunisation



Integrated Neighbourhood Teams

Multi-disciplinary teams of general practice staff, community nurses and therapists, social care staff and the voluntary sector providing:

- Enhanced Long Term Condition Management
- Active case management of at risk patients including specialist treatment in the community
- Rapid assessment and support In crisis including step down in care setting when patient is ready
- Community rehabilitation and discharge support
- Nursing and care home support
- End of life care



Care for acutely unwell people

- Care should be provided in local care settings wherever possible and in an acute setting when not
- Digitally driven and enabled care
- Teaching, research and Innovation at the heart of acute care
- Growing our specialist care sector where It makes sense to do so



am able to proactively manage my own health



I receive easy to access and tailored support in the community



I find it easy to access specialist care in the community



I have the best quality and most innovative care available to me

Pathways of care

Population Health Management

Wellness

One skilled multi-disciplinary workforce delivering pathways of care across boundaries designed and led by clinicians

A data and population health management approach will drive best practice, reduce variation and inequity

Our transformation will be co-produced through patient and public engagement, involvement and insight

Adopt a digital and total triage approach to care including information, advice, access and treatment

Safety will be at the forefront of service delivery

Reduce our Impact on the environment

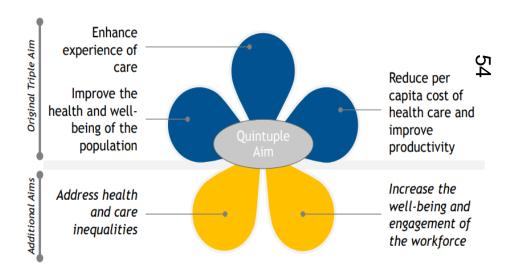
Be financially sustainable

Acute Iliness

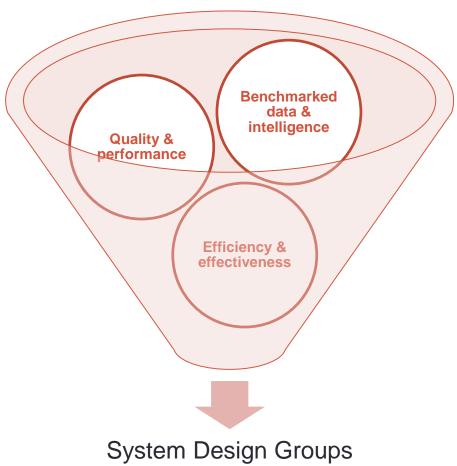
10 System Expectations underpinned by Population Health Management Approach...

- Safety First;
- 2. Equitable Care for All;
- Involve our Patients and the Public;
- Have a virtual by default approach;
- 5. Arrange care in local settings;
- Provide excellent care;
- Enhanced care in the community;
- 8. Have an enabling culture;
- Drive technology, innovation and sustainability;
- 10. Work as one system with a system workforce.

There are five overall aims of Population Health Management



How do we translate system expectations into improved patient care?



System Design Groups (with health and care colleagues)

Design Groups...

- Clinically chaired and managerially enabled
- System wide initiatives from health and social care
- Closer working to achieve improved outcomes for patients
- Patient voice via 'lived experience' & / or Healthwatch where appropriate
- Regular meetings with colleagues invited from multiple partners organisations including local authority
- The groups are agile and therefore have both a core membership & fluid membership
- Contracts, finance and quality embedded into the groups
- Built on learning from COVID / past successes / failures
- Lead to improved patient outcomes and reduction in inequalities of care.

Moving to delivery – Design Groups



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Moving to delivery – Enabling Groups



strategic fit

Governance .:

design

Oversight & approval

- LLR Strategic Partnership Board
 - LLR Tactical Group

Advice, peer review and championing change

- LLR Clinical Executive Group
- LLR Clinical Leadership Forum
- LLR Clinical Reference Group
 - Organisational clinical and practitioner leadership groups
 - Enabling Groups

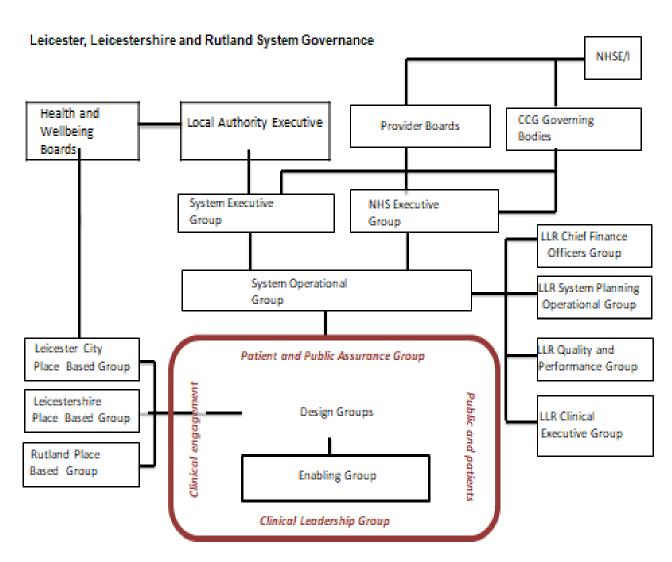
Leadership for transformation

- CCG exec team
- UHL exec team
- LA exec teams
- LPT exec team

Design Groups -System led teams to enable joint delivery



Governance...



From frontline ideas to agreement...



Design Group

System Operational Group

Clinical Leadership Group Strategic Partnership Group

PCN/specialty/ divisional agreement/ldea Analysis of quality, finance, activity, workforce, performance impact, develops solution

Provides
assurance to
the System
Partnership
Group that
solution will
meet the
strategic
aims and
expectations

Clinical Senate assurance on proposals

System agreement

Questions?

