



Our Health Our Care

Leicestershire County Council Health Scrutiny Committee
Our Health Our Care Programme Update
Tuesday 3rd July

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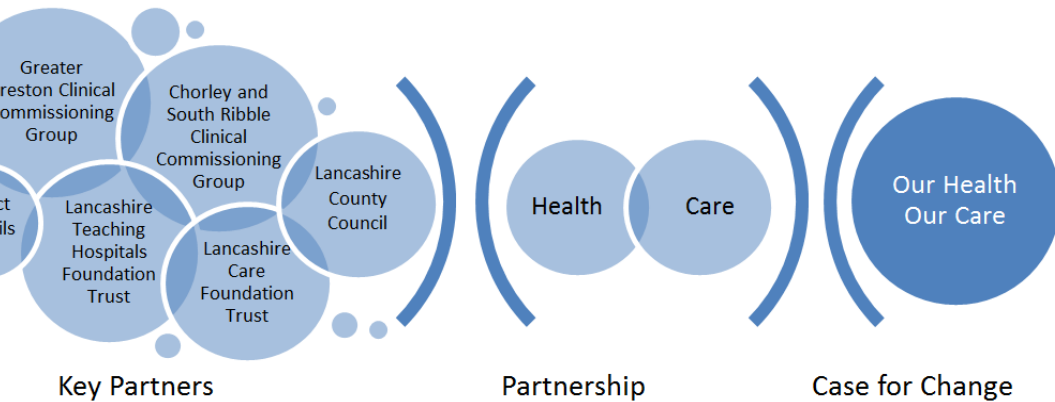
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The purpose of the session is to:

- Set the context for the Our Health Our Care Acute Sustainability Programme
- Briefly update on each of the workstreams
- Present the Clinical Case for Change
- Present the programme timeline
- Discuss the emerging Model of Care
- Agree next steps

Our Health Our Care



Strategic Objectives:

- To develop a more **person-centred approach** to health and social care, increasingly delivered within community, locality home setting where appropriate.
- To develop **new models of health and social care** for our local health economy, rebalancing the provision of services to **reduce overdependence on acute hospital provision**
- To encourage and enable people to take responsibility for **self management** of their care with support from services to improve their health, wellbeing and quality of life
- To develop **new models of health and care that are clinically and financially sustainable** for the future and able to provide quality services that are safe, accessible, responsive and coordinated.
- To create models of care which will work within an **integrated health and care system**, tailored to the needs of our population and delivered in the right place at the right time.
- To ensure the process is **clinically led** and that new models of care are **co-designed with the public, patients and partner organisations**

Our Health Our Care Workstreams

Acute Sustainability (formerly 'Hospital Care').

Locality Care (Out of Hospital Care)

Prevention, Early Help and Self Care

Out of Hospital and Prevention



A key aim of Our Health Our Care is to ensure patients only have to access in-hospital services when absolutely necessary.

The **Out of Hospital** strategy aims to deliver:

- Primary Care at scale
- Integrated care teams
- An accountable Care System that ensure integration and cohesion across health and social care

Delivery of a **Prevention and Early Intervention Framework** to deliver a system-wide commitment to prevention utilising all resources to enable and maintain physical and mental wellness and build resilience and aid recovery

Acute Sustainability



Case for Change

resents the local picture in terms of population demographics, prevalence of disease and activity impacts and pressure points.

discusses on key specialty areas:

- Urgent & Emergency Care
- Acute Medicine
- Critical Care
- Planned Surgery Performance

establishes the key drivers for change

Acute Sustainability



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Key Drivers for Change

1. Changing population demographics
2. Health Inequalities
3. Limited workforce
4. Bed occupancy
5. Variation in meeting standards
6. Decrease in planned surgery

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Establishes the key drivers for change

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- Number of people over the age aged 65 set to increase by 33,000 by 2037

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37%

- In Preston 37% of the population live in the 20% most deprived areas in England

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- Large gaps in medical staffing within the Emergency Department

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93.4%

- Average bed occupancy above national average and above the recommended rate of 85%

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- A&E 4-hour performance at 60% against the standard of 95%

Acute Sustainability

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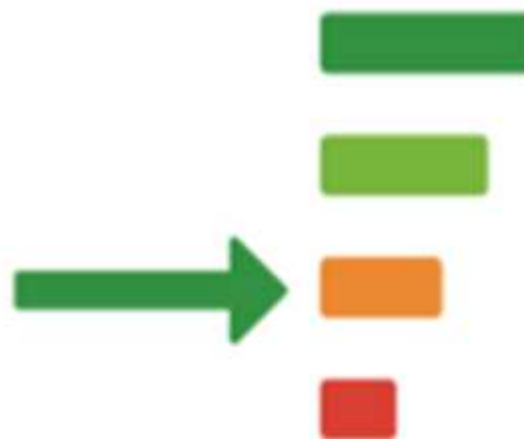
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- LTH had the second lowest score in England for patient satisfaction with Access and Waiting Domain in the 2016/17 A&E survey

Acute Sustainability

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- High cancellation rates due to lack of critical care bed impacting Cancer waiting times

Case for Change

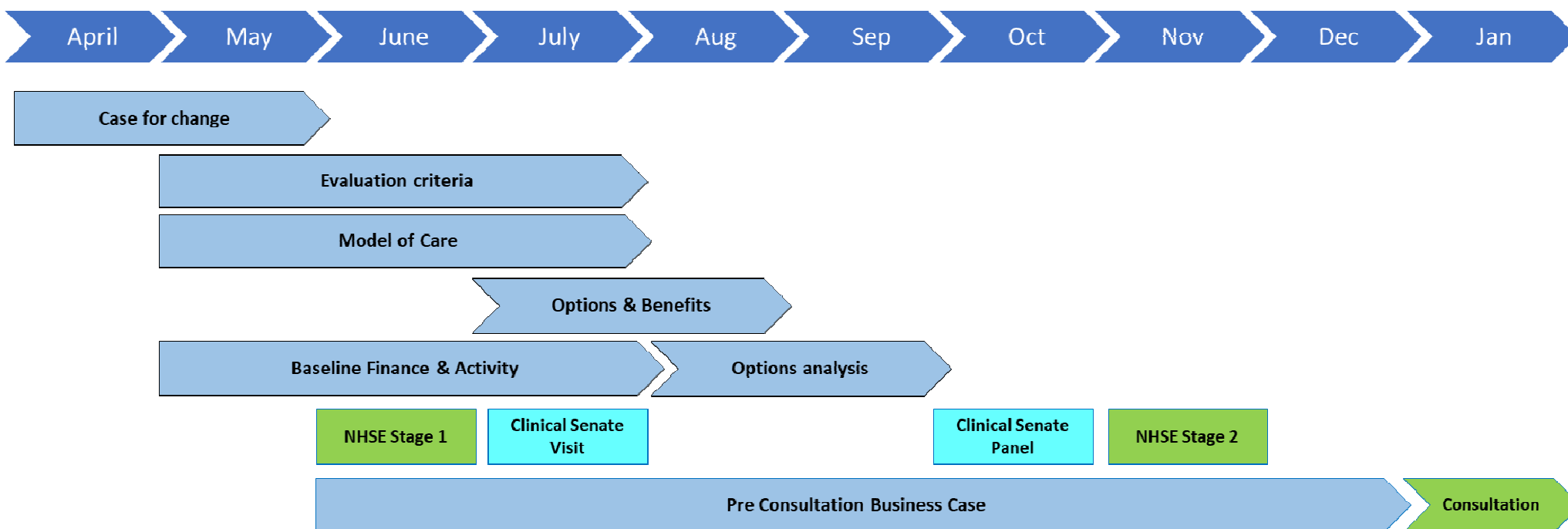
Concludes a **compelling case for change**

Based on evidence

Supported by clinicians

Approved by the system

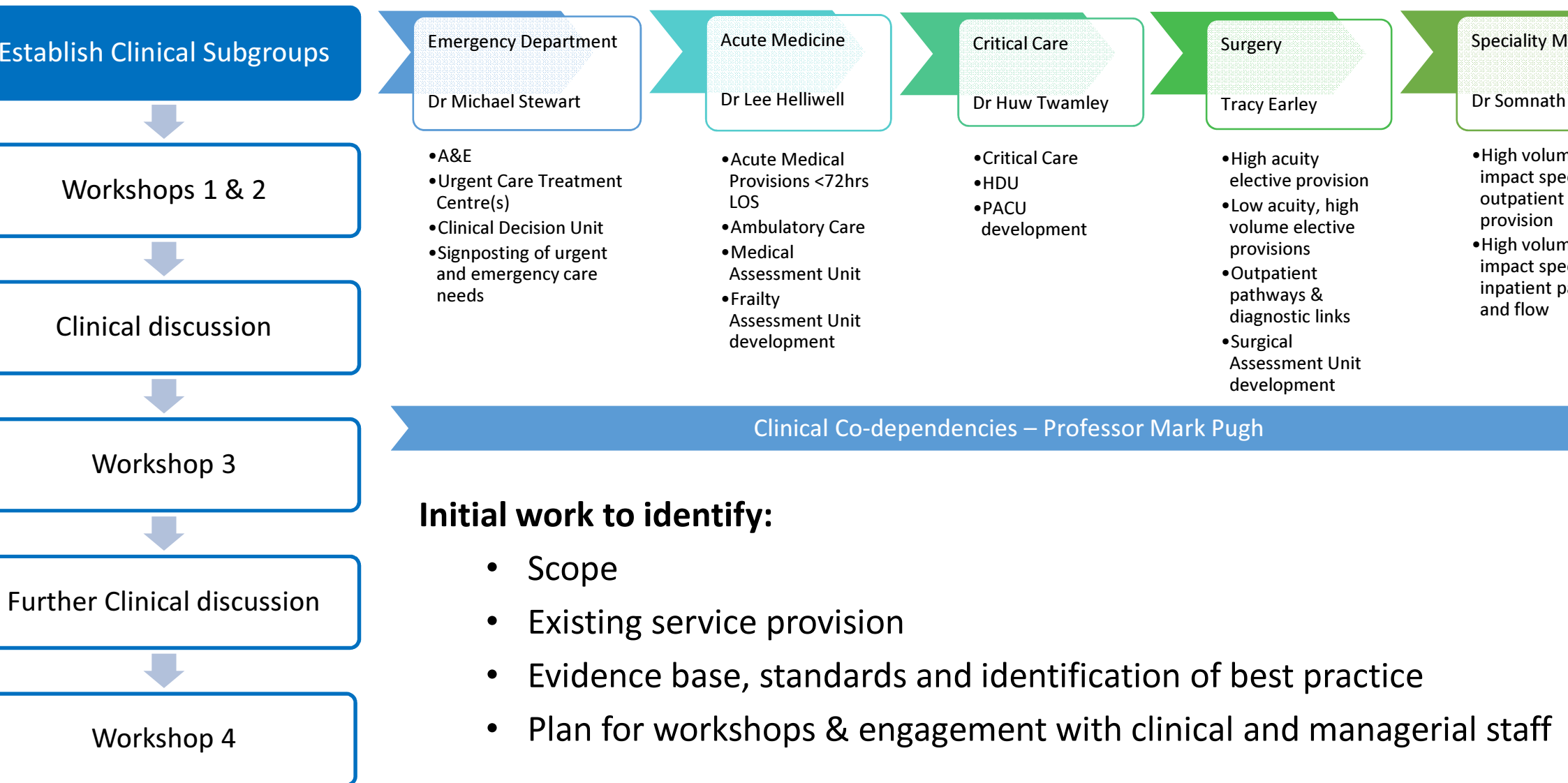
Acute Sustainability Programme Timeline



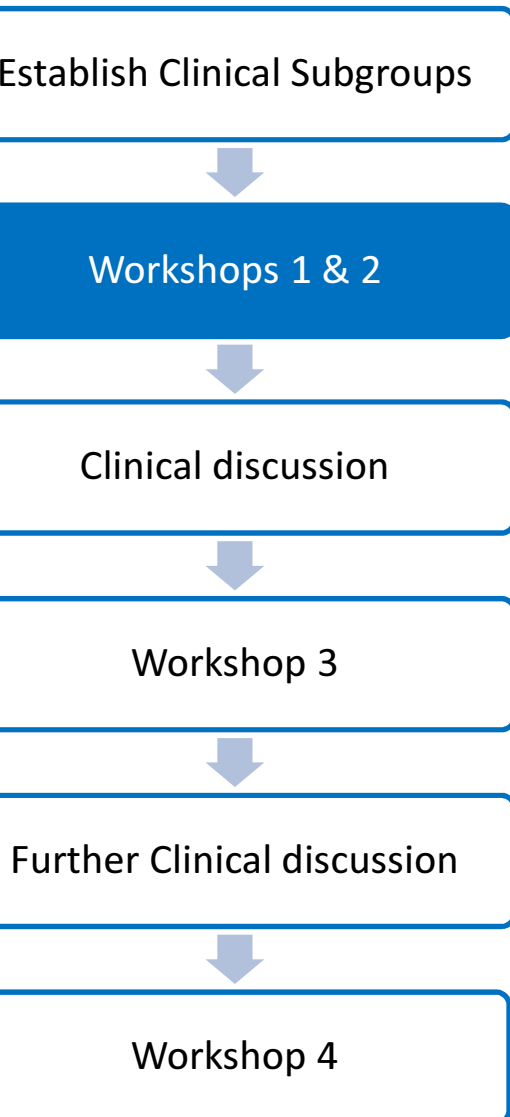
Current Stage:

- Delivered the Clinical Case for Change
- **Currently testing and informing the clinically led Model of Care with stakeholders**
- Baseline modelling
- Governance refresh including decision making matrix
- Planning for Clinical Senate Visit July 2018 and NHSE Assurance 3rd July 2018
- Communications and engagement planning

Developing the Model of Care

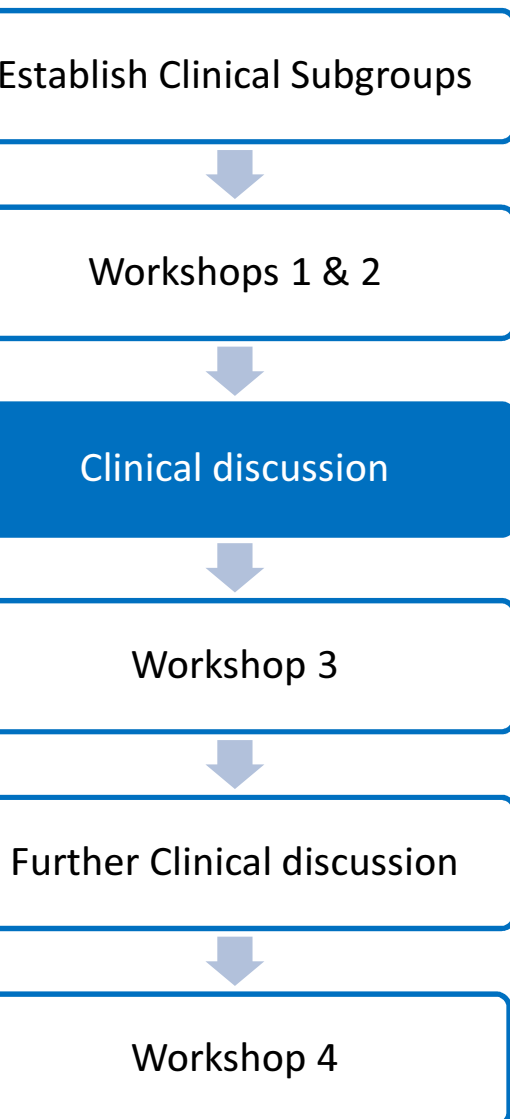


Developing the Model of Care



- Workshops to identify:
 - Clear picture of current service provision
 - Identification of areas for improvement
 - Explore existing good/outstanding practice
 - Identify best practice models and clear evidence base
 - Identify quick win opportunities
- Create the vision for the future Model of Care by:
 - Describing “What good looks like”
 - Asking what patients will say about the future model and the benefits they will see
 - Identify how staff could work differently
 - Explore how to ensure integration with primary care and the wider health and social care system.

Developing the Model of Care



- A plethora of sessions to continue to iterate the emerging Model of Care, including:
 - Clinical Subgroups
 - Service User Groups
 - Clinical lead 1:1s
 - 1:1s with clinicians, management, and specialty groups
 - Programme plan updates to key stakeholder groups including GP Membership Council and Trust Executive.
 - Extensive planning for wider stakeholder engagement
 - On-going discussions with NHSE
 - Initial tele-conference with NHSI

Developing the Model of Care



Establish Clinical Subgroups



Workshops 1 & 2



Clinical discussion



Workshop 3



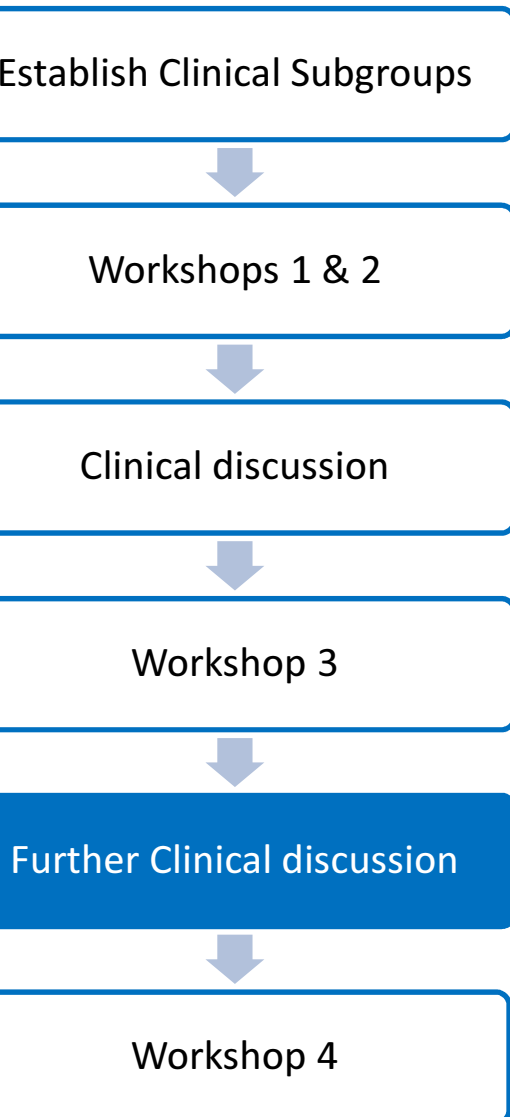
Further Clinical discussion



Workshop 4

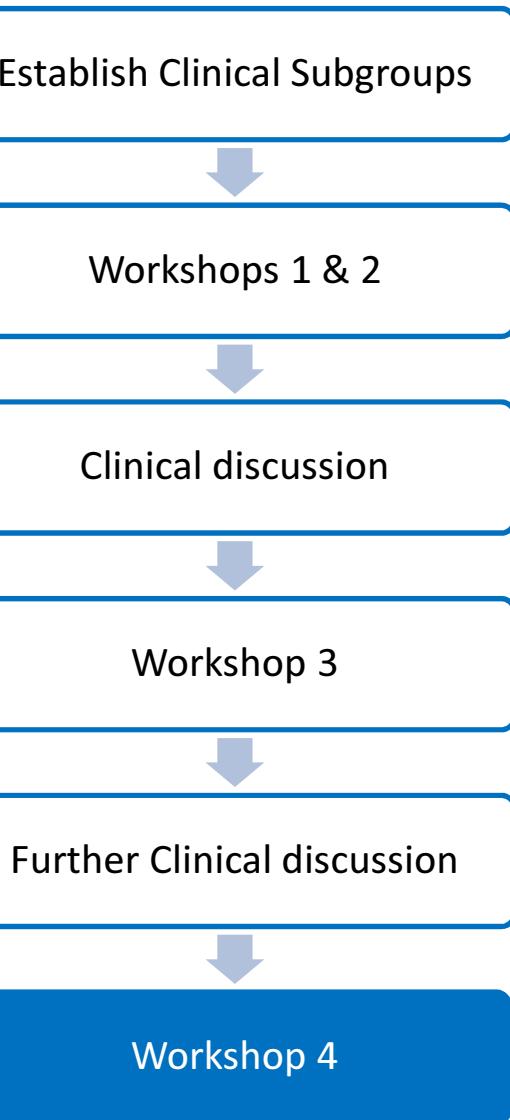
- Presentation of the detailed emerging Models of Care for each clinical subgroup by clinical leads.

Developing the Model of Care



- Further review of emerging Model of Care.
- GP Event to present emerging Model of Care and test assumptions with GPs and CCG leads.
- Session with members of LMC to update on Model of Care with discussion to test work-to-date.
- Further clinical subgroups and wider clinical discussion

Developing the Model of Care



Presentation of the draft Model of Care to:

- Test clinical consensus on the proposed Model of Care.
- Capture the benefits from a clinical/quality, performance workforce and financial perspective.
- Assess any risks or issues

Model of Care - Enhancements



The Model of Care has been clinically led, focussed on **enhancing services for patients**

is about **improving the quality of care** for our patients

Model of Care - Enhancements



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Example:

The case for change highlights a myriad of issues such as:

- Workforce gaps in medical provisions for the Emergency Department(s)

- 2nd lowest patient satisfaction score for access and waiting domain

- Only 60% of patients meeting the 4 hour A&E standard

Model of Care - Enhancements



**Specialist Emergency & High Acuity
Centre**

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Model of Care - Enhancements



Specialist Emergency & High Acuity
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And:

- Higher than national average bed occupancy rates
- High number of elective cancellations
- Failure to meet national referral to treatment waiting times

Model of Care - Enhancements



Specialist Emergency & High Acuity
Centre

Planned Care
Centre of Excellence

Example:

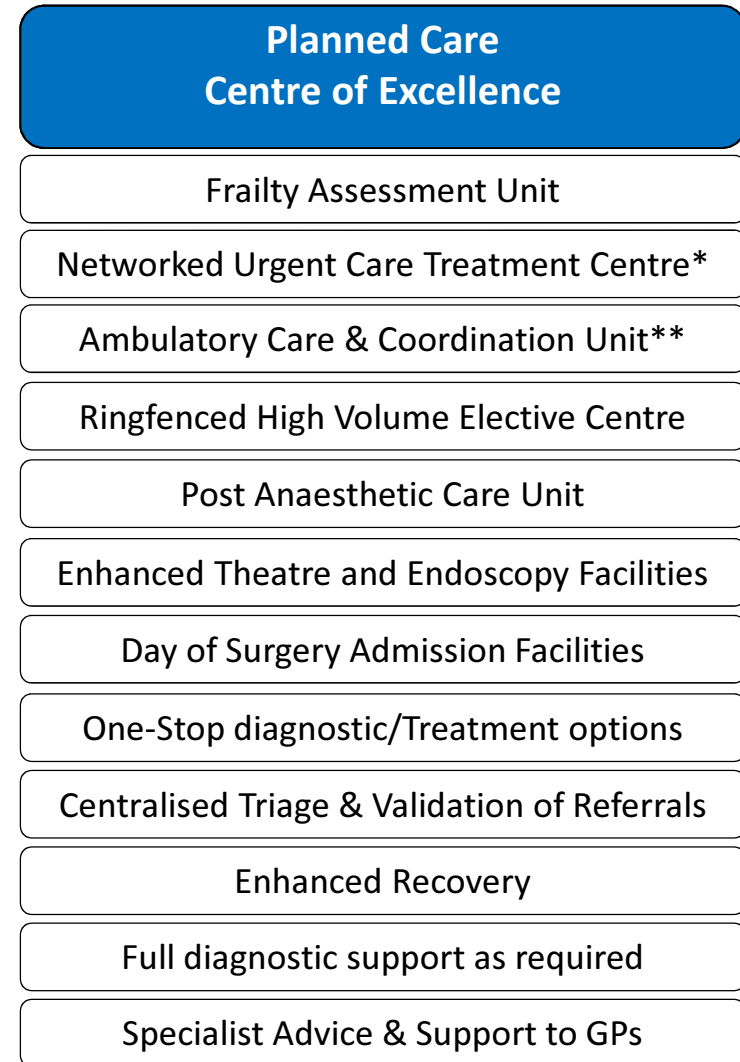
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Model of Care - Enhancements



* Networked UC Treatment Centre could be based at planned site or Community hub

** Networked Ambulatory Care Centre on planned centre in the event that the specialist emergency centre and planned centre are geographically separate

Next Steps



Communication & Engagement

- Further engagement with clinicians to iterate the Model of Care
- Wider engagement with staff
- Wider engagement with patients, public and key stakeholder groups to inform the Model of Care

Development of options to deliver the Model of Care

NHS England Assurance Sense Check Stage One

Clinical Senate Visit in July

Commence development of Pre Consultation Business Case

Questions?



Our Health Our Care

Appendices:

Complementary Slides to highlight further detail in terms of key developments in the emerging Model of Care

Please note: The following slides are for information only in advance of the planned presentation.

Summary Level Model Of Care

Workshop 4



Summarising key elements of Emergency Medicine:

Major Emergency Department

- A single high acuity emergency and major trauma centre with consolidated technical and professional resources delivering high quality consultant led emergency medical care 24hrs 7 days a week.
- A co-located Urgent Care Treatment Centre and a networked Urgent Care Treatment Centre
- Single access booking and streaming of patients.
- Fit for purpose estate and digital integration to ensure seamless patient flow.

Urgent Care Centre(s)

- To provide low and medium levels of urgent medical and care input.
- Supporting services could include diagnostic facilities, pharmacy with co-location with a range services (mental health, community and voluntary sector services, GP Out of Hours etc.)

Summary Level Model Of Care

Workshop 4



Summarising key elements of Acute Medicine & Critical Care

Acute Medicine

- A single Acute Hub with consolidated Medical Assessment Unit, Short Stay Ward, and Surgical Assessment Unit.
- Standardised Ambulatory Care Unit(s) with clinical co-ordination to enable alternative and appropriate provision of care through advice and guidance to primary care, virtual wards, hot clinics, self-management and networked community services
- Specialty in-reach with early intervention to support discharge and flow to specialty medical ward provisions

Critical Care

- Centralised Critical Care Unit in fit for purpose environment located on the same site as the Emergency Department to ensure sufficient capacity to meet demand and optimised safe occupancy levels.
- Level 1 and Post-Anaesthetic Care Units linked to planned care model.

Summary Level Model Of Care

Workshop 4



Summarising key elements of Planned Care and Frailty:

Planned Care Centre	<ul style="list-style-type: none">• A ring fenced elective facility to drive patient volumes, outcomes and experience (crucially with reduced cancellations from non-elective pressures)• Aim - right patients, right clinics, right wards, right workforce, with ring fenced bed and one stop diagnostics / treatment options• Joined up pathway with Primary Care, with in-reach and enabling IT solutions
Frailty Assessment Unit	<ul style="list-style-type: none">• Strong focus on working to provide joined up care of the elderly in the community including vision to develop a Frailty Assessment Unit or enhanced virtual frailty assessment linked across primary, secondary and community care.

Summary Level Model Of Care

Workshop 4



Summarising key elements of Integrated Care and enablers:

Integrated Partnership Care

- Specialist support available for generalists in lower acuity care settings, including urgent care centres.
- Services provided by teams around the patient, not by a series of independent professionals working within their own organisations and professional boundaries

Enablers

- IT & Digital key to transforming Services with examples such as video conferencing, telehealth, integrated patient records across the health system

Summary Level Model Of Care



Specialist
Emergency &
Acuity
Centre

- Major Trauma and Emergency Department on a single site
- **Single access, booking and streaming of patients**
- **A co-located Urgent Care Treatment Centre**
- A centralised Critical Care Unit supporting Level 2 and 3 needs
- An Acute Care Hub that includes:
 - Medical Assessment Unit
 - Surgical Assessment Unit (including **advice & guidance, hot clinics, ambulatory care**)
 - Short Stay Ward
 - **Ambulatory Care Centre** including **hot clinics, virtual wards, self management, networked to community services**
 - In-reach for specialist opinion
- Emergency Surgery
- High acuity planned surgery
- Tertiary services
- Obstetrics, Maternity and Paediatric services
- Full **diagnostic** support services

Planned Care
Centre of
Excellence

- **Frailty Assessment Unit**
- **Networked Urgent Care Treatment Centre***
- **Networked Ambulatory Care & Patient Co-ordination Centre****
- High volume elective centre with protected capacity (including ward provisions).
- **Integrated partnership working with specialist support to generalists**
- Enhanced theatre, endoscopy and treatment facilities
- Post Anaesthetic Care Unit
- Day of Surgery Admission facilities
- One-stop diagnostic/treatment options
- Urology Centre of excellence
- **Joined up pathways with primary care**
- **Centralised triage and validation of referrals**
- **Centralised pre-operative pathways and integrated discharge planning.**
- Enhanced recovery
- Full **diagnostic** support services as required

Networked UC Treatment Centre could be based at planned site or Community hub

Networked Ambulatory Care Centre on planned centre in the event that the specialist emergency centre and planned centre are geographically separate

Integrative highlights areas of integration with primary care