

Name of Meeting: Healthwatch Leicester (HWLC) and Healthwatch Leicestershire (HWL) Special Board Meeting
Date of Meeting: 10 September 2014
Subject: LLR BCT 5 Year Strategy
Status: For Information

Summary Overview

This paper presents an overview to the Better Care Together 5- Year Strategy. It highlights the key points and challenges within the plans and briefly outlines possible impact for the City and County residents.

- Annex 1 - Feedback report from the joint HWLC and HWL public meeting in partnership with the Better Care Together programme
- Link to the "A Blueprint for Health and Social Care in Leicester, Leicestershire and Rutland 2014-2019" (<http://goo.gl/b6aPYt>)

Recommendations

The meeting is asked to:

1. Note the overview and made comments.

Leicester, Leicestershire and Rutland (LLR) Overview

1. The need to meet rising and changing needs for health and social care services has been growing for a number of years and with it the way these services are delivered.
2. With the population of older people in England rising significantly, with them increasingly experiencing more than one health condition, with the rising surge of pressure from long term conditions in the younger population as a result of poor lifestyle choices, with innovative medical and surgical treatments being discovered all the time and with the development of life saving or prolonging drugs against a background of diminishing national resources, all health and social care systems are under huge pressure. Leicester, Leicestershire and Rutland is no exception.
3. There has been a need to agree both new and more appropriate models of care and, as a consequence, the way services are configured across the whole care pathway.
4. The means by which LLR is addressing these issues is through the Better Care Together (BCT) Programme. This initially brings together all the key partners within LLR - the two provider Trusts, University Hospitals of Leicester NHS Trust (UHL) and Leicestershire Partnership NHS Trust (LPT), the three Clinical Commissioning Groups (CCGs) in LLR, Leicester City, East Leicestershire & Rutland and West Leicestershire, the NHS Local Area Team, elected members and officers from the three local authorities, Leicester City Council, Leicestershire and Rutland County Councils and most importantly, to bring the voice of patients and the public to the Programme, the three Healthwatch in LLR. All of these make up a BCT Partnership Board.

Department of Health Guidance

5. In December 2013, the Department of Health issued its Operating Framework for 2014/15, which required all health and social care communities in England to produce a 5-year Strategy with an initial deadline for completion of June 2014. In January 2014 a small interim BCT Programme Team was established under the leadership of Geoff Rowbotham. Healthwatch worked closely with him and the team to ensure that there was good representation from patients and the voluntary sector at a major stakeholder event held at the end of January.
6. Between then and June, a major outline plan was produced which presented a new vision for the future shape of health and social care across LLR. Doctors and other professionals have been closely involved in leading an unprecedented review of local services. The result is a much stronger emphasis on providing the right support and care people need, in the most appropriate setting.

LLR - a challenged economy

7. Another significant influence on the development of the BCT Programme was the decision taken by NHS England, the Trust Development Authority and Monitor to identify LLR as one of eleven "challenged" health and social care communities in England deemed to be in need of additional support. Ernst & Young were awarded a national contract to provide this and between March and June contributed significantly to the development of the outline plan.

A Blueprint for Health and Social Care in LLR 2014 -2019

8. By early June, the BCT Programme was in a position to share its vision for local care at a further major event at the King Power Stadium. The 5-year Plan "A Blueprint for Health and Social Care in Leicester, Leicestershire and Rutland 2014-2019" was published for discussion and review (bct@eastleicestershireandrutlandccg.nhs.uk). It was emphasized that the Plan was not the finished product but the start of a process and a wide range of engagement events were planned for June-September. Healthwatch organised two events for members and the public to hear more about the proposals and ask questions of those involved, in Rutland on 5th August and a combined HWLC and HWL event on 12th August. These will help inform Healthwatch formal response to the BCT's 5-year Strategy. The feedback from the public meeting is set out in Annex 1.
9. As had been said, the 5-year Outline Plan (<http://goo.gl/b6aPYt>) has been produced under the banner of Better Care Together, a partnership of NHS organisations and local authorities across the area. It is generally accepted that the production of the Plan has come about through a much greater commitment to partnership working than hitherto; it is recognised that in order to bring about the changes necessary, everyone needs to be signed up and actively involved. The summary document can found at

BCT Vision

10. So, what does the new vision propose?
 - More resources in the community to support independent living
 - Care which is more joined up and a better experience for the people using them
 - More acute services probably concentrated at Leicester Royal Infirmary (LRI) and Glenfield Hospital. If acute services are relocated, a re-shaped General Hospital with community beds, a Diabetes Centre of Excellence, rehabilitation, psychological therapies and outpatient clinics.
 - Smaller hospitals and fewer acute beds, as a result of shifting workload and resource to the community.

- A redevelopment of the Emergency Floor at the LRI and a new cutting edge cardiovascular and renal service at Glenfield.
- More efficient use of buildings, which may involve closing some.
- A review of maternity services to ensure they are sustainable.

Eight Pathways

11. As this is being written, work is beginning to redesign how services are delivered in key areas of health and social care:

- Urgent care
- Long term conditions
- Frail older people
- Mental health
- Planned care
- Maternity and newborn babies
- Learning disabilities
- Children's services

12. This aspect of the work involves direct input from doctors (both in hospitals and primary care), other healthcare professionals, patients and carers from across LLR. Local people have been invited to give their views on the direction of travel. The next and final phase of Better Care Together will be about implementation; again, with the continued support of Ernst & Young, more detailed plans are being drawn up. Some things will be possibly done quickly, others - especially bigger measures - are likely to take several years to develop and implement.

Towards Implementation

13. The next phase of the Programme is all about moving towards implementation; an essential component of which will be the production of a Programme Initiation Document and a Strategic Outline Business Case, the latter being very important in identifying the investment and resources that will be required to deliver the Programme and to demonstrate value for money.

14. As meat is put on the bones of proposals, this must be shared with the public in good time to help shape them.

Healthwatch and Patient Involvement

15. As full members of the BCT Partnership Board all three Healthwatch will be able to ensure that the needs and views of patients and the public are always to the forefront. Healthwatch participation in the

BCT Public and Patient Involvement Reference Group is an additional place in which to make these known.

16. The three Healthwatch in LLR have carefully considered the BCT 5-year Blueprint; it is absolutely the case that the way health and social care services are delivered in the future will have to change for the reasons already mentioned and this is accepted. There are a significant number of people who believe that the overriding reason for the changes is to save money. Whilst one cannot deny the financial imperatives, we believe there would remain a need to reconfigure services to improve benefits to users even if money was no object.

Four Tests

17. In any reconfiguration or change in services, the government has said four tests have to be met:
 - Support from GP Commissioners
 - Strengthened public and patient engagement
 - Clarity on the clinical evidence base and
 - Consistency with current and projected patient choice

Summary

18. The three Healthwatch endorse the BCT 5-year Strategy as a necessary direction of travel and wants patients and the public to remain at the heart of the implementation plans. It is vital that patients, the public and voluntary and community organisations in LLR are fully engaged, if not with the totality of the programme, then with those component parts which directly concern them.
19. For the wider public, explaining and shaping the programme in a positive light presents a real challenge that must be met. It is imperative that changes are communicated in a way that is digestible for those that use services.
20. Healthwatch is committed to supporting the BCT Programme Board with this challenge. We will want to subject the implementation plans to vigorous examination and scrutiny against the four tests (para 17) and keep members and the people of LLR fully informed of what is planned and happening.

This paper provides a summary of the feedback captured at the public meeting held on Tuesday, 12 August 2014 by Healthwatch Leicester and Healthwatch Leicestershire in partnership with the Better Care Together Programme.

Introduction

1. Healthwatch Leicester (HWLC) and Healthwatch Leicestershire (HWL) hosted a joint public meeting on Tuesday, 12 August 2014, 7pm-9pm at Peepul Centre, Leicester in partnership with the Better Care Together Programme.
2. The aim of the meeting was to provide HW members and the wider public with an opportunity to hear first hand what is being proposed in the 5-year Strategy, to ask questions and receive answers from LLR health and social care leaders. Furthermore, the session aimed to offer the City and County HW Boards additional evidence upon which to formally respond to the proposals in early September.
3. The meeting was chaired by Rick Moore (HWL Chair) with concluding remarks from Karen Chouhan (HWLC Chair). The evening was attended by 51 Healthwatch members and 24 members of the public, of which 8 expressed interest in becoming a member of Healthwatch.
4. The overview of the BCT 5 Year Plan was presented by Mayur Lakhani, John Adler and Toby Sanders, emphasising the case for change, what is proposed, how it will be done.
5. During the meeting, attendees had the opportunity to give their views and ask questions directly to the panel about the proposed plan. The panel included:
 - Prof Mayur Lakhani, GP and Clinical Chair, West Leicestershire CCG
 - Toby Sanders, Managing Director, West Leicestershire CCG; joint Senior Responsible Officer for the BCT Programme
 - John Adler, Chief Executive, UHL; joint Senior Responsible Officer for the BCT Programme
 - Mick Connell, Director of Adult and Communities, Leicestershire
 - Tracie Rees, Divisional Director of Care Services and Commissioning, Leicester City Council
 - Pete Cross, Director of Finance, Performance and Information, Leicestershire Partnership NHS
6. Apologies were received from Simon Freeman, Managing Director, Leicester City CCG and from Richard Bettsworth, Editor of the Leicester Mercury, who had been invited to chair the Q&A part of the evening.

Feedback Summary:

7. The following questions and remarks were made by identified representation from Genesis Project, 38 Degrees Leicester, 'The Over 65s', Leicester Campaign Against NHS Privatisation Group, LGBT Centre, Healthwatch Leicester and Healthwatch Leicestershire.
 - A member of the public and a carer for Learning Disability sister raised concerns around the current community based provision, a lack of joined up working between agencies and a significant limitation within the choice and control agenda. The presented approach was seen as a reduction in services rather than improvement in quality of care. The underlying principle of moving services closer to home was acknowledged as a positive approach.
 - A member of the Leicester Campaign Against NHS Privatisation Group made a strong remark and identified the BCT Programme as *"a programme of cuts and closures, sell off of NHS premises and decrease in bed capacity"*; finance were seen as a main driver for the transformation. There was a comment made about the current government spending on healthcare referring to 0% real terms increase. Issue around lower skilled workforce in the community was voiced including comparison to existing low quality of care provided within social care community based services; *"this would be the same as Social Care with an unpaid, under-valued workforce"*.
 - A representative from Genesis Project, local mental health charity, asked question around identification of inequalities in mental and physical health as mentioned in Toby Sander's presentation. Comment made: *"please answer without using the phrase, 'parity of esteem'!"*.
 - A representative from 38 Degrees Leicester raised question on "How will the projected deficit rise to £400m per year by year five?"
 - An individual representing 'The Over 65' voiced concerns around a lack acknowledgment of voluntary sector despite being an essential part of local provision. Disappointment expressed about low interest taken by members of the public on the proposed plans *"everybody should be campaigning against changes"*; reference made to Elderly Care in the community and concerns about the current provision. The plan was seen as a closure of all community hospitals and wards.
 - A representative from the LGBT Centre made the following comment: *"I am more impressed what I was presented with tonight than I'd expected, the strategy is facing real*

challenges but also there is a real commitment there". However, it was stated that there are real issues around health inequalities and diversity and an appeal was made for a greater emphasis on addressing disparities in health outcomes between different groups. *"I want to see a strategy for addressing inequalities and promoting appropriate care for diverse communities".*

- A member of HW Leicestershire asked question on how will the commitment to provide well managed services and care for over 75s be met, with increasing demand and less resources.
- A member of Healthwatch Leicester emphasised the importance of ongoing public and patient involvement to enable the BCT Programme to have evidence of engaging with the public and reciprocally.
- A member of the public raised an issue around complains procedure and the transition and the need for an effective and rapid means for dealing with complaints from one set of administrative structures, to another. Question asked: *"Do individual members of the panel, excluding the Chief Executive for UHL, think that 45 working days from complaint to response is acceptable?"*

Written comments provided by attendees:

- *"I have half trained to be a tutor for Expert Patients Programme which helps people to manage their own illnesses efficiently. I understand funding has run out. This is a brilliant course to educate people - when will there be more funding?"* (Pamela Bird- HW Leicestershire Member).
- *"No one mentioned other providers who have invested to provide services the NHS cannot. Danshell's Warwick Lodge in Melton Mowbray, independent hospital that provides rehabilitation to people who have a mental health (sanctioned or not) with additional brain injury or neurological underlaying/combined diagnosis. These patients have challenging behavior and need specialized environment. No one has mentioned a change in regime or pathways. Do we need to have a chat?!!"* (Amanda Swain- HW Leicestershire Member).
- *"A well put together meeting but not enough time for comments from the floor. The panel was rather larger than needed. I will continue to keep in touch with Healthwatch"* (Ruth Neuberg-HW Leicester Member).
- *"If the NHS was not forced to pay Managers huge sums when they leave the service and massive pensions also, perhaps they would have more cash to spend on patients and their care. ALSO Managers should spend time on the wards to see how the change can be made sensibly and without waste"* (Vivienne Hedges- HW Leicestershire Member).

- *“This was not a consultation, it was a lecture. This meeting totally summed up the problem with the NHS. It was completely dominated by managers who talk a lot and do not listen” (Dr Render- HW Leicestershire Member).*
- *‘If we could all work together with intelligence and empathy, UHL could have a service that others would only envy! Managers are well paid and are there to facilitate the best care for the PATIENT, make them earn their money’ (David Hedges- HW Leicestershire Member).*

Conclusion

8. The collated feedback from this public event will help the respective Healthwatch Boards producing a formal response to the BCT Strategy in early September.