

Chapter 5: Enabling delivery of this Plan

In this chapter, we describe the building blocks that, put together, provide the essential framework within which we can deliver our preventive work, keep people well, improve health equity and deliver the best possible health and care for local people. We describe how we will maximise the benefits of new digital technologies, as well as how we will make sure our estate is fit for purpose and used effectively.

5.1 Our approach to transformation



To deliver this Plan, we have organised ourselves to focus on those services and areas we want to transform. Each of these areas is led by a Collaborative or Partnership (See figure 16) with multi-professional membership from across our partner organisations. Clinical and managerial leadership is also shared across our partners.

The ethos of these groups is to identify areas where outcomes are sub-optimal or could be improved and work together to transform the pathways across the system to address the issue. Ultimately, these Groups are tasked with improving outcomes and health equity, based on a population health management approach ([see 4.2](#)) whilst ensuring best value for money across

health and care services.

The transformation portfolio is led, predominantly through our ICB transformation teams. However, as we mature as a health and care system, our providers are taking the lead on more programmes of transformation. Regardless of leadership of each programme of work, the objectives for each are agreed collaboratively across the programme of work and read across to both Health and Wellbeing Board objectives in each of our places, as well as individual provider operational plans and strategies.

Figure 16: Our Partnership structure:

Each collaborative or partnership requires system-wide intelligence to function. Our programme infrastructure, therefore, has embedded within each team digital, workforce, estate, finance and other expertise, intelligence and insights, in order to inform a high-quality decision-making process and to evidence both short and medium-term improvements.

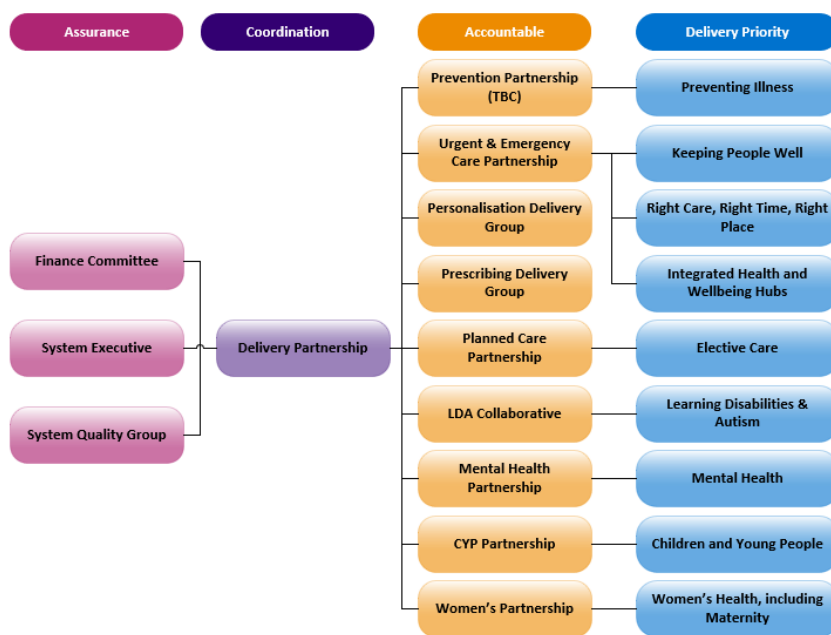
We recognise that interdependencies are often missed through this individual programme approach, with vital intelligence missed within and between groups. To ensure that interdependencies are

understood and to allow for system-wide expertise to confirm and challenge programmes of work, the LLR Delivery Partnership brings together each collaborative or partnership monthly. This allows for a coordinated, standardised set of reporting to be taken to ICB sub-committees to either provide assurance on delivery of transformative objectives or seeks support through a standardised escalation process from the sub-committee structure.

For example, escalations can be made seeking support to the System Quality Group or the ICB Finance Committee monthly. This ensures that transformation programmes have a space to evidence delivery but also to escalate any issues impacting on delivery for further senior support. This approach drives delivery, collaboratively, and considers the complexities of working in a matrix fashion across health and care.

Each transformation programme uses a quality improvement methodology and seeks to implement an inquiry led approach, rather than an advocacy led approach, ensuring that decision-making process is of high quality, and is underpinned by sound and rational analysis of both need and impact.

The complexity of delivering transformation, considering equity, resource utilisation, quality, performance and other national, regional and local mandates, should not be underestimated. Our programme structure and, therefore, infrastructure is as agile as it can be across the multiple layers of governance across health and care. Changes to the structure and infrastructure are implemented at pace, as required, as we seek to deliver this Plan in partnership with all our partners and local people.



5.2 Digital and data

Our digital vision

Our digital approach is enabling and proactive, transforming culture, processes and operating models, harnessing the technologies of the digital age to respond to raised expectations of the public, patients and service users, whilst protecting health equity for all our population.

We are achieving this vision by ensuring we have good digital governance and leadership, delivered through an integrated model for health and social care, linking in with clinical collaboratives to provide a coherent and connected service for local people and our workforce. This will improve patient and service user experience, overall efficiency and value for money.



Our [Digital Strategy](#), which includes our NHS partners and adult social care within scope, will deliver the following seven long-term strategic goals:

- We will have a clear and empowered governance structure
- We will have levelled-up all partners will have a consistent level of digital maturity
- UHL will have a mature Electronic Patient Record (EPR) system with tight integration to niche departmental systems, capable of sharing data with the Shared Care Record
- The ICS will have digital capacity and capability to support future digital needs
- Data quality will have been improved so it can be used for secondary purposes such as Population Health Management
- We will consolidate duplicated systems into a cohesive digital ecosystem; and
- Supported the transformation of care pathways such as maternity, end of life and long-term conditions with digital enablement.

Our digital strategy will require additional investment, over the next three years which will be subject to NHSE allocation announcements or bidding. This will require a collaborative system-first approach, with the endorsement and support of all partner organisations and the resource capacity to focus on the transformation programme.

System-wide digital and data interventions

We have included the service specific digital and data interventions we intend to implement under the relevant section of Chapter 3 (Delivery Plan). Key system-wide digital and data interventions we intend to implement are set out in Table 15 below.

Table 15: Our key system-wide digital and data interventions

Intervention	Timeline
1. Establish an ICS-wide Digital Team	23/24
2. Digitally enabled GP Front door to support Primary Care Access	25/26
3. Data Strategy to support Population Health Management	23/24
4. Tackle Digital Exclusion and increase uptake of NHSApp	23/24 onwards
5. Electronic Patient Record in UHL	23/24
6. LLR Care Record	23/24

5.3 Our estate



What is the 'estate'

By *estate*, we mean the sum total of real property - buildings, land, vehicles, and equipment - which comprises our assets.

An overview

Our Partners are working more closely together as an ICS, and this has provided the opportunity, for the first time, to consider the totality of our NHS, local authority, primary care and other estate. Limitations and constraints that our individual Partners experienced in the past with their estate, can now be considered in a wider context, where

the opportunities and resources of scale can bring benefits. For example, we can look at over and under-provision, the proximity of one Partner's buildings to another, as well as the opportunities to expand and contract, across the totality of our estate.

Our Estates Strategy

Each of our Partners have their own estates strategy, including a [Primary Care Estates Strategy](#), developed by the ICB. During 2023/24, we will develop an overarching LLR ICS Estates Strategy, across all our Partners, setting out where we can collectively make the best use of our estate to be ready for implementation by April 2024. Some of the key areas we expect the strategy to focus on are:

Planning for growth

Working closely with our local authority planning partners to understand the scale and timescale for housing growth ([Strategic Growth Plan \(llep.org.uk\)](#)), and assessing the associated healthcare needs that this will bring, as well as the need for health estate. We also have a key role in maximising the funding available ([S106 funding](#)) for health estate.

Integrated Health and Social Care Teams (or Health and Care Hubs)

Managing the estate implications of bringing health and care teams together to provide more integrated and personalised care to local people ([see 3.4](#)).

Changing working practices

Covid-19 enforced changes to working styles, some of which have now become standard practice, and which set the tone for future arrangements. The estate will need to adapt to support these new working styles. This increases the opportunities to move operational and support services to more convenient locations to achieve wider benefits.

One Public Estate

There are opportunities to drive efficiencies, share benefits, and co-locate services with our public sector and voluntary and community sector partners, where this is beneficial to local people, patients and service users.

Effective utilisation of our estate

One of our key priorities will be to ensure that we are making the most effective use of our estate including our community sites and those properties owned by NHS Property Services and Community Health Partnerships. One of our key priorities will be to ensure that we are making the most effective use of our estate including our community sites and those owned and managed by NHS Property Services and Community Health Partnerships. The Strategic Estates Team has built essential

relationships to ensure the ICB receives regular, timely, utilisation data whilst also exploring opportunities for long-term tenancy arrangements seeking to maximise usage. Working collaboratively with our Partners is a crucial step towards achieving this goal.

UHL reconfiguration programme

The reconfiguration programme will deliver the reconfiguration of Leicester's Hospitals to create two acute hospitals: The Leicester Royal Infirmary, and Glenfield Hospital, whilst re-purposing the Leicester General Hospital. It will build on the investment to date to support four main areas of activity, which we aim to complete by 2030. This clinically led programme of transformation will deliver the change that was publicly consulted on in 2020:

- Development of a new women's hospital at the Leicester Royal Infirmary
- Creation of a dedicated children's hospital, also at the Leicester Royal Infirmary
- Expanded intensive care facilities at the Leicester Royal Infirmary and Glenfield Hospitals
- The separation of planned and emergency care services where possible, including new wards, theatres, out-patients and a day case unit with theatres at Glenfield.

The re-purposing of the Leicester General Hospital site will include:

- East Midlands Planned Care Centre high volume, low acuity care (Out-Patients and Day Cases)
- Diabetes Centre of Excellence
- Community Diagnostic hub, including imaging facilities (scans and x-rays)
- Stroke Recovery Services with inpatient beds
- Midwifery Led Unit (re-located from St Mary's in Melton Mowbray).

Over the last five years, over £160 million has been invested to successfully achieve the following:

- The opening of the East Midlands Planned Care Centre (EMPCC) Phase 1 at the General Hospital (May 2023). When the Centre is fully open in late 2024, approximately 100,000 patients will be seen each year
- Interim ICU and associated services move from the General Hospital to the LRI and Glenfield Hospital (2022)
- East Midlands Congenital Heart Centre move from Glenfield Hospital to the LRI (2021)
- The new Emergency Floor and Emergency Department (April 2018)
- The move of vascular services from the Royal to the Glenfield site and the opening of a new Angiography Suite (May 2018)
- A new hybrid theatre (May 2018) offering 'state-of-the-art' imaging equipment to allow a greater proportion of new and complex procedures not previously possible.

Primary Care Estate Strategy

Our [Primary Care Estate Strategy](#) aims to support General Practice primary care services, as well as our wider partners, to provide high-quality services delivered from modern, fit-for-purpose and flexible premises. The Strategy objectives are to:

- Gather data and intelligence to understand the condition, capacity and utilization of our GP primary care estate;
- Prioritize those premises in need of improvement, expansion or replacement and implement a programme and framework to drive and support premises improvements;
- Ensure systems are in place to challenge and support GP Practices, NHS and private landlords to maintain and invest in their premises including areas such as addressing backlog maintenance, health and safety and the quality of the premises;
- Improve the quality and condition of the estate and the physical capability and capacity for primary care provision;
- Support the development of Primary Care Networks, Place services and the delivery of new models of care;
- Address population growth/housing developments through maximising the potential of developer contributions to support premises improvements and increased capacity;

- Collaborate with ICS partners to manage and develop our combined estate at system, Place, neighbourhood and individual premises level;
- Reduce risk & improve service resilience at local and system levels;
- Increase efficiencies through improved utilization of existing primary care and the wider public estate;
- Rationalise and dispose of surplus or unfit NHS estate;
- Maximise future estate flexibility and develop a greener NHS through smart estate design solutions to support sustainable service models; and
- Support improvements in service efficiency and better outcomes for our residents.

System-wide estate interventions

We have included the service specific estate interventions we intend to implement under the relevant section of Chapter 3 (Delivery Plan). Key system-wide estate interventions we intend to implement are set out in Table 16 below.

Table 16: Our key system-wide estate interventions

Intervention	Timeline
1. Develop an LLR ICS Estates Strategy	23/24
2. Improve the effective utilisation of the health estate	From 23/24
3. Oversee and refine Section 106 application and spending mechanism	23/24
4. Work collaboratively with public sector estates partners	From 23/24