

Better Care Together – Status Report

Author: Helen Seth Sponsor: Kate Shields Date: Thursday 1 October 2015

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Executive Summary

Context

The BCT Programme (LLR) produces a monthly programme report for distribution to all partner boards which is attached for your review (Appendix 1). This provides a high-level overview of some aspects of the programme but does not provide further detail as this is outside the scope of this briefing. The programme is now at the critical stage of finalising the BCT Pre-Consultation Business Case (PCBC).

Questions

1. Does the monthly report provide the Board with sufficient assurance in respect of the BCT programme?
2. How does the Board wish to consider and approve the PCBC given the tight timeline?
3. Does the Board understand their role and responsibilities in respect of the BCT Public Consultation?

Input Sought

The Board is asked to note the content of this report and consider the questions above.

For Reference

1. The following objectives were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes /No /Not applicable]
Effective, integrated emergency care	[Yes /No /Not applicable]
Consistently meeting national access standards	[Yes /No /Not applicable]
Integrated care in partnership with others	[Yes /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /No /Not applicable]
A caring, professional, engaged workforce	[Yes /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No /Not applicable]
Financially sustainable NHS organisation	[Yes /No /Not applicable]
Enabled by excellent IM&T	[Yes /No /Not applicable]

2. This matter relates to the following governance initiatives:

Organisational Risk Register	[Yes /No /Not applicable]
Board Assurance Framework	[Yes /No /Not applicable]

3. Related Patient and Public Involvement actions taken, or to be taken: PPI representatives are assigned to each BCT programme of work

4. Results of any Equality Impact Assessment, relating to this matter: The process of developing Equality Impact Assessments has been initiated. The initial phase will involve summarising already published information.

5. Scheduled date for the next paper on this topic: **November Trust Board**

6. Executive Summaries should not exceed 1 page. **My paper does comply**

7. Papers should not exceed 7 pages. **My paper does comply**

Better care together (BCT)

1. Better Care Together (BCT) is an unprecedented programme to reform health and social care across Leicester, Leicestershire and Rutland (LLR). The programme is a partnership of local NHS organisations and councils and is driven by a shared recognition that major changes are needed to ensure services can continue to meet the needs of our patients in the short, medium and long term.
2. Successful delivery of the BCT programme will result in greater independence, more self-care and better outcomes for patients and service users, supporting people to live independently in their homes for longer and receiving as much care as possible, out of acute care settings. In response, our hospitals will become smaller and more specialised.
3. The priority for BCT this month has been the completion of two further 'lock in' sessions with senior officers and patient representatives (7th and 14th September) to shape and help finalise the consultation narrative and the Pre-Consultation Business Case (PCBC).
4. The second round of 'lock ins' have reaffirmed the key points of the programme for public consultation which are anticipated to be:
 - Services currently delivered within acute hospitals shifting to more accessible community settings and the consequent changes to the acute hospital estate
 - Women's services and maternity
 - The community services offering
5. The outputs of this process will inform the consultation narrative and PCBC which will describe the changes proposed and the benefits anticipated.
6. So far, of the improvements identified above, the women's services and maternity have been reviewed by the clinical senate. Early feedback was constructive. A third meeting with the clinical senate will be taking place on the 29th September which will provide opportunity to respond to queries from the initial meetings with the BCT workstreams and discuss how all of the activities come together and are coordinated through the LLR Service Reconfiguration Board (SRO Kate Shields). The LLR BCT Clinical Leadership Group (CLG) will support and facilitate discussion on the day with input from BCT workstreams as required. The Clinical Senate report is due on the 5th October and will inform the final consultation narrative and PCBC.

7. In the last report it was anticipated that a first draft of the PCBC would be available by the end of August and that the metrics to assess delivery of the benefits would be agreed during September (ultimately reflected in a LLR BCT dashboard).
8. An early draft of the PCBC was sent to NHS England (NHSE) in early September but not circulated widely. Early comments have been received from NHSE and these will be taken in to account in finalising the PCBC document. The BCT public and patient assurance group also reviewed an early draft and provided useful feedback.
9. The first stage of the Equality Impact Assessment has been initiated using the first draft of the PCBC. The Leicestershire equalities group have offered to provide feedback on the first draft.
10. The immediate priority during September has been to finalise the PCBC and consultation narrative document so that the CCG and NHS England assurance process can commence.
11. The finance chapter of the PCBC has been updated and reflects the changes since the original BCT option was produced in the Strategic Outline Case (SOC). CCG financial plans have been re-forecast for NHS England and were submitted on 11th September.
12. Unfortunately, with all of the attention on agreeing the narrative, the anticipated discussion around LLR metrics, has been delayed. As a result a draft of the proposed LLR metrics is not available to share with Trust Board this month as originally suggested however the Board can be assured that the Head of Local Partnerships is proactively progressing this with the BCT PMO and workstream leads so that good progress is made during October.
13. The next step in the process is assurance. The expectation is that the final draft version of the PCBC and of the consultation narrative will be shared with NHS England and in parallel partner member boards and the LLR BCT partnership board in early October with the aim of achieving the following:
 - Final approval by BCT Senior Responsible Officers, LLR CCGs and partner organisations by 26th October 2015
 - NHSE and the TDA approve PCBC by 9th November 2015
 - Public consultation from 30th November 2015

14. Whilst local CCG partners are responsible for consultation, the Board will need to consider how given the tight timetable, we would wish to review, consider and provide confirmation of support for the PCBC. The chief executive and director of corporate and legal affairs will verbally update on this issue at the Board.

Recommendations

The Trust Board is asked to:

- a) Confirm acceptance of the monthly BCT overview report, and
- b) Agree the means by which the Board will consider the BCT PCBC as a LLR partner organisation (noting tight timescales);
- c) Note the challenges surrounding the development of a LLR BCT dashboard and the plans to progress this during October.

Helen Seth
Head of Local Partnerships

1st October 2015

*'It's about our life, our health,
our care, our family and
our community'*



Better care together

Leicester, Leicestershire & Rutland health and social care

Update for Partner Boards

Status Report September 2015



healthwatch



**Leicestershire
County Council**

NHS

Progress Report

Assurance of programme plans. The joint SROs have written formally to NHS England on behalf of the three CCGs requesting assurance of the Better care together plans prior to public consultation targeted from 30th November 2015.

Pre-Consultation Business Case (PCBC). The PCBC is now in substantial draft form, distilling work undertaken on the programme to date. It has been developed iteratively through discussion with stakeholders, including PPI leads, and will be shared with yourselves and then NHS England in mid October.

Clinical senate. The final session of the clinical senate takes place on 29th September, concluding the objective peer review and challenge of the clinical evidence base to the plans.

Clinical summits. In addition to the workstream-specific clinical summits planned by a number of the workstreams, staff engagement events entitled 'overview summits' will take place on 27th October and 3rd November to enable a greater number of staff across partner organisations to understand the programme. The sessions will be particularly suitable for those in line management and practitioner roles across health and social care.

PPI Assurance Group Chair. Jennifer Fenelon has decided to step down from the PPI Chair role to focus on her Healthwatch work; a competitive selection process for a new Chair is underway.

Draft workforce strategy. A draft strategy for workforce, a critical enabler of the programme, has been developed and was presented to Partnership Board on 17th September prior to inclusion in the PCBC.

Assurance of workstream plans. Implementation leads, together with adult social care, prevention and finance leads have begun detailed assurance of the workstream plans to ensure that operational and financial changes have been quantified.

Bids. IM&T and Long Term Conditions workstreams continue to progress bidding for 'Test Bed' and 'Scaling Up Improvement' funds.





Supporting information

Top Two Risks and Issues

Risk or Issue	Update	Status
Workforce: There is a risk that sufficient staff cannot be recruited or retained to fulfil the needs of the new operating models	A high-level impact assessment has been completed, and used to inform the development of a draft workforce strategy. The draft strategy was presented at Partnership Board on 17 th September 2015.	Red
Organisational cultures: There is a risk that organisational cultures do not develop in line with the vision of the programme and changed ways of working fail to become embedded	The OD programme for 15/16 has been agreed by CLG and the Partnership Board. Clinical summits to increase engagement have been booked for the autumn, and are being widely publicised.	Red

Key Programme Milestones

Milestone	Target Date	RAG
Consultation narrative prepared, including location perspective	September 2015	A
Business justifications for delivery of outcomes agreed	September 2015	A
Funding for 2016 to 2018 delivery agreed	September 2015	A
Clinical Senate review	August & September 2015	G
NHS England and TDA agreement to proceed to Consultation	November 2015	Not started
Formal Consultation	November 2015	Not started

