

Better Care Together – Status Report

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Executive Summary

Paper H

Context

In June 2014 the Local Health and Social Care Economy (LHSCE) developed a 5 year strategic plan setting out its ambition to transform local services in line with the models of care set out by the Better Care Together (BCT) programme. The BCT programme has now moved from the Programme Definition stage and is in the first Delivery Stage. This paper provides a high level status report for May, 2015.

Questions

1. Is the Trust Board comfortable with the level of information provided in the status report? Is the format and level of detail fit for purpose?
2. Are the Trust Board assured that the out of hospital activities will deliver at sufficient scale and pace so that UHL will be able to achieve its own objectives in 2015/2016?
3. Does the Trust Board agree with the top three risks identified?

Conclusion

1. Some early deliverables have been achieved however these are of insufficient scale to mitigate the impact of the level of demand currently being experienced. If this pattern continues this will put the delivery of our organisational objectives at risk. It should be noted that a number of key interventions are expected to deliver in Q2.
2. The purpose of the eight BCT clinical workstreams is to mitigate the impact of demographic growth. The level of detail and assurance associated with these programmes is patchy. This represents a significant area of concern which would warrant detailed review.
3. Based on current performance there is a significant risk of the BCT programme not delivering in line with the original vision and as consequence, UHL being unable to deliver our future operating model. This is not reflected in the top 3 risks. Trust Board might wish to consider escalating this to BCT Partnership Board.

Input Sought

We would welcome the board's input regarding delivery of the BCT programme.

Board Intelligence Hub template

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: July Trust Board

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

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

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



Better care together

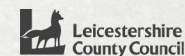
Leicester, Leicestershire & Rutland health and social care

Update for Partner Boards

Status Report
May 2015



healthwatch



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Progress Report

- **Implementation:** A number of further service changes have been delivered (see following slide) mainly supported by Better Care Fund initiatives
- **Delivering the Programmes outcomes:** A first version of the BCT programme roadmap has been signed off by work-stream SRO's and implementation leads and will be presented to the May Partnership Board and therefore become a public document. There are areas where plans continue to develop and this document will be updated on a regular basis, and form the basis for progress reporting.
- **Clinical Leadership:** A list of all clinicians involved in the BCT work-streams has been collated and this includes circa 100 clinicians of differing specialisms and from differing organisations. This group plus the workforce and organisation development leads will be used to progress the Organisation Development initiatives proposed by the Clinical Leadership Group
- **Workforce:** This remains an area of concern for the Partnership Board and a paper outlining a plan of action for the coming months will be presented to the Partnership Board in May and will need input from all partners. One key piece of presently missing information is the present "As-Is" workforce position for the whole system. Without this workforce impact assessments considering the impact of BCT interventions on workforce are proving very vague.
- **Communications and Engagement:** The feedback from the spring engagement campaign has been published as part of the May Partnership Board papers. It highlights general support for a number of the BCT directions of travel. It also highlights some gaps that will need addressing for Public Consultation. Particularly getting feedback from ethnic groups. Presentations were made to a number of groups, but many were not comfortable with filling in feedback forms, a solution to this situation needs to be found and advice will be sought from City CCG and City Council.
- **Equality Impact:** The process of developing Equality Impact Assessments has been initiated. The initial phase will involve summarising already published information.



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Status Update: Based on “Outcomes roadmap”

Outcome	Delivered Q1 2015	Planned for Q2 2015	RAG
We will ensure the very best start in life			
We will help people stay well in mind and body	Changes to crisis response network initiated New mental health urgent care clinic established	Rutland: Assistive Technology Tele-care offering in place City: All GP Practices have access to lifestyle hub	Green
We will know peoples history and plan for their needs	Rutland: 50% of social care records contain NHS Number		Green
We will improve care for the most vulnerable and frail	Leicestershire BCF: 72 hour integrated Crisis response live Leicestershire BCF: Local area co-ordinators being piloted in 8 neighbourhoods	Rutland: Phase one of community agents in place Establish hospital support team for dementia	Green
We will be here when it matters especially in a crisis	Changes to crisis response network initiated for patients with Mental health conditions 72 hour integrated crisis response live in Leicestershire New mental health urgent care clinic established	Rutland: integrated crisis response teams in place (Red as referral numbers are low)	Amber
We will provide faster access shorter waits and more services out of hospital			
We will improve support when life comes to an end	“Learning Lessons to improve care” has been integrated into the BCT plan assurance process		Green



Supporting information

Top Three Risks and Issues: May

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	This is a national risk of which the situation across LLR is part. An action plan will be presented to the Partnership Board in May and is based on getting input to the as-is situation from all partners	RED as of May 2015
There is a risk that forecast transformation funding is not available in time or at all	Chief Officers have agreed some transformation funding for 2015/16 and will consider further bids in June. TDA and NHS England have confirmed that should resources become available BCT has a case for external support. External and internal support options for beyond 2015/16 are being investigated	Red as of May 2015
There is a risk that staff, patients and the public fail to be consistently engaged with the programme and understand its vision and value	Clinical summits to increase staff engagement are being planned for later in the year. The recent successful public engagement campaign will be built on to form a Public Consultation in the autumn. The PPI group continue to be actively involved	Amber as of May 2015

Key Programme Milestones

Milestone	Target Date	RAG
Consultation Narrative prepared	End June 2015	A
Business Justifications for delivery of outcomes agreed	August 2015	G
Funding for 2016 to 2018 delivery agreed	August 2015	A
Clinical Senate review	August 2015	G
NHS England and TDA agreement to proceed to Consultation	September 2015	G
Formal Consultation	Autumn 2015	G

