Better Care Together – Status Report

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Executive Summary

Context

The BCT Programme (BCT) 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 BCT Pre-Consultation Business Case (PCBC) has been sent to NHS England and is currently being considered by Leicester, Leicestershire and Rutland (LLR) Boards. Ultimately it is the Clinical Commissioning Groups (CCG) responsibility to decide when LLR's BCT plans go to consultation. The current target date that we are working to is 30 November 2015.

Questions

1. Does the monthly report provide the Board with sufficient assurance in respect of the BCT programme? If it doesn't what additional information would the Board wish to see?
2. Based on the position reported, what does it mean for UHL and the delivery of our five year plan?

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: December 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.

PROGRESS IN MONTH

3. **CLINICAL SERVICE CHANGE (PROOF OF CONCEPT) –** The first phase of the Out of Hospital (Enhanced Intensive Community Support Service) project was implemented on the 15 October (16 'home' beds) thereby facilitating the benefit of intensive re-ablement in familiar surroundings for some of our most frail patients. On the week ending 23 October, 8 of the enhanced 16 ICS beds were being utilised. Very few referrals were evident relating to patients within the East Leicestershire and Rutland CCG which was of concern.

4. It is important that UHL make best use of this capacity to improve the quality and outcomes for our patients by reducing avoidable de-conditioning and to improve 'flow' out of the acute setting. In order to support this a number of things have been put in place including posters of all wards, matrons promoting ICS through board rounds, ICS bed availability reflected on bed state, emphasis through gold command.

5. The Trust wide communication put out to announce this exciting development through insite was received very positively and captured the imagination of clinical teams who have identified other cohorts who might benefit from a similar pathway. These are being explored further.

6. Over the weekend 24/25 October the ICS service saw an influx of patients, with high numbers of referrals from patients in East Leicestershire. This dipped in the week to a point that on the 27 October, 22 ICS beds were vacant. This is of great concern and is not thought to be because there aren't suitable patients. Lack of knowledge in UHL on the criteria for ICS, risk averse decision making and inadequate assertive in-reach from LPT are thought to be more likely causes. An urgent meeting has been called with LPT to understand this better and to agree what we can do together in the short term to resolve this situation.

7. **CLINICAL SENATE -** The peer review of the plans by clinical senate concluded on 29 September 2015. The final report was received on the 15 October.

8. The senate report is supportive of the overall direction articulated through the BCT programme however made some recommendations for further work including:
    - The need to be clear about which key service reconfiguration are being consulted on;
    - The need for detailed work-stream workforce plans with careful consideration of primary care capacity;
    - Quality assurance measures;
    - Managing interdependencies between workstreams;
    - Engagement of the wider clinical community;

9. The BCT Programme Management Office has prepared a response identified how the issues raised are being addressed. This is covered in the Pre-Consultation Business Case (PCBC).

10. **PRE-CONSULATION BUSINESS CASE (PCBC)** - The PCBC sets out the need for the BCT programme, describes the future model of care, gives details of pre-consultation engagement, and makes the case to commence public consultation. The Trust's vision to become smaller and more specialised forms an integral part of the PCBC.

11. The case was sent to NHS England (NHSE) (and the Trust Development Authority) on 16 October 2015 and at the same time it was circulated to partner Boards for their consideration. This document remains confidential prior to public consultation and will be considered by the Board in private today.

12. Based on the BCT Programme Management Office (PMO) timeline it is anticipated that the LLR CCG's will receive feedback on whether they have been given approval to proceed to consultation on or around the 9th November 2015.

WHAT DOES THE BCT HIGHLIGHT REPORT MEAN FOR UHL?

13. There are 3 key issues associated with the BCT report that could have a material impact on UHL and our ability to deliver our own 5 year plan.

14. **TIMESCALES FOR CONSULTATION** – The target date for public consultation is the 30 November. If for any reason this timescale slips it will have an adverse knock on effect to those major business cases requiring public consultation namely the Women's

Reconfiguration Business Case, the Planned Care Treatment Centre Business Case and the future of the Leicester General site.

15. Based on current timescales (public consultation November 2015 to March 2016; Response to pubic consultation March – May 2016) the Outline Business Case (OBC) for the Treatment Centre is expected to be complete by August 2016, Full Business Case by March 2017.

16. For Women's, the Outline Business Case (OBC) is expected to be complete by August 2016, Full Business March 2017.

17. If the timescales for public consultation slip for any reason (process failure or an issue with one particular aspect for example the proposed future for community health services) then from a financial planning perspective this may actually help capital phasing however critically, it will:

    a. Adversely impact on the time taken to address the Trusts structural deficit;
    b. Extend the timescales to reach recurrent financial balance;
    c. Adversely impact on the pace with which the Trust can consolidate the remaining clinical services and complete the estate reconfiguration;

18. There are limited options to mitigate this risk however options could include collation of business case specific comment/suggestions as they are received so the Trust is not totally reliant on waiting for BCT's response to public consultation. In addition there may be an option to reduce the time taken to turnaround the BCT report.

19. **WORKFORCE –** A key risk identified by the BCT programme is that of insufficient staff being recruited or retained in order to fulfil the needs of new operating models. A robust LLR workforce strategy and workforce plans will be essential to mitigate this risk. Whilst a workforce strategy has been developed the clinical senate have raised the concern that there is limited workforce planning currently at workstream level. This is a key priority moving forward. For the Trust this means taking into account the opportunities for growth in our specialised services whilst having greater flexibility in roles and contracts to effectively manage the transition towards more care being delivered outside hospital settings.

20. The most recent work between UHL, LPT and Social Care has shown what we **can do** however what we will need to progressively look at is what we **could or should do** in order to rise to this challenge. The Director of Human Resources and Organisational Development and the Chief Nurse are providing strong system leadership in this area.

21. **ORGANISATIONAL CULTURE:** The issue of organisational development and the need to support people through the process of major change was a key theme that emerged from the recent BCT Staff Summits.

22. Currently there is a significant risk that organisational cultures do not develop in line with the vision of the BCT programme and changed ways of working fail to become embedded as "business as usual".

23. It is important to recognise that to achieve the scale and pace of improvement required the LLR 'system' will (within appropriate governance structures) be "learning by doing". As a result, 'cultural shift' will evolve over time. Recent and forthcoming examples are starting to provide real case studies that we can learn from e.g. Out of Hospital ICS service, forthcoming proposals for an Integrated Specialist Stroke/neurology Rehabilitation service.

24. At a strategic level within UHL and LPT the respective directors of Human Resources (HR) and Organisational Development (OD) and Chief Nurses have met and agreed to work collaboratively, develop shared principles and remove unnecessary barriers to more flexible use of capacity and capability.

25. Further consideration and focus needs to be placed on how workstreams reflect organisational development in their plans.

MONITORING PROGRESS AND DELIVERY – LLR DASHBOARD DEVELOPMENT

26. The Head of Local Partnerships has met with the BCT PMO, UHL Business Intelligence and Greater East Midlands (GEM) Clinical Support Unit (CSU) to discuss and agree the development of a bespoke LLR BCT Dashboard for use by UHL.

27. The purpose is to provide an 'at a glance' picture of key indicators associated with delivery of the overall BCT programme in order to:

- Give the Board sufficient operational detail so that it can monitor the cumulative impact of the system wide changes as they are delivered;
- Identify potential risks where there is an adverse variance and the impact this might have to the delivery of own plans;
- Inform the scale (and pace) of the mitigation required in order to maintain the timescales for delivery of the 3 to 2 configuration.

28. The Head of Local Partnerships has discussed this with the Chief Operating Officer and Director of Cost Improvement and Future Operating Model (FOM).

29. This dashboard is not being developed in isolation which unfortunately has introduced a level of complexity that wasn't foreseen. This includes:

    a. LLR BCT Programme Dashboard for BCT Delivery Board – this will monitor progress against major deliverables/business cases and is being worked up for consideration at BCT Delivery Board on 9 November;
    b. LLR BCT Programme Outcome Dashboard for BCT Partnership Board – this will monitor progress against the outcomes in the PCBC and will inform the Partnership BAF. This is being worked up for consideration at the BCT Partnership Board 19 November;
    c. The Head of Local Partnerships has been confirmed as the UHL representative in developing the above.

30. This has caused an unavoidable delay however it has it provided the opportunity to develop a long list of indicators that are thought to best represent progress in prevention, admission/attendance avoidance and reduction in length of stay. These are now in draft.

31. A recommended methodology and draft long list of indicators for the LLR BCT Dashboard (for use by UHL) will be taken to the Executive Strategy Board for critique confirm and challenge on 17 November. In addition, the methodology and draft content will be tested with several Non-Executive Directors. This will secure wider engagement in the development of the dashboard and will allow time to ensure that all of the dashboards outlined align.

32. Next month's BCT report will summarise the output of all three dashboards for completeness.

NEXT STEPS

33. The next step in the BCT process is approval from NHSE to move to public consultation with a target date of 30 November 2015.

RECOMMENDATIONS

The Trust Board is asked to:

a) Confirm acceptance of the monthly BCT overview report, and
b) Consider the issues highlighted that could impact on the delivery of our own plans;
c) Note the iterative development of the LLR BCT dashboard for use by UHL and the alignment to the development of the LLR BCT programme dashboard and LLR BCT outcome dashboard.

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Leicester, Leicestershire & Rutland health and social care

Update for Partner Boards

Status Report

October 2015

Rutland County Council

Leicester City Council

Leicestershire County Council

NHS

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Progress Report

Pre-Consultation Business Case (PCBC). The PCBC, which sets out the need for the programme, describes the future model of care, gives details of pre-consultation engagement, and makes the case to commence public consultation, is now complete. Better care together (BCT) Delivery Board agreed on 12th October 2015 to issue it to partner Boards for their consideration.

Equality Impact Assessment (EIA). The programme's engagement with, and understanding of impact and mitigation for people with protected characteristics has been captured in the Equality Impact Assessment. This forms part of the PCBC and will be further developed iteratively as the proposals are refined.

PPI review of PCBC. The PPI Assurance Group will consider the PCBC in two sessions during mid-October.

Assurance of plans by NHS England (NHSE). The PCBC will be issued to NHSE in mid-October for assurance prior to public consultation targeted from 30th November 2015.

Clinical senate. The peer review of the plans by clinical senate concluded on 29th September 2015. The senate panel are preparing their final report for consideration by clinicians developing the programme.

Clinical summits. Workstream-specific clinical summits are underway, and to enable a greater number of staff across partner organisations to engage with the programme, staff engagement events entitled 'overview summits' will take place on 27th October and 3rd November. Those in line management and practitioner roles across health and social care are particularly encouraged to attend; places can be booked by contacting Shelpa Chauhan at shelpa.chauhan@leicspart.nhs.uk.

PPI Assurance Group Chair. Ballu Patel will be acting as Interim PPIAG Chair following the imminent departure of Jennifer Fenelon, who is stepping down as Chair to focus on her Healthwatch work. A substantive Chair is to be appointed.

Internship scheme. The programme warmly welcomes recent graduates from the University of Leicester Lauren, Nazar and Stuart, who have recently started as interns for a 12-month period, providing support to the workstreams.

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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	The draft workforce strategy was presented at Partnership Board on 17th September 2015. Implementation planning is in progress.	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 are underway. The level of engagement has been good.	Red

Key Programme Milestones

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

Rutland County Council
Leicester City Council
Leicestershire County Council
NHS