

# Better Care Together – Status Report

Author: Helen Seth Sponsor: Kate Shields Date: Thursday 6 August 2015

## Executive Summary

## Trust Board Paper K

### Context

The LLR BCT Programme provides a system wide strategy for all partner organisations across the health economy and is defined in the strategic outline case (SOC) that was agreed in June 2014. UHL have their own internal 'BCT-UHL' Programme to enable their part of the strategy to be delivered, which is underpinned by 8 enabling workstreams and 7 major business cases.

The BCT Programme (LLR) has begun producing a monthly programme report for distribution to all partner boards which is attached for your review. This provides a high-level overview of some aspects of the programme but does not provide further detail for consideration as this is outside the scope of this briefing.

### Questions

The Trust is asked to:

1. Confirm acceptance of the BCT overview report for information
2. Note the key milestones for the development of the BCT pre-consultation business case
3. Consider whether a presentation from each of the eight BCT clinical workstreams on a periodic basis may provide opportunity for greater scrutiny and assurance
4. Note the action being taken to make progress towards a LLR dashboard

### 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: August Trust Board

6. Executive Summaries should not exceed [1page](#). My paper does comply

7. Papers should not exceed [7 pages](#). My presentation does comply

### **Better care together (BCT)**

1. Better Care together 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.
3. The BCT Programme is now producing a monthly report for distribution at all partner boards. This is attached for your review (appendix 1). It provides a high level overview of some aspects of the programme but does not provide a detailed update on delivery of the eight clinical BCT workstreams, Better Care Fund (BCF) plans and CCG QIPP.
4. Chief Officers' agreed the BCT programme delivery plan for 2015/2016 plan on the 6<sup>th</sup> July. This included confirmation of transitional funding application in 2015/2016.
5. The immediate next step is to develop and agree a BCT pre-consultation business case. The first draft will be completed by the end of August and will describe the changes proposed.
6. Each of the eight clinical BCT workstreams is contributing to the above through the completion of a business justification template. A benefits plan forms an integral part of this template which will be completed by the 14 August. Once this is complete a benefit realisation plan with key metrics will be set and baseline agreed. This will be used to monitor delivery.
7. Notwithstanding the above, the BCT programme produces a series of update reports; Detailed highlight reports for the clinical workstreams which focus on progress against key milestones, risks and mitigation. Once the benefits realisation plan has been completed, the metrics will be incorporated into this report for monitoring purposes. In the meantime whilst this work is underway, the Trust Board may wish to consider inviting the clinical workstreams to Trust Board for a detailed presentation. This is a practice that has been adopted across the system where presentations have been made to the BCT Partnership Board and other forums.

8. Currently there are some concerns with the progress and achievability of some of the clinical workstreams with efforts underway to understand these in more detail. Ultimately a LLR dashboard will help provide the transparency required to assess and to scrutinise the delivery plans and to test the robustness of the mitigation plans in place. These may take the form of alternative schemes.
9. It is envisaged that a dashboard will come from the work described above. However, in order to have a full picture it will be important to reflect the same level of detail for the Better Care Funds (BCF) and CCG QIPP. It is a composite of all of the above that will drive a reduction in demand and ultimately contribute towards the Trust's vision of being smaller and more specialised.
10. The UHL/BCT PMO has shared our reconfiguration dashboard with the BCT PMO to provide something tangible on which to build.

## **Recommendations**

The Trust Board is asked to:

- a) Confirm acceptance of the BCT overview report on a monthly basis for information, and
- b) Confirm the requirement for a LLR dashboard to highlight the progress against the above and the necessary alignment to UHL's BCT/reconfiguration dashboard.

**Helen Seth**  
**Head of Local Partnerships**

6<sup>th</sup> August 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  
July 2015



Rutland  
County Council

**healthwatch**



Leicester  
City Council



Leicestershire  
County Council

**NHS**



# Progress Report

**BCT Outcomes:** A review is taking place of the plans outlined in the strategic outline case and those outlined in the recently published outcomes roadmap. The results are encouraging with additional deliverables for public health and social care having been added to the roadmap and work-streams such as mental health and maternity and neonates progressing to plan. Others are showing slight delays due to resourcing issues that are being addressed. The full report will be presented to the Partnership Board in September

**Staff engagement:** Work-stream clinical leads are involved in the development of clinical summits to take place in September

**2015/16 delivery plan:** Priorities for in-year funding have been agreed by the three CCGs and include Learning disabilities outreach team, increase in Intensive community services “beds at home” at LPT, additional changes to planned care pathways and initiation of changes to delivery of long term conditions

**Challenges to delivery in 2015/16:** Slow uptake of ICS nursing roles may delay the increase in intensive community services in LPT, this situation is being worked through by the partners

**Clinical senate:** Three clinical senate dates have been agreed, two in August and one in September, and a number of our clinical teams have summarised the clinical evidence supporting change and will be discussing this with the senate team

**Test Bed bid:** Leicestershire, Leicester, Rutland and Lincolnshire have been asked to attend the NHS England Test Bed “matchmaking” process at the Oval in July. Our clinicians will be represented by Dr Kevin Harris and the IM&T work-stream has also been asked to play a key role

**Plan for consultation:** Chief Officers have agreed to a consultation launch of 30<sup>th</sup> November. To hit this date the draft consultation narrative needs to be completed by the end of August and Chief Officers have agreed that their teams should prioritise this activity over coming weeks

**Building relationships:** The consultation is likely to include some changes to locations where services are delivered and this will ideally be discussed with partner board members and elected councillors and MPs prior to publication. Confidential sessions are being arranged.





# Supporting information

## Top Two Risks and Issues: June

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	Guidelines from NICE on safe staffing levels have increased understanding of the risk. Work to mitigate the risk has begun; risk may reduce once the actions have been implemented. A detailed risk and issue log has been developed for use at a workstream level.	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	An approach to measuring organisation development and change has been commissioned and approved by Clinical Leadership Group. Work is in progress.	Red

## Key Programme Milestones

Milestone	Target Date	RAG
Consultation narrative prepared, including location perspective	August 2015	A
Business justifications for delivery of outcomes agreed	August 2015	A
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	November 2015	G
Formal Consultation	November 2015	G

