Better Care Together – Status Report

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Executive Summary

Context

The Better Care Together (BCT) programme produces a monthly programme report for distribution to all partner boards which is attached for information (Appendix 1). This provides a high-level overview of some aspects of the programme.

Significant work is still on-going to address the comments received following initial submission of the Pre-Consultation Business Case (PCBC) to NHS England (NHSE). Leicester, Leicestershire and Rutland (LLR) partners are currently finalising the PCBC (v6) for circulation to local Clinical Commissioning Groups (CCGs) in February, 2016. It will need to be considered by the UHL Trust board, timeframe still to be confirmed by BCT. It is expected that the final version of the PCBC will be issued to NHSE for their consideration in early Spring 2016.

Based on the above, the target date for the BCT Consultation is mid-May, 2016.

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?
3. What additional mitigating actions would the Board wish to see?

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 enhanced Community Support service (ICS) home beds increased by 16 beds on the 1st December and a further eight on 11th January in line with plan This takes the out of hospital project to a total of 40, year to date.

4. An agreed trajectory is in place with Leicester Partnership Trust (LPT) and commissioners to open the remaining 90 home beds by March 2016. This will complete year one of this two year plan and represents the most significant deliverable of the BCT programme to date.

5. Since mid-October when the additional ICS capacity opened, 270 patients have been discharged from UHL to ICS. Average occupancy of the ICS service was 92.4% in December.

6. Occupancy has decreased during January and work is in place to address this and continue to monitor occupancy through the out of hospital project governance structure and UHL Gold Command meetings to ensure capacity is utilised effectively.

7. The multifaceted trust wide communication plan relating to ICS continues. On the wards, ICS nurses continue to regularly visit to help on-going education and build relationships between UHL and LPT colleagues. During times of increased pressure on our services, the ICS staff are working with the Primary Care Co-ordinators to support ward rounds and patient assessments to ensure that those patients who can be looked after by the service, are safely discharged.

8. **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 reduce its acute footprint and provide more specialised services forms an integral part of the PCBC.

9. The PCBC is currently being finalised; in particular, the financial position is being updated following issue of planning assumptions in mid-January. Overall, based on the revised narrative the PCBC is now a much more accessible document with greater clarity as to its purpose. The revised PCBC will go back through CCG Boards for approval during February 2016 and remains confidential prior to public consultation.

10. It has not yet been confirmed when the PCBC will be re-distributed for consideration by the Trust Board, but likely to be March or April 2016.

11. There are a number of issues that relate to the Trust which will need to be resolved prior to finalisation including the interdependency between UHL plans and those of others (for example capital schemes and delivery of CCG/demand plans), the system wide capacity plan and the need for greater detail on the reconfiguration option appraisal process. These issues have been considered and taken into account in the revised narrative.

12. A list of challenges that require co-ordinated action to resolve – 'wicked issues' – has been pulled together for collaborative resolution across the system. The issues include:

    - Reduction of demand on UHL
    - Impact of BCT changes on primary care and GPs
    - Impact on social care
    - Cohort of patients being cared for in an acute hospital that would be better cared for in a community hospital
    - Plans to improve self-care and increase prevention.

13. Task and finish groups have been established to bring ideas together and generate system wide understanding of the issues and proposals to tackle the issues. Action plans are in place for those groups that met in January.

14. **2016/2017 LLR DELIVERY PLANS** – BCT Workstreams continue to finalise their delivery plans for 2016/17 where consultation is not required. These will inform CCG commissioning intentions for the financial year. For the first time this is being undertaken across LLR in a fully coordinated manner, reflecting the system's progress. The output of this process will inform the next iteration of the Trust's capacity model and will inform contractual discussions.

MONITORING PROGRESS AND DELIVERY – LLR DASHBOARD DEVELOPMENT

15. The draft dashboard was presented at the Trust Board in January and work has continued to progress this, taking into account the comments received from the Board;

    a. To include more information on progress against targets and key actions
    b. To review the programme milestones in light of capital availability, work with the UHL Business Intelligence team, Public Health and Greater East Midlands (GEM) Clinical Support Unit (CSU) to develop and populate a bespoke LLR BCT Dashboard for use by UHL. This will evolve on an iterative basis.

16. Progress in January has been relatively slow due to conflicting priorities of the BCT PMO, however a revised version will be available for the March Trust Board for review.

17. **AREAS WORKING WELL** – As previously reported the implementation of the enhanced ICS service is delivering in line with plan. This forms one of the most significant parts of the system wide capacity plan and is key to delivering the 3 to 2 site strategy. There is a monthly dashboard in place for the ICS service to track utilisation of the additional capacity and address any areas for concern. This reporting mechanism is working well. There are also a series of patient stories collated to provide qualitative data on performance and outcomes (Appendix 1)

18. **NOT SO WELL** – The key area of concern which have a significant impact on the Trust's ability to deliver the five-year plan is the continued trend for increasing demand, most notably in respect of emergency admissions and ED attendances. Demand management is required to mitigate the need for an additional 109 beds, originally included in the SOC, due to demographic growth. A system wide response is needed to develop plans, which are owned by the programme.

19. The Trust continues to identify activities which could be undertaken to minimise the impact of overall variance in the short term whilst demand management processes are mobilised. There is a team focused at the Glenfield to develop plans which will avoid admissions, help improve flow, and timely discharge.

WHAT DOES THE BCT HIGHLIGHT REPORT MEAN FOR UHL?

20. As reported last month, there are key issues (in addition to demand management that have the potential to materially impact on the delivery of the BCT programme and the delivery of our own five year plan. The top risks associated with the BCT programme and are red RAG rated (Appendix 2).

21. **WORKFORCE-**Whilst there is a LLR workforce strategy, there remains concern regarding recruitment. The Director of Workforce and Organisational Development is engaged with BCT counterparts to address this and produce more detailed narrative surrounding the issues. We are awaiting formal feedback from the presentation to the Partnership Board (PB) in January 2016.

22. **ORGANISATIONAL CULTURE**: The issue of organisational development and culture and the need to support people through the process of major change remains a key theme.

23. Currently there is a significant risk that organisational (and professional) 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".

24. The action learning approach to support breaking down barriers to change has been agreed as reported last month but no further updates on progress have yet to be received.

25. Significant work is underway within UHL to develop and deliver an Organisational Development (OD) plan and to roll out the UHL Way. A very positive advancement and will need to consider cross organisational learning.

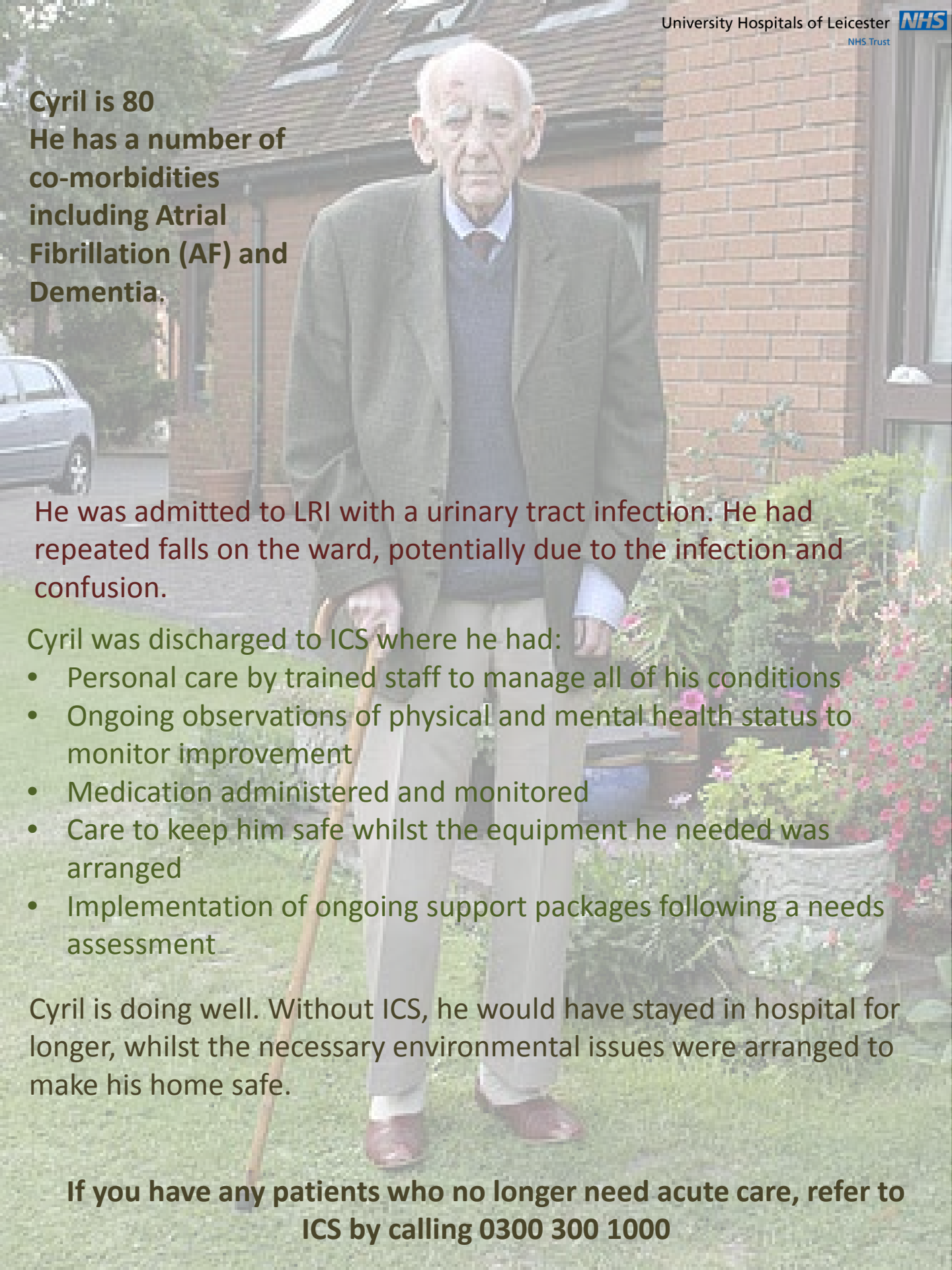
26. **PRE CONSULTATION BUSINESS CASE (PCBC)-**The next step in the BCT process is consideration and approval of the revised PCBC by Clinical Commissioning Groups (CCGs) during February. Subject to approval, the target date for resubmission to NHS England asking them to convene an assurance panel is early Spring 2016.

RECOMMENDATIONS

The Trust Board is asked to:

- Confirm acceptance of the monthly BCT overview report, and
- Consider the issues highlighted that could impact on the delivery of our own plans and the areas being explored for additional mitigation

University Hospitals of Leicester NHS
NHS Trust



Cyril is 80
He has a number of co-morbidities including Atrial Fibrillation (AF) and Dementia.

He was admitted to LRI with a urinary tract infection. He had repeated falls on the ward, potentially due to the infection and confusion.

Cyril was discharged to ICS where he had:

- Personal care by trained staff to manage all of his conditions
- Ongoing observations of physical and mental health status to monitor improvement
- Medication administered and monitored
- Care to keep him safe whilst the equipment he needed was arranged
- Implementation of ongoing support packages following a needs assessment

Cyril is doing well. Without ICS, he would have stayed in hospital for longer, whilst the necessary environmental issues were arranged to make his home safe.

If you have any patients who no longer need acute care, refer to ICS by calling 0300 300 1000

Bill is 73.
He walks with a stick but is breathless when walking and talking.

He was admitted to Glenfield for bilateral pneumonia.

Bill was discharged to ICS and the team provided:

- Multi-disciplinary team support; physio assessment to look at breathing techniques and clinical specialist support with salbutamol inhaler
- Therapy reablement and management of symptoms to support him to self care and carry out daily activities
- Support and training to Bill's informal carer around personal care to support the couple's independence
- An outside walking assessment
- Equipment at home to regain independence and confidence.

Bill is doing well; his mobility has improved - he is independent with car transfers and on stairs, and is mobile outside his house over medium distances.

Without ICS, it is likely that Bill would have been housebound, needing an increased package of care, whilst losing self-confidence and having ongoing exacerbations due to lack of awareness about managing his condition.

If you have any patients who no longer need acute care, refer to ICS by calling 0300 300 1000

'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

January 2016

Rutland County Council

Leicester City Council

Leicestershire County Council

NHS

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Progress Report

Celebrating success. At its January meeting, Partnership Board will celebrate the programme's success to date with a look back at better outcomes delivered for patients and service users during 2015. The year 2016 will be exciting and challenging for the programme.

Delivering the Forward View. The NHS Planning Guidance 2016/17-2020/21 requires a 5-year Sustainability and Transformation Plan (STP) to be developed. At their January meeting, Chief Officers decided that the footprint for the STP should be LLR. Work is underway to define the clear parallels and linkages between Better care together and the STP, and the approach to STP planning.

CCG Commissioning Intentions. Clinical and enabling workstreams have informed CCGs' plans for the financial year 2016/17 through the development of the first LLR-wide commissioning intentions.

Pre-Consultation Business Case. The programme's financial position is being updated following the receipt of planning assumptions; the plans will be considered by CCG Boards in February. If approved by Boards, this will allow the programme to move forward to final submission to NHSE for assurance, prior to approval to consult.

Programme 'wicked issues'. To add further depth to impact assessments already undertaken, health and social care clinicians, commissioners and providers are engaged in evidence-based discussions on the programme's most challenging aspects which include the impact on primary care and on social care, plus how to best deal with increasing demand.

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Leicester, Leicestershire & Rutland health and social care

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	Detailed risk identification and mitigation planning is underway and will be presented to Partnership Board (PB) in Jan 2016. The workforce risk will be tackled at a more detailed level to provide a deeper understanding and aid action.	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	Chief Officers have approved viable cohorts for an action learning approach to supporting transformation activity across the system; this will be funded by HEEM to help the workstreams to resolve barriers to change.	Red

Key Programme Milestones

Milestone	Target Date	RAG
Issuing of PCBC to NHS England (NHSE)	16th Oct 2015	Complete
Initial feedback received from NHSE	End Oct 2015	Complete
Issuing updated PCBC to Boards	3rd Dec 2015	Complete
Clinical senate 'page turn' review of PCBC	15th Dec 2015	Complete
Financial position updated following issue of planning assumptions in mid January	End Jan 2016	Green
CCG Boards' approval of PCBC	Feb 2016	Green
Issuing of final version of PCBC to NHSE	Early spring 2016	Green
NHSE assurance of final PCBC; NHSE and TDA agreement to proceed to consultation	Spring 2016	Not started
Formal consultation	Late spring 2016	Not started

Rutland County Council
Leicester City Council
Leicestershire County Council
NHS