Better Care Together – Status Report

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Executive Summary

Context

Better Care Together (BCT) sets out a vision to improve health and social care services across LLR (Leicester, Leicestershire and Rutland), from prevention and primary care through to acute secondary and tertiary care.

Successful delivery of this programme will result in greater independence and better outcomes for patients and service users, supporting people to live independently in their homes and out of acute care settings. The vision set out by the programme is in line with the strategic direction set out by NHS England's Five Year Forward View.

The BCT PMO produces a monthly report for distribution to all partner boards – this is attached for information (appendix 1). This provides a high-level overview of some aspects of the programme.

This paper also provides a monthly report on the status of the key elements of the BCT programme.

Questions

1. What are the key achievements delivered in year 2?
2. What is the latest position in relation to consultation?
3. What are the key risks for the programme?

Conclusion

1. The BCT programme has delivered a wide range of initiatives and improvements in 15/16 (year 2 of the programme) across all workstreams. These are summarised in the report below and include the introduction of new patient pathways (for mental health, urgent care, planned care, community services etc.) as well as the development and agreement of plans for new care models (e.g. long term conditions).
2. One of the key updates this month relates to the NHSE Assurance Panel, which met in April to consider the BCT programme ahead of public consultation. This was a positive conversation and a series of actions are being considered with a view to providing NHSE with additional information on a select number of points.
3. The key risks are captured and reported by the BCT PMO (top two risks shown at appendix 1). These are financial risks (e.g. capital availability and PMO running costs) and communication / reputational risks. The PMO will also add acute demand as a further key risk for the next reporting period at the request of the UHL Trust Board.

Input Sought

The Trust Board is asked to;

- Accept 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

For Reference

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]

This matter relates to the following governance initiatives:

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

Related Patient and Public Involvement actions taken, or to be taken:

- PPI representatives are assigned to each BCT programme of work

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.

Scheduled date for the next paper on this topic: June 2016 Trust Board
Executive Summaries should not exceed 1 page. My paper does comply
Papers should not exceed 7 pages. My paper does comply

Better Care Together

Introduction

1. The Better Care Together (BCT) Partnership between local NHS providers, the clinical commissioning groups, social care and the 3rd sector was established in June 2013 with the aim of creating a single, integrated, 5 year strategy for the whole health and social care economy.

Year 2 (15/16) - A Summary of Achievements

2. The BCT programme includes a number of clinically led workstreams that bring partners together to develop shared goals and support the implementation service improvement plans. During 2015/16, year 2 of our programme, we have delivered a number of changes that have directly improved patient and service user outcomes.

3. Key achievements include:

3.1 **Children's, Maternity & Neonatal**

- Introduced Care Navigators that work with families, young people and children in coordinating care based on individual requirements
- Made the support available to new parents more consistent across LLR
- Delivered a new integrated process for assessing, planning and delivering services for children and young people with special educational needs and disability (SEND)
- Secured £1.89m of funding for investment across partner agencies (in LLR) for children and young people's mental health and wellbeing.
- Involved and engaged members of the public engagement and agreement of future options for maternity for public consultation.

3.2 **End of Life**

- Embedded 'Learning Lessons to Improve Care'
- Engaged staff on proposals to ensure understanding and support so that best practice is in place across all services.

3.3 **Frail Older People & Dementia**

- Improved and joined-up care for people who are frail and elderly, particularly through initiatives funded by the Better Care Fund (a pooled budget between health and social care)
- Improved crisis and rehabilitation resources for those with mental health issues
- Introduced a new model of access to Emergency Department (ED) at the Leicester Royal Infirmary (LRI)
- Completed one of the most extensive pieces of engagement nationally work on the topic "What needs to happen to ensure that frail and older people live well in LLR?"
- Increased the number of patients with care plans that live in care homes

3.4 **Learning Disabilities**

- New 'step through facility' opened
- Recruited a new Outreach Team that will be fully operational by April 2016
- Work-stream broadened its remit and adopted the role of the LLR Transforming Care Partnership Board.

3.5 **Long Term Conditions**

- Expanded access to the Rapid Access Heart Failure Clinic from ED & Clinical Decisions Unit (CDU) began in December 2015
- Developed 4 LLR Plans for 2016/17 (Cardiology / Renal / Respiratory / Stroke & Neurology Rehabilitation) planned as a unit for the first time
- About 700 more patients with atrial fibrillation have been anti-coagulated, reducing approx. 20 strokes
- Business case for Stroke & Neurology Rehabilitation was successful and secured £600k for 2016/17 to develop and redesign a new service
- LLR have been chosen to be part of a the first wave of the National Diabetes Prevention Programme starting in April 2016
- Breathlessness pathway pilot started in November 2015

3.6 **Mental Health**

- A new crisis house for people experiencing mental health distress opened its doors
- New mental health urgent care clinic established
- Recovery colleges about to open
- Acute overspill placements significantly reduced
- Mental Health identified as a key part of the Urgent Care Vanguard

3.7 **Planned Care**

- Increased the amount of care provided in community hospitals and added new services, including ophthalmology laser treatment and more endoscopy clinics, so that more patients are able to be treated closer to where they live
- Orthopaedic triage pilot service up and running

3.8 **Urgent Care**

- Work began at LRI on new £43.3m Emergency Department, the UK's first frailty friendly emergency department, with a fully integrated mental health unit
- Urgent care centres re-commissioned
- Awarded Vanguard status to transform urgent and emergency care

3.9 **Service Reconfiguration**

- 130 Intensive Community Support (ICS) beds have opened in the community, providing a more suitable service for patients that would otherwise be in a hospital inpatient bed.
- Avoided admission to hospital for patients who benefited from the ICS service (instead of being referred to hospital) and reduced the length of stay for people who were able to be discharged sooner into the ICS service

Development of work-stream plans for 2016/17 and 2017/18

4. Significant progress has been made by the work-streams in developing plans for 2016 to 2018 (service developments that are not subject to public consultation). An outcomes roadmap, showing key work-stream deliverables for 2016/17 and how they contribute towards the programme's overall objectives, has now been reviewed by the BCT Delivery Board. There are a number of plans that require more work, and it is likely that workstreams will be asked to consider what they can do in terms of pushing further and faster. Once finalised, plans will be presented to the Partnership Board and subsequently

used to monitor delivery. For UHL and our clinical strategy / configuration plans, workstreams will be asked to consider the likely impact (and timescales) of plans on beds across the system, so that these can be included into demand and capacity assumptions (that inform our bed bridge) and considered by the Reconfiguration Team.

5. The three focus areas for year 3 of BCT are:

- Delivering on the workstream plans, holding leads to account so that each work-stream delivers its part of the overall system change plan and resulting benefits.
- Engaging with the public of LLR and their representatives through a public consultation; making decisions post that consultation on major structural changes to the health and social care system (and agreeing plans to enact those changes).
- Supporting the development of the Sustainability and Transformation plan (STP) for LLR.

NHS England Assurance Panel

6. The BCT pre-consultation business case (PCBC) was approved by all necessary Boards and governing bodies in February before being submitted to NHS England in early March. Health and social care leaders across LLR (including executives from UHL) attended a NHS England Assurance Panel in April with a view to progressing to public consultation later in the year.

7. The Panel considered our programme against a number of Department of Health (and best practice) tests and confirmed, for the large part, that our plans look robust. The conversation was very positive. We are now working with our BCT partners in pulling together additional information across a number of key areas, including an update on the recent work done to address the current imbalance between demand and capacity and financial modelling for the wider system.

Information Packs

8. As part of the work being done to prepare for public consultation, subject to central support, a series of Information Packs are being designed to brief both key stakeholders and the public on key elements of the BCT programme. The Information Packs will focus on those areas which are subject to public consultation. The intention is to develop a story that describes what BCT will achieve in a ‘user friendly’ way. The target is for all to be complete by the end of May.

Clinical Service / Improvements Update - Intensive Community Support (ICS)

9. All beds from Phase One delivery (130) have now opened in ICS, taking the total number of ICS beds to 250. We continue to progress a number of initiatives to optimise flow into ICS which includes a focus on operational efficiency, and ensuring the optimal cohorts of patients are stepped down. Work has begun with specialties to work on identifying additional cohorts of patients that will increase the utilisation of the service to its target position of 90% - currently at 84%.

10. Priority is being given to evaluation of the impact of UHL’s activity transfers to ICS. A matched cohort analysis is being undertaken with LPT, Social Care and Public Health to evaluate the profile and cohorts of patients transferring to ICS. This intelligence will be included within UHL’s bed capacity plan. Work is being progressed across organisations to

agree the appropriate contracting mechanism that incentives all parties, whilst reflecting the actual flow and impact on UHL.

11. Richard Mitchell and Rachel Bilsborough have been appointed as joint SROs for the BCT Service Configuration Board (which oversees the delivery and future development of ICS). The terms of reference and future membership are currently being reviewed to ensure the group remains fit for purpose.

Key Risks and Challenges

12. Rising demand for all forms of health and social care, which is creating an imbalance between demand and capacity. This will be added to the BCT Risk Log for the next reporting period (so will feature on the monthly update report, at appendix 1, as one of the top risks)

13. Some early schemes may not be delivering the anticipated impact (e.g. LRI UEC, ICS etc.)

14. Some workstream plans require more work and/or a more ambitious level of innovation or delivery (e.g. shared records/care plans)

15. Financial pressures

    - Capital availability is a critical issue
    - BCT PMO - much of the activity within the BCT programme relies on the commitment of non-recurrent funds provided by the CCGs. The overall requirement for future funding has been shared with the Chief Officers, however at this time, as the CCGs do not have permission to allocate their non-recurrent monies in 16/17. Therefore, at this stage, there are no guarantees that future funding will be made available (from the same source). Discussions are continuing between the SROs.

16. As highlighted above, growing demand for acute services continues to have a significant impact on our ability to deliver our five-year plan, most notably in respect of emergency admissions and ED attendances. A step change in demand management and the development of new care models is required if we are to mitigate the need for additional beds across the system (acute and/or community). The possibilities are being considered as part of the ongoing work being done on demand and capacity.

Recommendation

17. The Trust Board is asked to;

    - Accept 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

'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

April 2016

Rutland County Council

Leicester City Council

Leicestershire County Council

NHS

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Progress Report

Pre-Consultation Business Case. Having been considered by CCG Boards and partner governance bodies in February, the PCBC and related documents were submitted to NHSE in early March. An NHSE assurance panel will convene in mid-April to consider whether to grant approval to consult.

Work-stream plans. The outcomes roadmap for the programme, showing key work-stream deliverables and how they contribute towards the programme's stated objectives, has been reviewed and used as the basis for developing work-stream plans for 2016/17 and beyond. Once finalised, the plans will be presented to Partnership Board and subsequently used to monitor delivery.

Information packs. For some areas of proposed change, detailed documents describing the change and impacts are being prepared. They will be used to brief spokespeople, stakeholders, governing body members, and the public in advance of and during the public consultation period.

LLR New Models of Care event. An event with a keynote by Professor Chris Ham of the Kings' Fund will take place on 6th April 2016, providing the opportunity to discuss implementation challenges for health and social care in LLR. It will focus on the potential for new models of care, building on the good practice and progress already achieved.

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Supporting information

Top Two Risks and Issues

Risk or Issue	Update	Status (pre-action)
Finance Risk: Funding. There is a risk that forecast transformational funding is not available in time or at all.	The PCBC articulates the requirement for transformation funds for consultation topics, including external capital requirements, Capital availability is a critical issue. The Autumn Statement has led to a shift in funding available to organisations in the system, revised financial plans identifying available transformation funds to be completed in April.	Red
Reputational Risk: Engagement. There is a risk that staff, patients and the public fail to be consistently engaged with the programme and understand its vision and value	A robust communication and engagement plan has been developed, and was considered along with the draft public consultation document by Boards during Feb 2016.	Amber

Key Programme Milestones

Milestone	Target Date	RAG
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	Complete
CCG Boards' and governing bodies consideration of PCBC and other documents	Feb 2016	Complete
Issuing of final version of PCBC to NHSE	w/c 7th March 2016	Green
NHSE assurance of final PCBC	Mid-April 2016	Not started
NHSE and NHSI agreement to proceed to consultation	Spring 2016	Not started
Formal consultation	Summer 2016	Not started

Rutland County Council
Leicester City Council
Leicestershire County Council
NHS