Better Care Together – Status Report

Author: Helen Seth Sponsor: Kate Shields Date: Thursday 7 January 2015 *Trust Board paper K*

Executive Summary

Context

The Better Care Together (BCT) programme 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 it is outside the scope of this briefing.

Significant work is 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 (v5) for circulation to local Clinical Commissioning Groups (CCGs) on 1st February, 2016. The decision as to whether the PCBC can be submitted to NHSE with the request that they convene an assurance panel is expected on 29th February, 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 Intensive Community Support service (ICS) home beds increased by a further 16 beds on the 1st December in line with plan (32 in total, year to date).

4. An agreed trajectory is in place with Leicester Partnership Trust (LPT) and commissioners to open the remaining 98 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. As of 11th December, 119 patients have been discharged from UHL to ICS with an average occupancy of ICS beds during November of 90.1% (on target) and average length of stay less than 10 days (better than target).

6. The multifaceted trust wide communication plan relating to ICS continues. The ICS team were invited to present to the UHL clinical senate in December 2015 to raise the profile of the work being jointly undertaken (along with long term conditions). This was positively received. On the wards, ICS nurses continue to regularly visit to help on-going education and build relationships between UHL and LPT colleagues.

7. **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.

8. The PCBC is currently being revised to reflect comments received from NHSE, CCG Boards and other parties. 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.

9. Subject to no unforeseen delays it is anticipated that Trust Board will consider the PCBC in private at the February Trust Board meeting.

10. 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 will be considered and taken into account in the revised narrative.

11. The BCT Delivery Board has endorsed the adoption of a 'task and finish' approach to the above in order to make best use of clinical workstream Implementation Leads. On the 7th December, Chief Officers signalled their agreement to the standing down the regular Implementation Group with immediate effect.

12. **2016/2017 LLR DELIVERY PLANS** – BCT Workstreams are finalising 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

13. The Head of Local Partnerships continues to 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.

14. The purpose of the dashboard is to:

    a. Give the Board sufficient operational detail so that it can monitor the cumulative impact of the system wide changes as they are delivered;
    b. Identify potential risks where there is an adverse variance and the impact this might have to the delivery of own plans;

c. Inform the scale (and pace) of the mitigation required in order to maintain the timescales for delivery of the Trust's preferred solution

15. As reported last month the Trust is currently using the 'Care and Healthtrak' performance tool and will reflect some of this data within the dashboard once it is available. An initial priority is to better understand the impact of comorbidities or multi-morbidities on patient care and how this needs to be taken into account in pathway redesign. A small UHL user group has been established under the clinical leadership of Dr Steve Jackson.

16. **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. From February 2016 it is hoped that the dashboard will be able to reflect some additional qualitative data relating to this development so that a rounded assessment can be made of performance and outcomes.

17. **NOT SO WELL** – The key areas of adverse variance most likely to impact on the LLR BCT programme and our own five year plan if it continues is overall demand, most notably in respect of emergency admissions and ED attendances. Demand management is required to mitigate the need for an additional 109 beds due to demographic growth.

18. It is important that we start to consider this data at CCG level however as further drill down shows that whilst this is true at a system level, West Leicestershire CCG have managed to halt an upward trend in emergency admissions for key pathways (not just isolated to UHL). Further analysis is being undertaken to better understand the interventions that have made to biggest contribution to this position with a view to seeing if they can be replicated.

19. In addition to this, 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.

WHAT DOES THE BCT HIGHLIGHT REPORT AND DRAFT DASHBOARD MEAN FOR UHL?

20. There are a further 3 key issues (demand management being the forth) that have the potential to materially impact on the delivery of the BCT programme and the delivery of our own five year plan. The first two are the top risks associated with the BCT programme and are red RAG rated (Appendix 1).

21. **WORKFORCE** – a LLR workforce strategy is in place however the East Midlands clinical senate raised the concern that there is limited workforce planning currently on-going at workstream level. This is being considered as part of the 2016/2017 delivery planning process.

22. Detailed risk identification and mitigation planning is underway at a system level and will be presented to Partnership Board (PB) in January 2016. A strategic workforce modelling tool (provided through Whole Systems Partnership) is to be built to use data from the 'Care and Healthtrak' tool referenced above.

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

24. 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".

25. An action learning approach to support transformation activity across LLR has been agreed by the BCT Partnership Board and an offer funded by HEEM has been made available to the BCT workstreams to help to resolve barriers to change.

26. In line with this, on-going projects (for example UHL/LPT out of hospital workstream and the LLR long term conditions workstream) and new transformation projects will ensure that Organisational Development (OD) is explored and integrated into project development and delivery and that appropriate expertise is engaged at the earliest opportunity.

27. **TIMESCALES FOR CONSULTATION** – The original date for public consultation was 30th November, 2015. As further work was requested by NHSE this timescale has slipped with a revised target date of mid-spring 2016.

28. This had the potential to have an adverse impact on the delivery of major business cases within agreed timelines. However, given anticipated constraints on national capital availability this may be less than originally anticipated. The most likely impact of both factors is currently being worked through and will be shared at the earliest opportunity.

NEXT STEPS

29. The next step in the BCT process is consideration and approval of the revised PCBC by CCGs during February. Subject to approval, the target date for resubmission to NHSE asking then to convene an assurance panel is the 29th February, 2016.

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 and the areas being explored for additional mitigation;
c) Note the iterative development of the LLR BCT dashboard for use by UHL.

Helen Seth
Head of Local Partnerships

7 January 2016

'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

December 2015

Rutland County Council

Leicester City Council

Leicestershire County Council

NHS

Better care together
Leicester, Leicestershire & Rutland health and social care

Progress Report

2016/2017 delivery plans. Workstreams are finalising their delivery plans for 2016/17 for actions not requiring consultation, and informing CCGs' commissioning intentions for the financial year. This is being undertaken across LLR in a fully coordinated manner for the first time, reflecting the system's progress.

Children and young people's mental health and wellbeing. The LLR transformational plan for children and young people's mental health and wellbeing has been approved by NHS England (NHSE), meaning that the CCGs will receive a total of £1.89m recurrent funding to invest across a range of partner agencies in LLR.

Pre-Consultation Business Case. Partner boards now have access to an updated version of the Pre-Consultation Business Case (PCBC), following feedback from stakeholders on the version of the document submitted to NHS England in mid-October. The next step is for the financial position to be updated following the receipt of planning assumptions in late December, and a steer from NHSE in mid-January. CCG boards will therefore consider the plans 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.

Equality Impact Assessment. The first phase of Equality Impact Assessment (EIA) for the programme was presented to Partnership Board on 19th November for assurance and discussion; it will be included in the final submission to NHSE, and developed further during public consultation.

Primary care and social care impact. 'Task and finish' work will be carried out with health and social care clinicians, commissioners and providers in early January to add further depth across the primary care and social care impact assessments already undertaken.

'Care and Healthtrak' performance tool. Use of the tool, which has users and super-users across the system, is being mainsteamed and will be used to develop workstream dashboards. A strategic workforce modelling tool is to be built in early 2016 using the data.

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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	Detailed risk identification and mitigation planning is underway and will be presented to Partnership Board (PB) in Jan 2016. A strategic workforce modelling tool is to be built to use data from the system's 'Care and Healthtrak' tool.	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 action learning approach to supporting transformation activity across the system has been agreed by Partnership Board; an offer funded by HEEM has been made available to the workstreams to help to resolve barriers to change. Chief Officers will approve viable cohorts.	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	Green
Financial position updated following issue of planning assumptions in late Dec	End Jan 2016	Green
CCG Board 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

APPENDIX 2

UHL/BCT Dashboard November 2015 (January 2016 Trust Board

	Metric	Baseline - Aug 2015	Sep-15	Oct-15	Nov-15	Overall Direction of Travel	FY Target	Trend/Comments
	Effectiveness							
	Spells against plan		4746	4912	4548	↑	82,013	Target for November 4888
	Average length of stay (nights)		5.13	4.89	5.17	↑		Target for November 4.84
	Average length of stay (hours)			119	126	→		Target for November 116
	Emergency admissions with a length of stay of 0-4 days			3368	3058	→		YTD 25407 *(Amended KPI)
	Emergency admissions with a length of stay of 5+ days			1544	1490	→		YTD 12621 *(Amended KPI)
	Emergency admissions for acute conditions that should not usually require admission	Data awaited	Data awaited	Data awaited	Data awaited			Data awaited
	Rapid Access Clinic Attendance	530 (cumulative)					1196	Current forecast outturn 1272
	Activity transfers - Outpatients (Alliance)	Data awaited	Data awaited	Data awaited	Data awaited			
	Number of ICS home beds open (total) (additional beds)	0	0	16	16		130 additional enhanced beds	A total of 142 ICS beds were open over this time period; 16 of these beds were enhanced and specifically focussed on UHL step down activity
	Average % occupancy of ICS home beds (additional beds)	Baseline data not available	Baseline data not available	88.0%	82%-94% (Average 90.1%)	↑	90%	To fill the 16 beds focussed on UHL step down activity at 90% occupancy, UHL needed to discharge 1.44 patients per day to ICS, on average. Over these seven weeks UHL have discharged 1.80 patients per day to ICS, on average. Looking forward, the average number of daily referrals from UHL to ICS needs to increase from 1.44 to 11.7 over this period to ensure occupancy of at least 90% is maintained in the UHL focussed beds. This will be managed through the ICS
	Average length of stay in ICS home beds (additional beds)	Baseline data not available	Baseline data not available	<10 days	<10 days		10 days	KPI I average of 10 day length of stay
	Number of referrals from UHL to ICS (LPT reported) (additional beds)	Baseline data not available	Baseline data not available		Data awaited		For information	
	Activity shift (Alliance) -	Data awaited	Data awaited	Data awaited	Data awaited			
	Emergency spells (ESM)	2269	2232	2364	2157	↑		Plan 2015/2016 29328 FYE. YTD 18370
	Emergency average length of stay (ESM) in hours	121	132	120	126	→		Plan 2015/2016 112 FYE. YTD 126
	Elective length of stay (ESM) in hours	345	202	362	840	↓		Plan 2015/2016 280 FYE. YTD 304
	Bed occupancy (ESM)	87.30%	95.80%	91%	91.10%	→		Plan 2015/2016 90%. YTD 92.4%
	Emergency spells (RRC)	1578	1663	1679	1633	↓		Plan 2015/2016 19366 FYE. YTD 12890
	Emergency average length of stay (RRC) in hours	110	107	105	110	→		Plan 2015/2016 113 FYE. YTD 114
	Elective average length of stay (RRC) in hours	55	63	63	69	↑		Plan 2015/2016 62 FYE. YTD 60
	Bed occupancy (RRC)	83.50%	88.40%	85.60%	88.90%	↑		Plan 2015/2016 90%. YTD 89.2%
	Proportion of those aged 65+ at home 91 days later following hospital discharge (BCF national performance metric)	Data awaited	Data awaited	Data awaited	Data awaited			
	65+ permanent admissions in residential / nursing homes (BCF national performance metric)	Data awaited	Data awaited	Data awaited	Data awaited			
	Integrated medicine (elderly) average length of stay 3day + emergency patients	12.93	12.27	Data awaited	Data awaited		For information	
	Respiratory average length of stay 3day + emergency patients	11.25	11.09	Data awaited	Data awaited		For information	
	Cardiology average length of stay 3day + emergency patients	13.11	12.60	Data awaited	Data awaited		For information	
	Cancelled operations (including Alliance)			0.80%	1.20%			November target missed due to increased emergency pressures.
	Delayed Transfer of Care (BCF national performance metric)							
	Utilisation of crisis services	Data awaited	Data awaited	Data awaited	Data awaited			

FOCUS ON

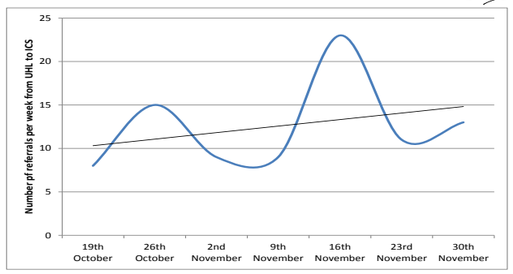
UHL/BCT Dashboard November 2015 (January 2016 Trust Board

FOCUS ON - ICS IMPLEMENTATION

Number of patients discharged per week from UHL to ICS 15th October 2015 – 30th November

University Hospitals of Leicester NHS Trust

Caring at its best



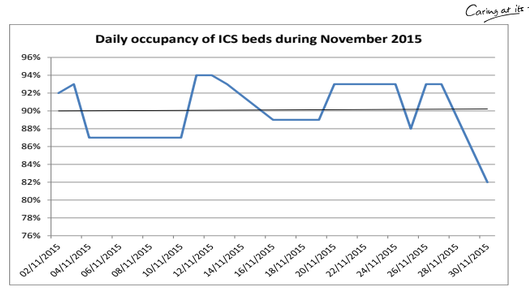
- 142 ICS beds were open over this time period; 16 of these beds were specifically focussed on UHL step down activity
- To fill the 16 beds focussed on UHL step down activity at 90% occupancy, UHL needed to discharge 1.44 patients per day to ICS, on average
- Over these seven weeks UHL have discharged 1.80 patients per day to ICS, on average

One team shared values

Daily occupancy of total ICS beds during November 2015

University Hospitals of Leicester NHS Trust

Caring at its best



- This graph shows total daily occupancy of the 142 ICS beds during November
- It is important that UHL focusses on total occupancy; if any of the existing 126 beds are not being used by primary care or the community hospitals these are available to UHL, in addition to the beds focussed on step down from acute
- The graph shows that occupancy of ICS has ranged from 82% to 94% during November, but the trend is constant averaging 90.1%.
- There is opportunity for UHL to discharge more patients to ICS; number of available beds is shown daily on the bed state and ICS are visiting UHL twice a week to support identification of suitable patients

One team shared values

Graph showing increase in number of UHL focussed ICS beds and required change to average daily referrals

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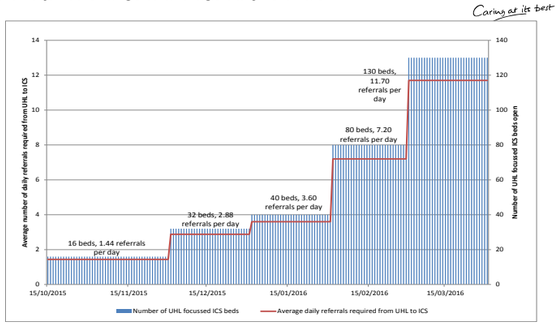
Caring at its best



- This graph shows the trajectory for increasing UHL focussed step down capacity in ICS to 130 beds by March 2016
- The average number of daily referrals from UHL to ICS needs to increase from 1.44 to 11.7 over this period to ensure occupancy of at least 90% is maintained in the UHL focussed beds

One team shared values

	Responsiveness							
	4+ hr Wait (95%) - Calendar month			88.90%	81.70%			Compliance anticipated March 2016
	Number of patients identified as suitable for ICS who are delayed >24hrs (TBD how to measure)	Baseline data not available	Baseline data not available				For information	
	Overall satisfaction of people who use services with their care and support	Data awaited	Data awaited	Data awaited	Data awaited			
	Patients experience of healthcare services provided by GP	Data awaited	Data awaited	Data awaited	Data awaited			
	Ambulance non-conveyance rate % [suggested by EMAS] / number of patients treated at the scene only	Data awaited	Data awaited	Data awaited	Data awaited			
	Safety							
	Readmissions direct from ICS to UHL	Baseline data not available	Baseline data not available	1	Data awaited		For information	
	Wider system measures							
	Accident & emergency unplanned reattendance rate	977	964	Data awaited	Data awaited		For information	From ICS dashboard
	Number of emergency admissions to integrated medicine (elderly)	614	734	Data awaited	Data awaited		For information	From ICS dashboard
	Number of emergency admissions to respiratory	939	910	Data awaited	Data awaited		For information	From ICS dashboard
	Total hours of social care commissioned packages of care (month by month comparison to 14/15 baseline) (total)	-	-				For information	
	Number of patients receiving local authority package of care during their ICS stay (total)	Baseline data not available	Baseline data not available				For information	
	Number of ICS patients referred to HART (County)	Baseline data not available	Baseline data not available				For information	
	Number of ICS patients referred to Reablement (City)	Baseline data not available	Baseline data not available				For information	
	Number of ICS patients receiving an Adult Social Care Assessment (total)	Baseline data not available	Baseline data not available				For information	
	Number of patient discharges from UHL requiring community equipment	69%	64%				For information	
	Number of discharges from UHL requiring same day / next day delivery of equipment	Baseline data not avaiable	Baseline data not avaiable				For information	
	Number of UHL patients discharged to ICS in the previous month who still have their community equipment	Baseline data not available	Baseline data not available				For information	
	Number of ICS contacts with GPs TBD how to measure							

	Milestone Action Tracker	Due Date	Owner (SRO)	RAG RATING	Comments	
We will ensure the very best start in life						
1	Children's physical health - Pilot of integrated health & social care services for disabled children	Dec-15	Dawn Leese			
2	Children's physical health - Revised constipation/continence planned care pathway implemented	Dec-15	Dawn Leese			
3	Children's and young people's emotional health & well being - Agree model to provide support via schools & community setting	Dec-15	Dawn Leese		Strategy submitted to DOH decision on acceptance and allocation of funding to deliver mental health & well-being aims.	
4	Children's and young people's emotional health & well being - Agree multi agency emotional & wellbeing strategy	Dec-15	Dawn Leese			
5	Children's and young people's emotional health & well being - Improved support for vulnerable & troubled families	Dec-15	Dawn Leese			
6	Children's and young people's emotional health & well being - Improved access to care at appropriate time & level for children & young adults	Dec-15	Dawn Leese			
We will help people stay well in mind and body.						
7	Long Term Conditions - Transitional funding approved for access to Rapid Access Heart Failure clinics for CDU and ED (all CCGs)	Oct-15	Angela Bright			
8	Long Term Conditions - Transitional funding approved to enhance go-project with specialist nurse support	Oct-15	Angela Bright		Unlikely that nurse recruitment will be possible. Options for reutilisation of resource to be considered	
9	Long Term Conditions - Transitional funding to support the enhanced training of rehabilitation teams (generic rehabilitation)	Oct-15	Angela Bright		Training complete. Implementation plan to be developed.	
10	Long Term Conditions - Transitional funding approved to support the adoption of novel tools (I-Pads and SPACE manuals) to increase take up and completion of rehabilitation	Oct-15	Angela Bright		SPACE manuals purchased. Impact to be audited.	
We will provide faster access, shorter waits and more services out of hospital.						
11	Primary care reconfiguration - Primary care service - federations, health needs or hubs	Dec-15	CCG MD's			
12	Community & acute service reconfiguration - Additional intensive community support services implemented	Oct-15	Kate Shields		1st to phases complete - additional 32 enhanced beds open from 1/12/15	
13	Children & young people - Improved access to emotional health & wellbeing support services	Dec-15	Dawn Leese			
14	Long term conditions - County: realignment of social care teams in Leicestershire to reflect community health services	Dec-15	LCC			
15	Adult Social Care - City: Crisis in reach to support discharge from acute care setting	Dec-15	Leicester City Council			
We will be there when it matters and especially in a crisis.						
16	Integrated Health & social Care (BCF) - Integrated Crisis team across LLR	Dec-15	BCF			
17	Mental health - New mental health urgent care clinic	Dec-15	TBC			
We will know people's history and plan for their needs						
18	Frail Older People & Dementia - Care plans in place for those at risk of admission	Dec-15	BCF			
19	Frail Older People & Dementia - Rapid support & assessment for people when they fall	Dec-15	BCF			
20	Frail Older People & dementia - Ambulance staff trained to use fall assessment risk tool to avoid hospital admissions	Dec-15	BCF			
21	IT - County: technology to provide aggregated activity data across health & social care & support care improvements implemented	Dec-15	BCF			
We will care for the most vulnerable and frail.						
22	Frail Older People & Dementia - Establish hospital liaison support team for Dementia	Dec-15	BCF			
23	Frail Older People & Dementia - 72 hours crisis response team in place in Leicestershire & integrated crisis response teams in place in Rutland	Dec-15	BCF			
24	Frail Older People & Dementia -Local area co-ordinators being piloted in Leicestershire & phase 1 of community agents implemented live in Leicestershire	Dec-15	BCF			
25	End of Life - Access to "hospice at home" increased	Dec-15	Jayne Chapman			
We will provide better support when life comes to an end						
26						