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 (attached at Appendix 1). This provides a high-level overview of some aspects of the programme.

The revised Pre-Consultation Business Case (PCBC) has now been considered by all CCG Boards and partner governing bodies, and approval was secured for final submission to NHS England to begin the assurance process. The NHS England assurance panel will convene on 18 April.

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

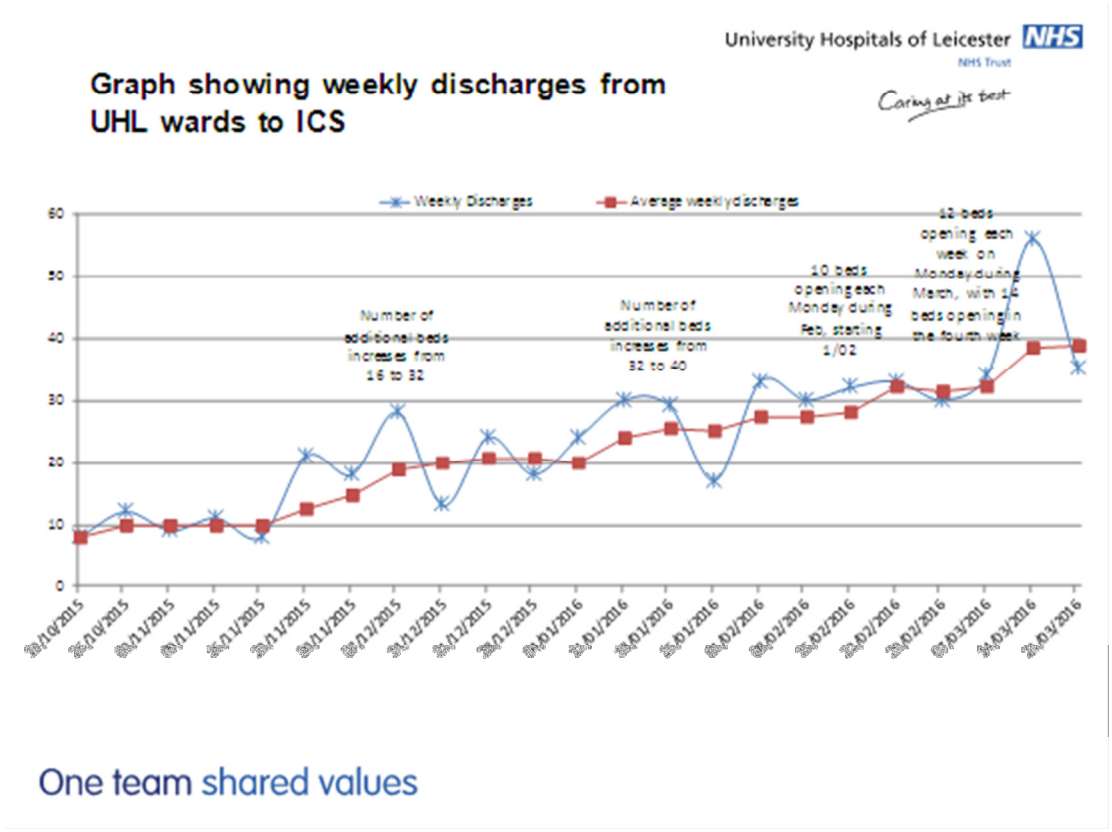
Better Care Together (BCT)

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 12 beds during the week beginning 14 March, taking the total additional beds opened to 116 against the 130 bed target by the end of March 2016.The total home ICS beds now available across LLR is 246.



4. The slide above identifies sustained increase in weekly discharges from UHL to ICS. Notwithstanding the drive to further improve utilisation, occupancy has increased by 3% to 87%. This is set against the further increase of 12 beds. Increased referrals into the East and West teams account for the overall improvement in referrals.

5. Work is currently on-going to look at the option of giving key specialties nominal targets for the use of ICS to help and support day to day capacity planning; this is being developed alongside wider demand and capacity planning in the Trust. Work has also begun to improve documentation of referrals to social care and improve the ability to evaluate the impact of the service.

6. **PRE-CONSULATION BUSINESS CASE (PCBC)** - The revised PCBC was considered by CCG Boards and partner governing bodies in February, where approval was secured for final submission to NHS England. The document has now been submitted and the NHS England assurance panel will take place on 18 April.

7. **PARTNERSHIP BOARD DEVELOPMENT SESSION – NEW MODELS OF CARE** – Chief officers from health and social care across LLR met in March to review BCT progress to date, discuss new models of care to support implementation, and agree what steps need to be taken collaboratively to make this happen. Key themes from the session include: how new models of care can enhance the delivery of primary care across LLR; and how models can be delivered across organisational and geographical boundaries that meet increasing demand from local communities.

MONITORING PROGRESS AND DELIVERY

8. **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 however as the result of current levels of demand, it has not been possible for UHL to mothball capacity. Further analysis is being undertaken to better understand the conversion rate between an ICS bed and a UHL bed (a key consideration in the capacity and demand modelling for 2016/2017 and future years).

9. There is a monthly dashboard in place for the ICS service to track progress and highlight any areas for concern. This reporting mechanism is working well. A weekly update report is circulated to a wide audience to reinforce the opportunity created by the ICS service and the benefits offered to some of our most vulnerable patients.

10. **NOT SO WELL** – The key area of concern which is having 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. A significant

focus on demand management and admission avoidance is required to mitigate the need for an additional 109 beds, originally included in the SOC.

11. The development and agreement of appropriate capacity to meet realistic levels of demand will be critical to delivery in 2016/2017 plan and agreement of the 2016/2017 contract. A capacity and demand workshop was held within UHL on the 18th March which started to identify what interventions the Trust believes will make a difference to demand and what other additional mitigating actions may be required.

12. 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. A rapid cycle test of a GP and specialist nurse led ambulatory model of care on CDU took place on the week beginning 14th March. The outcome of this test will be presented to the Executive Strategy Board on 5th April.

WHAT DOES THE BCT HIGHLIGHT REPORT MEAN FOR UHL?

13. 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 risk associated with the BCT programme is red RAG rated (Appendix 2).

21. **FINANCE –** Due to CCG settlements there will be significant contract affordability challenges in 2016/2016 together with the risk of reduced availability of transitional funding.

22. The availability of external capital to move UHL's reconfiguration programme forward in 2016/2017 is also a significant risk. Alternative funding options to mitigate this risk are being explored by the chief executive and chief finance officer.

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

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Leicester, Leicestershire & Rutland health and social care

Update for Partner Boards

Status Report

March 2016

Rutland County Council

Leicester City Council

Leicestershire County Council

NHS

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Progress Report

Pre-Consultation Business Case. The PCBC and related documents were considered by CCG Boards and partner governing bodies in February, and approval was secured for final submission to NHSE, which will take place during week commencing 7th March 2016. It is expected that an NHSE assurance panel will convene in mid-April to consider whether to grant approval to consult.

Partnership Board development session. A development session took place on 10th March; a synopsis is given on the next slide.

'Outcomes roadmap' update. The roadmap for the programme, showing key work-stream deliverables and how they contribute towards the programme's stated objectives, has been reviewed. It now reflects detailed plans for 2016/17 and headline intentions, where available, for 2017/18 and beyond. Once finalised, the roadmap will be presented to Partnership Board and subsequently used to monitor delivery.

Voluntary, Community & Faith Sector engagement. To continue to harness the skills and expertise of the VCFS, including its role in prevention, events will be held on 14th March in Leicester, and 23rd March in Melton. See http://www.bettercareleicester.nhs.uk/getinvolved/vcsevents/ for details and to book.

PPI Monitoring and Assurance Group Chair role. A new Chair is sought for the PPIMAG, to ensure that the voices of local people continue to be heard; a small honorarium is payable for a 9 month period. Partners are asked to encourage those with relevant skills and experience to express interest by 14th March. For more information, please see http://www.bettercareleicester.nhs.uk/getinvolved/bctppichair/.

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Partnership Board Development Session – New Models of Care

On 10th March 2016, Chief Officers from health and social care from across LLR, along with other voting members of the Better Care Together Partnership board came together to consider the progress of BCT so far, what new models of care could enable its implementation, and what steps need to be taken collaboratively for this to happen. Key themes from the session were:

- The need for the decision-making structure in Better Care Together to evolve to meet the needs of the programme going forward
- Consideration of new models of care to enhance how primary care is delivered within the health and social care system, taking into account the newly forming GP federations
- How we can move beyond organisational and geographical boundaries to deliver models that meets the increasing demand from local communities
- Better Care Together being essentially phase 1 of a greater level of change required for the health and social care system, and that whilst planning for the medium term, we must also keep our eyes on planning beyond Better Care Together and what will follow to further enable system transformation.

The discussions will now be further considered at an event on 6th April 2016 led by Professor Chris Ham from the Kings Fund, attended by representatives from health and social care across LLR.

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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 annual requirement for transformation funds, with affordability as a key outcome. The CSR & Autumn Statement has led to a shift in funding available to organisations in the system. There will be a review of all requests for investment funding.	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 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