

**Trust Board paper H**

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| <b>To:</b>   | Trust Board                             |   |             |
| <b>From:</b>   | Chief Executive                         |   |             |
| <b>Date:</b>   | 25 September 2014                       |   |             |
| <b>CQC regulation:</b>   | N/A                                     |   |             |
| <b>Title:</b>  | BETTER CARE TOGETHER – PROGRAMME UPDATE |   |             |
| <b>Author/Responsible Director:</b> CHIEF EXECUTIVE  |   |   |             |
| <b>Purpose of the Report:</b> To update the Trust Board on the Better Care Together Programme.                                       |   |   |             |
| <b>The Report is provided to the Committee for:</b>  |   |   |             |
| Decision   |   | <input type="checkbox"/>                  | Discussion  |
| Assurance  |   | <input checked="" type="checkbox"/>       | Endorsement |
|  |   | <input type="checkbox"/>                  |             |
| <b>Summary / Key Points:</b> The report provides an update on the Better Care Programme, authored by the Interim Programme Director. |   |   |             |
| <b>Recommendations:</b> The Trust Board is invited to receive and note the report.   |   |   |             |
| <b>Previously considered at another corporate UHL Committee?</b> No  |   |   |             |
| <b>Strategic Risk Register:</b> Yes :<br>Principal Risk 9  |   | <b>Performance KPIs year to date:</b> N/A |             |
| <b>Resource Implications (e.g. Financial, HR):</b> See Section iii of the report.  |   |   |             |
| <b>Assurance Implications:</b> The report is submitted to the Trust Board for assurance purposes.                                    |   |   |             |
| <b>Patient and Public Involvement (PPI) Implications:</b> See Section iii of the report  |   |   |             |
| <b>Stakeholder Engagement Implications:</b> See Section iii of the report  |   |   |             |
| <b>Equality Impact:</b> See Section iii of the report  |   |   |             |
| <b>Information exempt from Disclosure:</b> None  |   |   |             |
| <b>Requirement for further review?</b> Further updates on the Better Care Together Programme will be submitted to the Trust Board.   |   |   |             |



# Better care together

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## LEICESTER, LEICESTERSHIRE and RUTLAND BETTER CARE TOGETHER

### PROGRAMME UPDATE

September 2014

#### BACKGROUND

The Better Care Together (BCT) Programme Board is responsible for the production of the 5 year strategic plan for the Leicester, Leicestershire and Rutland (LLR) health and social care system. The Programme Board includes local social care, health commissioners and providers, public and patient representatives. It is supported by a structure of clinical, patient, public, and political reference groups, and by enabling groups e.g. Estates, Workforce, Information Technology.

The BCT Programme is taking a phased approach to the production of the 5 year strategic plan: development (to June 2014); discussion and review (June to September 2014); and, implementation and formal consultation where required (October onwards).

A first draft of a 5 year strategic plan was submitted on behalf of the LLR unit of health and social care planning to NHS England (NHSE) on 4<sup>th</sup> April 2014. NHSE required LLR, as a 'unit of planning' to submit a further update of the 5 year strategic plan to NHS England on Friday 20<sup>th</sup> June 2014, that triangulates with local CCG, provider, Health and Well Being, Local Authority and Area Team plans. The BCT Board met this requirement and submitted a draft strategic plan on 20<sup>th</sup> June.

During July –August 2014 the BCT programme has been focused on:-

- i. LLR DRAFT 5 YEAR PLAN- 'DISCUSSION AND REVIEW' PHASE.
- ii. LEADERSHIP AND GOVERNANCE OF THE BCT PROGRAMME.
- iii. DEVELOPING, RESOURCING AND COMMENCING SERVICE RECONFIGURATION.

Considerable progress has been made during the past 8 weeks resulting in the programme being on schedule despite the challenging timescales it has set itself. The purpose of the paper is to provide a high level update on progress during this time and to highlight the key programme priorities for the next 3 months.

#### **i. LLR DRAFT 5 YEAR PLAN- 'DISCUSSION AND REVIEW' PHASE** **July-Sept 2014**

The draft plan was publicly launched across LLR by the NHS and Social care partnership through a number of media events on Thursday 26<sup>th</sup> June. Following the successful launch it has been circulated to Partner Boards, Cabinet/Executives, key stakeholder and public groups for comment as well as being made available on the Better Care Together web site.

[www.bettercareleicester.nhs.uk/information-library/better-care-together-plan-2014](http://www.bettercareleicester.nhs.uk/information-library/better-care-together-plan-2014).



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Meetings have included:-

#### Public, Patient, Voluntary and Community sector events

Public and patient events have been held by Leicester, Leicestershire and Rutland Health watch committees and a summary of recommendations is being provided for inclusion in the refreshed draft 5 Year Strategic Plan being submitted to the BCT Partnership Board in October.

Voluntary Action Leicester (VAL) have organised and supported a number of engagement events as part of an agreed ongoing engagement process at which the plan has been reviewed.

#### Partner Organisation-NHS

Leicester City, West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups have formally reviewed the draft plan.

Clinical review of the draft 5 Year Plan has been undertaken by the joint BCT Health and Social care Clinical Reference Group and externally by the East Midlands Clinical senate.

#### Partner Organisations-Local Authority

The Leicester, Leicestershire and Rutland Health and Well Being Boards and Local Authority cabinets and executive team have reviewed the plan. Health and Overview and Scrutiny Committees have noted the plan.

#### National Bodies-NHS

The plan has been reviewed by NHS England, Trust Development Authority and the NHS Local Area.

#### **Key next Steps**

-The feedback to date has been positive, constructive and supportive of the approach outlined within the plan. This feedback is being incorporated in a refreshed LLR 5 Year Strategic plan that is going to the Better Care Together Board on the 2<sup>nd</sup> October for approval.

- In addition to the 5 Year Plan the BCT Partnership Board as recognised within OGC best practice is developing 2 supporting key documents:

- A Programme Initiation Document (PID). This document defines the BCT programme and sets out the basis on which it is to be initiated, governed and delivered- September completion.
- The Strategic Outline Case (SOC). Provides the LLR system 'wrapper' for the individual LLR organisations business cases to ensure that the proposed preferred way forward represents value for money-October completion .

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-Primary and Adult Social Care Strategic reviews have commenced to respond to the proposals within the 5 Year plan. The outline proposals will be incorporated within the 5 Year Plan refresh, PID and SOC - 1<sup>st</sup> Draft September.

-Following this the key strategic documents will be circulated to partner organisations Boards, Health and Well Being Boards and Health Watch Committees for formal approval- November 2014.

-Incorporated into the partner organisations operating plans 2015/16.

### ii. LEADERSHIP AND GOVERNANCE OF THE BCT PROGRAMME

July- Sept 2014

The BCT Partnership Board carried out a review which was supported by external consultants to establish the appropriate leadership and governance of the BCT programme. The key revisions to the existing structure agreed by the BCT Partnership Board were as follows:

#### Better Care Together Partnership Board

-The recruitment of a permanent independent Chair- Appointee commences October 2014.

-The appointment of Senior Responsible Officers to lead the programme-John Adler Chief Officer UHL and Toby Sanders MD West Leicestershire CCG appointed from August 2014.

-Streamlining and refocus of the Partnership Board –Membership reduced by 20%, Non-Executive/Lay membership added and agreement to hold public meetings bi monthly from January 2015-Approved July 2014.

-Establishment of a cross partnership BCT delivery group –Established August 2014

#### External Assurance

The benefits of embedding an ongoing external assurance process has been adopted by the LLR BCT Partnership Board to ensure we recognise good practice and are able to demonstrate good governance.

Clinical Assurance has been through the 2 reviews completed by the East Midlands Clinical Senate of the draft 5 Year Plan. A further review of the detailed clinical work stream proposals has been scheduled for February 2014.

National Assurance has been through the NHS England Planning and Delivering service changes for patients good practice guide December 2013. The initial 'strategic sense check' of the 5 Year programme was completed in August and the plan approved.

#### **Key next steps**

An independent OGC external gateway best practice review is being undertaken to assess the BCT programme governance- Nov 2014.



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A further NHS England review will be carried out with a particular focus on approving the formal readiness and process for any areas requiring formal consultation post May 2015- Spring 2014.

-The establishment of a small permanent BCT cross partnership programme management office to develop and support across the LLR partner organisations an integrated implementation and governance process and report system performance-January 2015.

iii. **DEVELOPING, RESOURCING & COMMENCING SERVICE RECONFIGURATION Aug- onwards**

The 8 priority clinical work streams (Frail Older People, Long term Conditions, Mental Health, Urgent Care, Planned Care, Learning Disabilities, Maternity & Neonates and Children's services) and supporting enabling programmes ( Workforce, IM&T, Estates & Facilities, Communication & Engagement) identified within the 5 Year draft strategic plan implementation plans have commenced development through a workbook process. To support this work:

- A core team consisting of a Senior Reporting Officer, Workbook lead, Clinical lead (Primary & Acute) and Finance lead have been established from across the partnership organisations for each of the clinical work streams and enabling programmes.
- These are being supported by nominated leads from Public and Patient Groups, Communication and Public Health representatives.
- The Better Care Fund programmes are being aligned within the appropriate Better Care Together work streams.

A Communication and Engagement framework that recognises the need to tailor and differentiate our approach for key audiences and stakeholders i.e. Public and Patient engagement, Staff engagement and Partner Assurance through an ongoing engagement process is being developed jointly by the partner organisations Communication leads and the BCT Public and Patient Reference Group.

As part of this framework the Equality and Diversity leads have held a workshop to develop a shared approach to Equality, Diversity and Human rights.

This framework will build further on the ongoing need to ensure we continue to demonstrate assurance required against the four key tests for any major service change (ie strong public & patient support, patient choice, clinical evidence base and clinical commissioner support).

**Key next Steps**

-The review and approval of the clinical and enabling workbooks through the Clinical Reference Group and Better Care Partnership Board- October 2014.

-The resourcing and establishment of the approved implementation programmes- November 2014.

-The approval of the Communication and Engagement strategy framework to support the implementation and development of the formal engagement plan - October 2014.



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-Following approval of the 5 Year Strategic Plan the process, programme and timescales to identify areas requiring formal consultation will be developed for approval and before any commencement planned for post May 2015.

G.W.Rowbotham

Interim Programme Director

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