

Better care together – Highlight Report

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Trust Board paper I

Executive Summary

Context

The LLR BCT Programme provides a system wide strategy for all partner organisations across the health economy and is defined in the strategic outline case (SOC) that was agreed in June 2014. UHL have their own internal 'BCT-UHL' Programme to enable their part of the strategy to be delivered, which is underpinned by 8 enabling workstreams and 7 major business cases.

The BCT Programme (LLR) has begun producing a monthly report for distribution at all partner boards which is attached for your review. This provides a high-level overview of some aspects of the programme but does not provide further detail for consideration.

Questions

The Trust is asked to:

- Confirm acceptance of the BCT overview report on a monthly basis for information
- Confirm requirement for a UHL dashboard to highlight the progress against the 8 BCT workstreams

Input Sought

The Board is asked to note the content of this report and consider the questions above.

For Reference

Edit as appropriate:

1. The following [objectives](#) were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following [governance](#) initiatives:

Organisational Risk Register	[Not applicable]
Board Assurance Framework	[Not applicable]

3. Related [Patient and Public Involvement](#) actions taken, or to be taken: [Not applicable]

4. Results of any [Equality Impact Assessment](#), relating to this matter: [Not applicable]

5. Scheduled date for the [next paper](#) on this topic: Regular Update

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 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.
3. Successful delivery of the BCT 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.
4. The BCT Programme has begun producing a monthly report for distribution at 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 a detailed update on the 8 BCT workstreams.
5. There are eight clinical workstreams, shown below, with a number having a significant impact on UHL and our strategy to become 'smaller and more specialised' by reducing activity that should not be in the acute hospital

Clinical Workstream	Senior Responsible Officer	Implementation Lead/s
Urgent Care	Toby Sanders	Caron Williams; Angela Bright; Sarah Prema; Matthew Rutter; Richard Mitchell
Planned Care	Kate Shields	Helen Mather
Long Term Conditions	Dawn Leese	Helen Seth; Charlotte Richardson; Arlene Neville; Emma-Jane Roberts;
Frail Older People	Rachel Bilsborough	Rachna Vyas; Cheryl Davenport; K Lynch;
Maternity, Neonates and Children	L Hagger; M Thwaites	Sam Little; Helen Thompson; David Yeomanson
End of Life Care	Jane Chapman	S Rose; R Bruce
Learning Disabilities	Sandy McMillan	Yasmin Surti
Mental Health	Karen English	Jim Bosworth

5. Currently there are some concerns with the progress and achievability of some workstreams with efforts underway to understand these in more detail.
6. Given the importance of the BCT workstreams to the delivery of the Trust's five year plan, it is suggested to create a dashboard similar to the BCT-UHL one (albeit with less detail) which will outline the workstreams, progress and risks to date. There will also be a summary table of activities taking place to mitigate against the risks to delivery which make take the form of alternative schemes.

Recommendations

The Trust Board is asked to

- Confirm acceptance of the BCT overview report on a monthly basis for information, and
- Confirm requirement for a UHL dashboard to highlight the progress against the 8 BCT workstreams

*'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
June 2015



healthwatch



NHS

Progress Report

Workforce and staff engagement: This monthly update focusses on staff engagement. BCT staff survey shows limited knowledge of the programme across organisations. CLG have agreed a set of clinical summits to be held in Sep. A staff update will be provided this month to Chief Officers. Your help is sought in enhancing knowledge of BCT.

2015/16 delivery plan: 4 workstreams are hoping to make substantive changes to services in 15/16, including service reconfiguration between UHL and LPT; increased outreach and short break services; further mental health crisis house improvements; and changes to a number of planned care pathways.

Funding challenge: A number of business justifications are in development to allow CCGs to agree funding for 15/16, and to support the pre-consultation business case. Discussions continue.

Outcomes roadmap: V3 presented to and agreed by Partnership Board (PB). Will be enhanced this month with additions from public health, adult social care, and interdependency information, and presented to PB in July.

Adult social care: A workshop with senior leaders has taken place to develop a LLR adult social care strategy.

Clinical senate: Planned for 4th & 10th Aug. ToR discussed with Clinical Leadership Group. Clinicians being invited.

Test Bed bid: Supported by EM Academic Health Science Network. LLR & Lincs have submitted a joint bid.

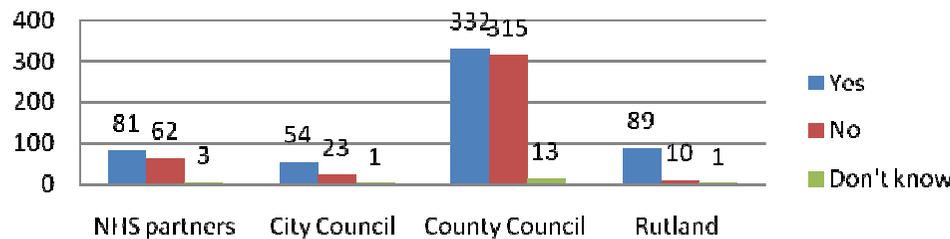
Plan for consultation: Initial plan published; window Oct-Dec, likely Nov based on present assumptions. Assurance ongoing.

Building relationships: In order to secure quality feedback from the public during consultation, there is a need to build trust and relationships with certain groups: liaison over the last month with Leics Equality Group, Leics LGBT, and young people's groups.

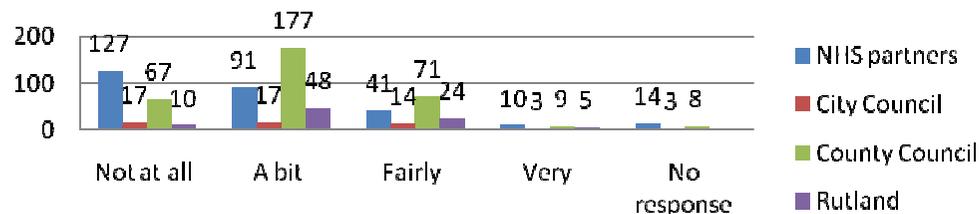


Staff engagement: BCT staff awareness survey results at 16th June 2015

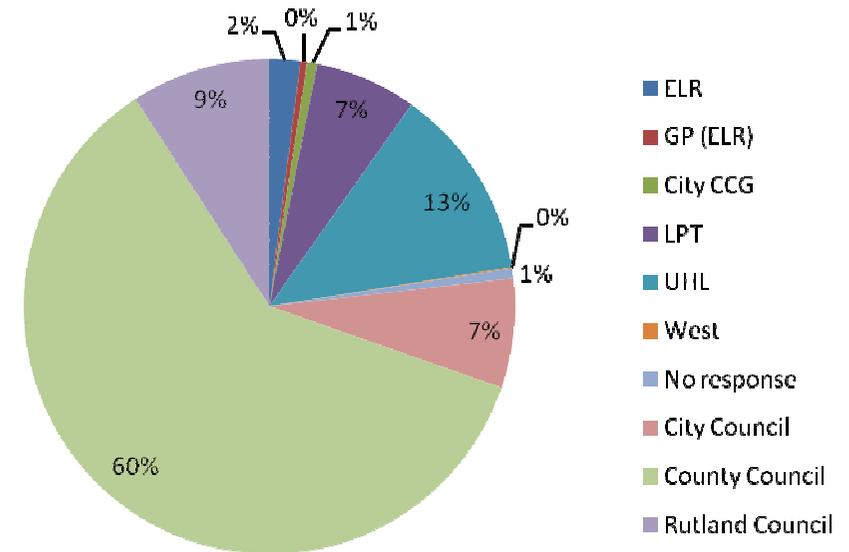
Have you heard of BCT?



How well informed do you feel about BCT?



Which organisation do you work for?



Further responses to the survey are sought – closing date 30th June 2015.





Supporting information

Top Two Risks and Issues: June

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	The 'as-is' baseline is being quantified through assessments and audits	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 approach to measuring organisation development and change has been commissioned and approved by Clinical Leadership Group	Red

Key Programme Milestones

Milestone	Target Date	RAG
Consultation Narrative prepared	End June 2015	A
Business Justifications for delivery of outcomes agreed	August 2015	A
Funding for 2016 to 2018 delivery agreed	August 2015	A
Clinical Senate review	August 2015	G
NHS England and TDA agreement to proceed to Consultation	September 2015	G
Formal Consultation	Autumn 2015	G

