

Better Care Together – Status Report

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Trust Board paper G

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 programme report for distribution to 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 as this is outside the scope of this briefing.

Questions

The Trust is asked to:

1. Confirm acceptance of the BCT overview report for information
2. Note the progress being made in respect of the BCT pre-consultation business case
3. Consider whether a presentation from each of the eight BCT clinical workstreams on a periodic basis may provide opportunity for greater scrutiny and assurance
4. Note the action being taken to make progress towards a LLR dashboard

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: **September 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 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.
3. The BCT Programme is now producing a monthly report for distribution to all partner boards. This is attached for your review (appendix 1). It provides a high level overview of some aspects of the programme but does not provide a detailed update on delivery of the eight clinical BCT workstreams, Better Care Fund (BCF) plans and CCG QIPP.
4. A priority activity this month has been the development of the BCT consultation narrative. Two 'lock in' sessions have taken place which involved senior officers and patient representatives. The output helped clarify the likely scope of consultation and helped identify remaining gaps. The main focus of consultation is currently envisaged to be acute hospital services shift; options for estate changes; maternity services; and the overall community service offering. There is still much work to do and two more 'lock in' sessions are proposed on the 7th and 14th September.
5. The outputs of this process will inform a 'pre-consultation business case'. The first draft is expected by the end of August and will describe the changes proposed and the benefits anticipated. The metrics to be used to assess delivery of the benefits will be agreed during September and will ultimately be reflected in a BCT dashboard. This should be available for review by the October Trust Board. It is likely that this will be subject to iterative development.
6. Each of the BCT clinical workstreams presented their clinical case for change to members of the East Midlands Clinical Senate on the 4th or 10th August. The feedback received was mixed and highlighted that further work is required to effectively describe the expected impact of changes on patients and service users. A further session is planned for 29th September which will include a presentation from the BCT Clinical Reference Group (Interim Medical Director attends this group) and

the LLR service reconfiguration workstream (Director of Strategy is the Senior Responsible Officer and Head of Local Partnerships is Implementation Lead).

7. On a positive note, the Long Term Conditions workstream Health Foundation 'Scaling Up Improvement' proposal is through to the next stage of the bidding process. This scheme would focus on scaling up the early detection of Atrial Fibrillation as part of a stroke prevention strategy.
8. Staff engagement and awareness of the BCT plans and an understanding of how they align to our own plans is essential for delivery. In order to benchmark the current level awareness a BCT staff awareness survey has been carried out. It highlighted that whilst there is a level of awareness, there is significant room for improvement. In response, a BCT communications and engagement plan is under development which will broaden awareness and understanding of the system wide plans. This will complement the plans already in place within UHL.
9. As year 2 BCT plans evolve it is important to understand the growing tension between the lack of scale and pace in alternative out of hospital interventions (notwithstanding the first phase of the ICS service delivery from the 5th October) and the need to release estate footprint in order to start the complex set of service moves required by the ICU business case.
10. In light of the above, the Trust Board has started to give some thought to additional and alternative avenues that could be progressed to enhance our risk and mitigation plan. Several options are being considered.

Recommendations

The Trust Board is asked to:

- a) Confirm acceptance of the monthly BCT overview report, and
- b) Confirm the requirement for a LLR dashboard to be presented to the October Trust Board noting that it is likely that it will still be subject to change

Helen Seth
Head of Local Partnerships

3rd September 2015

*'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
August 2015



healthwatch



NHS

Progress Report

Consultation narrative: Following two consultation scoping 'lock in' sessions which involved senior officers and patient representatives, the scope of consultation has been clarified and remaining gaps identified. There is much work ongoing to close the gaps.

Consultation topics: Main consultation topics are currently envisaged to be acute hospital services shift; estate changes; maternity services; and the overall community service offering – others may emerge.

Pre-consultation business case: Consolidation of development work into the 'pre-consultation business case' has been initiated.

Clinical senate: Due to the holiday period, the senate took place earlier than initially planned, and feedback from the panel was mixed. The programme clearly still has some work to do to describe the overall impact of the change to patients and service users, which is being worked on. Other feedback was good. Further senate sessions are planned for late September.

Clinical summits: CLG has agreed to have two clinical summits on the 27th October and 3rd November at the King Power Stadium, Leicester. This will augment the great engagement work being carried out by the workstreams.

PPI Chair: A new PPI Chair has been advertised for, with no applicants to date. A revised deadline for expressions of interest has been set for 28th August 2015.

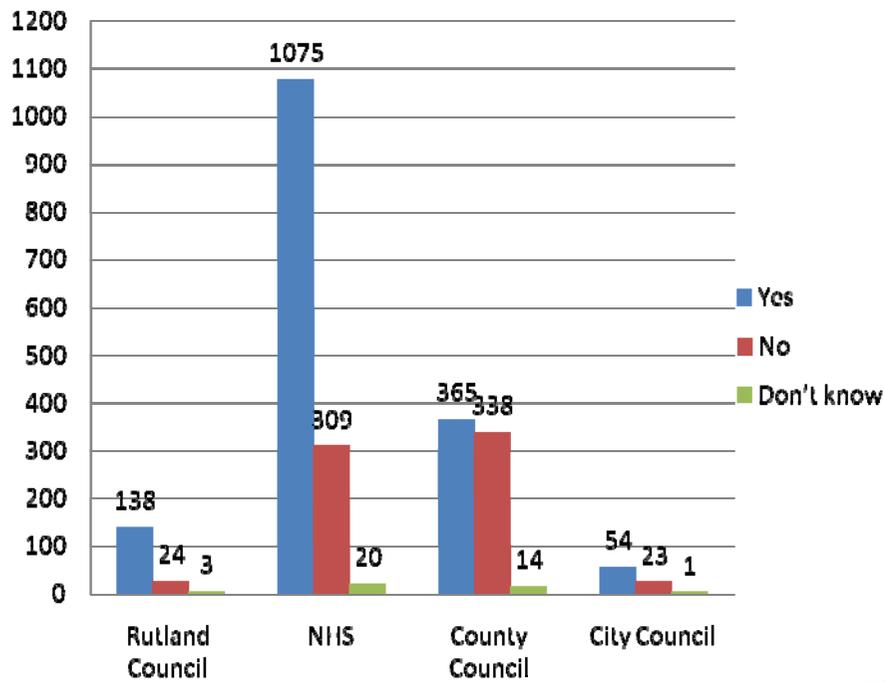
Staff awareness survey: The survey has concluded; see slide 3. There is some level of awareness but more needed. An overarching communications and engagement plan to broaden awareness and understanding is being developed; this is being supported by plans that are being developed by each partner organisation.

'Scaling Up Improvement' bid: Better care together Long Term Conditions workstream is through to the next round of The Health Foundation's 'Scaling Up Improvement' bidding process.

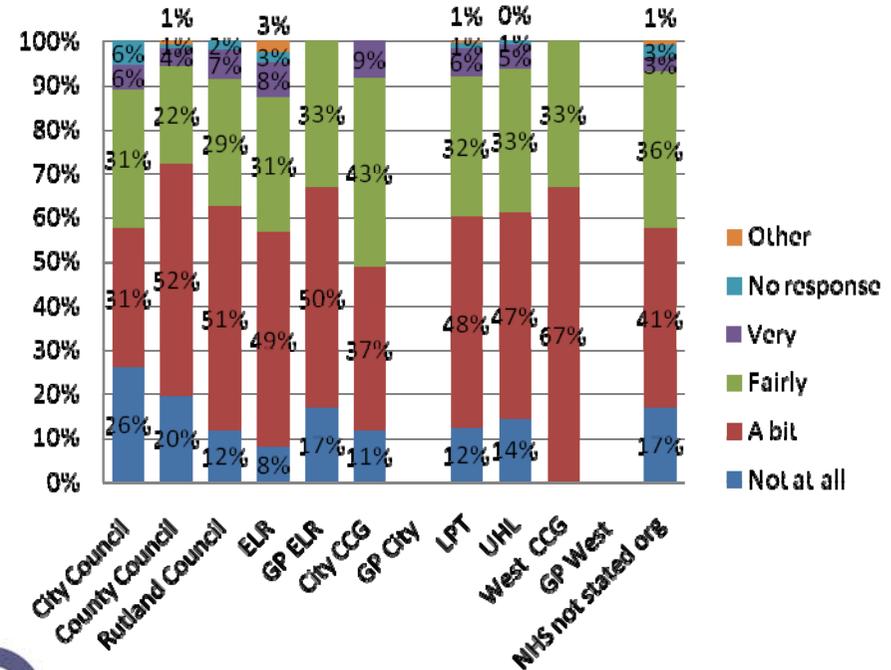


Staff engagement: Final BCT staff awareness survey results

Have you heard of BCT?



How well informed do you feel about BCT?





Supporting information

Top Two Risks and Issues

Risk or Issue	Update	Status
<p>Workforce: There is a risk that sufficient staff cannot be recruited or retained to fulfil the needs of the new operating models</p>	<p>Baseline workforce data to be collected by September. A workforce capacity model specification has been developed with a view to creating a system wide workforce plan by March 2016.</p>	Red
<p>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</p>	<p>An approach to measuring organisation development (OD) and change has been commissioned and approved by Clinical Leadership Group (CLG). Work is in progress. The OD programme for 15/16 has been agreed by CLG and the Partnership Board. Clinical summits to increase engagement are being planned for autumn 2015.</p>	Red

Key Programme Milestones

Milestone	Target Date	RAG
Consultation narrative prepared, including location perspective	August 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 & September 2015	A
NHS England and TDA agreement to proceed to Consultation	November 2015	Not started
Formal Consultation	November 2015	Not started

