Better Care Together – Status Report

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Executive Summary

Context

Better Care Together (BCT) sets out a vision to improve health and social care services across LLR (Leicester, Leicestershire and Rutland), from prevention and primary care through to acute secondary and tertiary care.

Successful delivery of this 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. The vision set out by the programme is in line with the strategic direction set out by NHS England's Five Year Forward View.

The BCT PMO produces a monthly report for distribution to all partner boards – this is attached for information (Appendix 1). This provides a high-level overview of some aspects of the programme.

Attached is the LLR BCT Board Assurance Framework (BAF) (appendix 2) the BAF provides assurance to the BCT Partnership Board that the programme is progressing towards achieving its strategic objectives within the required timeframes. Overall the BAF demonstrates good progress. The BAF comments on the 2015-16 delivery plans, where it can be noted that many of the milestones are now complete. At the next BCT Partnership Board the 2016-17 plans, which are currently being reviewed, will be shown.

This paper also provides a monthly report on the status of the key elements of the BCT programme.

Questions

1. What is the status of the BCT plans for year 3?
2. How does BCT link to the work we are doing on the STP?
3. What are the key risks for the programme?

Conclusion

1. Workstream plans for year 3 (16/17) have been developed – these are now being subjected to a series of "Deep Dives" to ensure they are robust and contain enough stretch.   This is, in part, linked to the work we are doing in responding to the questions posed by NHS England following the Assurance Panel in April.
2. There is significant synergy between the work we are doing on BCT and the STP – many, if not all, of the areas we are addressing as part of the NHS England Assurance Panel ahead of public consultation on BCT are matters for the STP. The development work on the STP has recently been aligned to the work being done within BCT to ensure the existing or emerging plan for the future is developed in a consistent manner.

3. The key risks are captured and reported by the BCT PMO (shown at appendix 1). These are (1) demand and capacity imbalance and (2) reputational risk / engagement risks associated with our plans if staff, patients and the public are not informed and 'signed up'

Input Sought

The Trust Board is asked to accept this monthly BCT overview report.

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: July 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 – Summary Update

1.   Introduction

The Better Care Together (BCT) Partnership between local NHS providers, the clinical commissioning groups, social care and the 3rd sector was established in June 2013 with the aim of creating a single, integrated, 5 year strategy for the whole health and social care economy.

2.   Year 3 (2016/17) Plans

As with years 1 and 2, the BCT programme for 2016/17 includes a number of clinical workstreams that bring partners together to develop shared goals and support the implementation service improvement plans in line with the ambitions detailed in the BCT Strategic Outline Case (SOC).

The BCT PMO, on behalf of the BCT Delivery Board, is currently conducting a series of "Deep Dive" reviews of workstream plans to ensure they are robust and contain enough stretch.   This is, in part, linked to the work we are doing in responding to the questions posed by NHS England following the Assurance Panel in April. Given in some cases there are significant interdependencies between workstreams, colleagues within each are being encouraged to look at the plans across the wider programme (and the challenges faced by each workstream).

The process will be completed before the end of June, at which point we should then have an updated programme/portfolio level view of the all BCT activities.

From here, a report will be prepared for the Chief Officers in July summarising the quality of the workstream plans versus a set of agreed programme / portfolio criteria. A summary of the deep-dives will also be shared with our Trust Board as part of future update.

What is clear at this stage is that most of the existing plans contain a good level of detail and ambition, but most plans are limited in scope to the next 12 months. Information and benefits for subsequent years is lacking at present. Moreover, workstreams leads / SROs recognise the programme requires something by way of a game changer, which will need more work over the coming months to scope.   Emerging thinking suggests we may need a new approach to tackling the various issues, many of them wicked and complex by their very nature, with much more emphasis on integrating services across LLR.

3.   The Sustainability and Transformation Plan (STP)

At the same time as revisiting some of the key elements within BCT, we are also shaping our system wide STP. Naturally, there is a significant overlap between these two pieces of work given both are seeking to address long standing issues and articulate a path to sustainability (operationally and financially).

The refreshed BCT/STP financial plan continues to indicate a significant 5 year gap. Changes to the national payment rules (tariff and allocation) means a greater proportion of this will need to be delivered through system wide transformation (i.e. BCT workstreams) rather than individual organisational CIP/QIPP. There are presently a number of challenges to closing the gap that are being actively worked on by the various workstreams and partner organisations as part of the work being done to assure NHSE that are plans are deliverable - the same work will help frame our STP.

The capacity plan refresh indicates significantly less impact on acute bed numbers in different settings of care than originally included in the BCT plans, which creates a potential revenue problem in the absence of alternative solutions.

At a recent joint STP Task Group and BCT Delivery Board meeting, partners discussed a way forward. We agreed the need to look longer term at the art of the possible and then work out what we would need to do differently in order to achieve this. We know this will require more alignment between workstreams common areas of interest / cross-cutting themes. In the first instance, we agreed a need to get a sense of the potential scale of opportunity, and also to scope out interdependencies that are currently limiting achievement of this because of the way we are currently working. This work will conclude by the end of May / early June.

Appendix 1 – BCT PMO Monthly Update
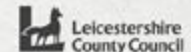
Progress Report

Delivery plans 2016 – 18: All work-streams have submitted delivery plans for 2016 – 2018 and these are presently undergoing a "review and challenge" process to ensure they are clear and ambitious as well as remaining in line with the BCT and LLR system strategic objectives agreed in 2014. A number of work-streams can demonstrate they have achieved the plans outlined in the Strategic Outline Case, while others will need to increase their contribution to the delivery of BCT as a whole. In order to support a drive for delivery in 2016 – 2018 the delivery board Terms of Reference have been updated and it will focus on holding the system and work-streams to account for delivering against agreed plans.

Preparation for Public Consultation: An NHS England reconfiguration assurance panel took place in April and for the majority of the Department of Health's and best practice tests the programme was found to have nearly passed the test with a few outstanding documents that the panel require submitted. The areas of describing capacity changes and reaching financial balance need a little more work and are the focus activity for May. These activities are also required as part of the development of the Sustainability and Transformation Plan (STP)

Clinical Leadership: In line with its Terms of Reference the Clinical Leadership Group (CLG) has appointed a new chair. The group felt that to support system leadership thinking a joint chair should be created and the role will be shared between Satheesh Kumar of LPT and Mayur Lakhani of West Leicestershire CCG.

LLR New Models of Care event. The New Models of Care event in April was very well attended and actions will be taken forward partly bye the CLG and partly by Chief Officers.

PPI Chair: The BCT patient and public group has recruited a new chair, Evan Rees. Evan has both CCG and Healthwatch experience that will be valuable in the coming months

Communications Concordat: NHS England have suggested that the system would be advised to have a communications concordat in place during public consultation. Chief officers have agreed in principle and the detail is being developed by the communications group.

Supporting information

Top Two Risks and Issues

Risk or Issue	Update	Status (pre-action)
Demand Risk: There is a risk that changes to models of care and/or population changes create an increase in demand for services and the target shift of services can not be achieved	System capacity plans and the consequential financial impact are being revise d for a discussion with Chief Officers on the 25th of May. This will indicate the degree of shift and the financial challenge if any	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	Engagement via work-streams continues. The programme overall is developing a number of "Information Packs" to may key messages and information more accessible to stakeholders and the public. Consultation document will be updated in line with governing body feedback	Amber

Key Programme Milestones

Milestone	Target Date	RAG
Financial position updated following issue of planning assumptions in mid January	End Jan 2016	Red Expected May 2016
NHSE assurance of final PCBC	Mid-April 2016	Green
Respond to NHS E assurance remaining queries	May – June 2016	Green
Submit Sustainability and Transformation Plan	June 2016	Green
Complete 2016-18 plan "review and challenge " process and finalise plan	June 2016	Green
NHSE and NHSI agreement to proceed to consultation	Summer 2016	Not started
Formal consultation	Summer 2016	Not started

Board Assurance Framework

Partnership Board, 19th May 2016

Outcome

1. We will ensure the very best start in life

Work streams impacting Outcome	Deliverables 2015	Delivered by	Advised Status	Comments where required
Parent and baby	Support given to prospective parents is of universal quality & consistent across LLR	Dec 2016	G	Consistent antenatal programme delivery across LLR; removed from BCT work stream plans for 2016/17 as remaining actions are core business
	Strategy for future delivery of maternity services agreed	Mid 2016	G	Public consultation expected to commence Q2 2016/17 (although Trust Board approval and capital funding agreement is scheduled for 2017/18)
Children's physical health	Pilot of integrated health & social care services for disabled children	Dec 2015	C	N/A
	Revised constipation/continence planned care pathway implemented	Dec 2015	C	N/A
Children's and young people's emotional health & well being	Agree model to provide support via schools & community setting	Dec 2015	New Plan	This is part of the 'Future in Mind' Children and Young People's Mental Health and Well Being Transformation Programme - and will be identified as part of the Resilience Project. New delivery date June 2016
	Agree multi agency emotional & wellbeing strategy	Dec 2015	C	N/A
	Improved support for vulnerable & troubled families	Dec 2015	New Plan	This is part of the 'Future in Mind' Children and Young People's Mental Health and Well Being Transformation Programme - and will be identified as part of the Resilience Project and Early Help project. The business cases are under development, implementation to begin June/July 2016 - a 4 year funded programme. New delivery date March 2020
	Improved access to care at appropriate time & level for children & young adults	Dec 2015	New Plan	This is part of the 'Future in Mind' Children and Young People's Mental Health and Well Being Transformation Programme - and will be identified as part of the Access Project and CRHTx project. The business cases are under development, implementation to begin June 2016 - a 4 year funded programme. New delivery date March 2020

Breastfeeding Prevalence at 6-8 weeks: 2015/16 Q1

Numbers in bracket denote reported values at January 2016

- NHS West Leicestershire CCG
- NHS Leicester City CCG
- NHS East Leicestershire and Rutland CCG
- England

43.2% (43.8%)
62.6% (60.8%)
51.9% (50.4%)
45.2%
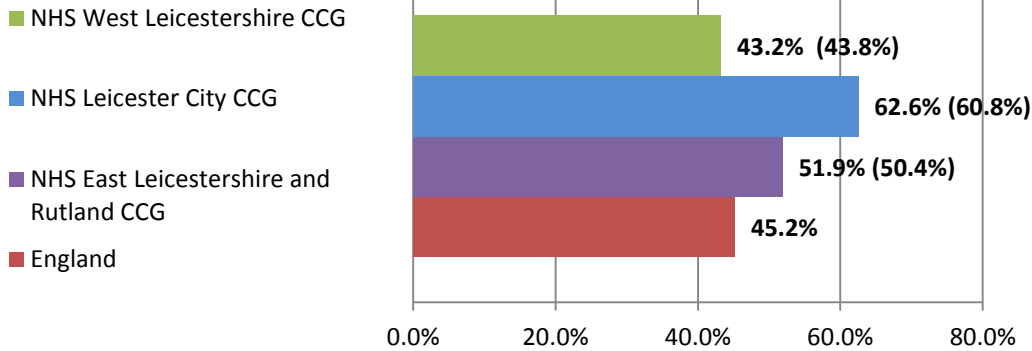
Quarterly update; next update summer 2016

Excess weight statistics: 2013/14 (%)

	England	Leicester	Leicestershire	Rutland
■ Excess weight in 4-5 year olds (%)	22.5%	22.0%	20.8%	16.4%
■ Excess weight in 10-11 year olds (%)	33.5%	35.5%	30.1%	29.2%
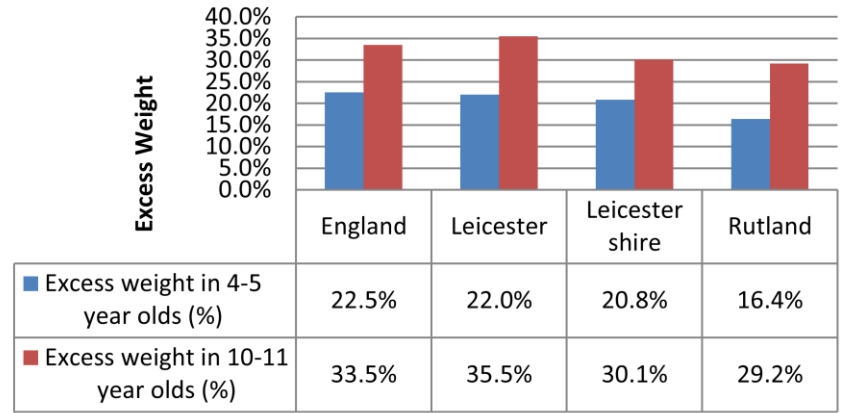
Annual update; next update winter 2016

Women's experience of maternity services: 2014

University Hospitals of Leicester NHS Trust — 83.7

England — 78.9

Satisfaction (score out of 100)

Annual update; next update summer 2016

2. We will help people stay well in mind and body

Work streams impacting Outcome	Deliverables 2015	Delivered by	Advised Status	Comments
▪ Public Health: Improving health resilience for all	▪ Various initiatives (7)	▪ End of 2015/16	C	Initiatives within the scope of the local authorities' public health work have been completed; a cross-system governance structure and prioritised plan for 2016/17 has now been developed
▪ Integrated health & social care (BCF)	▪ Rutland: Assistive technology ▪ City: Integrated mental health step down ▪ City: GP practices to have access to 'Lifestyle hub' ▪ County: Unified prevention offer	▪ End of 2015 ▪ End of 2015 ▪ End of 2015 ▪ End of 2015	C Project stood down C N/A C	This project was stood down as it was a duplication of other BCT work N/A Phase 1 is complete
▪ Learning Disabilities	▪ Beds to reduce in Agnes unit ▪ Properties for learning disabilities step up/down. ▪ Increase LD numbers in primary care for routine screening & health checks	▪ 2015 to 2017 ▪ End of 2015 ▪ End of 2015	G C C	New Outreach Team in place to enable delivery of bed closures. N/A N/A
▪ Mental Health	▪ 2 new recovery colleges opened ▪ Acute mental health bed utilisation	▪ 2015 to 2019 ▪ End of 2015	C A	Recovery Colleges opened in Blaby and Enderby Linked to discussions regarding patient length of stay, community mental health review. Ongoing
▪ Children & young people	▪ None in 2015	N/A	N/A	N/A
▪ Long term conditions	▪ Targeted intervention to increase the uptake of screening for early detection & treatment ▪ Rehabilitation Programme 1.1 Training staff to deliver generic	▪ 2015/16 ▪ 2015/16	New Deadline (31st 2017) G See proposal	The Cancer BCT group is increasing screening uptake through liaising with CRUK on bowel screening; working with PHE on the Leicestershire Learning Disabilities Bowel Scope DVD; continuing work with UHL to maximise Bowelscope uptake to detect early cancers and polyps; business case approved for funding for primary care to support bowel and cervical screening N/A

	rehabilitation 2.1 Take up of novel tools	▪ 2015/16	for 16-17 **(A)** See proposal for 16-17	N/A

System Indicator

Overall satisfaction of people who use services with their care and support: 2014 (%)

■ England ■ Leicester ■ Leicestershire ■ Rutland

Respondents who were satisfied (%)
Region

England 64.8%, Leicester 62.2%, Leicestershire 60.1%, Rutland 67.7%
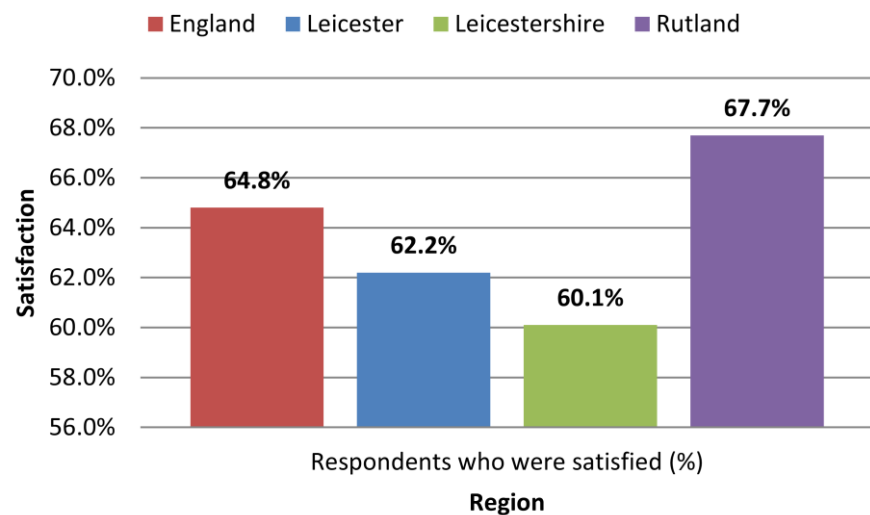
Smoking Prevalence: 2014/15 (%)

■ England ■ Leicester ■ Leicestershire ■ Rutland

Smoking Prevalence (%)
Region

England 18.0%, Leicester 20.7%, Leicestershire 17.0%, Rutland 14.1%
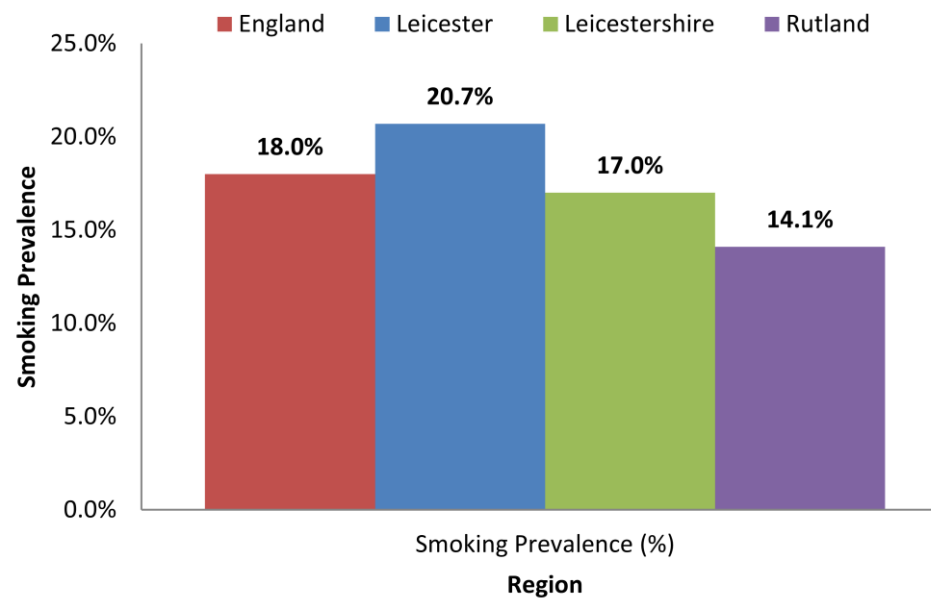
Annual update; next update summer 2016

Annual update; next update summer 2016

Outcome

3. We will provide faster access, shorter waits and more services out of hospital

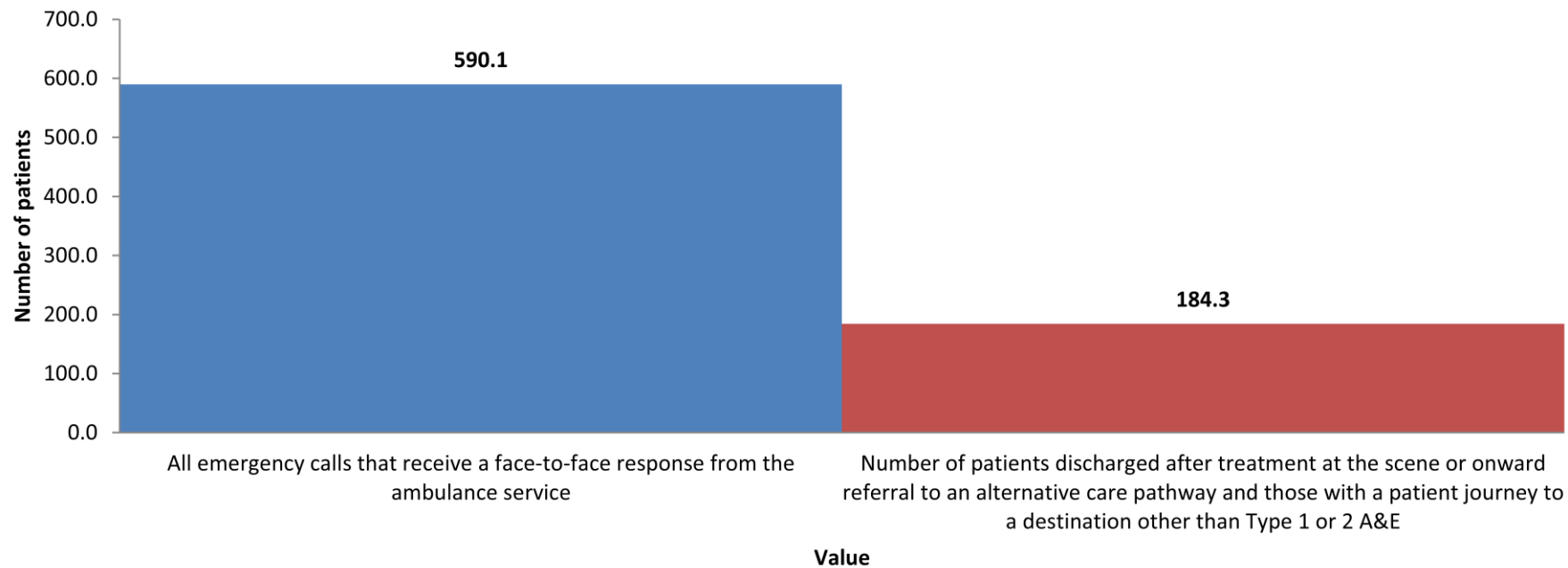| Workstreams impacting Outcome	Deliverables 2015	Delivered by	Advised Status	Comments
▪ Primary care reconfiguration	▪ Primary care service - federations, health needs or hubs	▪ End of 2015	C	City: 3 federations formed and supported to develop further. Neighbourhood hubs are now running in addition to 4 extended hours hubs
▪ Community & acute service reconfiguration	▪ Additional intensive community support services implemented	▪ End of 2015	C	130 ICS beds delivered
▪ Children & young people	▪ Revised Constipation / continence planned care pathway ▪ Improved access to emotional health & wellbeing support services	▪ End of 2015 ▪ End of 2015	C New Plan	N/A This is part of the 'Future in Mind' Children and Young People's Mental Health and Well Being Transformation Programme. New delivery date March 2020
▪ Social care	▪ County: realignment of social care teams in Leicestershire to reflect community health services	▪ End of 2015	C	N/A
▪ Social care	▪ City: Crisis in reach to support discharge from acute care setting	▪ End of 2015	C	N/A
▪ Planned Care	▪ Revised referral process, increased treatments in community setting ▪ Reduction in follow up appointments by use of virtual clinics & other technologies	▪ End of 2015/16 ▪ End of 2015/16	G	Dematology Outpatients and Gastroenterology Endoscopy has moved into the Community. Referral pathways have commenced using PRISM in Gastro, Orthopaedics, Ophthalmology and ENT A wide range of specialities have seen a reduction in follow-ups supported by an increase in virtual clinics in 15/16 as opposed to 14/15
▪ Technology	▪ Roll-out technology in primary care to support planned care referral pathways	▪ End of 2015	C	Referral pathways are going through the strategic pathways tool PRISM

Overall experience of GP surgery 2015 (%)

Chart showing percentages by rating category for Leicester City CCG, West Leicestershire CCG, East Leicestershire and Rutland CCG, and England average:

- **Very good:** 35, 41, 40, 43
- **Fairly good:** 44, 44, 45, 42
- **Neither good nor poor:** 14, 10, 10, 10
- **Fairly poor:** 5, 4, 4, 4
- **Very poor:** 2, 1, 1, 1

Legend:
- Leicester City CCG
- West Leicestershire CCG
- East Leicestershire and Rutland CCG
- England average

X-axis: Rate
Y-axis: Percentage
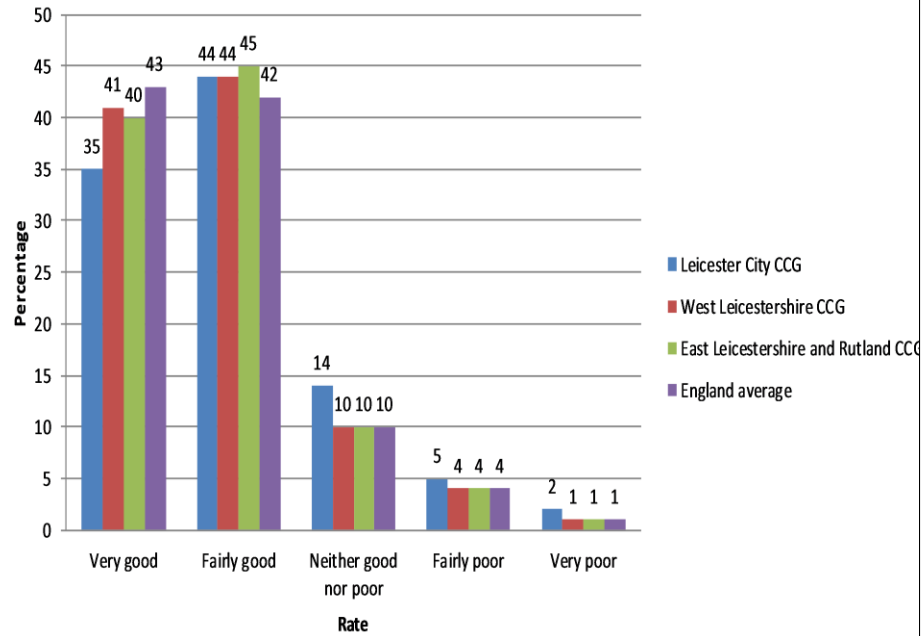
Proportion of incidents managed without need for transport to Accident and Emergency department 2014/15 (%)

- **East Midlands:** 37.0
- **England:** 31.2

X-axis: Regions
Y-axis: Percentage

Annual update; next update summer 2016
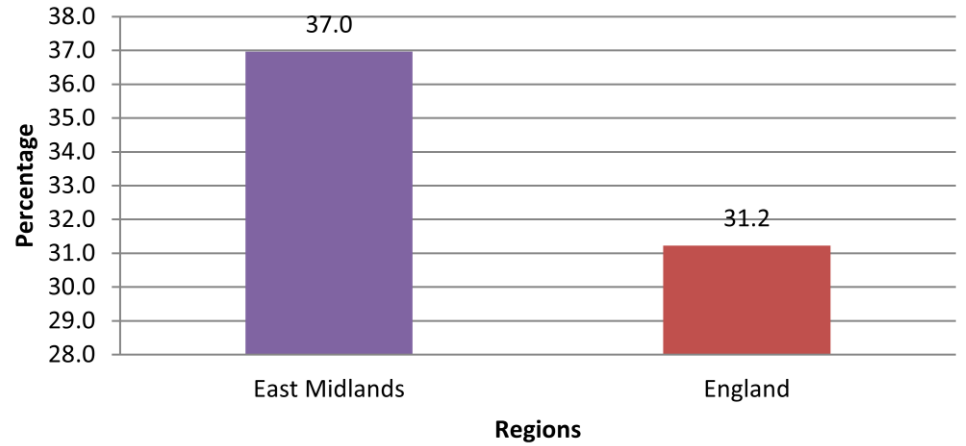
Annual update; next update summer 2016

Number of patients treated at the scene for East Midlands ambulance services (2014/15)

Annual update; next update summer 2016

Outcome

4. We will be there when it matters and especially in a crisis

Work streams impacting Outcome	Deliverables 2015	Delivered by	Advised Status	Comments
▪ Integrated Health & Social Care (BCF)	▪ Integrated Crisis team across LLR ▪ Access to GP in Crisis	▪ End of 2015/16 ▪ End of 2015/16	C C	Crisis response teams in place. Review of integration taking place in 2016/17 Pilots running in both ELR/WL CCGs. Will be reviewed in 2016/17
▪ Children & young people	▪ Develop model for young people in crisis	▪ End of 2015/16	C	Draft model for children's and young people crisis provision has been circulated for comments; anticipating sign-off at Children & young people Mental health work stream Steering Group late-April
▪ Long term conditions	▪ Access to emergency ambulatory care for patients with respiratory diseases ▪ CVD (heart failure)	▪ End of 2015/16 ▪ End of 2015/16	A See proposal for 16-17 C	N/A N/A
▪ Mental health	▪ Development of a mental health recovery network in locality ▪ New mental health urgent care clinic ▪ Crisis house opened	▪ 2015 to 2019 ▪ End of 2015/16 ▪ End of 2015/16	A C C	Co- production between Third Sector, CCGs, LAs N/A N/A
▪ Urgent Care	▪ Acute Visiting Services (county west) ▪ GP clinical response service (city)	▪ End of 2015	New plan New plan	N/A N/A

Number of emergency admissions for conditions that should not usually require hospital admission for October 2014 to September 2015
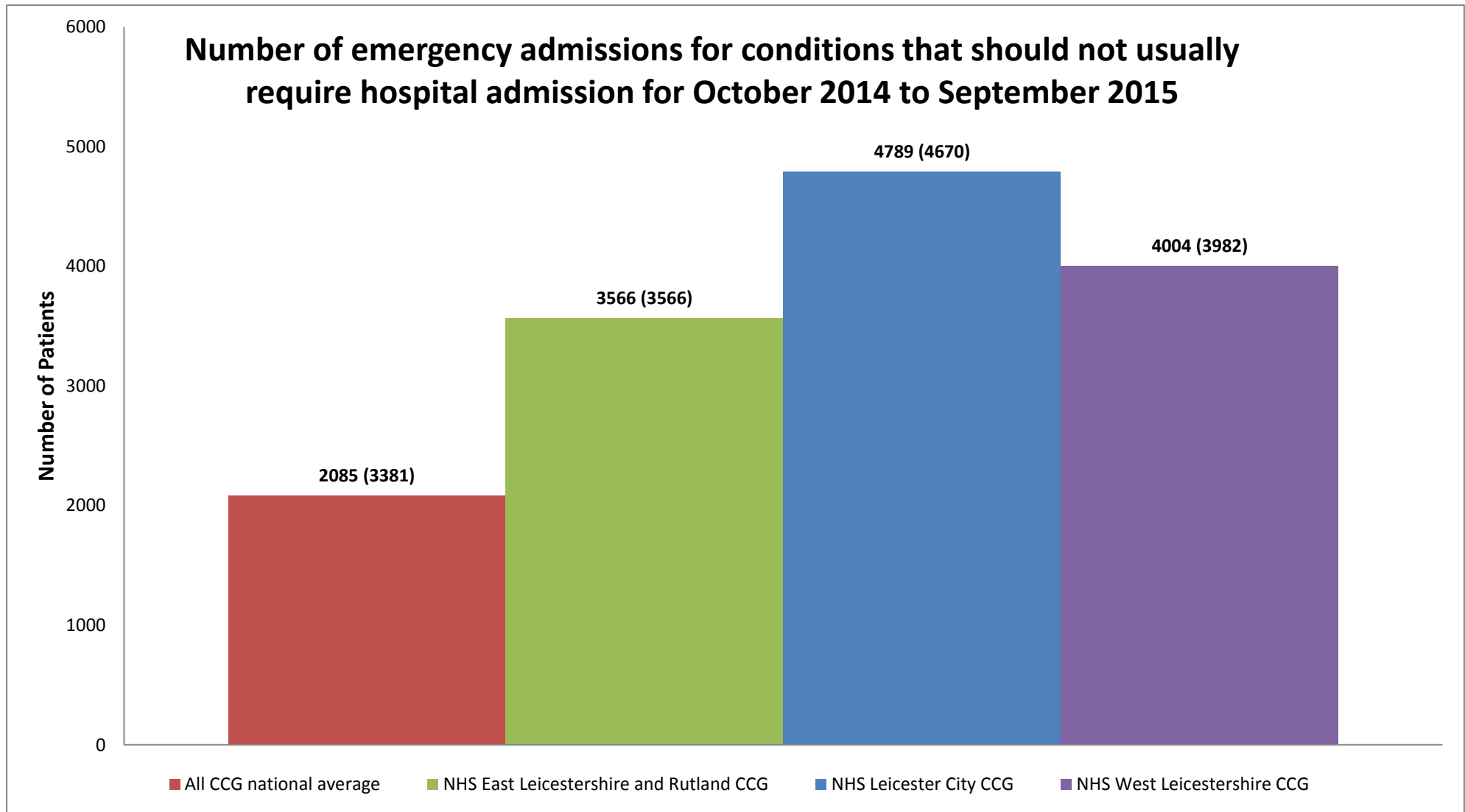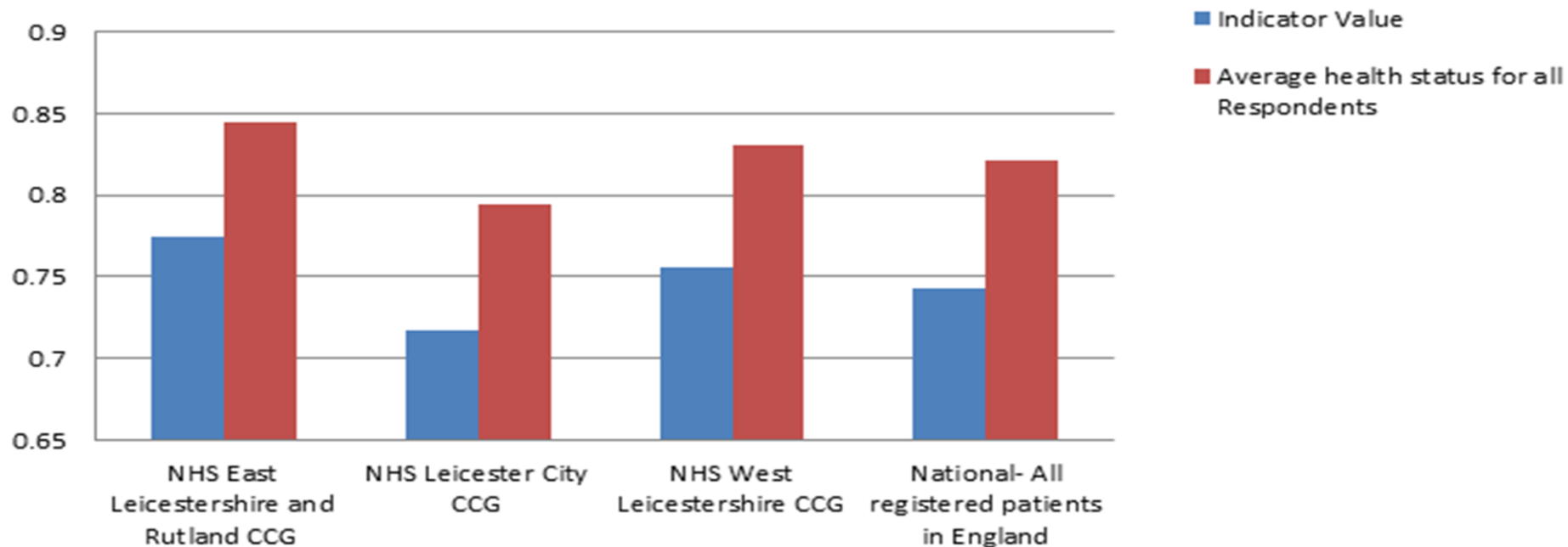

Quarterly update; next update Summer 2016

Numbers in bracket denote figures reported in January 2016

Outcome

5. We will know people's history and plan for their needs

Workstreams impacting Outcome	Deliverables 2015	Delivered by	Advised Status	Comments
▪ Adult Social Care	▪ City: we will have social workers aligned to GP Population for planned care	▪ End of 2015	C	N/A
▪ End of Life	▪ Unified advance care planning for those at the end of life, and training in place.	▪ 2015-16		Care plan solution being planned. Main solution is SCR2.1 but also looking at other solutions to share the care plan such as the MIG. This solution is considered as phase 1 as future phases will include the creation of a dynamic care plan across health and social care
▪ Frail Older People & Dementia	▪ Care plans in place for those at risk of admission	▪ End of 2015	A	The numbers of care plans in Care homes is increasing however there is still huge variance. This work will form part of the wider Care Planning work which did not finish by March 2016
	▪ Rapid support & assessment for people when they fall	▪ End of 2015	New Plan	"The falls programme will now report to the Integrated Pathway Redesign Delivery Group for Ageing Well, which is a sub-group of the BCT FOP and Dementia work-stream. The Falls Steering Group will remain. A paper based Falls Risk Assessment Tool (FRAT)for use by EMAS has been developed, and an elearning tool is being developed to form part of new staff induction. A successful Falls Workshop was held in October that identified three key areas that needed further development, these had been planned for February 2016, but due to staff illness and subsequent turnover three further sessions are planned on 31st May to design the referral, triage and community response. The output from these will be used to further develop the FRAT to be an online tool that is used in all cases, and generates referrals to multiple points of access when required. Work is ongoing to identify ways in which some referrals can be directed to a central point of contact (eg Customer First) for signposting and advice if initial enquiry made out of concern or risk of a

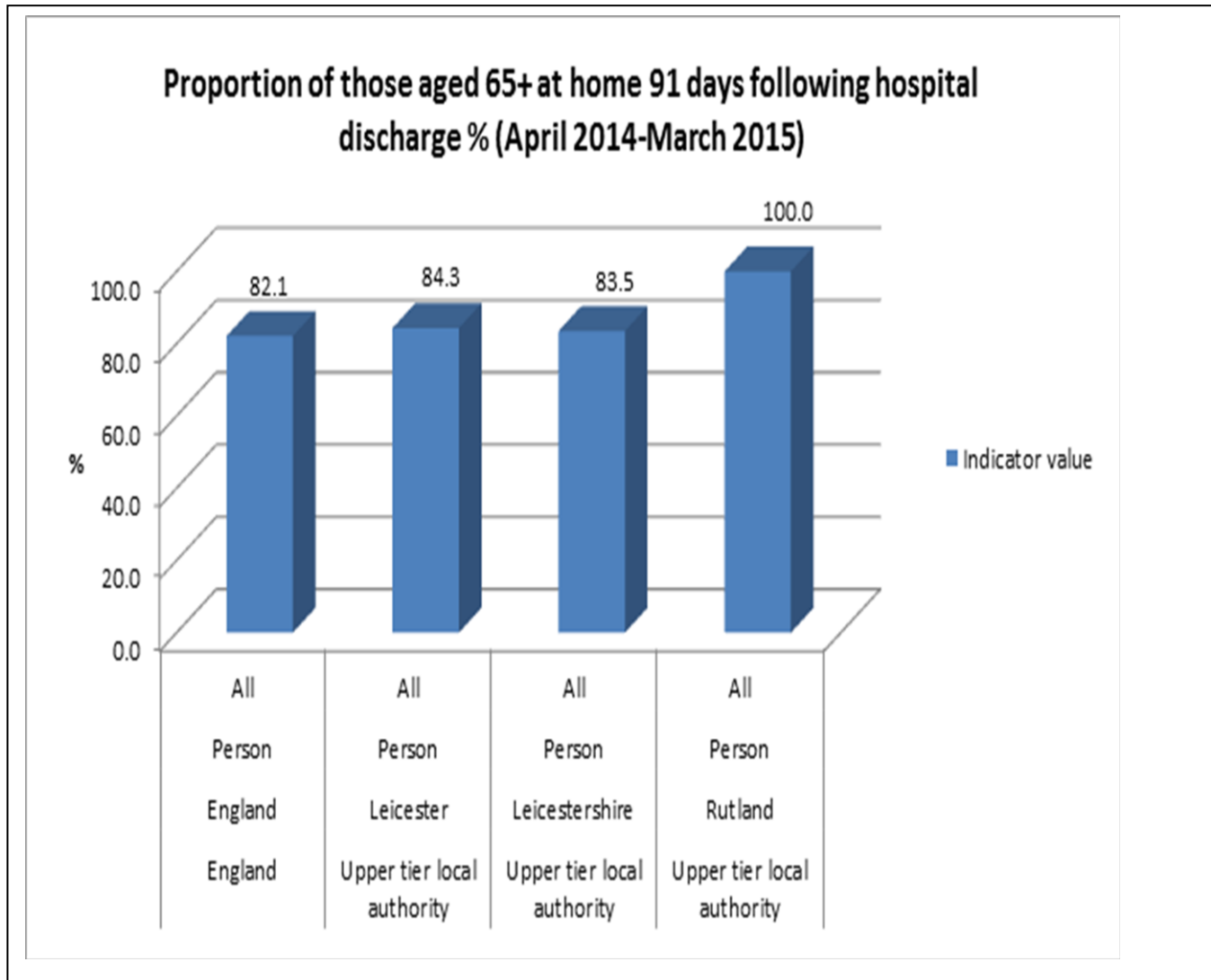|					fall"
▪ Children	▪ Pilot of integrated health & social care for disabled children	▪ End of 2015	C	N/A
▪ Planned Care	▪ Increased availability of treatments in community setting	▪ End of 2015/16	G	This has commenced with an increase in Dermatology, Ophthalmology, Gastroenterology and Rheumatology happening in community settings
▪ Community & acute service reconfiguration	▪ Additional intensive support services capacity provided	▪ End of 2015	New plan	Capacity needs are being reviewed for the STP plan
▪ Frail Older People & dementia	▪ Ambulance staff trained to use fall assessment risk tool to avoid hospital admissions.	▪ End of 2015	C	N/A
▪ Technology & information	▪ Social care records to contain NHS number, increasing ability for health & social care to share data	▪ End of 2015	C	N/A
	▪ County: technology to provide aggregated activity data across health & social care & support care improvements implemented.	▪ End of 2015	C	N/A
	▪ County: "Nerve centre" to share performance information across health & social care	▪ End of 2015	A	Have access to it in County Council. They are recipients of the dataset. Used in the Re-enablement service. Test version currently available
▪ Primary Care	▪ Increasing the majority of patients in care homes who have care plans.	▪ End of 2015	A	See Frail Older people and End of Life

Health related quality of life for people with long term conditions
(July 2014 to March 2015)

■ Indicator Value

■ Average health status for all Respondents

0.9	
0.85	
0.8	
0.75	
0.7	
0.65	

NHS East Leicestershire and Rutland CCG   NHS Leicester City CCG   NHS West Leicestershire CCG   National- All registered patients in England

Quarterly update; next update summer 2016

Outcome				

6. We will care for the most vulnerable and frail

Work streams impacting Outcome	Deliverables 2015	Delivered by	Advised Status	Comments
▪ Learning Disabilities	▪ LLR plan & reconfigure a range of flexible short break options	▪ End of 2015/16	A	Data collection has been time intensive and has delayed progress as per the Project Plan
▪ Children & young people	▪ Improved support for vulnerable, young people & troubled families.	▪ End of 2015	C	N/A
	▪ Pilot of integrated health & social care services for disabled children	▪ End of 2015	C	N/A
	▪ Increase capacity to support young people & their families with eating disorders	▪ End of 2015	C	N/A
▪ Frail older people & dementia	▪ Establish hospital liaison support team for Dementia	▪ End of 2015	G	Pilot programme ended March 2016; extended for 6 months to review acute service (UHL; LRI site) alongside community service provision. Identified within CCG commissioning intentions for 2016/2017. Review will include consideration of evaluation
	▪ 72 hours crisis response team in place in Leicestershire & integrated crisis response teams in place in Rutland	▪ End of 2015	C	Service in place
	▪ Local area co-ordinators being piloted in Leicestershire & phase 1 of community agents implemented live in Leicestershire	▪ End of 2015	C	Pilots underway. Full evaluation due Sept 16.
	▪ Older people unit opened in Leicestershire	▪ End of 2015	C	Unit opened in Sept 14. Review of service underway
	▪ Dementia strategy in place & a new plan of action	▪ End of 2015	New plan	The Dementia Strategy will be refreshed. To be led by the BCT FOP and Dementia work-stream; Dementia Delivery Group
▪ Adult Social Care	▪ County: extension of carer assessment & carer budgets to support people to continue to provide care.	▪ End of 2015	C	N/A

▪ Integrated health & social care (BCF)	▪ Commissioned services for people with dementia – advocacy, advice & information	▪ End of 2015	C	Service being delivered
	▪ Increased level of integrated care to support enabling people to stay at home		C	N/A
▪ End of Life	▪ Access to "hospice at home" increased	▪ 2015 to 2018	New plan	BCT EoL Team formed in Feb 2016. This programme of work is in the defining / scoping stage. It is envisaged that true gaps in services and vision will be set by June 2016. Full implementation plan to be developed and initiated by Sept. Currently, all milestones are running to schedule and are reported to the EoL Programme Board monthly
	▪ Unified care planning at EOL & training	▪ End of 2015/16	New plan	As above
	▪ 100% patients to have GP named on discharge from hospital	▪ 2015 to 2018		As above
	▪ Planning 24/7 palliative care & advice	▪ 2015/16	New plan	As above
	▪ Increasing majority of Patients in Care homes have care plans.		A	For this action, on going - the numbers of care plans in Care homes is increasing however there is still huge variance. This work will form part of the wider Care Planning work which did not finish by March 2016

Proportion of those aged 65+ at home 91 days following hospital discharge % (April 2014-March 2015)

Quarterly update; next update spring 2016
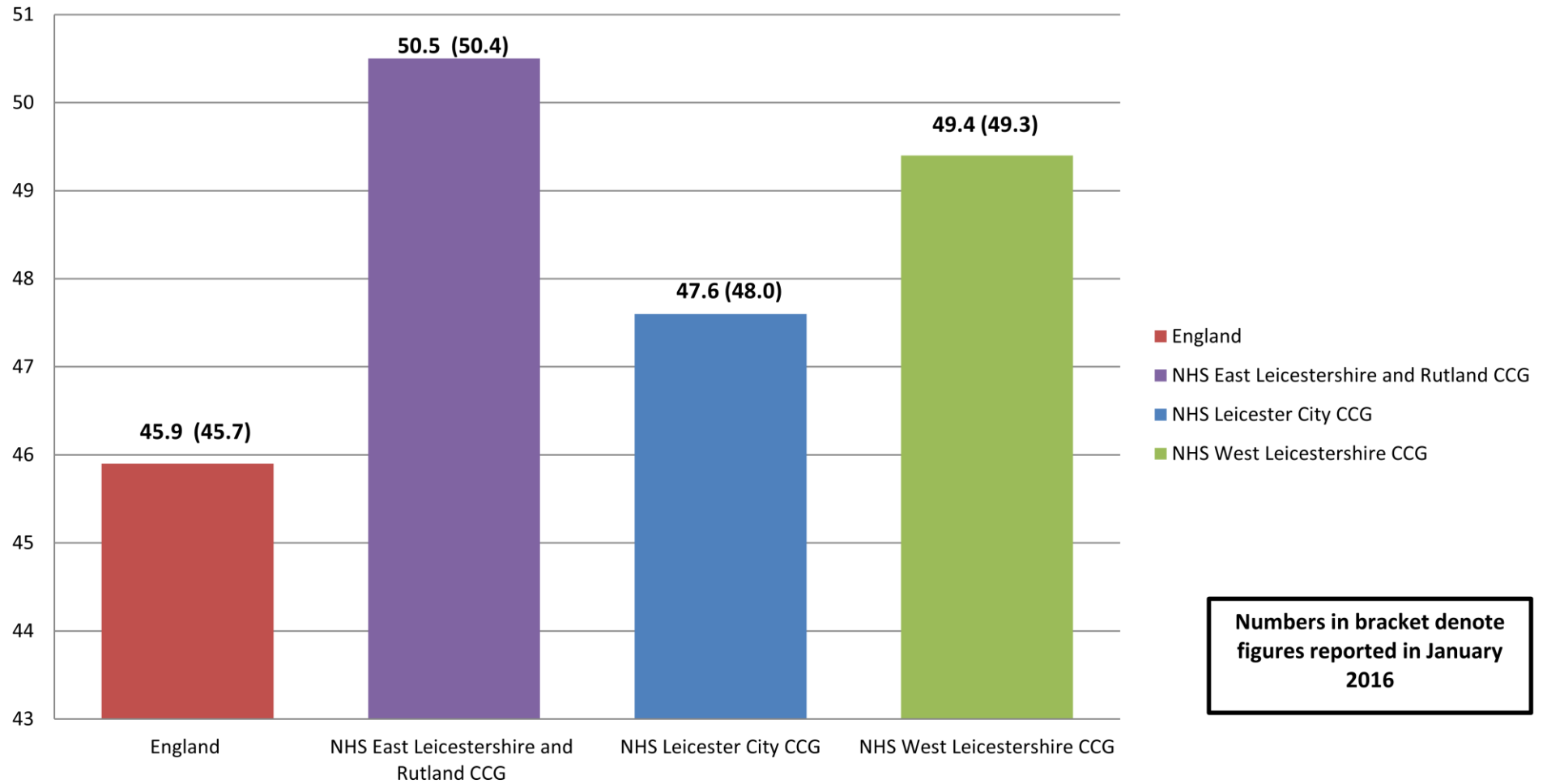
Outcome
7. We will provide better support when life comes to an end

Workstreams impacting Outcome	Deliverables 2015	Delivered by	Advised Status	Comments
▪ End of life care & learning lessons to improve care	▪ Unified advance care planning for those at EOL & training in place	▪ 2015/16	A	Care plan solution being planned. Main solution is SCR2.1 but also looking at other solutions to share the care plan such as the MIG. This solution is considered as phase 1 as future phases will include the creation of a dynamic care plan across health and social care

Deaths Occurring at Usual Residence Percentage Q3 2014-15 to Q2 2015-16

Legend:
- England
- NHS East Leicestershire and Rutland CCG
- NHS Leicester City CCG
- NHS West Leicestershire CCG

Bar values:
- England: 45.9 (45.7)
- NHS East Leicestershire and Rutland CCG: 50.5 (50.4)
- NHS Leicester City CCG: 47.6 (48.0)
- NHS West Leicestershire CCG: 49.4 (49.3)

Numbers in bracket denote figures reported in January 2016

Quarterly update; next update spring 2016

Assurance type	Key controls	Assurance Source	Timescale/Action Owners
▪ External	▪ Health & Wellbeing Boards ▪ Health & Overview Scrutiny Committees	▪ Duty of scrutiny of plans for changes to health and social care	▪ The programme is engaged with each body and is providing details of proposed changes prior to public consultation. (Owner: Programme Director)
▪ External	▪ Regulators (NHS England & TDA scrutiny)	▪ Providing assurance throughout the life of the programme that the plans are robust, clinically sound, affordable and will deliver patient and financial benefit	▪ The programme was invited to attend an assurance panel on 18th April 2016. Feedback has been formally received, and information to complete NHSE assurance is now being collated for submission at end May 2016. (Owner: Partnership Board)
▪ External	▪ Clinical assurance	▪ Assurance provided to NHS England by a clinical senate (a non-statutory advisory body). The group has access to a broad range of health and social care professionals.	▪ The pre-consultation clinical senate has concluded. (Owner: Clinical Leadership Group)
▪ External	▪ Health watch	▪ A statutory watchdog ensuring that health and social care organisations put people at the heart of their care.	▪ The programme will consult and inform Healthwatch throughout the programme lifecycle. (Owner: Partnership Board)
▪ External	▪ Public, press and media	▪ External groups who have a remit to be involved in and examine the emerging plans for the programme.	▪ The partnership will discuss plans with public groups throughout the programme development and implementation stages. (Owner: Communications & Engagement SRO)
▪ Internal	▪ Programme governance	▪ Partnership Board ▪ Delivery Board ▪ Patient and Public Involvement Group ▪ Clinical Leadership Group ▪ Chief Officers ▪ Chief Financial Officers ▪ Joint SROs ▪ Programme Management Office	▪ Boards established for the programme with a range of governance and assurance remits. (Owner: Joint programme SROs)

▪ Internal	▪ Board Assurance Framework	▪ Monitoring and managing risks and issues across the programme as a whole, and the work streams. Escalating risk as required.	▪ The BAF is being developed at a system level and presented bi-monthly to Partnership Board, and commenced with the 17th September 2015 Board. (Owner: Programme Management Office)
▪ Internal	▪ 2016-17 and 2017-18 delivery plans	▪ Delivery, financial and benefit plans justifying the case for specific change.	▪ 2016-17 work stream delivery plans are completed and are undergoing review through 'deep dive' sessions, this will complete early June 2016 (Owner: Programme Management Office)