

Better Care Together – Status Report

Author: Gino DiStefano Sponsor: Mark Wightman Date: 4 August 2016

Trust Board paper J

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.

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

Linked to this work is the development of the LLR wide Sustainability and Transformation Plan (STP) which also seeks to address long standing issues and articulate a path to sustainability (operationally and financially).

Questions

What is the current status of BCT programme?

Conclusion

LLR successfully submitted a draft STP at the end of June, which is being considered by NHS England and NHS Improvement, alongside a supplementary paper that addressed any outstanding questions from the BCT pre-consultation Assurance Process.

The Programme has also concluded a deep dive across clinical workstreams exercise to ensure improvements are made where needed in terms of plans and/or ways of working (where there are benefits to aligning efforts).

The Programme has also reviewed the assurance arrangements with a view to strengthening processes at every level. These are summarised in the paper below.

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: 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 – 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. Current Status

2.1. Strengthening Assurance

As BCT moves through its third year and the LLR health and social care system submit the first draft Sustainability and Transformation Plan (STP), the BCT programme is revisiting the assurance arrangements to ensure all system leaders are fully sighted on progress, assured that the programme is operating effectively and supporting delivery of the emerging STP.

Going forward, assurance will be carried out a number of levels:

- Partnership Board – to be assured that progress is being made against strategic goals
- Chief Officers meeting – to highlight and act on any necessary decisions and areas of concern
- Collaborative commissioning board – to ensure all CCG led initiatives are delivering to plan
- UHL Executive Strategy Board – to ensure that service reconfiguration is delivering to plan
- BCT Delivery Board – to ensure that interdependencies are being identified and managed
- Work-stream boards and governance structures – to ensure the work-stream is delivering its agreed plan
- Patient and Public monitoring and assurance group – to ensure sufficient public and patient engagement is sought

For some fora there will be standard reporting templates and guidelines to help work-stream SROs to focus their information on the key elements of their projects that support the STP.

The aim of the assurance processes is to have a lean way to keep track on the progress of the overall programme and to highlight issues that need resolution quickly.

3. BCT Clinical Workstreams

A recent deep dive exercise looked at each workstream in determining what was working well, what needed to change, and how we might manage inter-dependencies better as we seek to ensure plans contain maximum stretch / ambition. In summary;

- In general directionally the overall plan supports delivery of the BCT strategic objectives and the “five year forward view”, however there are some areas that need strengthening relatively quickly and integrated ways of working developed.

- The majority of work-streams have one or two year plans of some form, however, some are stronger than others
- About half the work-streams have emerging five year plans and there is a need for all to have at least an outline plan with a view of how they will deliver on this plan, if their potential to support both benefits delivery and sustainability for the system is to be realised
- A number of work-streams (Frail older people and dementia, urgent care, long term conditions, and to some extent end of life and planned care) highlighted that the work-stream “silos” are getting in the way of moving forward and what is required is a focus on integrated care for a cohort of patients. This is also highlighted by service reconfiguration, which needs the work-streams to delivery admission prevention initiatives now. All involved feel that an integrated model of operating is essential for the benefits and sustainability opportunities for the system to be realised.

Next Steps:

- The process has been useful in highlighting areas where action is required to push the BCT programme forward in a way that it delivers its strategic objectives and the LLR STP. The process will be repeated at intervals as necessary throughout the year, and this will ensure that the Delivery Board, Chief Officers and Partnership Board (and respective partner boards and governing bodies) have a clear view of the programme status and where their intervention may be required to unlock issues and challenges.
- Workstreams will manage their plans at project and programme level via an agreed standard format and this will also help all partners to get a consistent view of progress.
- An immediate action is to discuss formally an integrated working model that would unlock some of the challenges faced by the Frail older people and dementia, urgent care, long term conditions and possible end of life and planned care workstreams. Also, this would need to provide assurance to the service reconfiguration team that the workstreams can deliver system level change that will support the reconfiguration of the proposed community and acute hospital bed services (subject to public consultation).

*'It's about our life, our health,
our care, our family and
our community'*



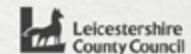
Better care together

Leicester, Leicestershire & Rutland health and social care

Update for Partner Boards

Status Report

July 2016



Progress Report

Integrated working: Following the initial Deep Dive reviews of the work-streams discussions have been held with Chief Officers about setting up some cross organisation projects to focus on some key integration deliverables. CCG MDs are considering the options.

Leadership and Culture: UHL, the Clinical Senate and the CLG are jointly organising an “Integrated Care Across LLR” workshop for the 22nd of September. All partners have been informed and asked to cascade the date to clinical, social care and public health colleagues

Integration initiatives: Following the Partnership Board discussions two integration initiatives are presently being scoped. “Home First” plus perhaps other initiatives is hoped to help prevent admissions and readmissions to UHL for the over 65s and as a result provide significant admission prevention. This project is critical to LLR reconfiguration. A group is also considering the potential to design a “Diagnose to admit” ambulatory care model.

Moving towards consultation: Following joint Partnership Board, CLG and other leaders discussions the BCT business case is being reshaped to see if the new initiatives and capacity plans create a viable case. The reshape asks some challenging questions about community hospital reconfiguration and admission prevention and further discussion is required to finally agree what shape a new business case or cases will take.

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 revised. Business case options will need to be reshaped	Red
Financial risk: There is a risk that sufficient capacity is not available to support reconfiguration plans	Capital availability remains a risk partners are considering alternative reconfiguration options and UHL are considering alternative sources of capital	Red

Key Programme Milestones

Milestone	Target Date	RAG
Financial position updated following issue of planning assumptions in mid January	End Jan 2016	Update as part of STP Green
NHSE assurance of final PCBC	Mid-April 2016	Green
Respond to NHS E assurance remaining queries	May – June 2016	Amber mtg planned August
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	Autumn 2016	Not started
Formal consultation	Autumn 2016	Not started