

Better Care Together – Status Report

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Trust Board paper H

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

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 we need to address in shaping a STP. Therefore, the BCT Delivery Board is overseeing the development of the STP, which has dominated the agenda over recent months, naturally. Therefore, this month's summary update, below, has an STP focus to it.

Our attention, across LLR, is increasingly moving to new ways of working that promote a level of integration not seen before locally. Proposals as to how this may take shape are still being considered, but it will likely involve existing organisations working much more closely, with a focus on out of hospital provision, centred around specific localities throughout LLR.

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: August 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

Following feedback from NHS England as part of the Assurance Process and subsequent conversations with NHS England and NHE Improvement on the early draft STP, we are currently looking to reshape certain elements of the BCT pre-consultation business case in order to bring our service reconfiguration plans up to date (in line with more recent STP assumptions).

Clinical workstreams are addressing several questions, including what more can be done to reduce acute admissions. In addition, workstreams continue to press ahead with existing plans.

3. The emerging STP – A Focus on Integration

The emerging 'main areas of focus' from the STP work include:

- a) Delivering care in the right place – reconfiguration of acute and community hospital services, planned care, urgent and emergency care, maternity services
- b) Making best use of resources – reducing wasteful processes and practice: waits and delays, limited clinical value, reducing variation, prescribing, organisational duplication, estate utilisation, IT, Carter etc.
- c) Integrated place based teams – integration of primary, community, acute and social care teams based around place.

The BCT pre-consultation business case will be updated when this work matures over the coming weeks. Point c) above, shaped by conversations of the BCT Partnership Board and the BCT Delivery Board, is considered the potential 'game changer' we need if we are to deliver sustainable health and care services going forward.

In terms of governance, proposed changes / updates will be put to governing bodies and trust boards in due course. To bolster arrangements for programme delivery, the BCT programme is also considering how we ensure stakeholders work together better, more along the lines of integrated initiatives as well as individual clinical work-streams. A couple of ideas of possible integrated initiatives have emerged from recent discussions that warrant further discussion across various teams.

For UHL, and for the acute bed base specifically, we are (regularly) revisiting the assumptions underpinning the future capacity requirement, working with colleagues across workforce and finance to ensure alignment. This is important for both the STP submission as well as our internal reconfiguration programme, which are inherently linked.

Appendix 1 – BCT PMO Monthly Update

Update for Partner Boards May 2016



Progress Report

2016-2018 plan review: The review of the clinical work-streams is complete and will be issued to the chief officers on the 4th of July. The review has highlighted areas where integrated activity across work-streams is required to ensure delivery of system sustainability over five years

Leadership and Culture: The clinical leadership group (CLG) have agreed a set of activities for 2016/17 that will focus on developing system leadership and a change culture across organisations, focusing on increasing integration and clinical engagement

Integration initiatives: Over the past months it has become apparent that the programme needs some game changing integrated initiatives if LLR is to diminish the ever increasing demand driven financial gap. The Partnership board and CLG met to discuss opportunities and a number of ideas will be pursued further

Moving towards consultation: Feedback from NHS England and NHS Improvement clarified the link between the BCT consultation and the STP submission. The activity and capacity plan supporting the STP will be used to reshape the BCT Business case during July

Update for Partner Boards April 2016



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	Red Expected June 2016
NHSE assurance of final PCBC	Mid-April 2016	Green
Respond to NHS E assurance remaining queries	May – June 2016	Amber expected July
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