

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.

Work has also continued on the development of the LLR Sustainability and Transformation Plan (STP) which also seeks to address long standing issues and articulate a path to sustainability (operationally and financially). However, this does not replace BCT and the work underway; it is designed to complement our existing programme of work.

Questions

What is the current status of the Programme?

Conclusion

Work continues on the LLR STP – in accordance with the national timetable, all STP cohorts are required to submit a full plan at the end of October, and to have an updated finance template by 16th September 2016.

The full / wider plan will involve an overarching narrative that describes what we are going to do as a system in restoring financial balance and a number of other technical returns for activity and workforce. At present, much of the discussion is how we develop and adopt integrated community teams (to complement the work done to date on clinical pathways) which will have similarities to the nationally promoted model of care referred to as multispecialty community provider (MCP).

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: 6.10.16 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

The Sustainability and Transformation Plan (STP) process has allowed partners to take stock of existing workstreams and ensure future plans push on from our existing work programme. Where necessary, the BCT pre-consultation business case will be updated to reflect any further plans worked up as part of the STP process.

This will help frame any further discussion we have with NHS England and NHS Improvement as part of the assurance process, which we assume will be aligned with the STP assurance process.

With respect to the STP specifically, leaders from across LLR met with Jim Mackey, Chief Executive of NHS Improvement and Simon Stevens, Chief Executive of NHS England at the end of July to share our draft STP. We were told that our plan was well formed, ahead of many other health economies in the country, mainly because of the work we have done on BCT.

However, we need to do some further work on:

1. Demand management / integrated care plans, so as to demonstrate better how demand on UHL will actually be reduced
2. Primary care capacity / resilience
3. Improving emergency care performance (which links back to the first point)

Over recent weeks, LLR partners have been involved in a series of “lock-in” sessions where our thinking around the future shape of services has developed further, with particular focus on integrated community teams (similar to the new model of care known as MCP (multispecialty community provider)). Crucially, this work is increasingly focusing on how we can work together across health and social care in providing a better service / offer to frail and older people who currently occupy the vast majority of hospital bed days.

The final draft of the STP’s financial submission will be submitted to NHS England on the 16th September. If our STP is approved, the intention is to start public consultation in the autumn – however, we may also need to re-engage with the original BCT assurance process too. Actions relating to this have been progressed and largely completed but for the elements that link back into the areas above that are also subject to further work as part of the STP.

Appendix 1 – BCT PMO Monthly Update

Progress Report

UHL Admission prevention: Sustainability and Transformation Plan feedback and Consultation business case feedback both highlight the criticality of LLR identifying implementable initiatives to support the reduction of admissions to UHL. Potential patient cohorts have been identified and work-shops are being run by the PMO in August. This work will need a clear leader (or pair of leaders from the CCGs and providers) if it is to move forward and it is unlikely an STP or PCBC will be approved without a plan.

Integration initiatives: As well as UHL Admission prevention, design for the provision of integrated ambulatory and diagnostics services is also being discussed and needs a clearly led plan to move forward.

Moving towards consultation: The STP team are proposing to submit a revised STP in September and following this NHS England have offered LLR a second service reconfiguration panel in early October. The main outstanding issues that NHS England will wish to discuss are plans to reduce acute bed capacity and how the system changes to support these will be delivered (see above), delivery of a balanced STP, capital requirements and emerging governance arrangements for the next stage of BCT.

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
Respond to NHS E assurance remaining queries	May – June 2016	Green
Confirm community hospital reconfiguration proposals	August 2016	Green
Confirm implementable initiatives to support UHL admission prevention	September 2106	Green
Re-Submit Sustainability and Transformation Plan	September 2016	Green
NHSE and NHSI agreement to proceed to consultation. Follow up reconfiguration panel	October 2016	Amber
Formal consultation	Autumn 2016 to early 2017	Amber