

Better Care Together Partnership update

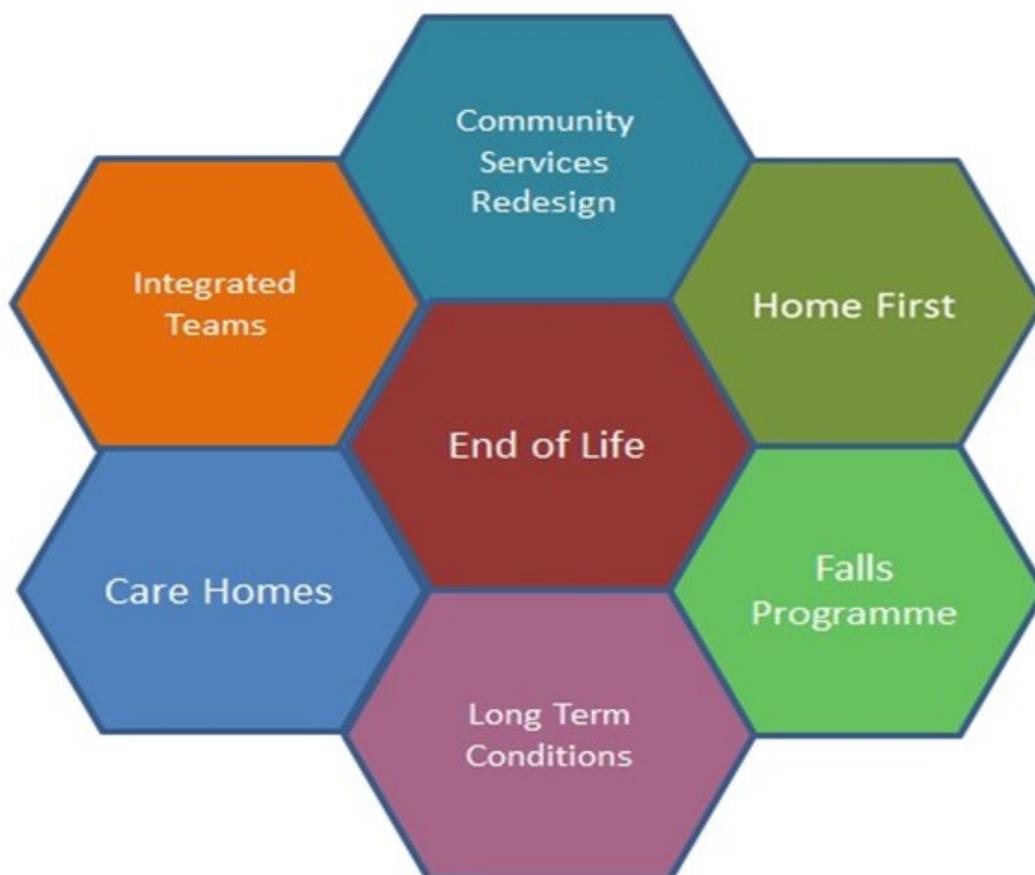
A business update for partner boards, governing bodies and members

July/ August 2019

Welcome to the fifth business update from the System Leadership Team (SLT) of Better Care Together. The purpose of this update is to inform governing bodies, boards and members on the key business and strategic work programmes being discussed and taken forward by SLT.

Delivering for the community

The Integrated Community Programme for Better Care Together (BCT) brings together a range of activities in key areas:



The System Leadership Team (SLT) for BCT has heard of a number of successes of the programme. These include a new model of care being agreed for the community services re-design, the development of integrated crisis response and re-ablement for Home First in the city and county, a pilot scheme for the respiratory integrated discharge team, and the development of three 'early implementer' sites testing multi-disciplinary team working in the integrated neighbourhood teams.

All of this work is bringing teams closer together and providing public and patients with a more tailored and effective service. Improvements made through the Care Homes Sub-Group, comprising of health and care partners, shows that last winter there was a 17% reduction in admissions from care homes in the small pilot group.

Priorities over the next year include:

- Working with place based groups to develop and commission for outcomes for integrated community services
- Organisational development of Integrated Neighbourhood Teams developing population health management approaches at neighbourhood level
- Stimulating provider partnerships/alliances to deliver integrated care
- Developing an integrated therapies model including acute pathways
- Continuing to develop the support offer for care homes including telemedicine
- Integrating end of life care teams, aligning specialist and generalist resources supported by a single access point to triage and co-ordinate care
- Consistent LLR contractual approach for long term conditions management delivered in primary care and by Primary Care Networks
- Improved 'non blue light' response to falls

The implementation of these new ways of working presents some real challenges to the system. These include workforce issues, addressing inconsistent approaches to implementation and limited OD resources.

Steps forward made in primary care

Primary care leaders in LLR have been reflecting on some of the advances made over the past 12 months.



These include having the five-year GP strategy signed off by NHS England, the development of a LLR primary care board, the launch (1 July 2019) of the 25 primary care networks across LLR achieving 100% patient coverage and progress towards meeting the GP Forward View (including the recruitment of 14 international GPs and online consultation roll-out to all practices).

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Key priorities for the future are turning the GP strategy aims into action and supporting the new primary care networks to help them achieve their objectives.

The challenges in primary care and ways to tackle them were also considered by SLT. These include the demand on services through growth and demographic change, workforce shortages and the ability to recruit doctors and nurses as well as other new staffing groups

Improving our planning for planned care

An elective (planned) care transformation plan has been produced covering 2019-20 and has received positive feedback from NHS England and NHS Improvement. The document covers planned care from both commissioner and provider perspectives, reviews progress to date, and sets out priority areas for the year ahead.

The work fits in closely with the NHS Long Term Plan and aims to achieve a reduction in outpatient attendances by 30 per cent over the next five years. Themes covered within the plan include diagnostic imaging, pathology, reconfiguration at UHL and the development of the Planned Care Treatment Centre at Glenfield Hospital, proposals for 'First Contact Practitioner' (advancing care and treatment without the need for a GP referral) and improving the quality of ophthalmology services.

Planned care leaders acknowledge that the way the LLR system delivers both acute and community services has to change over the coming years in order to become both financially and clinically sustainable. Planned care faces a number of pressures – increased demand for services, workforce challenges, and cancellations in elective care due to times of increased emergency admissions at Leicester's hospitals. Improving efficiency of services is key to progress. Planned care pathways are being re-designed so that some outpatient appointments, diagnostic tests and day-case procedures can be carried out in community hospitals and other facilities in primary care. This will reduce unnecessary acute hospital visits, outpatient appointments and follow-ups in acute hospitals.

A number of achievements have been recorded to date. These include:

- Across 31 specialities, there has been a reduction of 2,490 GP-initiated new appointments and 2,750 follow-up appointments, saving £539,000 and £274,000 respectively
- 102 low value treatment policies have been developed and contracts produced
- The introduction of a musculoskeletal (MSK) triage service (for conditions affecting joints, bones, muscles and soft tissues)
- The development, in conjunction with UHL, of four diagnostic pathways to reduce the number of inappropriate tests.



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There are a number of key initiatives for 2019-20 which include:

- Developing a Referral Support Service across LLR for MSK, dermatology (skin conditions), ear, nose and throat, general surgery, and ophthalmology. The service will help identify patients who would benefit from being seen in primary/community care rather than in hospitals, making the best use of both clinical and financial resources
- Making best use of MRI facilities ensuring the most appropriate patients are sent for imaging diagnosis
- Ensuring that referrals for pathology tests are clinically appropriate and reducing duplication in testing
- Carrying out more eye tests/services in the community rather than in hospital
- Stabilising the referral-to-treatment waiting list
- Improving the productivity of our hospital theatres.

Improving the state of our estates

The SLT has received an update on the progress to date to implement the STP Estates Strategy which was originally submitted to NHS England/NHS Improvement in July 2018.

The Strategy was rated as 'good', but feedback indicated where further improvements could be made.

In response to the national recommendations, there is now a regular LLR Estates Group which meets every six weeks, linking in with the SLT.

Following feedback that efforts should be adequately resourced, the project management office function is delivered by one provider (University Hospitals of Leicester) which has the single biggest reconfiguration scheme in LLR and a strong interest in the estates workstream.

In other feedback, NHS England/NHS Improvement requested that there should be greater consideration of how the primary and community care infrastructure could be best utilised for transformation. It is envisaged that a primary care estates strategy will be in place by October 2019.

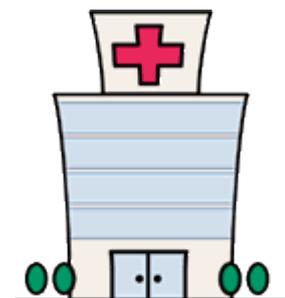
BCT is enhancing its leadership capacity and capability for estates management and has sponsored seven staff to undertake the Better Business Care foundation training, with four members of staff having completed its practitioner level.

End-of- Life improvements

Progress is being made across the board with the end-of-life programme – amber and green (RAG) rating index for the programme has seen eleven projects rated green and three as amber.

The programme is advancing schemes in training and education, communications and engagement, service improvement, and information management and technology.

Plans on track include the launch of the integrated clinical nurse specialist teams on 1 October 2019 and opening up the palliative care hub to social care.



Getting our partnership fit for the future

BCT leaders are working on their response to the NHS Long Term Plan and the Implementation framework that has recently been published. Local areas are being asked to demonstrate how they will meet key aims of the Long Term Plan and ensure their financial sustainability. It is envisaged in LLR that a draft submission in response will be ready for late September 2019 and a final submission in mid-November 2019.

The three LLR CCGs have developed proposals for streamlining their governance arrangements from October 2019 to support the appointment of a single accountable officer and senior management team. Discussions are ongoing with individual organisations with proposals going to governing bodies for formal approval in September 2019, with collaboration commencing from October 2019.

The CCGs have developed a case for change to support the proposals. This was discussed at a joint governing body development session in July 2019 and will be formally considered in August 2019. This will seek approval to commence engagement on the proposals with stakeholders and member practices.

A workshop has been held to take forward the discussion regarding the formation of a Partnership Group to enhance the system governance arrangements. Group members were keen on its further development and agreed the role and purpose. As a result of the workshop, minor changes are being made to the draft terms of reference and the first formal meeting of the group is likely to be held in September 2019.

In addition, the NHS Long Term Plan has set out a requirement that by April 2021 Integrated Care Systems (ICSs) will cover the whole country, growing out of Sustainability and Transformation Partnerships.

Work has been undertaken to look at the maturity of the current system and an assessment already completed scoring our system on different levels of maturity.

In addition a 'maturity progress self-assessment' has been produced by NHS England to help local areas understand where they are on their journey to an ICS. Questionnaires for this self-assessment have been sent out to key stakeholders as a further tool to take us forward.

Leicestershire County Council has asked that the following statement of position be included in BCT communications:

“The County Council strongly supports the integration of health and care services whenever possible and to the benefit of those receiving care in any setting. The Council continues to commit significant resources to that end. However, in the case of a move to an ‘Integrated Care System’ in Leicester, Leicestershire and Rutland, as required by NHS England, the County Council is awaiting clarification from the NHS as to what this would actually mean in practice before it can indicate its support.”

