



# Better care together

A Partnership of Leicester, Leicestershire & Rutland Health & Care

## Better Care Together

**Report No. 269-2013**

<b>Meeting Date:</b>	RUTLAND HEALTH AND WELLBEING BOARD 26 November 2013	<b>Agenda Item: 5</b>
<b>Subject:</b>	Better Care Together	
<b>Author/Presenter</b>	Anni Hartley-Walder Better Care Together Programme Director	

## Purpose of this report

For information:

To update the Rutland County Council Health and Wellbeing Board on the progress of the Better Care Together Health and Social Care Programme

## 1. Introduction

It is accepted that there is need for a significant change in the model of health and care in Leicester City, Leicestershire and Rutland (LLR) given the evolving needs of the population, the drive for improvement in quality and the financial pressures across the system, which are significant.

**Better Care Together** is a collaborative strategic partnership of key health and social care organisations within LLR. It ensures a viable future with integrated, high quality, affordable and sustainable health and social care services delivered in the most appropriate way to local people.

It is well accepted between partner organisations that no single part of the health or social care economy, be it commissioners, providers or local authorities can bring about genuine transformational change, improve patient and service user experience and address the financial challenge, in isolation from other parts of the local health and care economy.

The core organisations in the partnership include:

- Rutland County Council
- University Hospitals of Leicester (UHL)
- Leicestershire Partnership Trust (LPT)
- Leicester City Clinical Commissioning Group (LCCCG)
- West Leicestershire Clinical Commissioning Group (WLCCG)
- East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG)
- Leicester City Council
- Leicestershire County Council
- Healthwatch (across LLR)
- NHS England Local Area Team (for Primary Care & Specialist Commissioning)

**Context:**

Leicester City, Leicestershire and Rutland have a combined population of just over 1 million people but the demographic makeup of the three areas are different and this leads to some differing health and social care priorities. The 2011 census showed that the number of people in the region had grown by 9.2%, with the number of people over the age of 65 increasing by 15%, with projections suggesting that this number will continue to increase to 2030. Service delivery needs to adapt and change to ensure it continues to be relevant to the needs of the population.

**Economy:**

Financial forecast, based on the current baseline, predicts a joint Leicester City, Leicestershire and Rutland health system deficit of £290m by 2017/18. This is predicated on Commissioners (per QIPP) deficit of circa £100m and main providers, UHL & LPT (pre CIP) deficit of circa £190m. This deficit is driven by demographic and residual growth drivers and increasing costs of delivering healthcare. In addition, the social care system is subject to additional and increasing financial pressures across all three local authorities of c £81m

**Strategic Aim**

Better Care Together drives fundamental redesign of service pathway and introduces new means of service delivery. It puts quality and safety at the heart of care delivery as a lead priority in the context of efficient exploitation of all available resources.

**2. The Better Care Together strategic workplan**

The LLR wide Better Care Together Strategy for Health & social Care is currently being agreed between the BCT partnership. Chief Officers have worked together to map out the activity and timelines to achieving the strategy.

Better Care Together coordinates change which is achieved by:

- Redesigning health and care pathways to ensure, modern, integrated, joined up services across organisational boundaries
- Identifying efficiencies achieved through delivering pathways in new ways, in new places, through existing and/ or new providers
- Shifting the delivery of some healthcare services away from hospital based care (acute and non-acute) towards prevention, improved primary and community care and more home based care.
- Ensuring sustainable change through mature economic modelling of future health and care scenarios
- Defining the financial, quality and access implications of proposals that aim to take out overcapacity, reduce duplication and minimise waste.

There are three key clinical and care workstreams

- ❖ Urgent Care
- ❖ Planned Care
- ❖ Long term conditions.

A description is attached

### 3. Reviewing & Restructuring Better Care Programme

#### **Governance and Decision making**

In recent months we have reviewed and restructured the Better Care Together Programme Governance to reflect a stronger more integrated role for the Leicester Leicestershire and Rutland local authorities.

We wanted a more effective structure to take forward the strategic vision and joint workplan and needed to be clearer as to how the programme fits with the strategic decision making bodies that it operates within.

The Better Care Together Governance Map is attached.

The key features include:

#### **Leadership: a Better Care Together Experts Steering Group**

The purpose of the Experts Steering Group is to provide the mandate for change, leadership and support to the BCT partnership and for individual group members to act as advocates and enablers in their respective organisations.

Membership includes senior executive and non-executive membership from all partner organisations including a local authority member from each Health & Wellbeing Board and/or Overview and Scrutiny. This group will have its inaugural meeting in January 2013.

#### **The Better Care Together Programme Board**

A new, smaller, more focused Programme Board has been established and has met each month from September.

Membership includes senior management from all partner organisations including each local authority including Rutland. Its purpose is to ensure a blueprint for change with good BCT management and governance. It assures system wide strategic programme planning is effective and workstreams accountable through regular monitoring reporting of progress, risks and issues. It takes opportunity for greater working together and makes it happen.

It takes the draft proposals for new, joint models of health and care on to the appropriate decision making forums.

#### **The Better Care Together Task Groups**

These groups are new ways of working together on important cross cutting themes that arise from proposals for new models of health and care. These groups have middle management, specialist representation from all partner organisations. In addition – all the groups have Public & Patient representation and clinical representation.

#### **The BCT Task Groups are as follows:**

##### **❖ BCT Public, Patient & Service User Task Group**

Purpose: To facilitate public involvement in the BCT workstreams and projects. To ensure the PP&SU perspective and experience contributes to the work of BCT and involvement that is appropriate and consistent through the programme. To assure the programme board that this is effective

Chair : Healthwatch

##### **❖ BCT Clinical Quality Task Group**

Purpose: Clinical engagement in BCT to ensure clinical effectiveness of change. BCT- wide Quality and Clinical Risk review.

##### **❖ BCT Communications and Engagement Task Group**

Purpose: The design and delivery of the Communications and Engagement Strategy. The client side management of any externally procured comms support. The planning for specific engagement episodes. The LLR NHS' Call to Action' plan

❖ **BCT Economic, Activity and Capacity Task Group**

Purpose: Quality assurance of the economic assumptions in BCT workstreams and projects. Brings together and updates BCT Programme wide progress against economic assumptions

❖ **BCT Reconfiguration Task Group**

Purpose: To understand the implications of the service model changes across health and care on the estate and infrastructure in LLR. To draw together on overall coherent blueprint and plan

❖ **BCT Strategic IM&T Task Group**

Purpose. To map the overall IM&T needs in LLR health and care and look for opportunities to work effectively across boundaries in new emerging technologies

The chairs of each task group are in attendance at the BCT Programme Board.

#### 4. Communications and Engagement

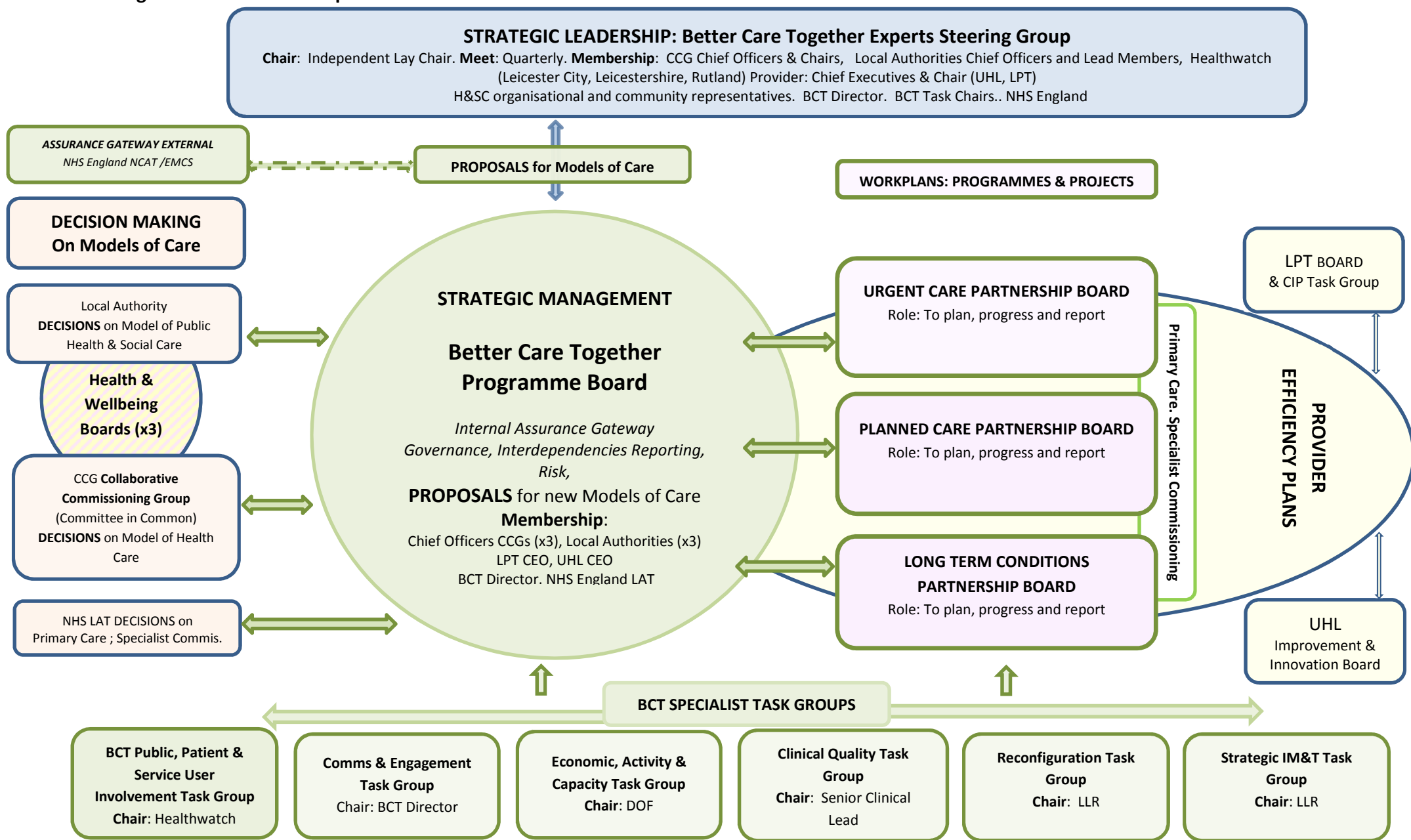
Better Care Together NHS 'Call to Action'.

NHS England is looking to Better Care Together to be the LLR means of delivering the local autumn NHS Call to Action. This should be a high level position statement – identifying the LLR challenges and opportunities. And to bring to people's attention that health and care will look and feel different across LLR in five years' time.

Work is progressing to draft key messages that BCT partner organisations can use through their existing means of public engagement.

We are in the process of a mapping exercise to understand how 'change' in health and care is currently being communicated to public and other key stakeholders. The work to understand the comms and engagement landscape and the interface with BCT will be taken forward as an activity with the Better Care Together Comms leads in the BCT Task Group.

**Better Care Together Governance map FINAL 0.2 NOV 2013**



## Better Care Together Workstreams and cross cutting 'Domains'

