

Report to Rutland Health and Wellbeing Board

Subject:	LLR HEALTH AND SOCIAL CARE 5 YEAR STRATEGY DIRECTIONAL PLAN FOR BETTER CARE TOGETHER PROGRAMME
Meeting Date:	15th July 2014
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Presented by:	Geoff Rowbotham
Paper for:	Note

Context, including links to strategic objectives and/or strategic plans:

EXECUTIVE SUMMARY:

The Better Care Together (BCT) Programme Board is responsible for the production of the 5 year strategic plan for the Leicester, Leicestershire and Rutland (LLR) health and social care system. The Programme Board includes local social care and health commissioners and providers, and public and patient representatives. It is supported by a structure of clinical, patient and public, and political reference groups, and by enabling groups e.g. Estates, Workforce.

The BCT Programme is taking a phased approach to the production of the 5 year strategic plan: development (to June 2014); discussion and review (June to September 2014); and, implementation and formal consultation where required (October onwards). The attached strategic plan is in the development phase, and is therefore to be regarded as draft and directional.

Any major service change will need to meet the four government test for health reconfiguration. Formal consultation may be required on elements of the final plan, following local discussion and NHSE's formal consultation review.

Financial implications:

Recommendations:

The Health and Wellbeing Board is requested to:

1. Note the attached LLR draft 5 year directional strategic health and social care plan.
2. Note the involvement input of Chief Executive, strategy and finance leaders, and other colleagues, from Leicester City CCG, East Leicestershire and Rutland CCG, West Leicestershire CCG, Leicester City Council, Leicestershire County Council, Rutland County Council, Leicestershire Partnership NHS Trust, University Hospitals of Leicester NHS Trust and NHS England Lincolnshire and Leicestershire Area Team in the development of the draft plan. This involvement has been at organisational, group (such as Chief Officers, Chief Finance Officers and Strategy Delivery Group) and individual, both formally, through workshops, summit events and informal discussion, as well as by the Programme Board as a whole.
3. Note the involvement of the Clinical Reference Group and Patient and Public Involvement Reference Group and representatives from patient, carer and the voluntary sectors in the development of the plan.
4. Agree how the H&WB Board wishes to give feedback on the plan during the 'discussion and review' period (June-September) and then a date to give its formal approval

Strategic Lead:		
Time		
Viability		
Finance		
Profile		
Equality & Diversity		

Main Report

The Better Care Together (BCT) Programme Board is responsible for the production of a strategic plan for the Leicester, Leicestershire and Rutland (LLR) health and social care system, covering the period of 2014/15 to 2019/20. The BCT Programme Board includes the three LLR local authorities (Leicester City, Leicestershire County, Rutland County), three LLR Clinical Commissioning Groups (Leicester City, East Leicestershire and Rutland, West Leicestershire), NHS England Lincolnshire and Leicestershire Area Team (commissioner for primary care and specialist health care), the three local Healthwatch organisations (Leicester, Leicestershire, Rutland), University Hospitals of Leicester NHS Trust and Leicestershire Partnership NHS Trust.

The Programme Board has established a Clinical Reference Group and a Patient and Public Involvement Reference Group, who have had pivotal roles in the development of the draft plan.

A first draft of a 5 year strategic plan was submitted on behalf of the LLR unit of health and social care planning to NHS England (NHSE) on 4th April 2014. NHSE required LLR, as a 'unit of planning' to submit a further update of the 5 year strategic plan to NHS England on Friday 20th June 2014, that triangulates with local CCG, provider, Health and Well Being, Local Authority and Area Team plans. The BCT Board met this requirement and submitted the enclosed draft strategic plan on 20th June.

The BCT Programme is taking a phased approach to the production of the 5 year strategic plan: development (to June 2014); discussion and review (June to September 2014); and, consultation and implementation (October onwards). Chief Executive colleagues, strategy and finance leaders, and other colleagues, from Leicester City CCG, East Leicestershire and Rutland CCG, West Leicestershire CCG, Leicester City Council, Leicestershire County Council, Rutland County Council, Leicestershire Partnership NHS Trust, University Hospitals of Leicester NHS Trust and NHS England Lincolnshire and Leicestershire Area Team in the development of the draft plan. This involvement has been at an organisational level, through formally established groups, such as Chief Officers, Chief Finance Officers and Strategy Delivery Group, through workshops, and through a wide range of informal and individual discussions.

The Clinical Reference Group and Patient and Public Involvement Reference Group have supported the development of the plan, including developing the health and social care case for change and reviewing criteria for service change prioritisation. The Estates, Workforce, IM&T and Communications and Engagement Enabling Groups have been involved in developing the enabling requirements for delivering the plan. The Programme has benefited from the facilitation and support of Ernst & Young (EY) in the development of the plan. EY's support has been funded by NHS England and the Trust Development Authority, both of whom are represented on the Programme Board.

It is proposed to undertake local discussion and review of the plan, with organisations and stakeholder groups, prior to formal presentation to health and Well Being Boards and member Boards during September 2014. NHSE will undertake an assurance review of the plan, which will inform the final plan. NHSE will also undertake formal consultation review of the plan. The attached strategic plan is therefore to be regarded as draft and directional, for discussion with local stakeholders.

Any major service change will need to meet the four government test for health reconfiguration i.e. strong public and patient engagement; consistency with patient choice; clear clinical evidence base; and, clinical commissioning support.

Formal consultation may be required on elements of the final plan, following local discussion and NHSE's formal consultation review. Any consultation will not take place before May 2015.