

INTEGRATION PROGRAMME PLAN

Key In progress / Not started
 Completed
 Behind schedule
 Ongoing process/no critical milestones

2016/17 2016/17

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Programme Management															
Better Care Fund Plan and Reporting															
BCF Plan Submission															
Final sign-off of BCF Plan	26														
BCF Plan Submission to NHS England		3													
Assurance on BCF plan from NHS England															
BCF Quarterly Reporting (timetable from NHS England pending)															
Communications Plan for Integration Programme															
Develop and launch integration programme website															
Integration programme Stakeholder Bulletins															
Social isolation public campaign															
All Member Briefings	20														
Section 75 Agreement															
Revise schedules of existing section 75 agreement & approval process															
Confirm with NHS England section 75 document signed off (via quarterly report)															
Unified Prevention Offer															
Design Unified Prevention Offer and Commissioning Intentions for 2017/18															
Design and refresh performance designed dashboard for 2017/18 offer															
Co-produce specific health & wellbeing outcomes for social prescribing developments within Leicestershire															
Target prevention offer to specific cohorts of patients per BCF/BCT															
First Contact Plus															
Development of integral web based/website/inbound & outbound referral plus case management system															
Develop quality assurance monitoring of First Contact Plus Service															
Comms and Engagement Plan															
Development/design of literature															
Media launch of First Contact Plus															
Ongoing engagement programme across partners															
Information Sharing Agreement															
Carers Service															
Develop a new LLR joint (health & care) Carers Strategy for 2017/20															
Develop carers strategy															
Review/sign-off of the draft carers strategy prior to consultation															
Consultation of draft strategy (Stakeholders and Carers)															
Write up the consultation findings and finalise strategy															
Governance process to sign-off strategy															
Launch of strategy															
Review of Carer Support Pathway															
Plan to be completed															
Review the current carers services															
GP Health and Wellbeing Board Service															
Support for Carers															
Carers Respite Framework															
Local Area Coordination															
Deliver the Local Area Coordination Pilot															
Level 1 delivery - information, advice & guidance to clients															
Level 2 delivery - each LAC to be working with 50-65 individuals at one time															
Ongoing delivery of level 2 support to 50-65 individuals per LAC															
Local Area Coordination Business Case & Intentions for 2017/18															
Develop draft business case															
Review & share costing models approach with partner organisations															
Identify partner benefits															
Governance process to approve draft Business Case															
Decision on funding of Local Area Coordination required															
Implement agreed decisions for future service															
Evaluation															
Second interim report															
Third interim report															
Final evaluation report															
Implement the lessons learnt from reports into phase 2															
Using asset based community development to support cultural change															
Assistive Technology (details in progress)															
Develop OT & AT strategy 2017-20															
Develop strategy															
Review/sign-off of draft strategy prior to consultation															
Consultation of draft strategy															
Write up the consultation findings and finalise strategy															
Governance process to sign-off strategy															
Launch of strategy															
Assistive Technology Contract															
Decision of procurement option															
Integration with Telehealth															
TO BE CONFIRMED															
Assessment/Monitoring Tool															
Support 100% healthcare with AT															
Review options for implementation of trying to support 100% healthcare with AT (for standalone equipment)															
Engage with CHC - how they can order AT, recharge back and who signs off															
Link to Help to Live at Home programme															
Monitor/review capacity for increased activity															
Marketing/comms activity with domiciliary providers															
Lightbulb Pathway															
Pre-Business Case development															
Full Business Case, including service model redesign signed off by Programme Board															
Roll-out of assessment & triage redesign implemented															
Expansion of Housing Support Coordinator role into triage & referral routes															
Locality model roll-out															
Development of preventative elements with health colleagues to expand locality model															
Full implementation															
Falls Pathway															
Falls Pathway Dashboard															
Develop falls dashboard															
Build in pathway 3 data															
Build in eFRAT tool reporting															
Understand data on pathway of NHS111 calls															
Falls Clinic Commissioning															
Review of commissioning activity for falls clinic															
Understand delivery requirements															
Recommendations for new delivery pathway															
Clinical Audit of Falls Service															
Design & undertake audit															
Feed recommendations of audit into falls pathway															
Falls Prevention IAG Pathway to overall prevention offer															
Understand what information each service currently has & current pathways															
Ensure signposting reflects new pathway design															
Launch of falls prevention IAG pathway to prevention offer															
Falls Prevention Strategy															
Refresh existing strategy															
Stakeholder consultation															

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Finalise strategy															
Launch of strategy															
Review of use of Assistive Technology in the falls pathway															
Joint strategy of use of AT across the partnership															
Single agreed approach to falls prevention in care homes															
Early prevention for self-funders and those at risk of falling															
Use Care and Healthtrak to track known fallers															
Review current data captured of known fallers															
Review actions taken by professionals (GPs, Pharmacists) if know patient at risk of falling															
Design information routes & access to services for falls															
Build outcomes into falls prevention pathway															
FRAT Tool															
Understand the use and issues of current paper FRAT tool															
Design electronic version & referral point															
Test eFRAT tool for accuracy & ease of use															
Create & deliver staff training on eFRAT tool															
Launch eFRAT tool															
Supporting Leicestershire Families															
Future commissioning intentions for the Supporting Leicestershire Families Service															
Protected Prevention Services															
LD Short Breaks (NHS) - (funded by BCF)															
Residential Respite (SC)															
Commissioning intentions for Alzheimer's Society dementia services (dates TBC)															
Integrated, Proactive Care in People with Long Term Conditions (LTCs)															
Integrated, Proactive Care (Risk Stratification and Care Management)															
Proactive Care (West Leicestershire)															
Long Term Conditions (East Leicestershire)															
Improving Quality in Care Homes															
Protected LTC Services															
Nursing Care Packages (SC)															
Home care services (SC)															
Long Term Conditions QIPP															
TBC															
Integrated Urgent Response															
Integrated Crisis Response Service (ICRS)															
Review current effectiveness of service															
Alignment with the BCT end of life review output															
Review options/opportunities for the integration of health and care services for further integration															
Establish and agree future commissioning intentions for the service															
Draft service specification															
Rapid Assessment for Older Persons' Unit (OPU)															
Implement service provision adjustments agreed by Step Up/Step Down Programme Board															
Develop metrics/KPIs															
Conclude OPU evaluations (SIMTRG8 & clinical audit)															
Link to wider prevention offer															
Review the service model of the OPU to establish future service design															
Implement model of care changes follow OPU review															
ELRCCG - Integrated 7 day community urgent care (with additional AVS capacity)															
Run six month pilot (start Feb 16)															
Evaluation of six month pilot															
Development of KPIs/Trajectories															
Recruit/identify resource to undertake scoping exercise															
Additional triage ECPs & GPs recruited & in post to cover ELR population 7 days per week															
Healthier Communities Programme Board to lead implementation of recommendations from scoping exercise															
WLCCG - Weekend Working Service															
Ongoing service delivery															
Agree KPIs/trajectories															
Review of service (see below - Charnwood Urgent Care Testbed)															
WLCCG - AVS Service															
Ongoing service delivery															
Agree KPIs/trajectories															
Review of service (see below - Charnwood Urgent Care Testbed)															
WLCCG - Charnwood Urgent Care Testbed (Vanguard)															
Produce terms of reference for oversight group															
Further details to follow															
Testbed will pick up the enhanced clinical care at Loughborough Urgent Care Centre															
Ambulatory Pathways at Clinical Decisions Unit (Glenfield Scheme)															
Present findings of rapid assessment clinic test cycle week (14-18 March)															
Agree phase 2 proposal															
8 week extended pilot															
Detailed analysis of outcomes, sustainability and cost effectiveness															
Hospital Discharge and Reablement															
Residential Reablement															
Hospital to Home															
Review current Hospital to Home service & report findings															
Intermediate Care															
Protected Reablement Services															
Reablement (NHS)															
Intensive Community Service (NHS)															
Improving Mental Health Discharges															
Protected Hospital Discharge Services															
Step Down (NHS)															
Assertive In Reach (NHS)															
Maintaining the Social Care Assessment Pathway (SC)															
Help to Live at Home (HTLAH)															
Review of HART service & refresh service specification															
Transition to new HTLAH (domiciliary care) service															
Commence HTLAH service															
Non-weight bearing pathway															
Social Care DST Workers															
Better Care Fund Enablers															
BCF Evaluation															
Appoint lead to coordinate evaluation programme															
Simtegr8 Evaluation Project															
Dissemination of phase 1 evaluation study findings in conjunction with Loughborough University															
Phase 2 evaluation study scoping															
Phase 2 evaluation delivery															
Phase 2 report															
Clinical Audits															
2016/17 programme being scoped															
Joint Commissioning Workplan for 2016/17															
Scope 3 elements of the workplan															
Joint Commission 1 - Care and Nursing Homes															
Joint Commission 2 - High cost placements for learning disabilities															
Joint Commission 3 - CHC/personal budgets															
LLR Integrated Point of Access (PoA)															

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Delivery final business case for LLR PoA and implementation plan															
Review through governance process across LLR organisations (governance plan available)															
Implementation plan for phase 1 of PoA															
Care and Healthtrak															
Phase 2 implementation of Care & Healthtrak															
BI workplan for 2016/17															
Commissioning intentions for Care & Healthtrak in 2017/18															
Health and Social Care Protocol															
Priority actions for the health & social care protocol for 2016/17															
Scoping a Summary Care Record solution for care planning (via LLR IM&T Group)															
Development of LLR Sustainability Transformation Plan (STP) (Dependency)															
Preparation of the medium term integration plan 2017-20 (link to STP) - <i>National guidance pending</i>															