Agenda Item 6

Leicestershire County Council

CABINET – 15 JULY 2014

BETTER CARE TOGETHER

LEICESTER, LEICESTERSHIRE AND RUTLAND FIVE YEAR HEALTH AND SOCIAL CARE STRATEGIC PLAN 2014-2019

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

PART A

Purpose of Report

1 The purpose of this report is to advise the Cabinet regarding progress with the development of the Leicester, Leicestershire and Rutland (LLR) Five Year Health and Social Care Strategic Plan 2014-19, which has been published for discussion and review, and to advise on the further work that will take place before the final plan is approved in September 2014.

Recommendations

2 It is recommended that Cabinet:

a) Notes and supports the Leicester, Leicestershire and Rutland (LLR) Five Year Health and Social Care Strategic Plan 2014-19;

b) Notes the further work which will be undertaken to develop the Plan during the discussion and review period as set out in this report;

c) Receives a further report at its meeting in September regarding the proposed final Plan.

Reasons for Recommendations

3. Better Care Together (BCT) is the biggest ever review of health and social care in LLR. The County Council is a key member of the partnership of NHS organisations and local authorities across the area. All governing bodies of the partners are being asked to consider and approve the Plan.

Timetable for Decisions (including Scrutiny)

4. The Plan was published on 26 June 2014 for discussion and review. It will be considered by the Health and Wellbeing (HWB) Board on 17 July 2014 and by the relevant Overview and Scrutiny Committees on 21 July and 1 September 2014.

5. The final version of the Plan, incorporating feedback received during the discussion and review period, will be presented to the Cabinet on 12 September 2014 and to the HWB Board on the 16 September 2014.

Policy Framework and Previous Decisions

6. Health and social care integration is a priority for the Council and is seen as crucial to the success of the Transformation Programme. It is also a national priority and is a requirement of the Better Care Fund (BCF). The BCF Plan was supported by the Cabinet and approved by the HWB Board in April 2014.

Resources Implications

7. The Plan is essential to address a predicted financial gap, if no action is taken, of £398m by 2018-19 across the NHS organisations in LLR. In addition to this, the Plan recognises the pressures on local authorities and the further work required to take these into account and be incorporated into the next iteration of the model.

8. While at this stage there are no immediate resource implications, the Plan will entail the production of a series of business cases spanning several financial years, which the Cabinet will be involved in approving in due course.

9. The 'directional' proposals in the plan will have implications for the pattern of expenditure across the health and social care economy. Expenditure is likely to move from acute to community settings such as social care. This will need to be modelled and resources allocated appropriately.

10. The Director of Corporate Resources and the County Solicitor have been consulted on the contents of this report.

Circulation under the Local Issues Alert Procedure

None.

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PART B

Background

11. The BCT Five Year Health and Social Care Strategy 2014-19 is a directional plan for LLR. It represents the outputs of ongoing collaborative working between health and social care partners across LLR and is the basis for more detailed planning through summer 2014. As such, there will be further extensive engagement of LLR public, patients, service users, staff and other stakeholders. In September, a revised version, with a more detailed implementation plan, will be published.

12. The plan has been submitted to NHS England and the NHS Trust Development Authority by the NHS Clinical Commissioning Groups (CCGs) for West Leicestershire, East Leicestershire and Rutland, and Leicester City. The contents have been prepared with the involvement of local authorities, NHS providers and local Healthwatch bodies. A copy of the BCT summary is attached to this report in the Appendix. The full version of the directional plan is available at http://www.bettercareleicester.nhs.uk/information-library/better-care-together-plan-2014/.

13. There is a clear **case for change** in health and social care services across LLR:

    a) ***Integrated quality care*** *is needed* – most people already get good quality care, but there are areas which can be improved. People want to be fully engaged in making positive choices about their own health and lifestyles, and to participate in the shaping and development of health and care services. People expect access to transparent and accessible data and advice about health and services, and to be able to choose which health services they can use and how to access them. Performance needs to improve across a number of key operational indicators, such as waiting times. While health and social care outcome measures show a mixed picture, with good performance as well as areas to be improved, there is scope for a step change in quality and outcomes.

    b) ***Changes to the workforce*** *are needed* – addressing a future forecast shortfall in the local and national workforce, through different ways of working across settings of care. Capacity and capabilities need to be developed in our people and the technology that supports them.

    c) The ***changing needs of the LLR population*** *need to be met* – there is a rising demand for health and social care, with the LLR population forecast to grow by 3% over 2014-19, with a changing age profile - 12% growth in the over-65 population. More people are living with single and multiple long-term health conditions, and there are rising health inequalities. While county areas will see growth in older people, the city has a population where many die early from preventable illness.

    d) ***Value for money*** *needs to be ensured* - health and social care organisations need to achieve financial sustainability to support the improvements in outcomes sought, against a background of financial constraint. It is recognised that the local authorities in the LLR system face very significant financial pressures. There is a forecast financial gap of £398m in NHS services and a forecast savings requirement of £177m in local authority services by 2019 if the system does not change. Commissioners need to make phased savings to

deliver investments in the models of care that will provide the highest quality and best outcomes for patients and citizens.

e) ***Primary, community and voluntary sector care*** needs to be strengthened, to deliver integrated care, optimising the use of physical assets such as estates, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste.

14. The case for change creates a real opportunity for partners to redesign the way services are provided and to achieve a new **vision** for LLR:

"…to maximise value for the citizens of LLR by improving the health and wellbeing outcomes that matter to them, their families and carers in a way that enhances the quality of care at the same time as reducing cost across the public sector to within allocated resources by restructuring the provision of safe, high quality services into the most efficient and effective settings."

15. The vision has been agreed by all partner organisations and reflects extensive engagement of citizens, patients, social care clients and staff. The vision drives six strategic **objectives**:

- ***System Objective One*** - to deliver high quality, citizen centred, integrated care pathways, delivered in the appropriate place and at the appropriate time by the appropriate person, supported by staff/citizens, resulting in a reduction in the time spent avoidably in hospital.
- ***System Objective Two*** - to reduce inequalities in care (both physical and mental) across and within communities in LLR resulting in additional years of life for citizens with treatable mental and physical health conditions.
- ***System Objective Three*** - to increase the number of those citizens with mental and physical health and social care needs reporting a positive experience of care across all health and social care settings.
- ***System Objective Four*** - to optimise both the opportunities for integration and the use of physical assets across the health and social care economy, ensuring care is provided in appropriate cost effective settings, reducing duplication and eliminating waste in the system
- ***System Objective Five*** - all health and social care organisations in LLR to achieve financial sustainability, by adapting the resource profile where appropriate.
- ***System Objective Six*** - to improve the utilisation of the workforce and the development of new capacity and capabilities where appropriate, in people and the technology used.

16. To realise the vision means changes in the **settings of care**, that is, a series of transformations in self-care, education and prevention, primary care, community and social care services, crisis response, reablement and discharge, and acute services both secondary and tertiary care.

17. Threaded through the settings of care are eight overarching **service models**, each reflecting the current situation and desired outcomes in five years time, and setting out how change will be made. The service models are urgent care, frail and older people, long term conditions, planned care, maternity and new born services,

children's services, mental health, and learning disabilities. Further work is planned for parallel developments in primary care and social care services.

18. The service models align with and are partially enabled by the plans for the use of the **BCF** across LLR. In particular, they address common BCF themes:

- Citizen participation and empowerment;
- Prevention and early intervention/detection;
- Integrated crisis response;
- Improving hospital discharge and reablement;
- Integrated, proactive care for people with long term conditions.

19. All three CCGs have committed to supporting BCF for the five years covered by this plan, not just the two year period mandated nationally. The vision for sustainable care in this five year plan maps to the key quality improvement metrics set out in the BCFs, such as reduction in avoidable emergency admissions, delayed transfers of care and residential admissions, as well as improved effectiveness of rehabilitation after discharge and improved patient/service user experience.

Primary and social care

20. As a result of developing the case for change, the strategic aims, and the purposes and standards for each setting of care, it is recognised that the health and social care system needs to develop strategies for primary and social care provision, that are aligned to the case for change and transformation proposals. The Council will, within such a new system, respond to:

- The differing profiles of existing services provided and requirements for future service provision for both urban and rural based communities.
- The requirement for a strategic response to primary medical services, recognising alongside this the importance of developing the full range of primary care services, ie pharmacy, dentistry etc, to align with the proposed new models of community and secondary care.
- The need for present and future requirements to include key areas, including future workforce requirements and service and site configuration.
- The requirement for social care to build on the existing BCF two-year plans by identifying next steps, future service models and activity and capacity requirements. Within this review the future impact of the Care Act will be considered.
- The opportunity to ensure 'care closer to home', 'best practice' and 'external learning' informs the review.

21. It is proposed that this strategy development will build on the discussion from the June 2014 Local Medical Committee (LMC) primary care summits, and be scoped in July 2014 by the CCG chairs, supported by the BCT partners (managing directors/operations directors/local authority leads) and with representatives from the LMC and the Area Team. Wider partnership and public engagement on the proposed scope will be agreed by the end of August and a proposal approved for the reviews to commence in September.

22. A series of enabling strategies underpin the initiatives, service models and changes in settings of care:

- ***Estates*** – the current portfolio of estates is costly and not aligned with the required models of care. Plans for estates reconfiguration across University Hospitals of Leicester and Leicestershire Partnership NHS Trust will be developed and the use of premises across both health and social care rationalised, to help meet the financial pressures faced by local authority and NHS organisations. It is expected, for example, that a smaller, more specialist, acute estate will be developed. Estates implications will be included in the proposed review of primary care.
- ***Information management and technology*** will be developed as a means of supporting reconfigured and integrated models of care, and to improve the productivity and efficiency of the workforce.
- ***Communications and engagement*** of stakeholders across health and social care will ensure that plans are co-created and developed in ways that meet the needs and aspirations of the users of health and social care services.
- ***Procurement and contracting*** models will be changed to move away from a 'tariff based' payment system to an 'outcome based' payment system developed around programmes of care across organisations boundaries.
- ***Workforce planning*** will be undertaken to develop new staffing models for integrated care across settings of care, training and development initiatives for new and existing staff, reducing use of premium cost agency staff.
- Working with the ***voluntary sector*** to ensure that their expertise in service design and patient/service user needs is properly leveraged.

23. **Governance** of the five year strategy will be led by the BCT Programme Board, supported by groups for operational delivery, financial planning and programme management. Each workstream – for the service model changes – will report through and be held accountable by a pan-LLR structure.

24. Within the governance structure, **patient, service user and public involvement** will be integral, with close working with local Healthwatch groups. Similarly, the programme will continue to formally link with, and reflect the views of, HWB Boards and a Clinical Reference Group.

25. The HWB Boards have been and continue to be closely involved in the development of the clinical commissioning intentions and operating plans and as a result there is an integrated approach in the ongoing review and development of health and social care planning. This is achieved through a joint membership approach on respective and appropriate Boards and Committees. The BCT Board's membership includes the Chairs of the HWB Boards and the health partners are also represented at Board level on the HWB Boards. HWB Board members and their wider teams are also active participants across the governance structure in supporting the development and implementation of the LLR BCT programme.

26. The HWB Boards have regular reviews on the development of the LLR Five Year Plan and attended the workshop and summit development sessions that have produced the draft LLR Five Year Plan. They are part of the formal review process for approval of the 'review and discussion' document.

27. Implementation of the Plan will take place in three phases:

- Phase 1 – preparation and planning - the current phase of developing a directional plan for further discussion.
- Phase 2 – discussion and review, including refining proposed changes and developing business cases – by end September 2014.
- Phase 3 – implementation and consultation – from October 2014.

28. Interventions relating to primary care and social care will be developed during the next phase of work.

Consultations

29. A significant amount of engagement work has already taken place in developing the Plan. This will continue during the discussion and review period. Once the final Plan is approved consultation will be required as implementation progresses, but this is not expected to be before late 2015.

Background Papers

BCT Five Year Health and Social Care Strategy 2014-19
http://www.bettercareleicester.nhs.uk/information-library/better-care-together-plan-2014/

Minutes of the Cabinet meeting held on 1 April 2014
http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=3989&Ver=4

Minutes of the Heath and Wellbeing Board held on 1 April 2014
http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1038&MId=4131&Ver=4

Appendix

BCT Plan Public summary 'A Blueprint for Health and Social Care in Leicester, Leicestershire and Rutland 2014-2019'

Relevant Impact Assessments

30. Business cases, including impact assessments, will be developed when the final plan is approved and implementation commences,

Equalities and Human Rights considerations

31. The BCT programme is working with equality and diversity leads from member organisations, to agree a consistent, appropriate and proportionate approach to undertaking an Equality Impact Assessment (EIA) of the directional five year strategic plan and, once developed, intervention business cases. This approach will be articulated in an Equality and Diversity Strategy for the Programme. The EIA will need to incorporate Human Rights considerations as is now the practice in the County Council.

32. BCT will undertake an EIA of the directional five year strategic plan during the discussion and review period. The plan submitted for approval by HWB Boards, CCG governing Bodies, Member Boards and others in September 2014, and by the Programme Board, will be accompanied by an EIA. The EIA will consider how the draft strategic plan addresses the needs of LLR's diverse communities, and assess the impact of the plan on individuals and communities. It will use the evidence base

provided in the three Joint Strategic Needs Assessments plus, as appropriate other resources of evidence for the plans actual or potential impact. The accompanying EIA will document the engagement undertaken, and how the strategic plan has been amended in response.

33. An EIA will be undertaken for the business case developed for each intervention. The BCT partners will engage with the appropriate section(s) of the community, as relevant and proportionate to the proposed pathway changes. Due regards to equality will be taken in the development of each business case. Commissioning and provider partners engaged in service redesign as part of the implementation of the strategic plan, once approved by members and the Programme Board, will be expected to ensure that the needs of communities are addressed in commissioned changes.

Partnership working and associated issues

34. BCT is a partnership of NHS organisations and local authorities in LLR working with local Healthwatch.

Risk Assessment

35. Effective risk management is recognised as key to ensuring effective and safe outcomes within agreed timescales. The approach to establishing a risk management strategy is being established around the Office of Government Commerce Best Practice – Gateway to success principles. The risk register has been established with the major programme risks to be identified and mitigated during the programme brief development stage, July to September 2014.