

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 9 SEPTEMBER 2015

REPORT OF BETTER CARE TOGETHER

BETTER CARE TOGETHER UPDATE

Purpose of report

1. The purpose of this report is to update the Committee on:
 - (a) BCT plans and progress in relation to community health services;
 - (b) Engagement process related to the future of Hinckley hospital;
 - (c) Provide a summary of ELR strategy;
 - (d) To describe the link between UHL recent strategy and BCT community proposals.

Policy Framework and Previous Decisions

2. Progress in developing the Better Care Together (BCT) Programme was reported to the Health and Wellbeing Board on 16 July 2015. There was also an all Member Briefing on 22 July 2015 which provided a general update on the Programme.

Background

3. The Better Care Together Programme was launched in January 2014 with the aim to:-
 - (a) Deliver high quality, person-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;
 - (b) To reduce inequalities in care (both physical and mental) across and within communities in Leicester, Leicestershire and Rutland (LLR) Local Health and Social Care Economy (LHSCE);
 - (c) To increase the number of people with mental, physical health and social care needs reporting a positive experience of care across all health and social care settings;
 - (d) 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 health care system;
 - (e) All health and social care organisations in LLR to achieve financial sustainability, by adapting the resource profile where appropriate;

- (f) To improve the utilisation of workforce and the development of new capacity and capabilities where appropriate, in the people and the technology used.
4. In order to achieve these goals the commissioners and providers who form the BCT partnership have identified that improvements are required to the way community health services are delivered. These services will also need to be expanded in some areas to allow a shift of unnecessary care out of the acute hospitals. The aim is that services can be delivered to patients in the most appropriate and ideally more accessible place, potentially their own home.
 5. Providing care for patients in their own home using multidisciplinary teams can ensure the independence of those individuals is maintained for longer. Given the predicted increasing age of the Leicestershire population and the impact that long term conditions have on the ability of individuals to cope without support on a daily basis, it is essential that the health and care system in Leicestershire transforms. This transformation aims to provide a community service offering, which is broader than today, targeted at patients' needs, and delivered by multi-disciplinary teams, who communicate and operate in an integrated way.
 6. The transformation also aims to provide a relatively new and rapidly growing multi-disciplinary service, sub-acute care, which merges the sophisticated technology of a hospital with the efficient operation of a skilled facility in a non-acute setting. The plan is to create two sub-acute wards in Leicestershire's community hospitals to support patients who have completed acute treatment and need a short period of complex care before they enter rehabilitation. This will also relieve pressure on the acute provision at Leicestershire Partnership Trust (LPT), University Hospitals of Leicester NHS Trust (UHL), and support the move from three acute sites to two. The relationship between the BCT programme and the UHL strategy is described in Appendix 1.
 7. An overview of the potential changes to the community service offering can be found in Appendix 1.
 8. In the present community offering there are services which do not run as efficiently as necessary, or meet the National Institute for Health and Care Excellence (NICE) guidance for nursing staff. To provide not only the best clinical care but also sustainable care, the transformation aims to ensure that where services need to be consolidated, this change takes the views of the public into account. The present thinking on the future configuration of in-patient services in Leicestershire is described in Appendix 1. The final proposals are being developed and will be subject to the public consultation.
 9. The Clinical Commissioning Groups (CCGs) have made significant progress in determining their community services offering and have already carried out significant public and patient engagement in some cases. The summary of the discussions relating to the Community Hospitals in Hinckley is described in Appendix 2 and an extract from East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG) strategy for community services is included in Appendix 3. The situation regarding St Luke's in Market Harborough is not outlined in this paper and will be dealt with by appropriate parties during the presentation.

Consultation

10. A public consultation on elements of the BCT programme is planned to be initiated in late November 2015 assuming all assurances have been provided and agreement given. This consultation is likely to contain consultation on the utilisation of community hospitals in the context of the overarching community health care offer. It is also likely to contain a consultation on maternity services which will include a discussion about services delivered out of Melton Community Hospital.

Resource Implications

11. The potential changes to community health care services will have resource implications on both, the utilisation of buildings and the size and shape of the community care services workforce. The details of these are presently being assessed and will only be known once the changes to the services are decided post-consultation and decision making.

Timetable for Decisions

12. The detail of BCT changes to the community services offering will be concluded in September 2015 and shared with NHS England assurance groups October 2015 with the goal to initiate consultation in November 2015. Presentations will be made to local authority scrutiny committees as required throughout the process.

Conclusions

13. As part of the overall change programme known as BCT the delivery of services in the community care service will change over the next four to five years. The majority of change will be an increase in the availability of services and the moving of some services from an acute setting to the community setting. However there will also be some changes in the utilisation of the overall community estate and the locations where residents of Leicestershire receive their care. As a result these proposals are in places subject to a public consultation.

Background papers

Kings Fund: Reconfiguration of clinical services, November 2014

Leicestershire Council Draft Joint Strategic Needs Assessment, July 2015

Leicestershire Council Better Care Fund Planning Template, September 2014

Circulation under the Local Issues Alert Procedure

None.

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List of Appendices

Appendix 1: Community Services Offering

Appendix 2: Hinckley Update

Appendix 3: ELR Plans Summary

Relevant Impact Assessments

Equality and Human Rights Implications

14. In process as part of the planned consultation.

Crime and Disorder Implications

15. None.

Environmental Implications

16. None.

Partnership Working and associated issues

17. None.

Risk Assessment

18. None.