Better Care Together Partnership update

A business update for partner boards, governing bodies and members

June/July 2019

Welcome to the fourth business update from the System Leadership Team (SLT) of Better Care Together. The purpose of this update is to inform governing bodies, boards and members on the key business and strategic work programmes being discussed and taken forward by SLT.

Integrated care system – our maturity

In order to understand the key development actions for Leicester, Leicestershire and Rutland (LLR) to enable us to become a maturing Integrated Care System (ICS) (minimum requirement) by April 2021, work has been done on plotting ourselves against an 'ICS maturity matrix'.

This work has indicated that we are a relatively "immature" system in ICS terms. In response to this, the System Leadership Team considered a report at its June meeting which included a detailed action plan as to how the system could move to higher levels of maturity. We will now begin to implement this plan so as to take us in the required direction and thus provide more integrated services for patients and service users.

An important element of our ICS-related work is to develop the provider model, which complements the commissioner model work referenced above. On 18th June, a workshop involving NHS stakeholders was held to discuss the options available. It was agreed at that workshop that the most suitable model was likely to be a form of "alliance" contract which would provide the contractual framework for a provider network. There is considerable further work required to develop this proposal, which will be the subject of further discussion by the System Leadership Team. It will also, of necessity, require consideration by organisational governing bodies.

The NHS Long Term Plan (and its recently published Implementation Framework) requires the formation of a Partnership Board for each STP area, together with an Independent Chair. The SLT has considered how this might work and the prospective members of such a board (i.e. lead councillors, lay members and non-executive directors) have been invited to a discussion about this on 15th July.

Planned care

Planned care refers to services for pre-arranged health appointments either in the community or in the hospital. It covers diagnostic services, outpatient services and scheduled operations. Better Care Together (BCT) wants to make better use of the high quality care available in the community to free-up space at Leicester's hospitals for patients needing emergency and specialist services.

Recent progress has seen the setting up of Referral Support Services for priority specialties to enable the triage and treatment of patients in primary and community care, at lower cost, closer to home. There have been changes made in the way pathology services are run and communicated, helping to reduce inappropriate pathology testing, and how patients with spine and knee problems are diagnosed and treated. Elsewhere, physiotherapists from University Hospitals of Leicester (UHL) and Leicestershire Partnership Trust (LPT) are moving towards a 'one service, one team' model.

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Key activities being advanced within the planned care workstream are the UHL outpatient transformation programme and the UHL theatre productivity programme. Outpatient transformation seeks to maximise the use of appointment slots, decrease the number of people missing appointments, introduce more 'virtual clinics', harness digital technology and cut down on paperwork, and reduce the number of follow-up appointments needed. The theatre productivity programme seeks to make more effective use of hospital theatres, maximising their safety and efficiency, and by improving the care provided ultimately helping to reduce the length of stay for hospital patients.

Prevention

We need to move from a system that detects and treats illnesses to one that predicts and prevents poor health and puts people back in charge of their own health.

The prevention workstream is engaged in a series of activities to encourage both health promotion and ill-health prevention. This includes the promotion of the Making Every Contact Count initiative (see next page for more details) and ensuring that social prescribing link workers are aligned where possible to place-based social prescribing systems.

Other work includes promotion of self-care, use of mobile technology in self-management, and awareness campaigns on healthier living.

The prevention workstream is ensuring that such priorities are highlighted in the re-fresh of the Joint Health and Wellbeing Strategies.

Cancer

Our work aims to improve prevention of cancer, improve early diagnosis and treatment of cancer, and enable people to live well with and beyond a cancer diagnosis. In LLR we have formed a Cancer Pathway and Performance Board to oversee planned improvements and have established a cancer strategy aligned to national priorities and the work of the East Midlands Cancer Alliance.

A number of significant advances have already been made. These include faster diagnosis times for lung cancer and prostate cancer patients, improvements in testing and diagnosing bowel cancer, and a #dontfearthesmear social media campaign with partner organisations that helped encourage 310 patients who were overdue their smear attend a UHL drop-in clinic in March 2019. Future priorities include preventing cancer through encouraging more people to stop smoking, earlier diagnosis through screening programmes, and improving access to treatment.

Making Every Contact Count

Many long-terms diseases in our population are closely linked to known behavioural risk factors. Around 40% of the UK's disability adjusted life years lost are attributable to tobacco, hypertension, alcohol, being overweight or being physically inactive.

Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to reduce their risk of poor health significantly.

Making every contact count (MECC) is an approach to behaviour change that utilises the day-to-day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals and communities.

The System Leadership Team considered the MECC Plus project that is taking place in LLR and has made a series of recommendations. These included organisations identifying specific leads, providing more training for staff (face-to-face and online), incorporating MECC in key performance indicators for commissioning services, and ensuring that the prevention workstream oversees work on MECC and social prescribing.

End-of-life care

A time-limited End-of-Life Task Force (EOLTF) has been set up in order to revamp the LLR system of care for patients at the end of their life. The request to set up this task force was made at the SLT March meeting and already significant progress has been made. Professor Mayur Lakhani is the task force chair, Carole Ribbins is senior responsible owner and Rachna Vyas is providing overarching managerial support. CCG director support is provided by Tamsin Hooton as overall lead for end-of-life. Lead consultant and GP representation has also been secured. To drive delivery of specific actions, an End-of-life Working Group has also been set up, chaired by Carole Ribbins.

The EOLTF has established four priority areas: (1) to improve the training and education of staff groups on clinical competencies and confidence in having conversations with patients and their families; (2) to communicate more effectively about services to staff and patient groups, (3) to develop the Integrated Palliative Care Hub for step-up and step-down services; and (4) to ensure IM&T is in place to support key activities.

A monthly briefing paper is being produced to update key groups on progress. The paper will be circulated to the SLT, clinical leadership group, UHL end-of-life programme board, CCG clinical reference group and local authority senior leadership groups.

Estates

Work is being progressed to advance the LLR estates strategy, including developing its governance basis, making clear links between clinical strategy and estates, and putting together a cross-STP approach to delivering the programme. System Leadership Team was advised that there have been capacity issues in being able to complete the LLR estates strategy template. Sign-off on the estates template submission has now been delegated to the Chief Officer Forum.