

LUTON CLINICAL COMMISSIONING GROUP AND LUTON BOROUGH COUNCIL

DRAFT Better Care Fund plan

2014/15 and 2015/16

March 2014

Luton's plans for improving the health and wellbeing of its residents by making most effective use of the Better Care Fund to drive whole system change and deliver person-centred, efficient and effective care and health services

Introduction from the Chair of Luton Health and Wellbeing board and the chair of Luton Clinical Commissioning Group

To be added

Purpose of this document

Luton is on a transformational journey, in which local people are increasingly influential and essential in the way commissioners and providers of health and care services design and deliver person-centred, holistic and seamless services. These services will be bespoke, maximise independence and self-care and lead to long term sustainable improvements in health outcomes.

The first part of the transformation journey is forming a strong coalition around a clear vision, which is the collective whole system delivery of health and social care in 2020. This document sets out a vital component of the practical side of that vision; creating a pooled budget to integrate and transform services on behalf of the residents of Luton.

This document therefore provides locally owned, outcome focused, sustainable plans, developed and co-signed in partnership with the wider health and social care economy that address the challenges identified in NHS England's ***Call to Action***.

Date agreed at Health and Well-Being Board:

31 March 2014

Date submitted:

4 April 2014

Minimum required value of BCF pooled budget:

2014/15

£657,000

2015/16

£13,021,000

Total agreed value of pooled budget: 2014/15

£ tba

2015/16

£ tba

Background and introduction

The government spending review in June 2013 created “a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities”.

This document is the two-year plan covering 2014/15 and 2015/16 that is required by the creation of the Better Care Fund (BCF).

At a national level, the Health and Social Care Act 2012 puts a responsibility on Health and Wellbeing boards to promote integration and the government is committed to introduce a national minimum eligibility threshold for care and support in England by April 2015. The 2013 Children and Families Bill includes the duty on local authorities to draw up single (or integrated) education, health and care plans for children with special education needs or who are disabled, and to set out a 'local offer' of services available to parents and young people.

NHS England has set out **A Call to Action** to the public, patients, staff, and politicians to help the NHS meet current quality challenges, future demand and tackle the funding gap through honest and realistic debate, covering rising demand, new technology and patient expectation.

At a local level, integration is identified in the Health and Wellbeing strategy as one of the key factors in improving health and reducing health inequalities. Additionally the JSNA sets out the health and care pressures and needs in Luton, identifying areas where integration is likely to be most urgently needed, such as care for people with dementia or older people unnecessarily staying in hospital and children with disabilities or special educational needs.

There is a considerable body of evidence that supports the idea that holistic health and care services organised around a person (patient, service user or carer) leads to better health outcomes and has the potential to cost less. Luton Council's prospectus says: “We know that achieving good health outcomes comes from more than having good health services and that housing, education, work, diet, lifestyle and social activities make a big and sometimes decisive difference to health inequalities.” This view is supported in the public health white paper 2010 and Marmot report “Fair Society, Healthy Lives”, also 2010.

Integration in Luton is being driven through the Better Together programme, which brings together the NHS, comprising Luton CCG, Luton and Dunstable university hospital foundation trust, Cambridgeshire Community Services NHS trust (CCS) and South Essex Partnership university NHS foundation trust (Sept), with Luton borough council (LBC or the Council), Luton's voluntary and community sector (VCS) and Luton residents represented by Healthwatch.

The proposition at the heart of this programme is that services designed and delivered around the person enable them and their family to stay independent for

longer and that this not only improves their immediate and longer term health outlook, it also costs the public purse less money because it delays or avoids the need for expensive residential or hospital in-patient care.

Key facts and figures

- The population of Luton is projected to rise from 204,750 in 2010 to 220,350 in 2030, a rise of eight per cent.
- The number of 5-15 year olds is projected to rise from 31,700 in 2010 to 36,700 in 2020, a rise of 16 per cent in a decade.
- The number of older people (65+) is projected to rise from 28,050 in 2010 to 35,550 in 2030, a rise of 27 per cent.
- The pre-school and working age populations will be more stable.
- The Pakistani and Bangladeshi populations are projected to rise by approximately one third between 2010 and 2030.

Luton is a densely populated urban authority, divided into 19 wards, with more similarities to some London boroughs than to the surrounding towns and cities in its region. The official estimate of the population of Luton in 2011 was 203,600. Research undertaken by the Council suggests that this is an underestimate and a figure of 205,200 is more realistic. The Council assessment of the composition of the Luton population draws upon administrative data such as the GP register and Child Benefit records.

With an area of 4,336 hectares, the official population figure translates into a population density of 47.0 persons per hectare or 47.3 persons per hectare respectively using the Council estimate. Both of these figures are greater than many London Boroughs.

According to the 2011 Census, the age structure of Luton's population differs from that of the population as a whole. Luton has a younger population than that of England and the eastern region. The under 15 age group account for 22% of the Luton population compared with 18% regionally and nationally. The 15-64 age group account for 67% of the Luton population compared with 66% nationally and 65% in the eastern region. The "Over 65" age group represents 12% of the Luton population compared with 16% nationally and 18% regionally.

The town is ethnically diverse, with over half (55.4%) of the population being of black and minority ethnic (BME) origin, with significant Pakistani, Bangladeshi, Indian and African Caribbean communities. A recent pupil level school census (PLASC) showed that 51% of children (aged 0-15) are of black or minority ethnic origin.

There is increasing acceptance that Luton is a "super-diverse" community. In recent years the diversity of the population has increased with foreign students coming to the University of Bedfordshire. There has been a significant shift in the population, primarily driven by those arriving from newly EU joined countries of eastern Europe. Since May 2004, there have been over 10,000 new National Insurance registrations by people from these countries, with over 80% of these coming from individuals whose country of origin is Poland. The number of people registering from eastern

Europe fell last year but there has been a significant increase in those registering from India.

Luton is ranked as the 69th (out of 326) most deprived local authority. In 2007 Luton was ranked as the 87th most deprived local authority and in 2004 as the 101st. This indicates that Luton is becoming relatively more deprived in comparison to the other local authorities of England. Luton has nine output areas in the top 10% most deprived areas in the country. Two of these are in Biscot, Dallow and Northwell wards and one each in Farley, High Town and South wards.

Service provider engagement

Service providers in Luton, (Luton and Dunstable university hospital foundation trust, Cambridgeshire Community Services NHS trust South Essex Partnership university NHS foundation trust, Luton borough council and Luton's voluntary and community sector) are all entitled to have a seat on the board of the Better Together programme (Luton's health and social care integration programme). Additionally, providers have contributed to the development of the programme through project groups and active engagement in developing new integrated ways of working. The Better Together programme forms the backbone of the BCF plan.

A voluntary sector briefing on 5 December 2013 additionally engaged groups providing a broad range of health and social care support to Luton residents and gave them the chance to feedback on BCF plan proposals. Further VCS workshops are planned and the Better Together board has reserved one place for a VCS representative.

On 13 December 2013 a 'leadership summit' of commissioners and providers enabled the most senior managers of the health and social care sector in Luton to map out their collective priority for integration over the next two to five years, specifically focussing on the requirements of the BCF. The 'whole system' leadership agreed a collective vision for the health and social care economy in Luton in 2019, which is centred on four elements: a person centred approach enabled by a shared personal plan for patients and service users; prevention that helps people to keep themselves well; good use of evidence; a multi-disciplinary, multi-professional team approach to service delivery.

The Council and the CCG have jointly engaged in a system leadership programme involving GP practices and senior management from all NHS providers with the intention of improving overall officer leadership support to the Health and Wellbeing board. Initially this will look at a priority from the existing joint health and wellbeing strategy, which concerns variation in GP practice services across the town.

Patient, service user and public engagement

The heart of integrated health and social care is person centred planning and this plan draws on a wide range of national and local evidence and experience to set its

principles around resident engagement and the importance of listening and responding to the real life stories that tell local residents' experiences.

Patient involvement means more than simply engaging people in a discussion about services. Involvement means having the patient voice heard at every level of the service, even when that voice is a whisper.

The goal is not for patients and carers to be the passive recipients of increased engagement, but rather to achieve a pervasive culture that welcomes authentic patient partnership – in their own care and in the processes of designing and delivering care. This should include participation in decision-making, goal-setting, care design, quality improvement, and the measuring and monitoring of patient safety.

Patients and their carers should be involved in specific actions to improve the safety of the healthcare system and help the NHS to move from asking, "What's the matter?" to, "What matters to you?" This will require the system to learn and practice partnering with patients, and to help patients acquire the skills to do so. [A promise to learn– a commitment to act: Improving the Safety of Patients in England National Advisory Group on the Safety of Patients in England, August 2013]

In order to ensure that Luton residents' views are taken into account, LBC has developed six principles for public consultation:

1. Community involvement should be at the heart of how partners improve services, set priorities and use resources.
2. There should be a range of opportunities for involvement that are well publicised, link to local democracy and in which all citizens are encouraged to participate.
3. Methods for involvement should be regularly reviewed to ensure they are cost effective, and meet the preferences and needs of all citizens.
4. Citizens should receive clear and prompt feedback on how their involvement has helped to shape services, places and communities.
5. Partners should work in a joined up way to avoid duplication.
6. Involvement should be the basis on which partners increase satisfaction, build trust and confidence in their organisations.

[Community Involvement Strategy. LBC, 2010]

Luton CCG has identified two aims which demonstrate how patient and community engagement supports delivery of organisational and operational priorities. They are to:

1. Develop a culture of patient and community engagement within the CCG that actively seeks to ensure that the views of local people, patients and the public, inform all commissioning activities including the planning, design, delivery and

monitoring of health services in Luton. The patient voice is at the centre of everything we do.

2. Seek out and support those who are marginalised in the community, as individuals or groups, to have a voice at every level of CCG decision making [Developing communications', patient and community engagement, our strategy for 2013-2016, Luton CCG]

As a result, the Council and the CCG engage residents through a number of forums, in different ways and for different purposes. The CCG has lay representation on its board and is involving patient reps, drawn from GP practice patient groups, in recommissioning community health and mental health services.

Similarly, the Council drew on the experience of residents when, through its task and finish group on hospital discharge, it considered how unnecessary hospital stays could be prevented. This resident input has been carried forward into the Better Together programme and our plans for integrating health and social care services.

Specifically for this Better Care plan, the CCG has written to all GP patient reps and the Council has consulted the general public and its own customer reference group via the Council's consultation portal. This is styled as 'pre-consultation' as further consultation and involvement of residents will happen during the lifetime of Better Together.

Additionally, residents, employees and voluntary sector groups are all invited to become involved in the Better Together programme via the Better Together web page.

Both the Council and the CCG encourage the use of residents' stories that give a service user perspective and enable us to model systems, procedures and commissioning plans on things that patients and their families say are needed. Further work to gather service user, their carers and residents experiences will be undertaken.

Every year the Council runs a 'Takeover Day', which gives young people a chance to air their views to decision makers and professionals about a range of topics. This year, for the first time, it was jointly sponsored by the CCG & LBC.

In the development of its commissioning intentions the CCG engaged with patients, the public, key providers, voluntary groups and employees in order to shape our plans. The following channels were used:

CCG Launch Event

Local Citizens Survey (with Luton Borough Council)

CCG Public Survey

General Practice Peer Groups

Exec to Exec meetings with providers

Local Area Board Meetings

Protected Learning Time sessions with member practices

Members forum

Deliberative event with Healthwatch and Voluntary Organisations

Health and Wellbeing Board Meetings

Luton Health and Social Care Review Group

LCCG Patient Reference Group

A number of important themes emerged from the engagement programme:

- Improving GP Access
- Shorter waiting times
- Better patient information
- Improved hospital discharge processes
- Develop improved collaboration with the voluntary sector
- Improving communication between services
- Better understanding the needs of the public
- Improved support for carers

The joint health and wellbeing strategy was fully consulted upon through a public and stakeholder consultation which took place between June 14 and August 17 2012. A total of 202 people took part in the consultation and 96% of respondents agreed with the outcome goals. These outcome goals will continue to be the backbone of the refreshed joint health and wellbeing strategy as it is converted into the five-year strategy to 2019.

The Council is consulting with residents through its consultation portal and a questionnaire is available to anyone with internet access to complete. A further strategy for community engagement and involvement is in development led by a project group with key partners and experts to guide and advise the Council and the CCG. This covers:

Stakeholder mapping – key stakeholders identified – service users/patients, service providers – both frontline and back office including social workers, NHS complaints managers etc, healthcare professionals – GPs, consultants, nurses etc, carers/family members with caring role, general residents and other key partners such as local community and voluntary groups and orgs.

At present we are at the 'informing and involving' stage of the process – the webpage on the portal is informing Luton residents about the Better Care Fund and explaining what LBC and LCCG are planning. The feedback form/survey is involving residents by asking them for their ideas and encouraging involvement in making decisions. Further promotion will be undertaken informing residents about the Better Care Fund designed to enable informed views and capture any suggestions and ideas for integrating health and social care.

Pilot schemes that will be taking place between now and march 2014 - collecting feedback from those taking part in pilot.

Finally, we work closely with Luton Healthwatch and are mindful of Healthwatch England's desire to put the voice of the public at the heart of health and care. In its Annual Report, published in October 2013, it proposed a new approach built around eight consumer rights. Number six is "the right to be listened to":

“I have the right to have my concerns and views listened to and acted upon. I have the right to be supported in taking action if I am not satisfied with the service I have received.” [Healthwatch England, The way forward, 2103]

The Chair of Luton Healthwatch is a member of the board of Better Together and the Council has signed a joint working proposal with Healthwatch in respect of the Better Together programme.

What are our commissioning priorities?

Using the information from the JSNA, we have identified three key areas where we need to ensure we focus our resources:

- **Healthier and more independent adults and older people**
- **Reduced health inequalities within Luton**
- **Every child and young person has a healthy start in life**
(not covered in this plan – see the Children and Young Persons Trust Board three-year plan).

These will be influenced by a wide range of factors and joined up effort by the council, NHS, other public services, the voluntary and community sector and other providers. They will be critical in making an impact on the key areas identified in this strategy.

In order to reduce health inequalities, we will:

1. Develop a model of integrated healthy lifestyle services.
2. Prioritise the prevention and early detection of cardio-vascular disease (CVD) cancer and respiratory disease with increased intensity in areas of greatest need and specific focus on addressing the key risk factors of smoking, alcohol and obesity.
3. Strengthen integrated working across the wider determinants of health with a particular focus on improving housing conditions, supporting more people into employment and ensuring a healthy environment.
4. Strengthen community development by building on the strengths of a community (asset based approach) to increase social capital and empower individuals and communities to have greater control over their health and wellbeing.
5. Develop models of working to promote positive mental wellbeing.
6. Strengthen services to reduce the impact of domestic abuse.

In order to ensure Healthier and more independent adults and older people we will:

1. Put in place systematic programmes to reduce the variability of General Practice in Luton to ensure that all members of the Luton population are able to easily access high quality and safe primary care.
2. Ensure GPs take a risk based approach to identify all patients on their lists with long term conditions who are at increased risk of exacerbation or

admission and take proactive steps to ensure these patients are supported to minimise unnecessary admissions to hospital or complications.

3. Drive forward the integration of health and social care services to improve health outcomes and seamless support to the individual by:
 - a. Agreeing outcomes that span both health, and social care
 - b. Developing and implementing care pathways across health and social care so that patients experience a seamless and personalised care package
 - c. Develop common systems and processes across partner organisations, including the pooling of budgets where appropriate, and the co-location of health and social care teams as part of the integrated care team approach
4. Drive the development and delivery of tailored educational, training, communications and technological programmes and resources to empower everyone with a long term condition with the support they need to live a healthy and active life independently in their own homes for as long as possible.
5. Implement an Improving Access to Psychological Therapies (IAPT) service to increase support for people with mental health services.
6. Develop a comprehensive range of prevention and early intervention services which maintain wellness.
7. Complementary to the prevention initiatives, promoting independence will also be achieved by targeting housing-related support services with the same aim of enabling people to live without the need for acute and eligible services.

The CCG' commissioning strategy 2012 – 2015 sets out ten strategic priorities it believes will have the biggest impact:

1. Ensuring a Healthy Start in Life for Children and Young People
2. Primary and Secondary Prevention of Disease
3. Empowering People to Live Independently
4. Active Management of Long Term Conditions
5. Improving Medicines Management
6. Managing Planned Care and the Quality of Referrals
7. Improving Urgent Care
8. Improving the Management of People with Mental Health Needs
9. The Integration of Health and Social Care
10. Delivering High Quality, Safe and Value for Money Services

How will we make the strategy work?

In order to move away from viewing services in the silos of LBC Adults, LBC Children's, Health and Public Health, four 'Service bundle' areas have been developed and validated with board members and stakeholders across LBC and LCCG. These are:

1. *Wellness* (Prevention) - Universal or preventative services keeping people well
2. *Early intervention* - Targeted services for those who may be at risk in the future
3. *Help at home* - Services for adults who need support in the community and children on the edge of care

4. *Specialist* - Services for children in care and for adults and children who cannot be supported in the community, including acute the sector.

The strategy governing this plan is based on a 'wellness' approach which brings services together and intervenes at the earliest opportunity to keep people well and free from illness and disability for as long as possible.

Wellness services aim to change the relationship between users and health services by empowering individuals to maintain and improve their own health. They aim to prevent ill health by intervening at an early stage and so reduce the need for more costly medical interventions. This will affect the way both the public and service providers approach health and will require a major change in the way services are perceived and delivered.

Financial challenges

Both the Council and the CCG face tight resource allocation

- Adult social care has £56m net budget
- Demographic pressures of £11.5m to 2017/18
- Savings target of £22m to 2017/18
- £6m efficiencies being worked on
- £2m health transfer assumption
- £14m to be found through prevention, demand management, eligibility criteria and integration
- CCG budget 2013/14 approximately £218.4m
- Budget 'flat' and demography assumed at 1.0%
- Inflation and small investment provided for, subject to FRP process
- QIPP savings targets of £13.6m for 2013/14, est.£18m for 2014/15
- Over 53.5% spent on acute hospitals for 2103/14
- CCG projecting an overspend for 2013/14 and recovery plan put in place
- 3.0% of budgets earmarked for BCF in 2015/16

Luton's Better Care Fund allocation for 2014/15 is £657,000. For 2015/16, the allocation is £11,998,000 revenue funding, plus £439,000 social care capital grant and £584,000 disabled facilities grant.

[This section to be further developed]

Luton's plan's to address the challenges it faces

[This section to be further developed]

Meeting the national conditions

Jointly signed off

The CCG and the Council co-developed this plan and a single joint report went to the Health and Wellbeing board as well as to the CCG board and Council Executive.

Protects social care

The expected outcomes for vulnerable adults are set out in the health and wellbeing strategy and Luton will continue to plan, commission and deliver services that maintain its focus on these agreed priority areas. [The final version of the plan will contain examples including mental health and community services re-commissioning]

Data sharing

A project to enable client data sharing across the whole health and care system is underway. It has three elements:

1. IT system,
2. staff engagement and support and
3. information sharing protocols and procedures.

The purpose of the project is to enable all authorised persons working across all parts of the NHS and the Council (and perhaps other partners) in Luton to read and update a service user or patient plan. This electronic personal plan will enable professionals to share relevant information about the client and as a result coordinate and tailor their service. This in turn will support the vision of person centred planning and delivery that is seamless and holistic, preventing unnecessary hospital stays, avoiding gaps and duplication in service and helping people to manage their own conditions and maximise their independence.

The information sharing protocol and procedures 'sub-project' will deliver a common set of rules and guidelines for actively sharing client information to enable better health or social care service delivery and a whole system approach to obtaining informed client consent to share information.

The staff engagement 'sub-project' will deliver a shared ethos about the permission to share personal information (as well as the importance of doing so) for the 'higher purpose' of improving the health and social care of our clients

The IT 'sub-project' will deliver a standalone web-based service that can be accessed on mobile as well as static devices enabling authorised professional service providers to see and update the client electronic personal plan.

[The final version of the plan will include additional information on:

Use of NHS number

Use of API compliant IT system

Information governance in line with Caldicott 2]

See appendix A for further project details

7 day working

Seven day working is a central part of the service vision for the 'frail elderly' work stream in the Better Together programme.
See appendix B for further project details

Nationally, the NHS commissioning board has committed the NHS to "move towards routine services being available seven days a week. This is essential to offer a much more patient-focused service and also offers the opportunity to improve clinical outcomes and reduce costs.

As a first stage, the review will focus on improving diagnostics and urgent and emergency care. It will include the consequences of the non-availability of clinical services across the seven day week and provide proposals for improvements to any shortcomings. Emergency care should not be used when patients would benefit from care in other settings."

In Luton, the priority for 2014/15 and 2015/16 will be to extend services across the whole health and care system where that will enable admission prevention, reduce the risk of emergency re-admission, speed up hospital discharge and ensure everyone can leave within 24 hours of being 'ready to go'.

Accountable professional

Luton's integrated service vision for 'frail elderly' clients and patients includes creating a person-centred electronic plan, actively managed by a personal plan coordinator.

[The final version of the plan will include further information on enabling and supporting self-management]

See appendix C for further project details

Impact on acute hospitals

The Better Together programme envisages that greater effectiveness of early intervention and prevention will reduce unnecessary stays in hospital beds (either by preventing needless admissions or by enabling quicker discharge when the patient is ready to go). This will be enabled by a different model of delivery of care for elderly people by the hospital so that more is done in the community and less is done in the hospital.

[More information will be contained in the final version of this plan]

Summary [examples - to be completed for final version]

Ambition	2014/15	2015/16
Health outcomes	<i>Inc % of elderly living independently Inc % dying in place of</i>	<i>Reduction in years lost by 5% on current? Narrowing of gap between</i>

	<i>preference Discharge within 24 hrs of ready inc by 10%/yr</i>	<i>Luton and England average?</i>
Wellbeing outcomes	<i>Inc in wellbeing scores by? Wellbeing scores for carers inc by?</i>	
Choice and control	<i>Place of death Maintained at home if pt preference</i>	
Resource shifts	<i>Reduced hospital admissions by 2%</i>	<i>Reduced hospital admissions by 5% Reduced res placements</i>

Performance [to be completed for final version]

Outcome measures- Examples only	Current Baseline (as at....)	14/15 Projected delivery (full year?)	15/16 Projected delivery (full year?)
<i>Delayed transfers of care</i>			
<i>Emergency admissions</i>			
<i>Effectiveness of reablement</i>			
<i>Admissions to residential and nursing care</i>			
<i>Patient and service-user experience</i>			
<Local measure>			
<Local measure>			
<Local measure>			

Finance [to be completed for final version]

Please summarize the total health and care spend for each commissioner in your area. Please include sub-totals for each organisation where there is more than one type of organisation involved

Organisation	2013/14 spend	2013/14 benefits	2014/15 spend	2014/15 benefits	2015/16 spend	2015/16 benefits
Local Authority Social Services						
CCG						
Primary Care						
Specialised commissioning						
Local Authority Public Health						
Total						

Please summarize where your pooled budget will be spent. NB the total must be equal to or more than your total BCF allocation

BCF Investment	2014/15 spend	2014/15 benefits	2015/16 spend	2015/16 benefits
Scheme 1 Data sharing				
Scheme 2 7 day working				
Scheme 3 Accountable professional				
Scheme 4 Home Care Plus				
Scheme 5 Carers breaks				
Scheme 6 Reablement				
Total				

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

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Contingency plan:		2015/16	Ongoing
Outcome 1	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		
Outcome 2	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		

Key Risks

Details of the most important risks and plans to mitigate them, including risks associated with the impact on NHS service providers

Risk	Risk Rating	Mitigating Actions
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Risk 1

Risk 2

Risk 3

Risk4

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