# Luton

## General comments

A well documented plan signed off by relevant partners. Template 1 runs to 25 pages and refers to the following attachments:

- Programme initiation document
- Report on health and social care integration to Health and Wellbeing Board on 29/8/13
- Report on health and social care integration to Health and Wellbeing Board on 29/10/13
- Report on health and social care integration to Health and Wellbeing Board on 16/1/14
- Report on the BCF plan to the Health and Wellbeing board on 31 March 2014
- Terms of reference for Better Together Board
- Project initiation document for 'frail elderly'
- Project initiation document for the disabled or SEN children project
- Project initiation document for the sharing client information project
- Project initiation document for shared services and joint procurement
- System leadership summits
- Project initiation document for seven day working
- Project initiation document for home care plus
- Programme and governance structure for integration (Better Together)
- Resident engagement plan
- Luton evidence base report
- Finance notes
- Performance notes
- BCF data

Funding will be allocated to maintain the current level of eligibility criteria. 75% of the money will be spent on protecting social care outcomes. Implications of the Care Bill had been referenced but the allocation of funding to support implementation had not been documented.

Seven day working is a central part of the service vision for the "frail elderly" work stream within the Luton Better Together Programme and the NHS Commissioning Board has committed to move towards seven day working with the aim of preventing unnecessary admissions. The approach and intent of the project plan to support whole systems integration was clear but the milestones to support delivery was not included in the documentation. The Clinical Standards for 7ds are not mentioned it would appear Luton are near the start of this journey.

Luton intends to use the NHS number as the primary identifier. There is a planned project to enable client data sharing across systems. Work to implement joint assessments are underway and it is planned that all over 75 year olds will have a named accountable GP as part of the new GP contract from April 2014. Luton held a leadership summit in March to explore next steps and the documentation mapped high level actions. It was not clear from the plan what is meant by "joint assessment"

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Providers have contributed to the development of the Better Care Plan through Luton's Better Toegther programme. A leadership summit for commissioners and providers was held in December and March to map out collective priorities. There is also good engagement with a wide range of stakeholders.

The governance and programme management seems robust. The implications for the acute sector were addressed. A workforce strategy will be developed to look at the future capacity and workforce requirements across the system. The impact on Mental Health services are not explicitly mentioned but the documentation does reference a joint programme for the re-commissioning of MH and community health services.

Risks and actions to mitigate them were addressed within the plan and there is reference to contingencies.

## Plans jointly agreed

- Is there a single plan covering all relevant organisations in the HWB area?
- Has the plan been signed off by an appropriate person from each organisation?
- Does the plan clarify how any boundary differences have been handled?

| Page ref and quotes | Comments | Score 1-10 | RAG |
|---|---|---|---|
| T1 PP1-2 | Coterminous boundaries<br>Signatures from CCG, LA and HWB | 10 | G |

## How the changes will protect the level of social care services?

- Have they stated that national eligibility criteria will be protected?
- Does the plan articulate the amount of money identified for Care Bill costs, proportionate to the £135m allocated nationally?
- Have they considered the challenges of demography, how essential services will be met and transformational use of funding across health and care?

| Page ref and quotes | Comments | Score 1-10 | RAG |
|---|---|---|---|
| T1 PP 19-20 Funding will be allocated to maintain the current level of eligibility criteria and to provide timely assessment, care management and review and commissioned services<br>We recognise that we may need to consider adjusting our spend in this area in order to maintain this level of service, deliver seven day working and increase assessments for those people captured by the requirements of the Social Care Bill.<br>We therefore propose to increase our investment in social care to deliver enhanced rehabilitation and reablement services and to ensure we have the right level of rapid response services in order to reduce hospital readmissions and maintain our current excellent performance on admissions to residential and nursing home care.<br>Within the Better Care Fund pooled budget approximately 75% of the money will be spent on | There is a lot of information in the Better Together/Whole systems integration PID around<br>75% of the money will be spent on protecting social care outcomes aligned to new ways of working<br>The care bill is referenced but I could not find specific reference to care bill costs | 8 | G |

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| protecting social care outcomes aligned to new ways of working | | | |

## How the changes will support the development of seven-day health and social care services?

- Evidence of engagement to deliver the clinical standards for seven day services (7DS)
- Do they indicate how they will work together to ensure that NHS providers meet the milestones for inclusion of the Clinical Standards for 7ds
- Does the vision demonstrate a fully engaged primary care service
- Do local plans explain how the partnership will address delivery of the clinical standards?

| Page ref and quotes | Comments | Score 1-10 | RAG |
|---|---|---|---|
| T1 PP 20-21 Seven day working is a central part of the service vision for the 'frail elderly' work stream in the Better Together programme.<br><br>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.<br><br>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."<br><br>PID 7 day working The purpose of this project is to deliver seven day working for health and care services in Luton with the aim of preventing unnecessary hospital stays and maximising service user and patients' independence. | I could not find reference to Clinical standards but given the thoroughness of the documention submitted I would expect the PID to address this as it is developed<br><br>This aspect of the work would appear to be at a relatively early stage but they will presumably be building on the review done in 2013 | 6 | A |

## Better data sharing between health and social care, based on the NHS number

- Is the NHS Number being used as the primary identifier
- Are all systems able to now handle, or have plans in place to be able to handle the NHS Number?
- Is there a clear roadmap in using the NHS Number as the primary identifier within the plan?
- Clear commitment to open APIs

| Page ref and quotes | Comments | Score 1-10 | RAG |
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| T1 PP 20-21<br>We are committed to using the NHS Number as primary identifier for correspondence and the project to enable this will be complete by April 2015.<br><br>A project to enable client data sharing across the | There are clear commitments but no milestones or approach information beyond the three workstream approach. | 7 | A |

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| whole health and care system is underway. It has three elements:<br>1. IT system<br>2. staff engagement and support (including training and culture change)<br>3. information sharing protocols and procedures (covering information governance).<br>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. | | | |

## How the changes will ensure joint assessment arrangements and provide for accountable lead professionals?

- Do professionals have opportunities to talk regularly by phone, email or in meetings?
- How will patient information be shared securely and in a timely manner?
- Is it clear what they mean locally by a joint assessment?

| Page ref and quotes | Comments | Score 1-10 | RAG |
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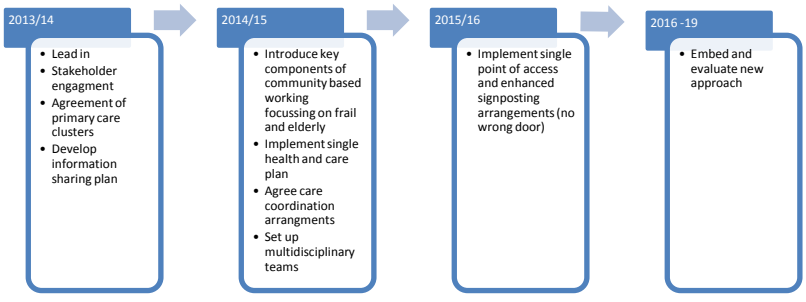
| T1 P21<br>Our plan is to align services with GP practices – this will be around a cluster model that will coordinate with community health care, mental health and social care services<br>All over-75 year olds will have a named accountable GP as part of the new GP contract from April 2014<br>The new community model of care across Luton will ensure providers work together to develop and define a single assessment process negating the need for multiple reviews by specific individuals.<br>T P3 A second leadership summit was held on 24 March which explored in more depth the impact on the acute sector and the steps the system would collectively take to put in place the new model of multidisciplinary teams and collaborative working that will keep people out of hospital and support them through appropriate social care and healthcare in their home or another non-acute location.<br>  <br> | Joint assessments are mentioned but not defined.<br>The graphic to the left shows the intended road map around joint assessment and planning.<br>Over 75s will have a lead professional by April 2014 | 8 | G |

## Agreement on consequential impact of BCF plan on the provider sector, including consultation with providers

- Has there been a sufficient level of engagement and buy-in with the acute provider, and public, patient and service users?

- Are there robust arrangements in place to measure the impact of BCF schemes that will not be double counting QIPP plans?

| Page ref and quotes | Comments | Score 1-10 | RAG |
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| T1 P 2-3 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.<br>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<br>A second leadership summit was held on 24 March which explored in more depth the impact on the acute sector and the steps the system would collectively take to put in place the new model of multidisciplinary teams and collaborative working | There has been good provider engagement with a leadership summit focused on the acute impact a few weeks ago<br><br>The QIPP Plans were part of the Better Together PID | 8 | G |

## Confidence the plan is deliverable

- Are the governance arrangements clear?
- Are there clear milestones and escalation points in the future to ensure successful delivery of the plans?
- Is the vision consistent with that of wider CCG strategic plans?
- Are the schemes and service changes well described?
- Are the implications for the acute sector and other existing services adequately addressed? They should include an assessment of future capacity and workforce requirements across the system.

| Page ref and quotes | Comments | Score 1-10 | RAG |
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| T1 P18 contains the overall governance process | My only reservation relates to the detail provided around milestones. That sad the governance and programme management seem particularly robust.<br>Overall governance includes Healthwatch is linked to other relevant boards and is augmented by programme governance in " Better Together programme and governance structure.pdf" which provides clear escalation paths. | 7 | A |
| T1 PP 11-13 Vision and schemes<br>T1 PP13 - 15 aims and objectives | I note from the Better together implementation planning was expected to happen Jan to April 14 – the planning milestones don't appear to be in this document or the associated PIDs | | |
| T1 P17 Implications on the Acute The Luton and Dunstable hospital, Luton CCG and Luton Council are signed-up to the idea of closing at least 60 elderly care beds and moving medical expertise currently only available in the hospital into the community. | The aims and objectives are clearly stated and linked to the CCG' commissioning strategy 2012 – 2015 and ten strategic priorities | | |

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| Hospital staff working with colleagues from across the system will put a greater emphasis on rapid interventions to reduce avoidable admissions and will constantly monitor performance and adjust activity as necessary.<br><br>T1 P4 The re-procurement programme is already demonstrating, through dialogue with bidding organisations that much more integrated models of care, different workforce roles and ways of working are available to be implemented in Luton<br><br>T1 P17 We will develop a total workforce strategy with help from Health Education East of England, Skills For Care, Skills For Health and the University of Bedfordshire. A scoping meeting has been set for 9 April and a whole system project group led by the director of housing and community living from Luton Council will begin work in April 2014. | The implications have been thought through, discussed and documented<br><br>The need for a flexible, motivated and appropriately trained workforce is identified as a risk with the mitigation on the left. | | |

## Confidence the plan is affordable

- Does the plan include at least the minimum required amount to be pooled?
- Is there a contingency plan for the possibility of targets not being met?

| Page ref and quotes | Comments | Score 1-10 | RAG |
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| T2 Tab 1<br><br>T1 P23 | The contribution for 14/15 and 15/16 is the minimum<br><br>The contingency plan table has been completed with a high level risk analysis<br><br>The financial details in T2 Tab 2 contains schemes and costs but not benefits.<br><br>Difficult to have confidence the plan is affordable without seeing implementation/tasks and costs. | 7 | A |

## Is it clear that the plan will not have a negative impact on the level and quality of mental health services?

| Page ref and quotes | Comments | Score 1-10 | RAG |
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| T1 Pp3-5 The commissioning partners for the Luton health and social care system (Luton CCG, Luton Borough Council and NHS England South Midlands and Hertfordshire Area Team) have set up a joint programme of re-commissioning of mental health and community health services, and the procurement process is well underway<br>The objective of the re-commissioning programme is to secure high quality, safe, clinically effective services<br>The commissioners are not intending to reduce overall funding for mental health services but are looking for innovation and to drive out duplication through integration, which will deliver better patient outcomes | Although the impact on MH services is not specifically stated the stated recommissioning intents and the way MH is integrated into the overall programme and governance approach indicates this is not a high risk | 8 | G |

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| from the funding available. | | | |

## The plan includes a clear risk mitigation plan, covering the impact on existing NHS and social care delivery and the steps that will be taken if activity volumes do not change as planned

| Page ref and quotes | Comments | Score 1-10 | RAG |
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| T1 P23<br><br>T2 Tab 1 The intention is to support people in the community, limit the number of people placed in permanent residential care and reduce the need for acute care in hospital settings. The intention is to reduce the number of hospital beds by 60 and reduce the impact of demographic growth on social care services. If this is not achieved then money would be required to continue to fund the current level of hospital beds and the cost of supporting increased numbers and needs of the growing population. The CCG, the Council and the Luton and Dunstable Hospital have agreed to develop a risk sharing arrangement to cover any shortfall, which would have to come from savings in existing budgets. | The contingency plan table has been completed with a high level risk analysis<br><br>The financial details in T2 Tab 2 contains schemes and costs but not benefits. | 8 | G |

## Patients and the public have been engaged in the development of the plan

| Page ref and quotes | Comments | Score 1-10 | RAG |
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| T1 PP4-5 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 working with Healthwatch and patient representatives<br>The Council drew on the experience of residents when, through its task and finish group on hospital discharge<br>Additionally, residents, employees and voluntary sector groups are all invited to become involved in the Better Together programme via the Better Together web page<br>In order to ensure that Luton residents' views are taken into account, LBC has developed six principles for public involvement:<br><br>1. Community involvement should be at the heart of how partners improve services, set priorities and use resources.<br>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.<br>3. Methods for involvement should be regularly reviewed to ensure they are cost effective, and | Good engagement with a wide range of stakeholders<br>. | 8 | G |

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| meet the preferences and needs of all citizens.<br>4. Citizens should receive clear and prompt feedback on how their involvement has helped to shape services, places and communities.<br>5. Partners should work in a joined up way to avoid duplication.<br>6. Involvement should be the basis on which partners increase satisfaction, build trust and confidence in their organisations. | | | |

## Outcomes and Metrics

| Metric | Baseline | Targets |
|---|---|---|
| Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population | 432.7 | 424.1 |
| Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | 73.90 | 81.47 |
| Delayed transfers of care from hospital per 100,000 population | 215.1 | 207.6 |
| Avoidable emergency admissions | 199.4 | 162.1 |
| Patient / service user experience % of patients with long-term conditions who feel supported to manage their condition | 60.1 | 64.0 |

| Local metric | taken from the national menu? Y/N | If not, is it technically robust? |
|---|---|---|
| NHSOF 2.1. Percentage of people feeling supported to manage their condition. | Y | |
| | | |

## Overall assessment

| Is this a high risk plan? | If yes, why is it high risk, and what remedial actions do you propose? | Should the BCF plan be recommended for final sign off? |
|---|---|---|
| N | There were a few gaps within the report as follows:<br>• Implications of the Care Bill was reference but there was no allocation of costs<br>• It was not clear how the partnership will address the delivery of the clinical standards for 7ds | Y |

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| | • Joint assessments are mentioned but Luton hadn't defined what is meant by a joint assessment<br>• Governance and programme management seemed robust but we would have benefited from more intelligence to support milestones and timelines for delivery<br>• Although, there was reference to the impact on the level and quality of MH services but there is more detail required. | |