HEALTH AND WELLBEING BOARD	AGENDA ITEM: **8.2**

DATE OF MEETING: 29th October 2013

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SUBJECT: Better Together: Luton's Health and Social Care Integration Programme Update

WARD(S) AFFECTED: ALL

Introductory note

1. As ever, I recognise that this report is concerned with real people and real lives and that some of the language in this report can give the impression of detachment from that reality. For example, I have used the word 'customer' to mean patient, or service user or potential patient or service user and their friends and family that support them. Similarly I sometimes use the word carer to mean family member or friend. I do not forget that this report is talking about 'Elizabeth Smith', 'Rashid Khan', 'Simone Rogers' and thousands of other real people with names and their own equally valuable and equally important lives.

PURPOSE

2. To inform the board of progress with the Better Together programme to date.

RECOMMENDATION(S)

3. The Health and Wellbeing Board is recommended to note the report.

BACKGROUND

4. At its meeting on 29 August, the health and wellbeing board considered a report on the establishment of the Better Together programme. One of the drivers for this programme is the predicted growing health and care needs of the local population as set out in the joint strategic needs assessment (JSNA), especially concerning people over 85 and children with disabilities and those under five.

5. Integration, the report noted, is essential because it is the only credible path to improving the outcomes for Luton residents at a price we can afford.

6. The Better Together board held its first meeting on 30 September, with agreed terms of reference and membership as set out in appendix A.

7. The government nationally is setting up the Integration Transformation Fund (ITF), with £3.8 billion announced in July as part of the 2013 spending review.

Subsequent joint statements from NHS England and the Local Government Association (LGA) make it clear that the ITF will be “a single pooled budget for health and social care” that “brings together NHS and Local government resources that are already committed to core activities”. Luton Council and Luton Clinical Commissioning Group (CCG) will need therefore to quickly put in place a plan to transfer services and contracts into the pool along with the money, and possibly re-commissioned services, as required covering 2014 to 2016. Joint governance arrangements will also need to be agreed. Other questions to consider include agreeing lines of accountability for the budget, ownership of integrated commissioning plans and how we can use this money to stimulate and support innovation. This will all form part of a new ‘S.75’ agreement, which the Council and the CCG must have in place by 1 April 2014.

8. The health and wellbeing board will be asked to sign-off the ITF plan and for Luton this will be a central part of the Better Together programme. At the time of writing this report further guidance on the ITF is expected from the LGA and NHS England, though no extra powers are planned for the health and wellbeing board and thus the ITF plan (and S.75 agreement) would also need to be agreed by the CCG board and the Council’s Executive.

[A S.75 agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England (in this case Luton CCG). Section 75 agreements can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised].

REPORT

9. NHS England wrote to all CCG leaders and NHS area directors on 10 October (copied to Council chief Executives) on the matter of integration and key areas for improvement. This chimes with the early work in the Better Together programme that is focussing on key areas of integration.

10. Additionally, as the new director general for social care at the Department of Health, Jon Rouse, pointed out at the Department's last national stakeholder forum, international best practice suggests successful, patient-focused, integrated health and care systems share 11 common features (their emphasis):

- Strong **clinical leadership** across sectors and disciplines
- Use of **data driven processes** to drive improvement
- Multi-disciplinary teams built round **primary care practitioners**
- Strong investment in **preventative services** to improve patient self management
- Use of risk stratification and **proactive assessment** and care planning
- Effective **care co-ordination** in crises, starting in A&E, including social and mental health care and through to discharge

- Seamless transfer between acute and community settings, backed up by **continuous dialogue** between the lead primary care practitioner and hospital consultant
- Single **electronic care record** with patient access/interaction
- Both integrated **commissioning** and integrated provision
- Integration between physical and mental health services, with **similar access standards**
- Same incentives across system – outcomes, process, **user experience**, value for money.

11. As proposed in the 29 August report, two early projects are now underway. Both of these projects develop work that has already been undertaken or is currently underway and where integration is a fundamental part of achieving a successful outcome. When they are developed, which is planned for November 2013, the business cases for change will go to the Council's Executive for approval.

12. The first early project, under the 'frail and elderly' work stream is the hospital discharge project that aims to keep people out of hospital, either by avoiding the need for admission through early intervention or by enabling quicker discharge through integrated and holistic planning.

13. This is picking up many of the points listed above as 'international best practice' and builds on the work of the task and finish group. At the heart of the project is a proposal to develop a single bespoke care and health plan for each affected older person and a designated care and health coordinator. This should support a holistic and seamless service by ensuring that when a customer is dealt with by any part of the health and care system the professionals involved will always have up-to-date relevant information. Additionally, having a coordinator means that the customer and their family always know who to speak to and who is 'in charge' of their care.

14. The coordinator's role will be to dynamically manage the 'case' in order to achieve the agreed outcomes, i.e. staying out of hospital unless absolutely necessary for treatment. The coordinator will therefore be expected to actively look for ways, through early intervention or prevention, of keeping a person from needing hospital treatment in the first place. Equally once an older person does go into hospital it will be the coordinators duty to pull together a multi-disciplinary, clinically led, holistic approach that enable the customer to move out of hospital as soon as they are ready and into suitable, possibly intermediate, care on their way home.

15. In practical terms the plan and its coordination may be ensuring an older person is properly hydrated, takes their medicines, eats, can go to the toilet and is safe. The key will be that the plan is personal, takes into account the customer and their carers wishes and organises the various health and care services involved so that visits are shared and where possible multi-skilled health or care visitors do more than one job.

16. The second early project is integrated referral, assessment and planning, which is within the 'disabled and SEN (special educational needs) child' work stream. At

the heart of this project is also the delivery of a bespoke holistic plan, the education, health and care plan (EHC) which the Children and Families Bill intends to make a legal requirement from September 2014. The project will build on work already well underway in Luton by helping care, health and schools partners to develop new integrated ways of working.

17. An additional major output of this project will be the production of Luton's 'local offer', setting out all services that parents could normally expect to receive, including at school, by health and social care. This will be a web-based service accessible directly by the public or by professionals providing assistance to families.

18. The proposition in the 'disabled and SEN child' work stream is that working together, health, education and social care colleagues will be able to share a single assessment of disabled and SEN children and plan and provide services seamlessly around a comprehensive understanding of their needs. This should enable the family to take a more active role in planning care and providing support for their child and cut out duplication whilst providing stronger leadership of the child's overall needs.

19. In both the above early projects there will inevitably be bigger problems to solve than just relating to that particular project. For example, agreeing and implementing ways of sharing client information, which may involve both IT solutions and new policies or procedures including ways of working with customers. In these instances the relevant service block project team will coordinate the development of a solution that is both evidence and need led and will provide a solution for other integration projects as they unfold.

20. Work is already underway looking at the IT requirements to enable information sharing about customers.

21. Elsewhere work is beginning on all programme areas. Under the 'back-office and support' heading we have begun looking at what support services, particularly public consultation, communication and engagement, equalities and human resources could be provided as a shared service between the Council and the CCG. Better Together options are also being considered in the Council review of passenger transport to see whether there are financial and customer care advantages to combining passenger transport with non-emergency patient transport. If successful these measures should provide a boost to the local economy and make savings that can reduce pressure on front-line services. In the case of patient and passenger transport the ambition would also be to reduce the number of journeys in the interests of safety and better health and care outcomes.

22. The 'organisation' area of the programme is responsible for leading change and integration in policies, procedures and culture of the future integrated multi-organisation model. In part this will aim to overcome organisation barriers to integration, short of organisational merger, that are identified in the services work streams. In part this will lead on such as developing common standards or agreeing protocols for cross-organisation teams.

23. Organisation integration needs top level highly visible leadership and follow through on our agreement to set aside organisational interests in favour of the interests of the customer. That needs to be reflected not just in a common vision, but also in a common identity and set of beliefs and values for each organisation. As a result the programme board will hold an integration summit: 'Better Together in Luton' that will aim to achieve these ends.

24. Finally, it has been reported separately elsewhere that the CCG is leading a recommissioning programme for mental health and community health services. At the time of writing this report, the Council executive is due to consider at its meeting of 21 October whether it wishes to join this programme and re-commission jointly. The Executive is recommended to join the programme and to suggest ways in which joint re-commissioning can better reflect local needs and aspirations. Integrated commissioning is one of the 'common features' of international best practice outlined above. The Council and the CCG will work closely together to ensure that the re-commissioned services fully integrate delivery in line with the Better Together model, ie seamless services around the person with a bias toward increasing early intervention and decreasing the need to emergency and specialist services.

IMPLICATIONS

25. Legal, financial and equalities issues will be considered during the development of the programme.

CONSULTATIONS

26. The programme fully involves Luton Healthwatch and will work closely to develop mechanisms for resident and customer engagement.

27. Additionally the programme will make use of existing patient and service user reference groups and will invite any Luton resident to get involved through its web page.

APPENDICES

Appendix A - Better Together Board Terms of Reference

Appendix B - NHS England-LGA Letter - Next Steps on implementing the Integration Transformation Fund

Appendix C - NHS England Letter - Planning for a sustainable NHS responding to the 'call to action'

Appendix D - Integration Transformation Fund - Draft Plan Submission Template

LIST OF BACKGROUND PAPERS
LOCAL GOVERNMENT ACT 1972, SECTION 100D

No papers that require listing were used in the preparation of this report.