

Healthier Communities Select Committee			
Title	Adult Integrated Care Programme		
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Item	6
Class	Part 1 (open)	21 October 2014	

1. Purpose

1.1 This report updates Members on progress in relation to Lewisham's Adult Integrated Care Programme (AICP) with specific reference to:

- the Better Care Fund submission
- the implementation of the Care Act
- the development of Joint Commissioning Intentions.

2. Recommendations

2.1 Members of the Healthier Communities Select Committee are asked to note the information provided in this report.

3. Background

3.1 Members of the Healthier Communities Select Committee have received briefings on the Better Care Fund on 16 July 2014 and 3 September 2014.

4. Adult Integrated Care Programme

4.1 Activity within the workstreams is progressing steadily. Following the submission of the Better Care Fund, the Adult Integrated Care Programme Board (AICPB) is working to ensure that work on the BCF and Commissioning Intentions fully align with the programme.

4.2 Following the workshop to define the scope and specifications for the neighbourhood model, the AICPB agreed:

- The multi disciplinary team will be called the 'neighbourhood community team'.
- The core team has now been defined as the District Nurse Service, social care workers, occupational and physiotherapy services. The Adult Mental Health Service has aligned their structure to the four neighbourhoods and it is envisaged that the Older Adults Mental Health team will be part of the core neighbourhood community team.
- The wider network will look to include the community pharmacists (LIMOS) and Community Connections staff. It will also include the working age mental health team initially.
- To co-locate the neighbourhood community team.

- 4.3 The Community Connections project has now been running for 10 months. The project has 3 strands of activity:
- Supporting those on the threshold of needing care and support to access opportunities in their neighbourhoods. 55% of referrals are from adult social care and 7% from GPs. 413 people have been supported to date. Facilitators have reached capacity and are piloting a fast track assessment to reduce waiting lists.
 - Working with voluntary and community groups to develop activities to meet identified needs. Recent community development activity has included: 2 new groups established in partnership with Timebank, a collaboration between lunch clubs and a music project, 3 new organisations working with Community Health Improvement Service, a 'techy tea party' pilot delivered.
 - Increasing volunteering. 52 volunteers have been recruited to date.
- 4.4 A single point of access has been developed, bringing together operational managers from the Social Care Advice and Information Team and District Nursing. The service is located in Laurence House and will go live at the end of October. A common assessment form has been developed which incorporates the initial contact form for both organisations and will be used to identify suitable services to direct people to, or refer to the Neighbourhood Community Team.
- 4.5 In light of the changes to the BCF requirements, the AICPB also requested that the workstream which is focusing on early and targeted interventions be asked to produce a short-term implementation plan drawing together all activity which specifically focused on hospital admission avoidance, timely hospital discharge and the development of a single rapid response service.
- 4.6 The advice and information workstream has identified the mechanisms currently used by individuals to access information and advice. An options appraisal has been undertaken regarding the development of a comprehensive on line information and advice offer. The AICPB has agreed in principle to utilise Lewisham's website to develop an enhanced on line information offer subject to a detailed specification.
- 4.7 The AICPB is keen to improve communication and engagement across the programme. A Joint Public Engagement Group, a sub group of the Health and Wellbeing Board, was established with the CCG earlier this year. A communications plan has been developed and a communications working group established.

5. The Better Care Fund

- 5.1 The Better Care Fund (BCF) was announced as part of the 2013 Spending Round. Lewisham submitted its BCF plan on 4 April 2014. Subsequently ministers announced that further time should be taken for CCGs and Councils, working with Health and Wellbeing Boards, to refine their plans during June and that further guidance would follow. This guidance and information was delayed until the last week of July with additional guidance following in the first week of August. The guidance provided details of the process for revising and resubmitting BCF plans and set a new submission deadline of 19 September 2014.
- 5.2 The guidance set out a number of key policy changes. In summary, the previous £1bn Payment for Performance framework was revised so that the proportion of the

£1bn that is now linked to performance is dependent solely on an area's scale of ambition in setting a planned level of reduction in total emergency admissions (i.e. general and acute non-elective activity). The national planning assumption is that this will be in the region of a 3.5% reduction against the baseline detailed in the technical guidance. The guidance notes that although local targets should be ambitious and stretching they should not be unrealistic.

5.3 Submissions were required to describe the local vision for health and care services and the schemes that will deliver this vision. Plans were expected to go beyond this and required to specifically set out:

- **The case for change:** a clear analytically driven and risk stratified understanding of where care can be improved by integration
- **A plan of action:** A clear explanation of the activity that will take place to shift activity away from emergency admissions, developed with all local stakeholders and aligned with other initiatives and wider planning
- **Strong governance:** clear local management and accountability arrangements, and a credible way of tracking the impact of interventions and taking remedial action as necessary, as well as robust contingency plans and risk sharing arrangements across providers and commissioners locally
- **Protection of social care:** How and to what level social care is being protected, including confirmation that the local share of the £135m of revenue funding resulting from new duties within the Care Act is protected, and the level of resource dedicated for carers is spelled out
- **Alignment with acute sector and wider planning:** including NHS two-year operational plans, five-year strategic plans, and plans for primary care as well as local government plans.

5.4 The Adult Integrated Care Programme Board reviewed the new guidance on 8 August and identified areas that required further discussion and development. It was agreed that:

- the original schemes proposed within Lewisham's plan would need to be reviewed given the performance element of funding relating to a reduction in total emergency admissions.
- the plan would take account of the Care Act and adequately addresses the needs of carers and the mental and physical health of service users.
- activity to reduce acute emergency admissions is feasible and realistic.
- activity will be undertaken alongside the development of Lewisham's Joint Commissioning Intentions for health and care to ensure that the funding from BCF is properly targeted and that the risks, both financial and operational, to the Council, the CCG or other providers are minimised.

5.5 An initial review of all submitted plans has been undertaken. The feedback received was generally positive with requests for some additional evidence to be provided. A regional assessment is currently being undertaken. The assessments will be moderated and calibrated to develop a consistent national view of the status of local BCF plans. The individual assessment of each plan will be used alongside an assessment of the local delivery context in which a plan sits, to produce an approval rating. It is anticipated that feedback on Lewisham's revised plans will be provided by NHS England and the LGA by the end of October 2014. Plans will be either: approved, approved with support, approved with conditions or not approved.

6. The Implementation of the Care Act

- 6.1 The Care Act 2014 was passed in April 2014. It is the most substantial rewrite of legislation on adult social care since 1948, primarily with duties on Local Authorities, but also on their key partner organisations (through a legal duty to co-operate). The key changes are included in Appendix 1.
- 6.2 The Act can be seen in many areas as taking good practice in the sector, and setting it down as legislation or statutory guidance. The Department of Health's vision is that it will ensure that "*people's well-being, and the outcomes which matter to them, will be at the heart of every decision that is made*".
- 6.3 The Department of Health summarises that the Care Act: -
- creates a new focus on preventing and delaying needs for care and support, rather than only intervening at crisis point;
 - reforms the funding system for care and support, by introducing a cap on the care costs that people will incur in their lifetime (*from April 2016*);
 - provides for a single national threshold for eligibility to care and support;
 - puts carers on the same footing as those they care for (including a brand new statutory eligibility framework);
 - includes new protections to ensure that no one goes without care if their provider fails, regardless of who pays for their care;
 - has new provisions to ensure that young adults are not left without care and support during their transition to the adult care and support system.
 - provides for a statutory adult safeguarding structure
- 6.4 Lewisham has linked the implementation of the Care Act to the management of the Adult Integrated Care Programme. Activity is also being overseen by the Council's Community Services Directorate Management Team. A Task and Finish group has been set up with officers from within Adult Social Care, the Joint Commissioning Unit and supporting functions including Strategy and Policy and Legal. Where possible, work has been included in existing project and programme structures, to avoid duplication of effort and to ensure work is joined up with other change projects.
- 6.5 Other partnership functions are used to align activity where logical to do so. For example, actions around Transitions of young people from children's services to adult services are being managed under the SEND Reform Programme, led by the Children and Young People's Directorate. Any areas that sit outside of existing structures are being overseen directly by the Task and Finish Group and Care Act Project Manager. This Group also helps manage the complex set of interdependencies.
- 6.6 The Act applies also to mental health social work and work with the leaders of the integrated social work functions to develop the right approaches for compliance within the South London and Maudsley-led integrated mental health services is ongoing.

- 6.7 Financial pressures are expected to arise from the following main areas: -
- An extended duty to assess carers is expected to increase assessments by 50%;
 - A new eligibility framework entitling carers to services through personal budgets for meeting their own needs;
 - Assessing people and setting up Care Accounts to record the amount they spend on their care;
 - The Care Cap (following “Dilnot” report), whereby people have a cap on their contributions to the cost of care (2016/17);
 - Requirements to maintain preventative services and support those without statutory needs;
 - Delivering or commissioning a wider range of advice, information and advocacy.

7. Joint Commissioning Intentions for 2015/16-2016/17

- 7.1 On 3 July 2014, the Health and Wellbeing Board noted that the Adult Joint Strategic Commissioning Group (AJSCG) was co-ordinating the development of Joint Commissioning Intentions, as a key aspect of the Adult Integrated Care Programme.
- 7.2 The joint Commissioning Intentions for Integrated Care provides a framework for how commissioners intend to commission local health and care services for 2015/16 and 2016/17. It covers the whole of Lewisham’s population with a particular focus on the frail and vulnerable, older people, children with complex needs and disabilities, looked after children, young people, people with long term conditions and /or mental health problems, people with learning disabilities and pregnant women. It sets out how the physical, mental and social care needs will better met through joined up, coordinated advice, support and care.
- 7.3 It is a single plan with one set of priorities. This is the first time that the collective resources available to Lewisham Council (Adult Social Care and Public Health) and Lewisham Clinical Commissioning Group (CCG) have been brought together to use them to their best effect to reshape the advice, support and care services provided across health and social care, working together with the public and partners, to achieve improved health and care and reduced health inequalities.
- 7.4 The proposed plans of action within the draft Joint Commissioning Intentions are considered to be ambitious, yet remain realistic and feasible to deliver within the expected resources. Only a limited number of six priorities have been proposed, which align with the Better Care Fund submission. These priorities are:
- Prevention and Early Intervention
 - Strong Primary Care
 - Neighbourhood Community Care
 - Enhanced Care and Support
 - Childrens and Young People •
 - Supporting Enablers

- 7.5 The draft Joint Commissioning Intentions is still work in progress. It is planned that the Health and Wellbeing Board and the CCG's Governing Body will endorse the draft Joint Commissioning Intention at their November meetings.
- 7.6 The Joint Commissioning Intentions will be a public document for wider engagement with the public, local providers and other stakeholders. An engagement programme and communication plan is being developed and implemented during November – December 2014, to further test that the Adult Integrated Care Programme is focused on the right plans for action to deliver the maximum benefits to Lewisham people over the next two years. The engagement exercise then will inform the translation of the joint Commissioning Intentions into action plans across health and social care and secured in contracts for 2015/16.

If there are any queries on this report please contact:

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Appendix 1: Summary of Key Changes in the Care Act

The Care Act is wide-ranging and statutory guidance is over 400 pages. Below are some of the key points, but this is not a comprehensive list of changes.

Funding Reform

- Introduction of a cap of £72,000 on what people have to pay to meet their eligible social care needs (from April 2016).
- Payments made towards the cap will be recorded in a 'care account'. The care account will only include what the LA would have paid for the care. Once the cap is reached, the LA will take over the cost of eligible care.
- The means test threshold will increase from £23,250 to £118,000. Those with assets in this range currently do not receive LA support, but will qualify from April 2016.
- People who turn 18 with eligible needs will receive free care and support.

National Eligibility Framework

- New national eligibility frameworks for clients and carers
- Eligibility to be based on risk to the individual's wellbeing (as opposed to the risk to their independence), and to consider outcomes
- Duty to carry out a needs assessment for any carer
- Assessment to take into account the needs of the whole family as well as of any carers
- New arrangements for transition to adult care and support for young people

Market Shaping and Commissioning

- Personal budgets must be used for all ongoing social care support, including residential care
- Market Position Statements to set out the approach to market development and management for social care
- Commissioning strategies designed to meet local needs
- Engagement with providers and local communities when redesigning services and planning for the future
- Securing supply in the market and assuring its quality through contracting and other quality assurance approaches
- Obligations to support customers affected if a provider organisation fails in Lewisham, regardless of whether the customers were funded by Lewisham

Advice, Information and Advocacy

- Local authorities and partners must provide targeted information and advice at key points in people's contact with care and support, health and other local services
- Duty to provide advice and information to residents who do not meet the eligibility thresholds
- To actively identify and support people who would benefit from financial information and advice (self-funders)
- Requirement to develop plans/strategies to meet local needs
- Must provide independent advocacy to facilitate a person's involvement in the assessment, planning and review if they experience substantial difficulty

Prevention

- To ensure the provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support.
- Need to be based on principles of wellbeing, promoting resilience and individual strength and capacity
- Should be set out in a clear, local approach of how Lewisham plans to fulfil this responsibility.