

<b>HEALTHIER COMMUNITIES SELECT COMMITTEE</b>			
Report Title	Adult Integrated Care Programme and the Better Care Fund		
Contributors	Chief Officer, Lewisham Clinical Commissioning Group and Executive Director for Community Services	Item No.	6
Class	Part 1	Date:	18 May 2016

## **1. Purpose**

- 1.1 This report provides Members of the Healthier Communities Select Committee with an update on Lewisham's Adult Integrated Care Programme and the associated Better Care Fund Plan for 16/17.

## **2. Recommendations**

- 2.1 Members of the Healthier Communities Select Committee are asked to note:
- The priority areas for focus within the Adult Integrated Care Programme for 16/17
  - The specific activity that will be supported by Better Care Funding during 16/17

## **3. Strategic Context**

- 3.1 The Health and Social Care Act 2012 requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- 3.2 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund.
- 3.3 The Government's Spending Review in November 2015 announced a requirement for all areas to have a plan for integration between social care and health by 2017, to be implemented by 2020.

## **4. Adult Integrated Care Programme (AICP)**

- 4.1 Through the Adult Integrated Care Programme, Lewisham Health and Care Partners continue to work towards their vision of achieving by 2020, a viable and sustainable 'One Lewisham Health and Social Care System' that will enable the local population to maintain and improve their physical and mental wellbeing, enable independent living, and have access to person-centred, evidence-informed, high quality, yet cost-effective pro-active care, when it is needed.
- 4.2 Underpinning this vision, Lewisham Partners remain committed to four high level objectives:

**Better Health** – to make choosing healthy living easier - providing people with the right advice, support and care, in the right place, at the right time to enable them to choose how best to improve their health and wellbeing, explicitly addressing health and care inequalities including parity of esteem between physical and mental health.

**Better Care** - to provide the most effective personalised care and support where and when it is most needed - giving people control of their own care and supporting them to meet their individual needs.

**Stronger Communities** – to build engaged, resilient and self-directing communities - enabling and assisting local people and neighbourhoods to do more for themselves and one another.

**Better value for the Lewisham pound** – by focusing on delivering population-based health and wellbeing outcomes and higher levels of service quality whilst containing costs over the five year period.

## 5. AICP Focus for 16/17

5.1 At the end of last year, the Adult Integrated Care Programme Board identified the areas for focus during 16/17. In doing so, the Board was mindful of the work undertaken to date and the need to continue to focus on achieving a significant reduction in avoidable admissions to hospital, an improvement in the timely discharge of people from hospital, a better use and alignment with existing resources available in the community, and the need to retain a focus on prevention and early intervention to enable people to maintain and improve their health and wellbeing and maintain independent living.

5.2 Consequently, the Adult Integrated Care Programme Board have agreed that activity in 16/17 will focus on:

*Developing the tools, systems and services to enable people to maintain and improve their own health and wellbeing, and to support independent living.* This will include improving digital access to information, advice and support, remodelling the Single Point of Access so that people are referred to the correct service the first time they make contact and developing signposting tools to link people to the support and services they require;

*Continuing the development of Neighbourhood Care Networks to support effective working across community health and care services, general practice, wider primary care and the voluntary sector.* This will include consideration of what more is needed to sustain effective networks into the future;

*Developing new approaches/models for the delivery of community health and care services and improving multidisciplinary working.* This will focus on removing barriers and developing new approaches to improve patient experience and satisfaction; and establishing key processes for joint assessment, care planning within the Neighbourhood Community Teams;

*Continuing the redesign and development of admission avoidance and hospital discharge services.* This will include the development of a rapid response service, ambulatory care unit, home ward and a community discharge and support team.

- 5.3 During 16/17, focus will also continue to be given to the key enablers: estates, workforce and IMT.

**Estates:** An Integrated Estates Strategy is being produced to ensure that there are facilities of the right type in the right location to deliver health and care across the borough. A mapping of LBL, SLaM and LGT estates across the borough is currently taking place to inform the strategy.

**Workforce:** The implications for the workforce and plans for addressing them will be produced as part of the development of the 16/17 priorities. A baseline assessment of existing health and care workforce is being produced.

**IMT:** A clear picture of partners' IMT plans and of staff and residents' future needs that could be supported by technology will be obtained to ensure that IMT supports staff in new ways of working, such as mobile technology, provides users with better information and advice to support self care, and gives staff and residents access to shared health and care information. The use of technology is also recognised as a tool to support residents to better manage existing conditions.

- 5.4 In delivering the programme in 2016-17, the AICP Board has ensure that programme plans are being integrated with the wider transformation and improvement work taking place within primary and acute care, and are aligned with wider system resilience plans, Our Healthier South East London Strategy and the Sustainable Transformation Plan which will cover the six south east London boroughs. The programme also needs to ensure progress is made in meeting the BCF national conditions which include maintaining social care provision, action to prevent unnecessary non-elective admissions and support timely discharge; better data sharing; a joint approach to assessment and care planning and investment in out of hospital services.
- 5.5 For 16/17, the Board has recognised the need to improve the communication, engagement and co-design with key stakeholders across the system and has committed to improving these aspects of the programme. Accordingly the AICP board is developing a communication and engagement plan for 16/17.

## 6. Devolution Pilot

- 6.1 As members are aware, Lewisham Council and Lewisham CCG have agreed to be a devolution pilot to assist with the wider understanding of how devolution to London might work. Lewisham is bringing forward a case for change, by June, to test and explore whether being given greater local freedoms in a few areas, including estates and workforce, could help deliver health and social care integration more quickly and/or more effectively across London.

## 7. The Better Care Fund

- 7.1 Lewisham's Better Care Fund (BCF) Plan is an integral part of the delivery of Lewisham's Adult Integrated Care Programme (AICP) and will contribute to the delivery of the AICP 2016/17 priority areas. Lewisham's BCF plan includes activity implemented in 2015/16 and sets out a number of new areas which will support the work within the Programme BCF funding in 2016/17

has also been allocated to IMT development and estates refurbishment to support new models and delivery of care.

7.2 The new BCF activity identified for funding during 2016/17 will deliver:

**Targeted Support for Falls and Care Homes**

*A new service to provide rehabilitation for people who have fallen or who are considered to be at risk of falls.*

**Dementia Services and Support**

*A new model of care and an enhanced care pathway.*

**Integrated Management Posts**

*To develop joint processes across social care and nursing and improving the effectiveness of Neighbourhood Team Co-ordinators.*

**Co-location of NCTs**

*To further develop multi-disciplinary working and better co-ordinate all necessary interventions as part of the same care episode.*

**Admission Avoidance and Hospital Discharge**

*A team will be established to provide a rapid response to patients at risk of an emergency admission or attendance at A&E and a Home Ward to provide both “step up” care from the community, to prevent an avoidable admission, and “step down” care, for patients ready for discharge but who require on-going medical interventions.*

**Continuing Care**

*A redesigned Continuing Healthcare team and associated processes will be piloted.*

**IMT development**

*The development of a digital platform to give patients and service users access to a range of information, advice and service, a directory of formal and informal providers; and information on organisations, activities and events to support an individual’s health and wellbeing.*

**Estates**

*Across all areas of work, assessments are taking place to identify the development or refurbishment needs in relation to estates to support new ways of working and shared use.*

7.2 Lewisham’s Better Care Fund plan for 16/17 was submitted to NHS England on 3 May. At the time of writing this report, we are awaiting confirmation that Lewisham’s plan has been approved.

**8. Conclusion**

8.1 This information report provides an update on the adult integration care programme and the Better Care Fund and invites members of the Committee to note its contents.

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