1. **Purpose**

1.1 This report sets out Lewisham Health and Care Partners’ planned next steps to strengthen the governance and partnership arrangements for the development and delivery of Community Based Care as part of their proposed direction of travel towards a population based accountable care system for Lewisham. An accountable care system is a system which commissions and delivers health and care, working across organisations and in partnership, with the potential to share governance and accountability and to pool budgets against strategically commissioned outcomes. The report seeks the Board’s support for this approach.

2. **Recommendation**

2.1 Board members are asked:

- to support and endorse the intended direction of travel to strengthen the governance and partnership arrangements for the delivery of community based care as part of an accountable care system;
- to note that further work is being undertaken to identify the legal frameworks or agreements that could be used to formalise any such governance and partnership arrangements and that a further report on this would be presented to the Health and Wellbeing Board and through the governance of each sovereign organisation;
- to note the interim steps that are being taken to adopt stronger and more collaborative working within existing governance and partnership arrangements.

3. **Strategic Context**

3.1 The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in *Shaping our Future – Lewisham’s Sustainable Community Strategy*, and by Lewisham’s Health and Wellbeing Strategy.

3.2 The work of the Board directly contributes to *Shaping our Future’s* priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.
3.3 The Health and Social Care Act 2012 placed a duty on Health and Wellbeing Boards to prepare and publish joint health and wellbeing strategies to meet the needs identified in their joint strategic needs assessments. Lewisham’s Health and Wellbeing Strategy was published in 2013 and refreshed in 2016.

3.4 The Health and Social Care Act 2012 also 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.

3.5 The NHS Five Year Forward View was published on 23 October 2014 and sets out a new shared vision for the future of the NHS based around new models of care.

3.6 Planning guidance was published on 22 December 2015 which set out the requirement for the NHS to produce five year Sustainability and Transformation Plans (STP). These are place based, whole system plans driving the Five Year Forward View locally. The Next Steps on the NHS Five Year Forward View highlights the need to move to further integration across health and care, through Sustainability and Transformation Partnerships and, for some, through the creation of accountable care systems.

4. Background

4.1 For many years, health and care partners across Lewisham have worked together to plan and deliver care in a more accessible, integrated and sustainable way. Supporting the Health and Wellbeing Board, Lewisham’s Health and Care Partners Executive Board (LHCPEB) currently provides the joint strategic direction for this work where it requires a whole system approach. The framework provided by the South East London STP Our Healthier South East London has informed the development of local transformation and integration plans.

4.2 A key area of focus for LHCPEB has been on the improvement, development and delivery of Community Based Care. Partners want the support and care that is provided in the community, outside a traditional hospital setting, to be more accessible, proactive, preventative and coordinated. By working together on the development and delivery of Community Based Care, partners aim to maintain and improve people’s health and wellbeing, increase their independence and resilience, reduce the risk of admission to hospital and facilitate the timely discharge of patients.

4.3 Although examples of good practice already exist across the borough, the Lewisham Health and Care Partners Executive Board agreed that they should look at ways in which the governance and partnership arrangements around the development and delivery of community based care could be strengthened to accelerate progress, achieve faster decision making and clarify accountabilities. This has included exploring the development of a locally based accountable care system.

4.4 To support the LHCP in this work, the Board engaged the support of external consultants to help them review Lewisham’s current governance and arrangements, to explore good
practice adopted established elsewhere in the country, and to present a report to the Board recommending possible arrangements to achieve the desired outcomes in Lewisham.

4.5 The report made a number of recommendations for the LHCP to consider. The report recommended establishing a system oversight board, a strategic commissioning function and an alliance of providers.

5. Rationale

5.1 Although partners across the system currently seek to carry out commissioning and provider functions in partnership, they recognise that something different is needed to secure collective leadership and to enable partners to work together. They recognise that to address local health and care, equality, quality and efficiency challenges more effectively, organisations and their partners should explore and work towards an accountable care system. These place based health and care systems work across organisations and partnerships with pooled budgets, shared governance and accountability.

5.2 As a first step, LHCP believe that the strengthening of governance and partnership arrangements for community based care will secure benefits across the system. These include delivering an agreed partnership vision for community based care, providing clarification of the roles and responsibilities between commissioners and providers in the development and delivery of community based care, ensuring there is joint agreement on the intermediate and long term health and care outcomes based on the population health needs assessment, aligning priority areas for action and resources, and fully engaging with the system wide workforce. Where challenges and obstacles arise that would delay or disrupt plans, the new arrangements are expected to support partners across the system to reach a speedier resolution.

5.3 The government has previously stated that it wants to see the integration of health and social care, in every area of England, by 2020, supported by the Better Care Fund. The proposed direction of travel outlined in this report also aligns with the expectations set out in the NHS Five Year Forward View which called for better integration across the health and care system and for an acceleration of local integration and partnership arrangements. The need to bring organisations more closely together and address the fragmentation and duplication across the system is further reiterated in Our Healthier South East London, the Sustainability and Transformation Plan (STP) for South East London.

6. The Proposed Governance and Partnership Arrangements for Community Based Care

6.1 The external consultants presented a conceptual illustration for how the governance and partnership arrangements for community based care could be arranged. This is shown at Annex A.

6.2 The proposed arrangements illustrate the strong relationship between three key elements which are necessary for the successful delivery of community base care: collective decision making and oversight; accountability for the public value; and accountability for quality and for delivery with the right capacity and resources.
6.3 If the Health and Wellbeing Board supports this direction of travel, the next steps that health and care partners propose to take towards the establishment of these arrangements are set out in more detail in the following sections.

Next Steps

7. Establishing a system oversight board

7.1 Partners want to explore the establishment of a system oversight board to make shared decisions and be held accountable for the delivery of sustainable, high quality and outcome based population health and care in Lewisham. They want to explore how such a board could best be formed to achieve a clear mandate to identify and agree deliverables, realise benefits, share risks and set clear outcomes within a specified funding envelope. Such a board could act as the executive arm of the Health and Wellbeing Board.

Proposed next steps

7.2 The current LHCP Executive Board will act as a shadow system oversight board continuing to provide strategic oversight and adopting, within existing governance arrangements, the full roles and responsibilities of a system oversight board and testing out how effectively those roles are being executed. Members will work collaboratively to develop and oversee a joint vision and plan for the development and delivery of Community Based Care. In taking this work forward, the Board want to be held jointly accountable to the Health and Wellbeing Board and sovereign bodies for agreed key milestones and key deliverables. This will seek to establish value to the system as a whole and focus on health and care outcomes, quality and efficiency, and the greater co-ordination and integration of health and care for the local population, rather than individual organisational benefit. The LHCP will focus on the key enablers and infrastructure that needs to be in place to support an accountable care system, such as the development of population health IT systems, maximising the use of the health and care estate, undertaking financial modelling, workforce development and improving communication. As part of this the Board will also support the development of the Neighbourhood Hubs.

7.3 Whilst adopting shadow arrangements, members will be asked to review regularly their performance and to judge whether the shadow board has secured improvements in the way they want and has addressed the current challenges in terms of decision-making and accountability. In parallel further work to explore the legal frameworks and statutory arrangements which could be used should sovereign organisations want to formalise such arrangements will be undertaken and presented through each organisation’s governance so that each can consider the specific implications for their own organisation.

7.4 At this time, however, there would be no change to the current governance and accountability of existing sovereign bodies and each partner would need to ensure that the appropriate approval for commissioning or provider plans is secured from their own organisation.
8. Establishing a Strategic Commissioning Function

8.1 Partners want to strengthen the integrated strategic commissioning function between the CCG and the Council to enable health and care commissioners to work collaboratively, possibly under a single arrangement. Commissioning partners want to ensure commissioners across the system work together more closely, share data and information more effectively and maximize opportunities for joint planning and aligning outcomes.

8.2 By working in an integrated way, commissioners would be expected to agree collectively the commissioning intentions for community based care and to define the intermediate health and care system goals and population outcomes.

Proposed next steps

8.3 The LHCP Executive Board has asked commissioners to consider what further steps could be taken to improve collaborative and joint working across the CCG and the Council to deliver strategic commissioning.

9. Establishing an Alliance of Providers

9.1 Provider partners want to strengthen the collaboration between them. One way of doing so is by establishing an alliance of provider organisations to deliver community based care. Such an alliance would enable providers to respond collectively to commissioner contracts and for providers to hold one another to account. An alliance would manage population health risks and develop collaborative operating and management systems. Coming together as equals, providers would take joint responsibility and accountability for the delivery of specified outcomes. Providers could agree shared objectives/targets and identify those areas where they could collaborate and pool budgets.

9.2 As with the strategic commissioning functions, it was felt that an alliance should enable providers to address issues across the full health and care system rather than addressing individual parts. Any alliance model should enable providers to explore solutions that focus on the improvement of population and performance outcomes and on the integration of care.

Proposed Next Steps

9.3 Providers are currently working together to explore the development of an alliance, with key voluntary sector organisations, for the delivery of community based and co-ordinated care. A group has been established to share knowledge and experience to inform the development of future alliance arrangement for CBC. Within this wider CBC provider alliance work, providers are also testing out this approach for mental health provision. This proposed provider alliance approach reflects the interrelated nature of current provision, the desire to deliver holistic and person centred care, and the need to ensure that the impact of increased activity or provision by one provider does not adversely affect another.
10. Seeking formal agreement on joint governance and partnership arrangements

10.1 Although this report proposes a way forward and new ways of working, before the specific changes to existing governance arrangements or accountability can be proposed or implemented, more detail on the legal frameworks and statutory arrangements (eg section 75) to deliver stronger partnership arrangements is required. While this work is undertaken, partners are of the view that much can be done within current governance arrangements to reshape existing groups and model the new ways of working.

10.2 No changes to formal governance and partnership arrangements can be made without the full agreement from each sovereign organisation, particularly if delegated authority is being proposed. Further work is needed to see how any proposals in relation to new governance or partnership arrangements would affect each existing organisation’s governance arrangements. Once this detail is available, further consultation will take place with existing governance groups and committees on any changes proposed and final proposals presented to the Health and Wellbeing Board, Healthier Communities Select Committee and to each partners’ governance arrangements for approval.

11. Financial Implications

11.1 There are no financial implications arising from this report. Any proposed activity or commitments arising from activity to support the development of the proposed governance and partnership arrangements for the delivery of community based care will need to be agreed by the delivery organisations concerned and be subject to confirmation of resources. The funding available in future years will of course need to take account of any required savings or any other reduction in overall budgets and national NHS planning guidance.

12. Legal implications

12.1 As part of their statutory functions, members are required 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, and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.

12.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 NHS Act 2006 which sets out the governance arrangements for the delivery of services, and where relevant any delegation of functions from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.

12.3 Any additional legal implications arising from the establishment of more formal governance and partnership arrangements will be fully detailed in future reports and agreement sought from each sovereign body before any formal change is implemented.

13. Crime and Disorder Implications
13.1 There are no specific crime and disorder implications arising from this report or its recommendations.

14. Equalities Implications

14.1 Although there are no specific equalities implications arising from this report, the development of any new health and care governance and partnership arrangements will continue to focus on improving health and care outcomes and reducing inequalities across the borough.

15. Environmental Implications

15.1 There are no specific environmental implications arising from this report or its recommendations.

16. Conclusion

16.1 Members are invited to support the proposed direction of travel and planned next steps as set out in this report.

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