

HEALTH AND WELLBEING BOARD			
<b>Report Title</b>	Integrated health and social care – an update		
<b>Contributors</b>	Executive Director for Community Services	Item No.	9
<b>Class</b>	Part 1	Date: 19 September 2013	

## 1. Purpose

- 1.1 This report informs Members of the Health and Wellbeing Board on the progress on Lewisham's Integration Programme, in particular the update on the Pioneer bid. It also asks Members to note that proposals for current and future programme management support will be submitted as part of the plans for the use of funding that is to be transferred to local government from the NHS to support transformation in 2013/14 and 14/15. From March 2015, similar funding to support the integration of social care and health will be known as the joint health and social care Integration Transformation Fund.

## 2. Recommendation

- 2.1 Members of the Health and Wellbeing Board are recommended to:
- Note the progress on Lewisham's bid for Pioneer Status and receive a verbal update on the Pioneer shortlist interview;
  - Agree the proposed governance arrangements and the role of the Health and Wellbeing Board in ensuring effective progress of the programme;
  - Note that proposals for project management support be included in the plans for the use of funding being transferred from the NHS England to the Council. These plans will be presented for approval by the Health and Wellbeing Board in November.

## 3. Policy 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 in 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 requires the Health and Wellbeing Board 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.

#### **4. Background**

4.1 In May, the Government and other key national players launched 'Integrated Care and Support: our shared commitment'. This document stated that: '.....we need major change and we are determined to act. This means building a system of integrated care for every person in England. It means care and support built around the needs of the individual, their carers and family and that gets the most out of every penny we spend.'

4.2 The announcement included:

- An ambition to make joined up and coordinated health and social care the norm by 2018.
- The development of the first ever agreed definition of good integrated care and support – developed by the National Voices.
- The identification of ten new 'pioneer' areas around the country which will be looking for the innovative practical approaches needed to achieve changes as quickly as possible.
- The development of new measures of peoples' experience of joined up care and support, so change can be evaluated.

#### **5. Pioneer – Expression of Interest**

5.1 In response to the Government's invite, at the end of June, Lewisham submitted an expression of interest in becoming a pioneer in health and social care integration.

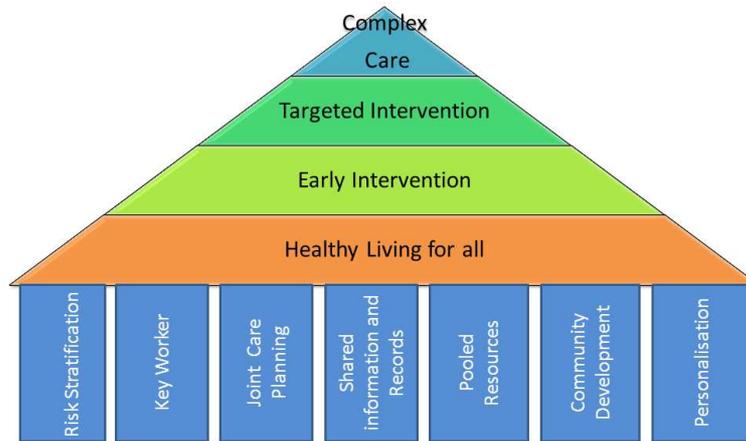
5.2 In the expression of interest, Lewisham highlighted the commitment of the Health and Wellbeing Board to increase the scale and pace of integrating working, building on:

- a basis of knowledge of what has worked to date and what has not;
- a local understanding of the cultural and organisational changes that are needed to bring different disciplines together; and
- Our experience of the action required to resolve issues and break down barriers

5.3 The submission set out in detail the work that has taken place to date in redeveloping the "intermediate tier" of care, and the establishment of multi-disciplinary teams around the GP neighbourhood clusters.

- 5.4 The submission further highlighted our commitment to a more ambitious model evolved, as shown below, based on the four different levels of advice, support and care any individual may receive during their life time.

### Lewisham's Integrated Delivery Model



- 5.5 Over 100 expressions of interest were received and on 8 August, Lewisham was informed that its application had been shortlisted for further consideration, subject to due diligence.
- 5.6 Prior to the final selection of pioneers taking place, Lewisham representatives will be interviewed by a selection panel to ensure the borough's plans for integration are fully understood and so that the panel can explore where those plans might be strengthened.
- 5.7 The interview will take place on 13 September. Attending the interview are Aileen Buckton, Executive Director for Community Services; Dr Helen Tattersfield, Lead GP, NHS Lewisham; Martin Wilkinson, Chief Officer, NHS Lewisham Clinical Commissioning Group; Tim Higginson, Chief Executive, Lewisham Healthcare Trust; and Joan Hutton, Head of Adult Assessment and Care Management.
- 5.8 As despatch of the Health and Wellbeing papers takes place before the date of the interview, no written feedback on the interview can be included in this report. However, members of the Board who attended the interview will give verbal feedback at the meeting.

## **6. Integration Programme**

- 6.1 Lewisham's adult integration programme of work already involves a number of different commissioning and provider organisations, from both the statutory and non statutory sector, working together in new ways. Poor governance arrangements are one of the most frequently cited organisational barriers to successful integration so it will be vitally important to the success of this programme that robust governance

arrangements are in place to oversee the delivery and evaluation of this complex work programme.

6.2 As highlighted to the board in previous papers, there are currently 6 major workstreams that are being progressed as part of the Integration Programme.

- **Work stream 1** – programme management and governance arrangements;
- **Work stream 2** – implementing and evaluating the neighbourhood delivery model; .
- **Work stream 3** – engagement with local communities and other stakeholders;
- **Work stream 4** – developing the workforce;
- **Work stream 5** – information sharing and information governance;
- **Work stream 6** – integrated commissioning and contractual arrangements.

6.3 In relation to **workstream 1**, the Health and Wellbeing Board will be the overarching body that monitors the progress of the programme. To ensure the programme remains on track in between Board meetings, officers propose that an Adults Integration Programme Board (AIPB) be established with representatives from health, social care, community development and housing who will ensure robust plans and delivery mechanisms are in place for the remaining five workstrands (and any additional workstrands that are established) and that regular progress reports are presented to the Health and Wellbeing Board.

6.4 It is proposed that the AIPB sits alongside, and work closely with, the existing Health and Wellbeing Delivery Group, the Adult Joint Strategic Commissioning Group and the Joint Public Engagement Group.

6.5 The AIPB will be accountable for the delivery and evaluation of the adult Integrated Care and Support work programme to the Health and Wellbeing Board. It will have specific responsibility to:

- Develop the Project Initiation Documents (PID), to be approved by the Health and Wellbeing Board;
- Oversee the implementation, monitoring and evaluation of the agreed work programme as outlined in the Project Initiation Document (PID);
- Coordinate the commissioning plans for the Integrated Transformational Funds
- Develop and recommend the local framework for commissioning of health care and social care;
- Identify further opportunities to develop a transformational agenda to improve the health & well being of the population of Lewisham.

- 6.6 Each of the remaining workstreams will have a project group which will report into the programme board. In the case of **workstream 2**, the project group will be supported by four neighbourhood committees who will assess progress and issues at the neighbourhood level.
- 6.7 In relation to **workstream 3**, the small project group will work closely with the Health and Wellbeing Board's Joint Public Engagement Group and other existing groups to develop a communication and engagement plan.
- 6.8 On **workstreams 4 and 5**, new project groups will be created pulling together relevant officers across health and social care to take this work forward.
- 6.9 Finally on **workstream 6**, the joint adult strategic commissioning group will take on the role of project group for this area of integration work.
- 6.10 A manager for the prevention and early intervention aspects of the programme has been recruited to assist in the development of the programme and the project groups. In addition, the Head of Strategy, Improvement and Partnerships in Community Services and the Corporate Director, NHS Lewisham Clinical Commissioning Group, supported by officers across the Council and the CCG are developing the PID and related documents. These will be presented to the November meeting of the Health and Wellbeing Board.

## **7. Funding to Support Integration**

- 7.1 In May 2013, the Department of Health issued Directions concerning the 13/14 transfer of funds from the NHS to local authorities. These funds must be used to support adult social care services which also have a health benefit and use of the funding must be agreed with the CCG. Plans for use of this funding are being developed in consultation with partners across health and social care and proposals will be brought to the Health and Wellbeing for approval in November.
- 7.2 Similarly the funding that will be provided in 14/15 to support transformation and that in 2015/16 via the Integration Transformation Fund will be focused on providing people with better integrated care and support. Plans on the proposed use of both years' funding will also be presented to the Health and Wellbeing Board.
- 7.3 As the PID is developed, the specific resources required to support the programme will be considered. Members are asked to note that, if further programme management support is required proposals for such support will be included in the use of funding proposals presented to the Health and Wellbeing Board in November.

## **8. Financial implications**

- 8.1 There are no specific financial implications arising from this report. All current activity to progress the development of the programme will be provided from existing resources within the CCG and the Council or, subject to approval by the Board in November, from the funding that is to be transferred from NHS England to the Council.

## **9. Legal implications**

- 9.1 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.

## **10. Crime and Disorder Implications**

- 10.1 There are no specific crime and disorder implications arising from this report or its recommendations

## **11. Equalities Implications**

- 11.1 There are no specific equalities implications arising from this report or its recommendations

## **12. Environmental Implications**

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

## **13. Conclusion**

- 13.1 Officers will continue to progress the development of the detailed integration programme and the associated delivery plan. A further report will be presented to the Health and Wellbeing Board in November.