

HEALTH AND WELLBEING BOARD			
Report Title	Adult Integrated Care Programme - Update		
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Item No.	4
Class	Part 1	Date:	3 July 2014
Strategic Context	Please see body of report		

1.0 Purpose

1.1 This report provides members of the Health and Wellbeing Board with an update on Lewisham's Adult Integrated Care Programme. The report also seeks agreement to prioritise specific areas of integration work within the Board's work programme and sets out the proposed activity in relation to planning and engagement activity.

2.0 Recommendations

2.1 Members of the Health and Wellbeing Board are recommended to:

- Note the updates provided in sections 4 and 5 which are relevant to the Integration Programme;
- Agree that the Board's work programme should include those priority areas for 2014/15 identified in paragraph 5.1.6;
- Note the activity in relation to planning and setting of Commissioning Intentions;
- Agree the proposals for enhancing communication and engagement activity as set out in section 7.

3.0 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 in Lewisham's Health and Wellbeing Strategy.

3.2 The work of the Board directly contributes to Shaping our Futures 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 local authorities and their partner clinical commissioning groups 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.
- 3.4 The Health and Social Care Act 2012 also required 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. More recently, the Care Act 2014 brought into law a range of new duties on local authorities and their partners.
- 3.5 In response to the Government's stated ambition to make joined up and coordinated health and social care the norm by 2018, the Health and Wellbeing Board agreed in 2013 to increase the scale and pace of integrated working across health and social care in Lewisham and established the adult integration care programme.

4.0 National Context Update

4.1 The Care Act 2014

The Care Act received Royal Assent on 14 May 2014. The Care Act reforms the law relating to the care and support of adults and their carers. The Act consolidates previous adult social care legislation and sets out a number of new duties, including :

- A duty on Councils to consider the physical, mental and emotional wellbeing of individuals in need of care;
- A duty to provide preventative services to maintain people's health and to support them to live independently for as long as possible;
- A cap on care costs of £72,000 and monitoring an individual's progress towards the cap;
- New rights for carers, who will be put on the same legal footing as the people they care for, with extended rights to assessment and rights to support if eligible;
- The provision of information and advice about care and support services to people navigate the system and make the best choices;
- The introduction of a minimum eligibility threshold across the country.

4.1.2 The Department of Health is currently consulting on draft regulations and guidance for Part 1 of the Care Act and is seeking views on how the care and support reforms should be delivered. These draft regulations and guidance relate to the care and support reforms and provisions in the Care Act which come into effect in April 2015.

4.1.3 Members are asked to note that a report on Lewisham's progress in relation to the implementation of the Care Act will be presented to the

Health and Wellbeing Board at its next meeting. Meanwhile Members may be interested in the factsheets that have been issued by the Department of Health. These factsheets can be found at: www.gov.uk/government/publications/the-care-bill-factsheets

4.2 The Better Care Fund

- 4.2.1 Members will recall that the Better Care Fund was announced as part of the 2013 Spending Round and that Lewisham submitted its BCF plan on 4 April 2014 (see Item 5 - Health and Wellbeing Board agenda of 25 March).
- 4.2.2 NHS England has recently notified all CCGs of the requirement to resubmit their Operational Plans for 2014/15 and 2015/16, including their submission for the Better Care Fund (Publications Gateway Reference: 01685 - 4th June 2014).
- 4.2.3 NHS England has stated that the BCF plans, submitted on 4 April, have been subject to an assurance process led by Area Teams together with Local Government regional peers. NHS England has said that while the assurance process demonstrated some improvement on the draft plans submitted in February, it also showed that further work is required on many local plans, particularly around the metrics and finance data, and on the extent of provider engagement in the planning process. In light of this, Ministers have confirmed that no BCF plans would be formally signed off in April and that further time should be taken for CCGs and Councils, working with Health and Wellbeing Boards (HWBs), to refine their plans during June.
- 4.2.4 Additional guidance was meant to have been issued by the end of the first week of June, along with clarification on next steps and timetable, with the data required by 27 June; this additional guidance and information had not been received at the time of writing this report.

5.0 **Local Update**

5.1 Adult Integrated Care Programme

- 5.1.2 Activity within the workstreams is progressing steadily and each workstream has been examining and developing those areas which would be further improved through integration.
- 5.1.3 A number of events and workshops have taken place to understand various pathways, how they interrelate, the services involved at different stages and the purpose of the interaction each service/staff member has with the person at each point; in order to improve service user experiences and outcomes and reduce duplication and inefficiencies. This has included an Adult Integrated Care Mapping workshop which took place on 28 April, a workshop on the Disabled Facility Grants process and another on the falls pathway. The

Information and Advice workstream also plan to carry out a similar exercise in July.

5.1.4 The Programme Board has also agreed to hold two workshops to further define the scope and specifications for the neighbourhood model and to examine in more detail the developments that are needed to support the shift from hospital based to community based settings. The first of these workshops, to review and further develop the neighbourhood model, is to take place on 26 June. As this workshop takes place after the despatch of this report, verbal feedback on the outcome of the workshop will be given to members of the Health and Wellbeing Board.

5.1.5 From those events already held, it is clear that there is an appetite for change and that staff are motivated to transform services. Furthermore, the views and experiences of staff captured at all events will be shared with the *inspiring the workforce* workstream to inform the training needs analysis that is currently being undertaken. It will also be used to extend the programme's understanding of the organisational culture and behaviours that exist across NHS partners and the Council.

5.1.6 Despite the significant activity and progress that has taken place to date, members of the Adult Integrated Care Programme Board are conscious that there is a continued pressure to transform services in some key areas in order to achieve the necessary shift of resources across services and to achieve the required efficiencies. Accordingly, members of the Adult Integrated Care Programme Board agreed that during 2014/15 programme activity should focus on those areas that will:

- a) deliver the BCF outcomes – to achieve the shift from hospital based to community based settings;
- b) fulfil the requirements of the Care Act – which include those outlined in paragraph 4.1 above;
- c) ensure the effective development of Lewisham's neighbourhood model – building on the existing neighbourhood teams, ensuring further integration of relevant services and developing clear pathways.

5.1.7 Members of the Health and Wellbeing Board are asked to note the focus on these areas and to agree that regular progress reports on these areas be included as part of the Health and Wellbeing Board's work programme.

5.2 Workforce Development

5.2.1 As mentioned above, across the workforce there is an appetite for change and to transform services. The overarching aims of the workforce development programme is to establish a common vision and culture for integrated working, break down professional and

organisational boundaries, support new delivery models and develop core practices and behaviours.

- 5.2.2 The workstream programme is being supported by funding secured from Health Education South London (HESL) of £26k for 2013-14 and £84k 2014-15. Currently underway is a scoping exercise to establish the common culture, values and core behaviours. The next phases will be the design then delivery of a development programme.

6.0 Joint Planning 2014/15 onwards – process and timeline

- 6.1 The development of joint commissioning intentions are a key aspect of the adult integrated care programme and specifically in defining activity from 2014/15 onwards. The Adult Integrated Care Commissioning Intentions will set out the pace and scale of the changes Lewisham wants to see in the way in which specific services are commissioned to deliver our vision, 'Better Health, Better Care, Stronger Communities' and will translate the vision into joint action.

- 6.1.2 The Adult Integrated Care Commissioning Intentions will seek to align the desired deliverables in relation to adult services with the resources available through the Better Care Fund, the Council's (Adult Social Care and Public Health) and Lewisham CCG's budgets. The aim is that by using our collective resources to their best effect and by reconfiguring and reshaping the advice, support and care services provided across health and social care, for partners to be more effective in achieving improved health and care and in reducing health inequalities.

- 6.1.3 This planning is being co-ordinated by the Adult Joint Strategic Commissioning Group (AJSCG). At the last meeting of the AJSCG, on 10 June, an outline work programme was discussed and the Group agreed to produce the draft Adult Integrated Care Commissioning Intentions for the next meeting of the Health and Wellbeing Board on 23 September 2014 and for these to be completed by the end of September 2014.

- 6.1.4 The Adult Integrated Care Programme Board will continue to be accountable to the Health and Wellbeing Board for the delivery and evaluation of the Adult Integrated Care Programme (AICP), as it has specific responsibility for overseeing the implementation, monitoring and evaluation of the programme and the Better Care Fund plans.

7.0 Commissioning Intentions – engagement and communication

- 7.1 The Adult Integrated Commissioning Intentions will be a public document for wider engagement with the public, local providers and other stakeholders. An engagement programme and communication plan will be put in place during October – December 2014, to further test that the Adult Integrated Care Programme is focused on the right

priorities and actions to deliver the maximum benefits to Lewisham people over the next two years.

7.2 Before the publication of the Commissioning Intentions, it is planned that a pre-engagement phase takes place to ensure that there is early and proactive dialogue with the public, local providers and other stakeholders. It is proposed that specific questions should be asked to test the public's support to the key principles that underpin the adult integrated care model, such as prompting and supporting self-management, working with patients and local providers to develop new ways of working, and culture and behaviour changes to proactively manage health and wellbeing.

7.3 Also it is proposed that we share with the public how success would be measured. At present a dashboard of indicators that can be monitored by the Health and Wellbeing Board has been developed by the Director of Public Health which includes the Better Care Fund five national metrics and the local indicator on the quality of care for people with long term conditions. In addition a number of indicators have been selected to show progress against the priority outcomes of the Health and Wellbeing Strategy. (Please see agenda item 6).

8.0 Financial implications

8.1 There are no specific financial implications arising from this update report. As and when reports are presented in future to the Board on service redesign or development these will include details on any required investment or disinvestment, any financial implications for providers and outline any financial risks.

9.0 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.

9.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under S 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.

10.0 Crime and Disorder Implications

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

11.0 Equalities Implications

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

12.0 Environmental Implications

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

13.0 Conclusion

13.1 This report sets out the progress of the integration programme to date and invites members to note and agree any actions proposed within this report.

If you have any difficulty in opening the links above or those within the body of the report, please contact Kalyan DasGupta (kalyan.dasgupta@lewisham.gov.uk; 020 8314 8378), who will assist.

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