

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:	23 September 2014
Strategic Context	Please see body of report		
Pathway	An update on the Adult Integrated Care programme is provided at each Health and Wellbeing Board meeting. The Better Care Fund was considered by the Health and Wellbeing Board on 28 January 2014 and regular updates have been provided since.		

1. Purpose

- 1.1 This report provides Members of the Health and Wellbeing Board with an update on Lewisham's Adult Integrated Care Programme (AICP) and in particular on the Better Care Fund (BCF) and Joint Commissioning Intentions.

2. Recommendations

- 2.1 Members of the Health and Wellbeing Board are recommended to:
- Note the activity taking place relating to the Better Care Fund and in particular to note that the assessment process will include a pre-scheduled meeting with the Health and Wellbeing Board leadership to discuss the plan.
 - Agree that the Chair or the Vice Chair be given responsibility for final approval prior to submission of the BCF plan on the 19 September (as the next HWB meeting is not until the 23 September).
 - Note the updates provided on the Adult Integrated Care Programme;
 - Note the work in progress in relation to the Joint Commissioning Intentions.

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 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 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.
- 3.5 More recently, the Care Act 2014 brought into law a range of new duties on local authorities and their partners. A separate report on the Care Act has been produced for Board members.
- 3.6 In response to the Government's stated ambition to make joined up and co-ordinated 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 Integrated Care Programme.

4. The Better Care Fund

- 4.1 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. Subsequently ministers announced 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 to refine their plans during June and that further guidance would follow.
- 4.2 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.
- 4.3 At the same time it was announced that a national programme was being designed to support local areas in the further development of BCF plans which would be available to councils and CCGs over the summer period ahead of the deadline for resubmission.
- 4.4 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. If this is achieved, it would equate to a national payment for performance pool of c.£300m. The remaining c.£700m would be available up front in 2015/16 to be invested in NHS commissioned out-of-hospital services. The detail of this will be subject to local agreement, as set out in the planning guidance.

4.5 Additionally the guidance stated that all areas must set out the local vision for health and care services, and describe the schemes that will deliver this vision. However, it noted that plans are 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. Supplementary Guidance 20 August 2014

5.1 At the time of writing this report further guidance was received from the LGA and NHS England offering additional information on two key areas:

- Methodology for the Nationally Consistent Assurance Review Process.
- Guidance on the National Aspiration to reduce emergency admissions by 3.5%.

5.2 Nationally Consistent Assurance Review Process:

The guidance states that the BCF national review of all submitted plans will be performed by externally commissioned providers all working to a common methodology which has been reviewed and approved, and

validated by external experts. The results of the review process will then be moderated and calibrated to develop a consistent national view of the status of local BCF plans. This will include an individual assessment of each plan including a pre-scheduled meeting with the Health and Wellbeing Board leadership to discuss it. 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. Plans will be either: approved; approved with support; approved with conditions; or not approved.

5.3 National Aspiration to Reduce Emergency Admissions by 3.5%:

The LGA and NHS England note that since the release of their 25 July guidance, they have received a number of requests for further guidance regarding what would constitute a robust case for setting a target lower or higher than the guideline reduction of 3.5%. In response they have provided additional supplementary guidance which sets out for CCGs and Councils the extent of flexibility available in setting the scale of ambition to reduce the total number of emergency admissions to hospital, as a key performance metric for the Better Care Fund plan. It notes that although targets should be ambitious and stretching they should not be unrealistic.

6. Lewisham's Next Steps

6.1 In preparation for the resubmission in September, on 8 August the Adult Integrated Care Programme Board reviewed the new guidance 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. In the developing the plan, Board members will ensure that it takes account of the Care Act and adequately addresses the needs of carers and the mental and physical health of service users. Members will also ensure that activity to reduce acute emergency admissions is feasible and realistic.

6.2 This activity is currently underway and is being undertaken alongside the development of Lewisham's Joint Commissioning Intentions for health and care. This will 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.

7. Involvement of the Health and Wellbeing Board

7.1 Following the 19 September submission 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.

7.2 As mentioned above, the new guidance sets out a number of conditions and requirements, including as part of the assessment process a pre-scheduled meeting with the Health and Wellbeing Board leadership to discuss it. The guidance also stresses the need for the plan to be signed off by the Health and Wellbeing Board. Given the need to submit the plan by 19 September, officers recommend that members agree that the responsibility for final sign off is given to the Chair or the Vice Chair.

8. Adult Integrated Care Programme

8.1 Activity within the workstreams is progressing steadily and each workstream has been examining and developing those areas which would be further improved through integration. The Adult Integrated Care Programme Board (AICPB) has been mindful of the need to ensure that work on the BCF and Commissioning Intentions fully align with the programme.

8.2 At its last meeting, and 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.

8.3 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.

8.4 The Board also discussed how best to improve communication on the programme, particularly to improve understanding of the programme's aims and objectives and to improve buy in. The Board is keen to explore this issue and has therefore referred this item to the Communications Working Group for further consideration.

9. Joint Planning 2014/15 onwards – process and timeline

9.1 At the last Health and Wellbeing Board meeting (3 July 2014), it was 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. The Joint 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 local vision, 'Better Health, Better Care, Stronger Communities' and will translate the vision into joint action. Also the Joint Commissioning Intentions will include an updated analysis of the 'case for change'.

9.2 The key areas included within this analysis are:

- Lewisham's population trends and health and care needs based on the Joint Strategic Needs Analysis (JSNA);
- National policy and guidance, including the Care Act; BCF; Francis Report; 'Everyone Counts – NHS Planning guidance';
- Local Context – local strategies (including Health and Wellbeing Strategy; South East London Strategy); the public views of health and care service; the quality and performance of current services; the current resource position.

9.3 This work on the 'case' for change' is near completion and is demonstrating the scale of the challenge that health and social care commissioners will need to meet, given the expected increase in level and complexity of demand, the new obligations introduced by the Care Act and the significant financial pressures.

9.4 Based on the consideration of the above analysis, the Joint Commissioning Intentions will put forward the joint commissioners' proposed key priorities to deliver the integrated care ambition for the next two years. For each priority area, the Joint Commissioning Intentions will set out the expected benefits that will be realised and the differences these changes will make to service users. These priority areas will be aligned to the Better Care Fund schemes.

10. Commissioning Intentions – engagement and communication

10.1 Members will recall that 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 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.

11. Financial Implications

11.1 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.

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 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.

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

15. Environmental Implications

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

16. Conclusion

- 16.1 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 there are any queries on this report please contact:

Sarah Wainer, Head of Strategy, Improvement and Partnerships, Community Services Directorate, Lewisham Council, on 020 8314 9611 or by email sarah.wainer@lewisham.gov.uk

or

Susanna Masters, Corporate Director, NHS Lewisham Clinical Commissioning Group, on 020 3049 3216 or by email on susanna.masters@nhs.net