

HEALTH AND WELLBEING BOARD			
Report Title	Adult Integrated Care Programme, Better Care Fund and Draft Joint Commissioning Intentions		
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Item No.	3
Class	Part 1	Date:	25 November 2014
Strategic Context	Please see body of report		

1. Purpose

- 1.1 This report provides Members of the Health and Wellbeing Board with an update on Lewisham's Adult Integrated Care Programme, the Better Care Fund and seeks comments on the draft Joint Commissioning Intentions for Integrated Care for 2015/16 and 2016/17.

2. Recommendations

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

- Note the updates provided on the Adult Integration Care Programme;
- Note the latest update on the Better Care Fund submission;
- Ensure the draft Joint Commissioning Intentions for Integrated Care reflect the priorities identified in the Joint Health and Wellbeing Strategy before public consultation commences; and
- Agree the process, set out in paragraph 8.14, for signing off the Board's formal opinion on the Commissioning Intentions and Operating Plan, prior to its publication.

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 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.

- 3.4 The Health and Social Care Act 2012 also places a specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of their commissioning plans and when making significant revisions to those plans. The Health and Wellbeing Board must be provided with a draft commissioning plan and the CCG must consult the Board as to whether it considers the plan takes proper account of the Health and Wellbeing Strategy. The Health and Wellbeing Board's opinion on the final plan must be published within the Operating Plan. Health and Wellbeing Boards can refer plans to NHS England if they do not think the joint Health and Wellbeing Strategy has been taken into proper account.
- 3.5 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.
- 3.6 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. Adult Integrated Care Programme (AICP)

- 4.1 The work of the Adult Integrated Care Programme is progressing steadily. As requested by members of the Board, this report provides a more detailed update on the Neighbourhood Model.

Neighbourhood Model

4.2 Neighbourhood Community Teams

The vision for the Neighbourhood Model is based around four Neighbourhood Community Teams (NCT), comprising Social Care staff and District Nurse staff, working together in neighbourhood offices. The composition of the teams has been agreed and the core teams have been established. Recruitment is currently taking place to fill any Social Care vacancies. Applications have closed and interviews will take place in November.

- 4.3 Aligned to GP practices, each neighbourhood team has direct access to other associated key services including Enablement care, Admission Avoidance Service, Hospital Discharge team and other therapies. These associated services are provided from two hubs covering the North and South of the borough. Each hub is linked to two NCTs giving each NCT direct access to the services within the hub. Adult

Mental Health Services are also aligned to the NCTs. The NCTs are also directly linked to the Community Connections team.

4.4 Work Force Development

To support the further integration and joint working within the NCT, a workforce development programme has been established. The programme includes a workshop on values and behaviours and the development of active learning sets which will act as the framework for developing staff in the neighbourhoods. The training on problem solving and case management will call on actual case work.

4.5 Office Accommodation

The initial plan was to co-locate all staff in the current premises occupied by District Nursing. Following assessment of the proposed sites, it has been confirmed that these sites could not accommodate the proposed number of additional staff. Officers are working with colleagues across LBL and the NHS to map the current estate and to identify suitable alternative accommodation for the NCTs.

4.6 IT Connectivity and Information Governance

Work continues to meet the IT requirements to support the NCTs. Using the service requirements of Kaleidoscope as a model for shared services, the IT and Information Governance (IG) departments of LBL and Lewisham and Greenwich NHS Trust are developing a shared solution for the neighbourhood offices.

4.7 In addition progress is being made on the development of Connect Care (the Virtual Patient Record) which will allow staff to share information across organisations. The first phase involving access to hospital records is due in March, with links to other health and social care information due subsequently.

4.8 In order to support information sharing and the integration of records, work is progressing on using NHS number as the unique identifier for Social Care records. Lewisham Council has met the requirements which will allow it to connect to the NHS network and cross-reference clients between the two systems.

5. Single Point of Access

5.1 The Single Point of Access has brought together the Social Care Advice and Information Team (SCAIT) and District Nursing Call Centre. The Single Point of Access will be located in Laurence House. A common assessment form has been developed and will be used to provide people with appropriate advice and information, to direct people to suitable services or, where necessary, to make referrals to the Neighbourhood Community Team for an assessment or review.

6. Information and Advice

- 6.1 The advice and information workstream has identified the mechanisms currently used by individuals to access information and advice. An options appraisal has been undertaken regarding the development of a comprehensive on line information and advice offer. The Adult Integrated Care Programme Board (AICPB) has agreed in principle to utilise Lewisham's website to develop an enhanced on line information offer subject to a detailed specification.

7. The Better Care Fund

- 7.1 Members will recall that the Better Care Fund (BCF) 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. This additional guidance and information was delayed until the last week in July and the first week of August. This guidance provided details of the process for revising and resubmitting the BCF plans.
- 7.2 The revised Lewisham BCF plan was submitted on 19 September 2014 and shared with members of the Health and Wellbeing Board at its last meeting on the 23 September – see Appendix A.
- 7.3 The updated BCF guidance in August stated that there would be a Nationally Consistent Assurance Review Process of all submitted plans performed by externally commissioned providers, all working to a common methodology which had been reviewed, 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. 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.
- 7.4 An initial review of all submitted plans has been undertaken. Early feedback received was generally positive with requests for some additional evidence to be provided. It is anticipated that formal feedback on Lewisham's revised plans will be provided by NHS England and the LGA by the end of October 2014.

8. Joint Commissioning Intentions for 2015/16-2016/17

- 8.1 The joint Commissioning Intentions for Integrated Care provide a framework for how commissioners intend to commission local health and care services for 2015/16 and 2016/17. The Adult Joint Strategic Commissioning Group (AJSCG) has been co-ordinating the development of the Joint Commissioning Intentions.
- 8.2 These joint Commissioning Intentions cover the whole of Lewisham's adult population with a particular focus on:
- frail and vulnerable people;
 - adults with complex needs and disabilities;
 - older people;
 - people with long term conditions and/or mental health problems;
 - people with alcohol problems;
 - pregnant women.
- 8.3 The draft Joint Commissioning Intentions include the interface with children and young people's services that are commissioned by the health service. The Children and Young People's plan (2012–2015) - 'It's everybody's business' - sets out the strategic aims and the detailed priorities and plans for all agencies working with children and young people across Lewisham.
- 8.4 It is a single, two year plan with one set of priorities. This is the first time that the collective resources available to Lewisham Council (Adult Social Care and Public Health) and NHS Lewisham Clinical Commissioning Group (CCG) have been brought together. The aim is to use these resources, of nearly £490 million, to their best effect to reshape the advice, support and care services provided across health and social care, working together with our public and partners, to improve health and care and reduce health inequalities.
- 8.5 The draft Joint Commissioning Intentions for Integrated Care for 2015-16 and 2016-17 are shown at Appendix B. They summarise the significant challenges for Lewisham:
- People are living longer: 50% of ASC spend on services is for people aged 75+
 - More people have one or more long term conditions, which now takes up 70% of the health service budget.
 - Deprivation is increasing.
 - Too many people die early from deaths that could be avoided by healthier life styles.
 - People's experience of care is very variable.
 - Services are under increasing strain due to rising demand, increasing costs and limited budgets.

- There is an affordability gap, which cannot be addressed by efficiency and productivity improvements only. This means the solution is to work together to change what we do and how we do it.
- 8.6 These challenges are common across all health and care systems as recently highlighted in NHS Five Year Forward view (October 2014) and the report of the London Health Commission 'Better Health for London' (October 2014).
- 8.7 The approach in Lewisham to address these fundamental challenges is to commission person-centred care that through early intervention and integrated care pathways helps Lewisham residents – from birth and throughout life - to enjoy a good quality of life, to make choosing healthy living easier, and to support local people and neighbourhoods to do more for themselves and one another. The draft Commissioning Intentions set out how our population's physical, mental and social care needs will be better met through coordinated advice, support and care.
- 8.8 Only a limited number of six priorities have been proposed, of which five align with the Better Care Fund submission; the sixth relates to Children and Young People. These priorities are:
- Prevention and early intervention
 - GP practices and primary care
 - Neighbourhood community care for adults
 - Enhanced care and support for adults
 - Children and Young People's care
 - Supporting Enablers
- 8.9 These proposed priorities build on and embed the work of previous health and care plans, including the Health and Wellbeing Strategy, which have been informed by the Joint Strategic Needs Assessment and the views of local people in Lewisham.
- 8.10 The draft Joint Commissioning Intentions require further work to ensure that they are written in plain English, readily accessible to Lewisham people and ask the most appropriate consultation questions. A readers panel has been set up to advise on the language and presentation of the Joint Commissioning Intentions and a short summary version of the Joint Commissioning Intentions will be produced as well for wide distribution.
- 8.11 The Joint Commissioning Intentions will be a public document for wider engagement with the public, local providers and other stakeholders. This further engagement is part of the ongoing dialogue with Lewisham residents and partners to shape the way integrated care will be provided in Lewisham.

- 8.12 An engagement programme and communication plan will be implemented during November – December 2014, to further test that the Adult Integrated Care Programme is focused on the right plans for action to deliver the maximum benefits to Lewisham people over the next two years. The engagement exercise then will inform the translation of the joint Commissioning Intentions into the Operating/Commissioning plans across health and social care and be secured in contracts for 2015/16.
- 8.13 Members of the Health and wellbeing Board are asked to review the draft Joint Commissioning Intentions for Integrated Care and to consider whether these draft Joint Commissioning Intentions have taken proper account of the joint Health and Wellbeing Strategy.
- 8.14 Legislation also requires that the formal opinion of the Health and Wellbeing Board on the Commissioning Intentions and Operating Plan is included in the published version. Officers recommend that, subject to the views of the Board on the final version of the Joint Commissioning Intentions and Operating Plan, a draft form of words is produced and circulated by email for members to sign off as the Board's formal opinion.

9. Financial Implications

- 9.1 There are no financial implications arising from this report. Any proposed activity or commitments arising from the Adult Integration Programme or the Joint Commissioning Intentions and Operating Plan will need to be agreed by the delivery organisation 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, which is expected in late December 2014.

10. Legal implications

- 10.1 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.
- 10.2 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.

10.3 The Health and Social Care Act 2012 places a specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of their commissioning plans and when making significant revisions to those plans. The Health and Wellbeing Board must be provided with a draft plan and consulted as to whether it considers the plan takes proper account of the Health and Wellbeing Strategy. The Health and Wellbeing Board's opinion on the final plan must be published within the commissioning plan. Health and Wellbeing Boards can refer plans to NHS England if they do not think the joint Health and Wellbeing Strategy is being taken into proper account.

11. Crime and Disorder Implications

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

12. Equalities Implications

12.1 Although there are no specific equalities implications arising from this report, the draft commissioning intentions address current health and care inequalities as identified in the JSNA.

13. Environmental Implications

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

14. Conclusion

14.1 This report sets out the progress of the Adult Integrated Care Programme, the Better Care Fund submission and the draft joint Commissioning Intentions 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:

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