

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	Information Item No.	7E
Class	Part 1	Date:	24 March 2015
Strategic Context	Please see body of report		

1. Purpose

- 1.1 This information report provides Members of the Health and Wellbeing Board with an update on Lewisham's Adult Integrated Care Programme, the Better Care Fund and the Joint Commissioning Intentions for Integrated Care.

2. Recommendations

- 2.1 This report is for information only. Members of the Health and Wellbeing Board are asked to:
- Note the update provided on the Adult Integration Care Programme;
 - Note the establishment of pooled budget arrangements (section 75) for the Better Care Fund plan;
 - Note the preliminary findings of the joint public engagement exercise and potential impact on the joint commissioning plans for integrated care.

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 At its meeting on 6 February, the Adult Integrated Care Programme Board discussed the approach to programme engagement, received an update on the Neighbourhood Community Teams and discussed the requirements of the s75 for the Better Care Programme.
- 4.2 The Board also reviewed the current enhanced care and support services and received an update on the McKinsey review that is taking place at Lewisham and Greenwich Healthcare Trust of the main issues driving underperformance against the NHS Constitutional standards that 95% of A&E patients are seen and discharged within 4 hours.
- 4.2.1 Neighbourhood Community Teams
- a) Estates issues still require resolution in order to enable the co-location of key health and care staff, the originally identified sites being too small in their current configurations to accommodate relevant staff.
- b) Allocated space needs to be adequate for both the physical locations of the current teams, the growth of these teams in the medium term as care shifts from acute to community settings, and the successful realisation of shared values and co-ordinated working practices.

- c) A number of issues are being addressed to ensure a transfer of ICT to the agreed co-located sites that enables successful service continuity and integrated working/data sharing.

The Board agreed that co-location of teams could be phased but reiterated that the initial moves should take place by April 2015.

4.2.2 Approach to programme engagement

- a) The Board was provided with an overview of the proposed approach to engagement activity in support of the programme over the next year to 18 months. The Board agreed that it would retain overall assurance of engagement (including communications) in support of the programme.
- b) A dedicated resource is being considered to manage and monitor delivery of the programme objectives regarding engagement and communications. This post would also provide readily available support to Scheme Managers and Project Leads. The Communication and Engagement Working Group will continue to ensure that programme engagement and communication activities are consistent, coordinated and on-message.

4.2.3 Enhanced care and support services

- a) The Board was provided with a service map of intermediate care, rehabilitation, admissions avoidance and enablement for review and discussion. During the discussion, Board members discussed the use and impact of the additional Winter Funding for 2013/14 and 2015/16 and looked at the Business Cases that are being developed on the Virtual Ward (Hospital@home model) and the Ambulatory Care Unit. Following the discussion the Board agreed that a workshop should take place as soon as possible to progress this work.

4.2.4 Emergency Pathway Service Redesign:

- a) The Board was provided with the first draft of the review being undertaken by McKinseys into the main issues driving the under-performance at Lewisham and Greenwich Healthcare Trust against the NHS Constitutional standards that 95% of A&E patients are seen and discharged within 4 hours. Performance has been reviewed across the entire system (primary, inflows, hospital, outflows) in order to identify the root causes for the variation in performance. The aim of this review is to develop “one version of the truth” for commissioners, the hospital, community providers and social services. These insights will help to develop improvement initiatives and in determining how to prioritise the local health and social economy efforts and resources.
- b) The purpose of the discussion was to share and test emerging themes from the review with the Board, and to get their input and suggestions.

The draft report will be refined to incorporate additional insights over the next few weeks.

5. The Better Care Fund

5.1 Better Care Fund – Section 75 update

5.2 Section 121 of the Care Act 2014 requires the BCF arrangements to be underpinned by pooled funding arrangements with a section 75 agreement. (A section 75 agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England. It can include arrangements for pooling resources and delegating certain NHS and local authority health related functions to the other partner).

5.3 Lewisham's local agreement will be based on the template that has been suggested by the Department of Health. Officers are currently drawing up the draft agreement which will need to be signed off by the Mayor and Cabinet and by the LCCG Board.

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

6.1 The Joint Commissioning Intentions for Integrated Care's public engagement programme - 'Have your say' - ended on 23rd January 2015.

6.2 The preliminary analysis of the outcome of this public engagement exercise was considered by the Joint Public Engagement Group (JPEG) on 29th January 2015.

6.3 The preliminary themes identified from the responses received were:

- Support for a greater focus on prevention, self-management and creating community resilience, with better support to carers and wider access to information;
- Better access to GPs – improving the appointment system, greater access at weekends and evenings and more training of GP staff, for example, to engage with patients with mental health issues
- Support for Neighbourhood working, with specific focus on mental health access for children, young people and adults and the development of culturally sensitive services.
- Recognition that smarter ways of working are required by all staff using Information and Technology (IT) system, and sharing information;
- Ensure that the service user is at the heart of every decision.

6.4 The number of individual respondents was about 40-50 in total. Although various channels of engagement were utilised to seek as

many views as possible, the equality monitoring data suggested that more targeted work was needed to reach some communities. The overall view expressed by the public was to endorse the priorities identified within the Joint Commissioning Intentions.

- 6.5 A full analysis of the responses received is being undertaken and will be reviewed at Adult Joint Strategic Commissioning Group on 12th March 2015 and will be assured by JPEG on 30th April 2015.
- 6.6 The outcome of this public engagement exercise will then inform the 'translation' of the joint Commissioning Intentions into the CCG's Operating Plans and Communities Services plans and priorities for 2016/17.
- 6.7 The Health and Social Care Act 2012 requires the Health and Wellbeing Board to provide an opinion on whether the CCG's Operating Plan has taken proper account of the Health and Wellbeing Strategy. The Board's opinion on this issue is required to be published within the CCG's Operating Plan.
- 6.8 The Health and Wellbeing Board will be asked to review the CCG's Operating Plan for 2015/16 to consider whether the plans have taken proper account of the Health and Wellbeing Strategy at its next meeting in May 2015.

7. Financial Implications

- 7.1 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 can be found at:

- 7.2 <http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf>

8. Legal implications

- 8.1 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.
- 8.2 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.

- 8.3 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 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 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.

9. Crime and Disorder Implications

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

10. Equalities Implications

- 10.1 Although there are no specific equalities implications arising from this report, an Equalities Analysis is being undertaken of the Joint Commissioning for Integrated Care to be considered by the Adult Joint Strategic Commissioning Group.

11. Environmental Implications

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

12. Conclusion

- 12.1 This information report provides an update on the adult integration care programme; the Better Care Fund and the draft joint Commissioning Intentions to date and invites members to note this information.
- 12.2 If you have problems opening or printing any embedded links in this document, please contact the above named officers or kalyan.dasgupta@lewisham.gov.uk (Phone: 020 8314 8378)
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