

Healthier Communities Select Committee		
Title	Adult Integrated Care Programme: Neighbourhood Working Progress Update	
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Item 6
Class	Part 1 (open)	21 April 2015

1. Purpose

- 1.1 This report provides Members of the Healthier Communities Select Committee with a progress update on key elements of Lewisham's Adult Integrated Care Programme. The report focuses on the Neighbourhood Community Care model and also provides updates on the Better Care Fund and the Joint Commissioning Intentions.

2. Recommendation

- 2.1 Members of the Healthier Communities Select Committee are asked to note the contents of the report.

3. Policy Context

- 3.1 Lewisham Council's Community Services, working in partnership with the CCG, 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 Directorate 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 specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of 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.
- 3.4 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.
- 3.5 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. Neighbourhood Community Care: Background

- 4.1 The Adult Integrated Care Programme “Better Health, Better Care and Stronger Communities” is focused on the redesign and reshaping of services to transform the way in which residents are encouraged and enabled to maintain and improve their own health and wellbeing, transforming the way in which local health and care services are delivered within the borough and transforming the way in which people access and are connected to the assets that are available within their own communities and neighbourhoods.
- 4.2 The vision for Neighbourhood Community Care is to provide support and care for vulnerable adults and adults with long term physical and/or mental health conditions in their local community. By working with individuals, their carers, families and communities, people will be able to more effectively manage their own care and maintain their independence.
- 4.3 As highlighted in the Primary Care report presented to the committee in January, Lewisham’s 41 GP practices have been arranged in four neighbourhood groups for more than four years. This has enabled the development of relationships between practices resulting in agreeing collective goals and improvements. Four Neighbourhood Community Teams (NCTs), multi-disciplinary units bringing together staff from Adult Social Care and District Nursing in neighbourhood offices, wrapped around a registered list held by GP practices have now been established. Each neighbourhood team has direct access to other associated key services including the Hospital Discharge team and admission avoidance services.
- 4.4 As reported to the committee in January, LCCGs vision for primary care is to ensure the systematic development of primary and community care to produce; (a) a network of advice, support, education physical/mental health and social care hubs embedded in activated communities; and (b) work together to maximise health and well-being of the population, with access to specialist and diagnostic services when needed. To that end, the NCTs sit within the Local Care Networks (LCNs) which are being developed across south east London through the six borough partnership arrangements. The LCNs will include a range of services including pharmacy, mental health, community therapy, community nursing and services provided by the voluntary and community sector.
- 4.5 Community Connections, a preventative community development programme, was developed in November 2013 to operate within the Neighbourhood Community Care model. The programme is delivered by a consortium of voluntary sector organisations. Community Connections supports vulnerable adults in Lewisham to benefit from services to improve their social integration and wellbeing. The initiative also works with local community based organisations to promote volunteering, respond to gaps in provision and build capacity.

5. Neighbourhood Community Care: A Summary of Progress

5.1 Alignment of Staff and Recruitment

The core team has been defined as the District Nurse Service, adult social care workers, occupational therapists, physiotherapists, and therapy assistants. The core teams have been established and each neighbourhood now has a district nurse lead and an adult social care Operational Manager in post. Neighbourhood

Co-ordinators have been recruited to work with practice managers to improve the identification of people that would benefit from a multi disciplinary approach to their care and support. In addition, the Neighbourhood Co-ordinators are working to identify carers who may benefit from access to support services.

It was anticipated that some mental health services would operate within the co-located NCTs. However, the Adult Mental Health Team is too large to be housed in its entirety in each neighbourhood and co-location of the relatively small Old Age psychiatry team would risk fragmentation. Hot-desking arrangements and ICT solutions are being investigated to achieve a virtual / physical mental health presence within the NCTs.

5.2 Identifying and Managing Cases

Integration - a 'joined up' approach - is essential to this way of working. GP meetings now take place in each of the four neighbourhoods on a monthly basis. At these meetings, members of the NCT identify cases that require a more co-ordinated approach. Most practices have regular monthly meetings and there are plans in place to improve the frequency of these. Further work will be undertaken to clarify the referral processes into the NCTs and the workflow for all referrals.

Work to better co-ordinate the information which is discussed at the GP meetings is being developed. At present information is exchanged by secure e-mail ahead of meetings so the aligned workers can take the most up to date case notes to inform the meeting.

As a result of discussions at GP meetings, a more co-ordinated approach to complex cases has developed with district nurses, social workers and occupational therapists undertaking joint visits. Improved outcomes have also been achieved, for example, a GP raised a concern about a very vulnerable person which has resulted in an independent advocate being appointed to provide support in relation to re-housing.

5.3 Workforce Development

To support the further integration and joint working within the NCT, a workforce development programme has been established. Workshops on values and behaviours for staff within the core teams have taken place in each neighbourhood. Active learning sets are being developed 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.

5.4 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. The sites need to be adequate for the current teams and for the growth of these teams in the medium term. A feasibility study undertaken by Lewisham and Greenwich NHS Trust to identify suitable alternative accommodation for the NCTs is currently being considered. Work in relation to connectivity, IG and facilities management to enable the co-location of the NCTs is on-going.

5.5 IT Connectivity and Information Governance

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.

The CCG is in the process of requesting specialised project management support in order to:

- Manage the move of ICT to four neighbourhood locations and ensure that all staff have full operability.
- Support the CCG in the procurement of any equipment necessary for the smooth transition of teams to the co-location sites.

In order to support information sharing and the integration of records, the NHS number is being used 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.

5.6 Local Care Networks

The NCTs are already aligned to key services within the LCNs including pharmacy, mental health services and the enablement care teams who work with people for up to six weeks to help them reach their optimum level of independence.

The CCG is working with partners and local communities to develop the Local Care Networks. A specification that outlines the benefits, function and form of Local Care Networks working across South East London will be produced by June 2015.

5.7 Community Connections

An interim evaluation of the Community Connections project was undertaken in November 2014. In a relatively short space of time, Community Connections has become a key element of the Neighbourhood Community Care model. The programme's community development strand has been particularly successful with a range of new activities, such as befriending services, supported to meet identified gaps in provision. The evaluation highlighted that 86% of service users had reported an increase in their wellbeing following support from Community Connections. The report recognised that further work is required to demonstrate impact over the longer term.

In its first operating year, Community Connections supported approximately 700 people. The initial pilot was funded by the Council's Investment Fund. A recommendation for continuation funding through the main grants programme is currently being considered. The Community Connections team is currently exploring options for further development of the model to expand the scope of support and information available and increase referrals, particularly from GPs.

6. Developing the Neighbourhood Community Care Model

- 6.1 Having established the Neighbourhood Community Care model and secured co-located Neighbourhood Community Teams aligned to effective Local Care Networks, the priority will be to develop the systems and processes to ensure neighbourhood working operates efficiently and effectively.

6.2 A single referral form, a single assessment process, a single care plan and a single care record will be developed. The potential to develop specialist dementia nurse roles that link the NCTs to primary care based dementia pathways will also be explored.

7. The Better Care Fund: Section 75 update

7.1 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.

7.2 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.

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

8.1 A public engagement exercise on the Joint Commissioning Intentions ended on 23rd January 2015. The preliminary analysis of the outcome of the activity was considered by the Joint Public Engagement Group (JPEG) on 29th January 2015.

8.3 The preliminary themes identified from the responses received were:

- Support for Neighbourhood working, with specific focus on mental health access for children, young people and adults and the development of culturally sensitive services.
- 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
- 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.

8.4 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.

8.5 A full analysis of the responses received was reviewed at Adult Joint Strategic Commissioning Group on 12th March 2015 and will be assured by JPEG on 30th April 2015.

8.6 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.

- 8.7 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 Health and Wellbeing Board will be asked to review the CCG's Operating Plan for 2015/16 at its meeting in July 2015.

9. Financial implications

- 9.1 There are no financial implications arising from this report. Any proposed activity or commitments arising from the Adult Integrated Care 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: <http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf>

10. Legal implications

- 10.1 Members of the Health and Wellbeing Board 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.
- 10.2 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.
- 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 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.

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, an Equalities Analysis is being undertaken of the Joint Commissioning for Integrated Care to be considered by the Adult Joint Strategic Commissioning Group.

13. Environmental implications

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

14. Conclusion

- 14.1 This report provides an update on neighbourhood working, a key scheme within Lewisham's Adult Integration Care Programme and invites members to note this information.

If there are any queries on this report please contact: Joan Hutton, Interim Head of Adult Assessment and Care Management, Lewisham Council, on 020 8314 8364 or by email joan.hutton@lewisham.gov.uk