

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:	19 May 2015
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 the Joint Commissioning Intentions for Integrated Care.

2. Recommendations

- 2.1 Members of the Health and Wellbeing Board are asked to:
- Note the update provided on the Adult Integration Care Programme;
 - Approve the process for approving the Better Care Fund quarterly return and note the progress on the establishment of pooled budget arrangements (section 75) for the Better Care Fund plan;
 - Note the findings of the joint public engagement exercise and the draft Commissioners response on the 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.

4. Adult Integrated Care Programme (AICP)

- 4.1 In March 2015, the Programme Board formally agreed to the refresh of the programme. Although there are no plans to make any changes to the scope of the Adult Integrated Care Programme the need for a refresh has been further reinforced by work recently undertaken by Optimity Matrix¹. This work was undertaken on behalf of Lewisham's Health and Care Partners to assess Lewisham's health and care system readiness to implement a whole systems model of care.
- 4.2 The Readiness Assessment Report highlighted a number of strengths on which Lewisham can build a whole-system model of care including:
- A shared purpose and understanding at senior leadership level;
 - Partnerships founded on strong collaborative relationships;
 - Some early progress on integrated health information technology with the implementation of Connect Care.
- 4.3 However it also identified some areas for further development, which included a need to:
- Increase focus on Lewisham's population and patient/user analysis;
 - Examine different contracting approaches between commissioners and providers
 - Develop capabilities and capacity within the workforce
 - Ensure there are resources, capabilities and capacity to deliver the potential benefits of integrated care

¹ Optimity Matrix are an advisory and consultancy firm with over 25 years' experience in the health and care, working with providers, commissioners, and national bodies. Optimity Matrix supported Lewisham's bid to be part of the New Models of Care Vanguard Programme (pilot sites selected to support the improvement and integration of services).

- Refresh the programme structure to improve decision-making and accountability.
- 4.4 The programme refresh is now underway. Health and Care Partners will continue to be supported over the coming weeks by Optimity Matrix as the team start working more closely with the providers and commissioners of health and social care in Lewisham to refresh and develop plans.
- 4.5 4.5 Whilst the refresh of the programme takes place, work will continue in a number of key areas where agreement has already been reached on specific actions. This includes work in relation to neighbourhood community teams (focusing on co-location of teams, joint assessments and joint care planning) and on enhanced care and support (focusing on case note audits, mapping of existing services and the scope of hospital at home type services).
- 4.6 The refreshed programme will continue to comprise of 4 key workstreams, supported by developmental work on workforce, ICT, and Estates. The workstreams will continue to focus on:
- Prevention & early intervention
 - General Practice and Primary Care
 - Neighbourhood Care Networks
 - Enhanced Care and Support

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 have produced an initial draft for further discussion between partners. This will presented to be signed off by the Mayor and Cabinet on 3 June 2015 and by the LCCG Board on a date to be confirmed.
- 5.4 Subject to formal agreement, key elements of the proposals within the s75 are:
- Establishment of a pooled budget to be hosted by the Council.
 - All expenditure to be accounted for through the pooled budget.

- Financial governance through a specific s75 group which monitors the s75 agreement and which considers actual or potential overspends/underspends on a monthly basis. The group will link to the Adult Integrated Care Partnership Board (AICPB).
- Monthly reporting to members of the AICPB on BCF financial and performance measures.
- Overspends which are unavoidable and accepted by accountable bodies to be managed, where possible, within the pool through reallocation of resources from other schemes. Where this is not possible, residual overspends to be funded on an agreed % basis by both partners.
- The Partners have made provision in 2015/16 for a contingency fund should the performance element of the BCF fund not be met. Arrangements for 2016/17 onwards to be agreed in the course of 2015/16.
- Plans for use of any underspends to be agreed by the CCG and the Council.
- A requirement for Business Cases to be agreed by the Programme Board in accordance with prime financial policies before any expenditure is incurred on new schemes; this includes some schemes in the BCF Plan where detail has not been fully finalised.

5.5 The Health and Wellbeing Board is required to approve the completed Better Care Fund Quarterly Reporting Template. The HWB is also required to submit a written narrative to explain any changes to plan and any material variances against the plan to accompany the quarterly report.

5.6 A draft quarterly reporting template was published in March 2015 as an annex to the Operational Guidance. The published template is currently under revision and further guidance is expected by mid May. If available, the final template will be circulated at the HWB meeting. Although the deadline for submissions will remain 29th May 2015, assurances have been provided that the draft template represents the maximum quarterly data requirements and the expectation is that some of the data requirements will be removed or pre-populated from pre-existing datasets and returns.

5.7 The deadlines for the quarterly returns are as follows:

- Q4 14/15 - 29/05/2015
- Q1 15/16 - 28/08/2015
- Q2 15/16 - 27/11/2015
- Q3 15/16 - 26/02/2016
- Q4 15/16 - 27/05/2016

5.8 The deadlines for the returns do not align with the current schedule for HWB meetings (with the exception of the quarter 2 return). It is proposed that the quarterly returns are approved by the Chair and Vice Chair on

behalf of the HWB. It is proposed that a copy of the completed return and accompanying narrative will be included as information items at the subsequent HWB meeting.

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

6.1 A public engagement programme was undertaken of the Joint Commissioning Intentions for Integrated Care - 'Have your say' - which ended in January 2015. The outcome of this public engagement exercise has resulted in the following conclusions and recommendations being made by joint commissioners.

6.2 People generally supported the draft Commissioning Intentions, while highlighting some of the challenges and/or opportunities ahead in delivering these:

- The role of the voluntary and community sector needs to be considered in supporting delivery of services, but also in reaching people.
- People need assurance that delivery of integrated services will be supported by robust training for staff to ensure safe, person-centred services.
- It is important that we recognise potentially marginalised groups in designing and commissioning services.
- There needs to be ongoing engagement with service users around information sharing between health professionals.
- The causes of poor experiences of existing services should be put right addressed in the commissioning of new services, eg primary care, mental health access, re-enablement services.

6.3 Lewisham CCG and the Council greatly appreciate the public giving us their views on our joint Commissioning Intentions. As a result of this consultation exercise commissioners will have a much greater focus on and attention to the following areas that were highlighted by Lewisham people as mattering most:

- proactively sharing health and wellbeing information with local people - 'knowing the facts'.
- ensuring that the advice, support and care is jointly decided with the individual, respecting their preferences and responsive to the individual's circumstances – 'treated as people'.
- improving the patient experience and outcomes in GP Practices.

- supporting workforce development and training to ensure the delivery of safe, person centred care by multi-disciplinary, neighbourhood community teams.
- supporting information sharing with the individual and between health professionals working in neighbourhood care networks, including the implementation of Connect Care.

6.4 To make this happen, joint commissioners are committed to working together with local providers to make sure that we have put in place the necessary infrastructure and commissioning approaches to support our transformational plans for providing joined up care and person centred care for all residents of Lewisham . To do this we will have a specific focus on:

- Supporting collaborative working with all providers to develop the best delivery model of care which joins up primary, community and hospital care in Lewisham. This will include working with the voluntary and community sector
- Working towards ensuring that mental health has the same importance as physical health.
- Reducing inequalities using the findings of the Equality Impact Assessment of our joint Commissioning Intentions to prevent discrimination against people who may be disadvantaged or vulnerable within our communities

6.5 The conclusions of this public engagement exercise is informing the 'translation' of the joint Commissioning Intentions into the CCG's Operating Plans and Communities Services plans and priorities for 2015/16.

6.6 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.

6.7 It was planned that the Health and Wellbeing Board would review the CCG's Operating Plan for 2015/16 to consider whether the plan has taken proper account of the Health and Wellbeing Strategy at this meeting in May 2015. Unfortunately due to late notification of changes in the national guidance for national tariff ,activity and performance requirements, the CCG's Operating Plan for 2015/16 has not been finalised. So this consideration has been deferred to the Health and Wellbeing Board meeting in July 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:

<http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-planning.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 and agree the process for approving the quarterly return.

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)

12.3 If there are any queries on this report please contact:
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or

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