

HEALTH AND WELLBEING BOARD			
Report Title	Draft Partnership Commissioning Intentions for Adults 2016/17		
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Item No.	4
Class	Part 1	Date:	24 November 2015

1 Purpose

The draft Partnership Commissioning Intentions for Adults provides Members of the Health and Wellbeing Board with an opportunity to comment on the key areas for Lewisham's commissioning work for 2016/17.

2. Recommendations

Members of the Health and Wellbeing Board are asked to:

1. Note the progress made in developing the Partnership Commissioning Intentions for Adults, which has been overseen by the Adult Joint Strategic Commissioning Group.
2. Provide comment on the proposed key areas for Lewisham's commissioning work programme for 2016/17, which have been informed by the Adult Integrated Care Programme. (Appendix A Section 8)
3. Consider whether the draft Partnership Commissioning Intentions have taken sufficient account of the refreshed Health and Wellbeing Strategy.

3. Policy 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 the refreshed Lewisham's Health and Wellbeing Strategy.
- 3.2 The work of the Health and Wellbeing Board directly contributes to the priority outcome of 'Shaping our Future' 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.
- 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.
- 3.5 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.
- 3.6 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. Background

- 4.1 Clinical Commissioning Groups (CCGs) are required to produce their Commissioning Intentions annually. It is a public document and should provide a formal statement about the CCG's intentions to improve the commissioning of local health services.
- 4.2 In Lewisham, the Adult Joint Strategic Commissioning Group is responsible to oversee the development of the Commissioning Intentions for Adults, working closely with the Adult Integrated Care Programme Board (AICPB), Adult Social Care (ASC), Public Health and Lewisham CCG.
- 4.3 Last year was the first time that a joint Commissioning Intentions was produced covering all local health and care services for Lewisham people. It was a single plan for the two year period 2015/16 and 2016/17, with one set of priorities for all commissioned services across the CCG and Adult Social Care in Lewisham.
- 4.4 The joint Commissioning Intentions were developed within the framework set out by the Health and Wellbeing Strategy. The refreshed Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in September 2015, which highlighted three interdependent broader priorities for 2015-18:

- To accelerate the integration of care
 - To shift the focus of action and resources to preventing ill health and wellbeing and promoting independence
 - Supporting our communities and families to become healthy and resilient
- 4.5 This year's Partnership Commissioning Intentions are a continuation of the journey to deliver the above strategic priorities and take forward the work started in 2011, to develop and deliver an integrated health and social care model.
- 4.6 Our Partnership Commissioning Intentions for 2016/17, builds on last year's Joint Commissioning Intentions, and has been informed greatly by the feedback received from the public during 2015, the work of the Adult Integrated Care Programme Board and the South East London - Our Healthier South East London consolidated strategy.
- 4.7 We have titled this year's Commissioning Intentions as 'Partnership Commissioning Intentions' to emphasise that our intent is to strengthen our partnership work with the public and our local partners. In 2016/17 the focus will be on **how we will work differently** and more effectively with the public and our providers to implement a stepped change in the way health and care is delivered in Lewisham.
- 4.8 This year the Commissioning Intentions is a refresh of the second year of the last year's Joint Commissioning Intentions, thus it covers only one year - 2016/17. The Commissioning Intentions is in two parts - for Adults and for Children and Young People. The draft Children and Young People Plan was considered by the Health and Wellbeing Board in September 2015.
- 4.9 It should be noted that the NHS national planning guidance for 2016/17 has not been received yet, which may change the financial context and assumptions for Lewisham CCG and local health providers.
- 4.10 These Partnership Commissioning Intentions are still work in progress, to be finalised in November 2015. Also further work is required to identify the measures which will be used to assess our success and the level of ambition in both the short and medium term.

5. Public Engagement

- 5.1 There has been ongoing public engagement and involvement in developing this year's Partnership Commissioning Intentions. Last year's three months public engagement exercise on the Joint Commissioning Intentions ¹ was an opportunity for people to give us their views. Generally people supported the joint Commissioning

¹ <http://www.lewishamccg.nhs.uk/get-involved/Pages/Have-your-say>

Intentions, while highlighting some of the challenges and/or opportunities ahead in delivering these commissioning priorities.

5.2 Below is a summary of what local people told us:

Prevention and early intervention

- Overall people supported the priorities around prevention and early intervention.
- More self-care was supported, so long as the right services are still in place to support people to manage their conditions, when they need them.
- There are a number of ways the NHS and the Council could be more proactive about sharing health and wellbeing information with local people, and this should include a focus on providing more information on related health issues like benefits, social isolation.
- There is a need to provide more health and wellbeing services and support for carers as an important resource for keeping people well.
- The need to recognise mental health as the starting point to keeping people physically well.

GP Practices and Primary Care

- GP accessibility was a recurring theme in the responses to the priorities around GP practice and primary care.
- There is a need to provide more information on accessing mental health services.
- It was felt that ongoing training (i.e. continuing professional development) for GPs and practice staff was an important factor in improving the patient experience of primary care services.

Neighbourhood care networks for adults

The importance of providing an ongoing programme of training for staff in these neighbourhood roles was highlighted, to assure delivery of safe, person-centred services, which also meet the needs of groups that do not easily engage with local services.

Enhanced care and support for adults

- Improve access to mental health services and resources, with better signposting to the full range of services available.

- Poor experiences of existing re-ablement services should be taken into account when planning new services.
 - Services should consider the health needs of newly arrived asylum seekers and refugees.
- 5.3 Also there have been ongoing public engagement events including recently the Phoenix Festival (May 2015), 'Your Voice Counts (July 2015), Lewisham Peoples Day (July 2015) and Lark in the Park (July 2015).
- 5.4 This continuous public involvement in planning has strengthened the depth of the public's understanding of the challenges in Lewisham and the recognition that the health and care system needs to change.

6. Commissioners' proposals for Adults health and care

- 6.1 Lewisham health and care face some major, complex challenges which include:
- too many people die early from deaths that could have been prevented by healthier lifestyles
 - too many people live with preventable ill health
 - there are significant health inequalities in Lewisham
 - demand for care is increasing, both in volume and complexity
 - high quality care is not consistently available all the time
 - there is a CCG and ASC commissioning funding gap of £15.6 million between the projected spending requirements and resources expected to be available in 2016/17

For further details about these challenges see Appendix A sections 3 and 4

- 6.2 The Partnership Commissioning Intentions summarises what we, the commissioners working with Lewisham people and providers, are doing to respond to these challenges. For each of the following six priorities the Partnership Commissioning Intentions sets out the proposed key areas for our partnership commissioning work now and in 2016/17:
- Prevention and Early Intervention
 - GP practices and Primary Care
 - Neighbourhood Community Teams
 - Enhanced Care and Support
 - Urgent and Emergency Care
 - Planned Care
- 6.3 There is an additional section on the supporting strategies – Workforce Information Technology and Estates – which are key to enabling successful delivery of change across the health and care system

For further details see Appendix A section 8

7. Financial implications

- 7.1 There are no direct financial implications arising from this report. Any proposed activity or commitments arising from the Partnership Commissioning Intentions for 2016/17 will be agreed by the delivery organisation concerned and will be subject to confirmation of resources. The funding available will take account of any required savings or any other reduction in overall budgets and national NHS planning guidance, not yet received.

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 the 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 service 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 An Equality Impact Assessment (EQiA) has been undertaken of last year's Joint Commissioning Intentions for 2015/16 and 2016/17.

10.2 The Adult Joint Strategic Commissioning has considered the summary recommendations of the Equality Impact Assessment and will be ensuring that these recommendations inform the more detailed Equality Impact Assessment programme to be undertaken by the Adult Integrated Care Programme.

11. Environmental Implications

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

12. Conclusion

12.1 This report provides an update on the development of the Partnership Commissioning Intentions for Adults and invites members to comment on the draft commissioning priorities for 2016/17

Background Documents

Refreshed Health and Wellbeing Board Strategy

<http://councilmeetings.lewisham.gov.uk/documents/s38499/Item%203%20Health%20and%20Wellbeing%20Strategy%20Draft%20Refresh%2022%2009%2015.pdf>

Joint Commissioning Intentions 2015/16 and 2016/17 -

www.lewishamccg.nhs.uk/get-involved/Commissioning%20intentions%20documents/Summary%20commissioning%20Intentions%20summary.pdf

Draft Children and Young People Plan 2015-2018

<http://councilmeetings.lewisham.gov.uk/documents/s38511/Item%207B%20Draft%20Children%20and%20Young%20People%20Plan%202015-18%2022%2009%2015.pdf>

If you have any difficulty in opening the links above or those within the body of the report, please contact Andy Thomas (andy.thomas@lewisham.gov.uk or 020 8314 9996, who will assist

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