

HEALTH AND WELLBEING BOARD			
Report Title	Adult Integrated Care Programme and the Better Care Fund		
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Item No.	3
Class	Part 1	Date:	29 March 2016
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 and the associated Better Care Fund Plans for 15/16 and for 16/17.

2. Recommendations

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

- Agree the proposed priority areas for development under the Adult Integrated Care Programme for 16/17 – see paragraph 4.3
- Agree the high level expenditure plans for the Better Care Fund for 16/17 and agree that final sign off of the Better Care fund plan be delegated to the Chair and Vice Chair on behalf of the Board;
- Note the activity funded in 15/16 that will continue to be funded from the Better Care Fund over 16/17.

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.
- 3.5 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 undertook a refresh of the programme and established a direction of travel to achieve a more effective and sustainable whole system model of care. During 2015/16 the programme board has overseen the continued development of Neighbourhood Care Networks and Community Based Care, Prevention and Early Intervention and Enhanced Care and Support. It has also ensured alignment of the programme work with the transformation of acute and primary care. Activity in all these areas has required parallel consideration of the workforce, IMT and Estates implications.
- 4.2 Over the past few months, the Board has been considering the priority areas for delivery during 16/17. In doing so, the Board has been mindful of the work done to date and the need to achieve a significant reduction in avoidable admissions to hospital, an improvement in discharge from hospital, a better use of resources in the community, including those delivering local health and care services, and the need to retain a focus on prevention and early intervention to enable people to maintain and improve their health and wellbeing.
- 4.3 The Adult Integrated Care Programme Board has identified the following as priority areas for 16/17, continuing the progress to date in order to achieve the system wide improvements and health and care outcomes needed:

Priority Area 1
To develop community health and care services as part of Neighbourhood Care Networks. This will include consideration of those services that could be physically co-located and those that could be virtually connected. The development of community based health and care services will need to align with other “hubs” such as those being developed around information and advice;
Priority Area 2
To continue building Neighbourhood Care Networks in all four neighbourhood areas. These networks will encompass community based health and care services and link with primary care but will also establish links through the network to other support and opportunities available at a local level, including the family, social networks, and other statutory and voluntary non-health/ care services
Priority Area 3
To continue the redesign and development of admission avoidance and hospital discharge services to reduce the number of unplanned emergency admissions and improve timely hospital discharges. This will include the development of home wards and rapid response services.
Priority Area 4
To provide access to a range of information and advice, support and activities to enable people to maintain and improve their own health and to better manage any existing health conditions.

- 4.4 In looking ahead to 2016-17, it is important that the programme is integrated with the wider transformation and improvement work taking place within primary and acute care, and is aligned with wider system resilience plans, Our Healthier South East London Strategy and the Sustainable Transformation Plan which will cover the six south east London boroughs.

The programme will also need to ensure progress is made in meeting the BCF national conditions set out below.

- 4.5 Whilst focusing on achieving effective transformation and delivery in one part of the system, equal focus will be given to the effective achievement in the others. Accordingly, to ensure the interdependencies and the actions needed to secure delivery across the whole system have been fully captured, a high level programme plan is being developed setting out the timelines for engagement, consultation and implementation across all priority areas.
- 4.6 Focus will also be given to the key enablers: estates, workforce and IMT.
- 4.7 **Estates:** An Integrated Estates Strategy is being produced to ensure that there are facilities of the right type in the right location to deliver health and care across the borough. A mapping of LBL, SLAM and LGT estates across the borough is currently taking place to inform the strategy.
- 4.8 **Workforce:** The implications for the workforce and plans for addressing them will be produced as part of the development of the 16/17 priorities. A baseline assessment of existing health and care workforce is being produced.
- 4.9 **IMT:** A clear picture of partners' IMT plans and of staff and residents' future needs that could be supported by technology will be obtained to ensure that IMT supports staff in new ways of working, such as mobile technology, provides users with better information and advice to support self care, and , gives staff and residents access to shared health and care information. The use of technology is also recognised as a tool to support residents to better manage existing conditions.

Recommendation: The Health and Wellbeing Board are asked to agree the priority areas for the 16/17 Adult Integrated Care Programme, which in turn inform the Better Care Fund plan, and to note that a more detailed programme plan will be presented to the Board once completed.

5. The Better Care Fund

- 5.1 The guidance for completing the 16/17 Better Care Fund Plan was issued on 23 February. In order to access the funding, NSH England has set eight conditions which Lewisham must meet through the planning process:
- A demonstration of how the areas will meet the national condition to maintain provision of social care services in 2016/17;
 - Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;
 - Better data sharing between health and social care, based on the NHS number;
 - A joint approach to assessment and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;

- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- That a proportion of the area's allocation is invested in NHS commissioned out of hospital services, or retained pending release as part of a local risk sharing agreement;
- Agreement on a local action plan to reduce delayed transfers of care; and
- That the BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review should be signed off by the Health and Wellbeing Board and by the Council and the CCG.

5.2 The 16/17 priorities for Lewisham's Adult Integrated Care Programme, as set out earlier, will be aligned with the BCF Plan and will be supported by BCF funding during 16/17. In developing BCF plans for 2016- 17 local partners are required to develop and agree, through the relevant Health and Wellbeing Board:

- A short, jointly agreed narrative plan including details of how they are addressing the national conditions:
- Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;
- A scheme level spending plan demonstration how the fund will be spent;
- Quarterly plan figures for the national metrics.

6. BCF Timetable

6.1 The high level timetable for returns for local Better Care Fund plans is as follows:

2 March: Local areas to submit a completed BCF Planning Return template to the local DCO team copied to the Better Care Support Team detailing the technical elements of the planning requirements, including funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement.

21 March: First submission of full narrative plans for Better Care alongside a second submission of the BCF Planning Return template.

25 April: Final submission, once formally signed off by the Health and Wellbeing Board.

6.2 A completed BCF Planning Return template has been submitted. As required, this sets out an initial assessment of the funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement.

- 6.3 The allocations for the scheme level spending plan capture continuing funding commitments carried forward from 15/16 and allocates remaining funding to support the priorities of the adult integrated care programme.
- 6.4 The scheme allocations may be adjusted before final submission in April as plans to meet the programme priorities are developed in more detail.
- 6.5 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).
- 6.6 The BCF management group continues to oversee the 15/16 BCF plan and related expenditure, reporting to the Adult Integrated Care Programme Board and the Health and Wellbeing Board. The BCF management group will also oversee the 16/17 BCF plan and expenditure.

Recommendation: Board Members are asked to note the high level expenditure plans for the Better Care Fund for 16/17 and, as there is no formal meeting of the Board before 25 April, agree to receive a copy of the plan electronically for comment and agree that final sign off of the Better Care fund plan be delegated to the Chair and Vice Chair on behalf of the Health and Wellbeing Board.

7. Financial Implications

- 7.1 There are no financial implications arising from this report. The final BCF plan must be signed off by the Health and Wellbeing Board and monitoring of the activity supported by Better Care Funding continues to be undertaken by the BCF management group, which in turn reports into the Adult Integrated Care Programme Board and to Lewisham's Health and Wellbeing Board. Any other proposed activity or commitments arising from the Adult Integration Programme 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.

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.

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, Equalities Analysis will be undertaken where necessary to inform the adult integrated care programme plan.

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 and the Better Care Fund and invites members to agree the recommendations set out in paragraph 2.1.
- 12.2 If you have problems opening or printing any embedded links in this document, please contact andy.thomas@lewisham.gov.uk (Phone: 020 8314 8378)
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