

<b>Item No.</b> 11.	<b>Classification:</b> Open	<b>Date:</b> 16 March 2015	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Integration Update	
<b>Wards or groups affected:</b>		All	
<b>From:</b>		Andrew Bland, Chief Officer, NHS Southwark Clinical Commissioning Group	

## RECOMMENDATIONS

1. The board is requested to:
  - a) Note the updates on progress of the development of Local Care Networks, GP Federations and the Better Care Fund
  - b) Note the expression of interest to be a 'Forerunner' site for the new models of care as described in the 'Five Year Forward View'
  - c) Note the review of governance arrangements for Guy's and St Thomas' Charity funded projects – notably the Southwark and Lambeth Integrated Care Programme.

## EXECUTIVE SUMMARY

2. The **Better Care Fund** is being implemented as per the plan agreed with the health and Well Being Board in October and as such there are no material variations to report to the Board. Quarterly reports on progress will be provided to the Board during 2015/16.
3. All local health and social care organisations have nominated their representatives for the **Local Care Networks** and two workshops have been arranged in March to bring together all participants. These workshops will seek to allow members to get to know each other, understand what each organisations priorities are, and begin to discuss what priority areas should be addressed by the LCN in their first year of operation.
4. An expression of interest has been made through the Southwark and Lambeth Integrated Care Programme for Southwark and Lambeth to be a '**Forerunner Site**' for the new models of care described in the *Five Year Forward View (2014)*. If successful, we will receive additional support and resources to accelerate progress on delivering integrated care, and will contribute to national learning and evaluation programmes.
5. All GP Practices in Southwark have now become part of **Federations**. This will enable practices to work more collaboratively and provide additional services across the neighbourhoods that they serve. Extended access services operating from 8am-8pm are now in place in South Southwark, with similar services going live in North Southwark on 1<sup>st</sup> April.

6. The Guy's and St Thomas' Charity commissioned the law firm Wragge Lawrence Graham & Co to undertake a **review of governance** arrangements for the Southwark and Lambeth Integrated Care (SLIC) programme, the Primary Care Development programme and the Children and Young Peoples Partnership programme. The review recommended broader alignment between the three programmes and for more formal governance structures and organisational vehicles to be put into place.
7. In line with the overall vision for integration the Council and the CCG will be looking at options for further aligning resources and commissioning arrangements where this will help ensure a stronger whole system approach to health and care. This will include opportunities to expand the range of pooled budgets and looking at possible approaches to ensuring commissioning arrangements are aligned, including the option of establishing an **integrated commissioning function** or other joint arrangements.

## **BACKGROUND INFORMATION**

### **Better Care Fund**

8. The Better Care Fund (BCF) plan sets out a range of community based health and care services to be funded from a pooled budget of £22m in 2015/16 to help deliver the local vision for integrated services "Better Care, Better Quality of Life in Southwark". A key objective of the plan is to help shift the balance of investment from acute care to community based care services that are more focussed on supporting people in a co-ordinated, person centred and effective way, preventing the need for more intensive health and social care support. The effectiveness of the BCF will be closely linked to the key enablers of joint assessment, care co-ordination, data sharing and multi-disciplinary team working through the development of the Local Care Networks.
9. In October 2014 the Board agreed a report setting out the detailed BCF plan. This was the second BCF submission, the original being agreed by the Board in March 2014. A change in national policy on the BCF required all plans to be resubmitted in line with enhanced requirement following concerns that the plans were not robust.
10. Following the first stage of the stricter national assurance process it was announced in November that Southwark was one of just 6 boroughs nationally to be given full unqualified approval for its BCF plan, indicating that the national team are confident that our plans are strong.

### **Local Care Networks**

11. Local Care Networks (LCNs) will be introduced during 2015/16, and will bring together all health and social care organisations within Southwark to develop and transform services for the populations they serve. They will be centred around the needs of patients and aim to ensure that all providers provide joined-up holistic care for all residents.
12. There will be two LCNs within Southwark, one serving the north of Southwark (Borough, Walworth, Bermondsey and Rotherhithe, and one serving the south of Southwark (Peckham, Camberwell and Dulwich).

13. It is hoped that Local Care Networks will have the autonomy to act to improve health and wellbeing outcomes for their designated population with a strong emphasis on prevention and early intervention.

### **Forerunner Bid**

14. Following on from the publication of *The Five Year Forward View* (co-authored by NHS England, Monitor, NHS Trust Development Authority, Care Quality Commission, NHS Health Education England and Public Health England) health economies were invited to register interest in becoming a 'vanguard site' for new models of care.
15. Applications were invited to develop one of four new models – i) a Multispecialty Community Provider (MCP), which envisages Local Care Networks will have the autonomy to act to improve health and wellbeing outcomes for their designated population with a strong emphasis on prevention and early intervention; ii) an integrated Primary and Acute Care System (PACS), which allows a single organisation to provide GP, hospital, mental health and community services; iii) a model offering an approach to improving the viability of smaller hospitals or iv) models that enhance health of patients in care homes.
16. The guidance for applications makes clear that those applying should already have a clear vision on what change they are looking to achieve and be able to demonstrate credible plans and a track record of progress towards improved integrated working
17. Successful bids would receive a share of a £200m investment fund to accelerate existing plans, and receive bespoke support from national bodies. Alongside this there would be an expectation that local learning would be extensively tracked and analysed to support national development plans.

### **GP Federations**

18. Southwark CCG has supported general practice to develop geographically coherent neighbourhood GP provider organisations, where practices work collectively to improve the quality of services and outcomes for their combined registered populations. These GP provider organisations are collaborations of the 20 practices in the South, and 24 practices in the North, and have successfully bid to deliver a range of population based services; including 8-8pm 7 day Primary Care Services, and Population Health Management (e.g. NHS Vascular Health Checks, Smoking Cessation, Holistic Assessments and Case Management for over 65s).

## **KEY ISSUES FOR CONSIDERATION**

### **Better Care Fund**

19. Preparations for the full implementation of the BCF plan and associated pooled budget arrangement have been under way since the approval and Southwark is fully on course to deliver the plan. This preparation has included seed funding of BCF related schemes from non-recurrent winter resilience monies to ensure a strong start when the pooled budget formally commences on 1st April 2015.

20. The Better Care Fund is being implemented as per the plan agreed in October and as such there are no material variations to report to the Board. The governance arrangements for the pooled budget described in the plan will be reflected in a pooled budget agreement known as a Section 75 agreement (using flexibilities from the Health and Social Care Act) which will be hosted by the Council. A risk reserve approach has been agreed that addresses the risk associated the “performance related payment” to the BCF.
21. Quarterly reports on progress on the BCF will be provided to the Board during 2015/16, including progress on the key outcome measure to reduce emergency admissions to hospital by 3.5%.
22. Looking ahead to 2016/17, the national arrangements for the BCF are unlikely to be clarified until after the general election. In the meantime the Council and CCG will be developing options to further extend the range of pooled budget and joint commissioning, using local and national evidence emerging on the effectiveness of the Better Care Fund and other integrated approaches.

### **Local Care Networks (LCNs)**

23. A vision for Local Care Networks has been established across partners and we are now moving into the final stages of the design process, with the aim of implementing LCNs during the first part of 2015/16.
24. A Local Care Network Delivery Group was convened in early February. The purpose of this group was to help bring together representatives from local health and social care organisations to co-design Local Care Networks and oversee their formation. This group agreed the need for representatives from all organisations to participate in workshops in order to increase familiarity between representatives, gain a greater understanding of different organisations services, structures and plans, and agree both initial priorities and governance and leadership arrangements.
25. The two workshops will be held during March, and will be externally facilitated; this is in recognition that the development of LCNs needs to be provider led, and that all participants are there on a ‘equal party’ basis. It is intended that following the workshops, LCNs will be formally formed.
26. A report on the structures, governance arrangements and work plans of LCNs will be presented to the Health and Wellbeing Board as part of the formation.

### **Forerunner Bid**

27. Following discussion between all local health and social care organisations through the SLIC Provider Group, agreement was reached for Lambeth and Southwark to submit an application to be considered a ‘Forerunner’ site
28. The application was made on the basis of Lambeth and Southwark adopting a Multispecialty Community Provider – recognising our broad coalition of organisations working together to improve, and integrate, services. The application sets out both our achievements to date, our plans for the next year, and our long term objectives. A copy of the application is attached as part of this paper.

29. Over 200 applications were made nationally, and we have now received confirmation that our bid has been shortlisted. The next step was for all applicant areas to put forward a delegation to present their bid, and participate in a workshop which allows for applicants to critically appraise, review and constructively challenge each other's' bids; this took place on 4 March. Following the workshop, the national panel will make final decisions over which bids to support, with a decision expected by the middle of March.
30. It should be noted that the plans for integrated care within Lambeth and Southwark will not be materially affected should we be unsuccessful in our application. The additional funding and support should allow the health economy to develop at a faster pace, but the underlying direction of travel would remain the same.

### **General Practice Neighbourhood Working**

31. Southwark CCG has supported general practice to develop geographically coherent neighbourhood GP provider organisations, where practices work collectively to improve the quality of services and outcomes for their combined registered populations. These GP provider organisations are collaborations of the 20 practices in the South, and 24 practices in the North, and have successfully bid to deliver a range of population based services; including 8-8 7 day Primary Care Access, and Population Health Management (e.g. NHS Vascular Health Checks, Smoking Cessation, Holistic Assessments and Case Management for over 65s).
32. Following a review of urgent care services across the borough, Southwark CCG agreed to commission an Extended Primary Care Access Service from the two neighbourhood provider organisations in the North and South of the borough. This service enables patients to access pre-booked appointment slots at a local Access Clinic via telephone assessment through their GP practice or SELDOC.
33. The CCG was one of 20 successful pilots within the Prime Minister's Challenge Fund, which enabled the CCG to secure £975k to support general practice engagement, infrastructure and set-up costs associated with this service. In addition, the CCG agreed to invest £2.1 million to fund recurrent service costs, to enable the delivery of sustainable high quality 8-8 7 day primary care access in the borough.
34. The first Extended Access Service was launched in the South of the borough on 11 November 2014 at the Lister Health Centre, and replaced the pre-existing Walk-in Centre on that site. To date, approximately 4500 patients have seen a GP or a nurse at the Access Clinic; however, service utilisation across south Southwark practices remains variable. A second service will launch in the North of the borough on 1 April 2015, and will be based at Bermondsey Spa Health Centre.
35. In 2014/15, Lambeth and Southwark CCGs were successful in securing £728,000 from Guy's and St Thomas' Charity to support primary care development across the two boroughs. This resource has enabled both CCGs to build capability within general practice to deliver new ways of integrated working that will ultimately improve outcomes for patients and reduce pressure on general practice providers. The programme has centred around the

development of 18 general practice 'emerging leaders' who have been leading on the development of neighbourhood working across the two boroughs, including engagement with general practice peers and wider primary care, as well as other health, voluntary and social care partners more broadly.

### **Policy implications**

36. Integration of services involves agreeing shared policy goals with partners as set out in the draft vision, developing neighbourhood multi-disciplinary team models with care co-ordinated by a lead professional, and jointly agreeing how pooled resources will be invested under the Section 75 pooled budget arrangements. Specific policy implications will be identified during the detailed design phase and agreed through integrated governance arrangements.

### **Community and equalities impact statement**

37. The health and care related services covered by the integrated care plans should have a positive impact on the community as a whole. In particular it will impact on older people and people with long term conditions (many of whom have disabilities or mental health problems) who are most at risk of admission to hospital or needing intensive social care support. The plan aims to promote the health and wellbeing, independence and quality of life of these groups who are recognised groups with protected characteristics under Equalities legislation. The informal carers of these groups will also benefit, who are disproportionately female. The draft vision will also contribute to the wider prevention and public health agenda benefitting the population as a whole in the longer term, and reducing health inequalities. Plans are being co-designed with patient groups, notably through Patient Participation Groups, and the SLIC Citizens Board.

### **Financial implications**

38. The BCF totals £1.3m in 2014/15, increasing to £22m in 2015/16. The majority of the BCF represents existing budgets transferred directly from the NHS, where there are existing commitments from both the CCG and the council. The BCF is now included in the council's overall settlement and spending power calculation.
39. The BCF schemes proposed include a mix of existing funding, recognising the financial pressures experienced by the Council and CCG, as well as investment in new schemes. In 2015/16, a total of £2m is explicitly labelled as contributing to maintain social care services, an increase of £500k from the 2014/15 level. In total £15.5m is to be used for funding social care services. It is hoped that the impact of integration across the Council and CCG, including investment in schemes to reduce length and number of hospital and residential homes stays, will result in enduring savings for both organisations.
40. The pooled governance and financial arrangements for the BCF remain under discussion and will be agreed over the coming year.
41. Should the 'Forerunner' application be successful, additional financial resources may be made available from the £250m national fund. A further update will be given to the Health and Wellbeing Board if our application is successful, and further financial details are available.

## BACKGROUND PAPERS

Background Papers	Held At	Contact
Better Care Fund – supporting documents	160 Tooley Street	Adrian Ward 020 7525 3345

## APPENDICES

No.	Title
Appendix 1	SLIC Forerunner Application

## AUDIT TRAIL

<b>Lead officer</b>	Andrew Bland, Chief Officer, NHS Southwark Clinical Commissioning Group	
<b>Report Author</b>	Paul Jenkins, Director of Integrated Commissioning	
<b>Version</b>	Final	
<b>Dated</b>	9 March 2015	
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<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
Officer title	Comments sought	Comments included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
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