

Item No. 10.	Classification: Open	Date: 18 June 2015	Meeting Name: Health and Wellbeing Board
Report title:		Update on Local Care Networks and approach to Commissioning and Contracting	
Wards or groups affected:		All	
From:		David Smith – Head of Transformation – Integration, NHS Southwark Clinical Commissioning Group	

RECOMMENDATIONS

1. The board is requested to:
 - a) Note the attached presentation as an update of progress on establishing GP Federations and Local Care Networks and their role in the broader context of integration
 - b) Note and approve in principle the approach outlined in the 'Approach to Commissioning and Contracting' as to the practical next steps in commissioning health and social care services on an outcome basis for the population of Southwark.

EXECUTIVE SUMMARY

2. Southwark CCG has expressed a clear wish to modify the way the way that it commissions services by moving from an activity based model to an outcome based system. We recognise that activity based contracts can create perverse incentives, and do not always promote joined up care. An unintended consequence of such contracts is that they address only the patient's immediate needs without seeking to prevent ill health or address the underlying health and social issues that may be impacting on their wellbeing.
3. The attached appendices highlight the important role Local Care Networks will have as delivery vehicles, and suggest practical next steps in identifying segments of the population that we commission for on an outcome based whole-pathway contract.

BACKGROUND INFORMATION

4. 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 23 practices in the North, and have successfully bid to deliver a range of population based services; including 8-8 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).

5. 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.
6. 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).
7. 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.

KEY ISSUES FOR CONSIDERATION

8. See attached appendices.

Policy implications

9. 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

10. 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 and service user groups, such as Patient Participation Groups, the SLIC Citizens Board and the Older Peoples Partnership Board.

Financial implications

11. None at this stage, but more detailed proposals which may have financial implications will be brought back to the Health and Wellbeing Board as detailed planning progresses.

BACKGROUND PAPERS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Integrated Care – Vision for the Future
Appendix 2	Approach to Commissioning and Contracting - Integration