

Item 3 Work Plan and Forward Plan

approaches prove to be effective over the medium term. We will need to continue to assess whether these approaches prove to be effective in preventing poor outcomes for children, young people and families over the longer term and also whether they reduce demands and pressures on local services in time too.

Health, wellbeing and independence

1. Managing and reducing demand for health and social care services

The local Health and Wellbeing Board has agreed its priorities and work programmes are already in place to address key inequalities in health in the early years, to reduce childhood obesity, to look at how to achieve better mental health for everyone, to continue to support people to stop smoking and to encourage young people not to start in the first place and also to provide better support for people with dementia and older people in need of care support. The Health and Wellbeing Board will also continue to look at how we can continue to better integrate services and to develop smarter ways to address demand for health and social care support through greater preventative work

2. The Council has an ongoing programme of work to transform social care support services in the borough and within that there is an emphasis on enabling residents with complex long term health conditions and impairments to take more choice and control over their personal care and support packages.

3. However, continued improvement and innovation is needed to meet high ongoing demands for health and care support. On key issues such as managing the future impacts of an ageing population, the Team Hackney Leadership Board will need to support colleagues on the Health and Wellbeing Board and work together with them to consider how local services in the borough can better manage these kinds of longer term pressures. Local services and the community will need to collaborate and encourage a more preventative approach: one which improves residents' general wellbeing promotes their independence and reduces their reliance on or need for health and social services.

4. Creative options of affordable housing for older and younger people

Access to affordable, decent housing is an important component, which can have a significant impact on people's wellbeing and independence. Older people and young adults

may find their options are constrained in the current environment as a result of the resilience of the local housing market and changes in eligibility for housing benefit for households. There are also broader questions about the kinds of housing provision that might better meet the needs of young people in newly formed households, or households of older people around and above retirement age, and about whether more creative options for affordable housing might also help achieve other ambitions for services to reduce dependence on social care, or on health and welfare.

5. Enabling inclusion and reducing social isolation

More broadly, there is also merit in the Team Hackney partnership exploring how local services and the community can collaborate and find ways to prevent social isolation and to enable social inclusion. This should benefit residents whose day to day lives are limited by poor health, older residents who currently have more limited social contact and social networks, residents with communications barriers and residents who have lower levels of trust in public services etc. As a partnership, we will need to continue to find ways to encourage individuals to take control of their lives and to achieve greater independence and a positive sense of wellbeing. There are projects already underway looking at aspects of this, and it is likely to remain an important issue for the partnership, given the kinds of pressures on local services to manage demand pressures and to promote greater resilience in the community.

Team Hackney Leadership Board Draft Forward Plan

Topics	20 th Nov 2013	15 th Jan 2013	June 2014	Sept 2014	Jan 2014
Young Black Men (YBM)	Workshop	1. Findings and next steps from YBM work	PARTNERSHIP EVENT: focus on Updated state of the borough Feedback from community dialogue Focus on growth and inclusion		
Young Hackney Plus		To be informed by findings of YBM work			
Employment				1. a Update on employment and welfare reform including on parents in employment (child poverty)	
Mitigating impacts of government spending cuts		2. Look ahead to 2014/15 and 2015/16 partners' budgets			Look ahead to 2014/15 and 2015/16 partners' budgets
Taking a preventative approach to manage long term pressures		3. Integration and Better Care Fund		2. Reducing dependency on health, social care and welfare – report back from work with Health and Well Being Board (TBC)*	
Managing the impact of growth				3. Housing update	
Vulnerable adults and families, tackling child poverty and responding to welfare reform				See above under employment See above under employment	
Key Milestones					
2013/14 Parliamentary Bills: Offender Rehabilitation Bill Anti- Social Behaviour, Crime and Policing Bill Care Bill Children and Families Bill House of Lords Immigration Bill					
				Further information about Universal Credit roll out in Hackney	

* One of the Team Hackney standing agenda items is: Taking a preventative approach to manage long term pressures. It is recommended that this is an area of joint work between Team Hackney and the Health and Well Being Board (TBC with Health and Well Being Board).

Team Hackney Leadership Board - 15 January 2014

Integrated Care and Support in Hackney

Report authored by:

Cllr Jonathan McShane, Cabinet Member for Health, Social Care and Culture
 Kim Wright, Corporate Director, Health and Community Services, London Borough of Hackney (LBH)
 Paul Haigh, Chief Officer, City & Hackney Clinical Commissioning Group (C&HCCG)
 John Wilkins, Deputy Chief Executive, East London Foundation Trust (ELFT)
 Dylan Jones, Chief Operating Officer, Homerton University Hospital Foundation Trust (HUHFT)

1. Purpose of the paper

- To ensure there is collective understanding and agreement of the vision and priorities for integrated care and support
- To update the Board on the Better Care Fund and to consider the key challenges arising from it.

2. Vision and aims

Our vision is focused around the National Voices statement, May 2013:

“Care and support is integrated when it is person-centred and co-ordinated”.

This statement is important as it defines and provides a shared understanding of what integrated care means by being oriented around the experiences, views and outcomes of patients, users and their carers.

We want to see as many people as possible benefiting from our planned system changes in the fullness of time, however, our immediate focus will be on those people who need it most, particularly:

- frail older people with physical health problems including those with long-term conditions
- people with mental health issues and people living with dementia

Appendix 1 sets out in more detail our approach to realising this vision, describing what we will need to do to achieve a high quality, integrated care and support system in Hackney, articulates the ways of working that we think will be most effective in achieving this and sets out some of the essential pieces of the integration jigsaw, which form the focus of our immediate attention and work.

3. Where are we now?

The Adults Health and Wellbeing Advisory Group (AHWAG) provides partnership oversight of the programmes and projects related to integrated care and is a key element of the programme governance, reporting to Hackney’s Health and Wellbeing Board (see also 4.5). AHWAG is currently focused on a number of key activities:

3.1 Service Model Development

We are not starting from scratch to meet the challenge of delivering integrated care but are building on our emergent service model. This is based on a number of existing and

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developing initiatives which each have the common aim of coordinating and delivering better health and social care outcomes for Hackney residents. These include:

- The Reablement and Intermediate Care Services (RICS)
- Development of an Integrated Discharge Management Team
- Learning disabilities integration between health and social care
- Review of adult community nursing services
- Pilot of the Homerton Psychological Medicine Service (previously known as RAID) which provides a single, multi-disciplinary mental health and substance misuse assessment and brief intervention service
- ACERS, an acute early response service supporting people with chronic obstructive pulmonary disease
- GPs visiting patients at home alongside the London Ambulance Service,
- Consultant geriatrician out reach and home visiting to support patients, GPs and community staff
- Audits by all GP practices of their emergency admissions to develop commissioning plans
- Practice-based Integrated Care pilot coordinated around geographical clusters of GP practices which will see the development of an increasingly integrated multi-disciplinary team approach to the management of service users centred around the GP.
- New services commissioned from GP practices as providers to support proactive home visiting, risk profiling, care plan development and multi disciplinary team working

Collectively these projects are helping us to think in a much more holistic way about the commissioning and delivery of person-centred care and to recognise the benefits from a coordinated approach.

3.2 Organisational Development

Shared vision and leadership is a critical enabler for successful integration of care, particularly given the current resource pressures on partners, each with their own accountability arrangements. We have commissioned a leadership development programme to build collaborative leadership across key health and social care organisations. There are three distinct but inter-related elements:

- System leadership
- Operational leadership
- Strategic Vision

The development programme is jointly and equally funded by LBH, CCG, HUHFT and ELFT. It has a specific initial focus on ensuring that the providers can work together effectively to deliver integrated services across organisational boundaries and cultures

3.3 Stocktake of current and interdependent integrated care projects

To inform the development of our integrated care programme we commissioned a piece of work to identify the key initiatives and projects having (or having potential for) systemic impact across services or care pathways for adults with long-term conditions and frail older people. The stocktake addressed two specific questions:

- Where are the key synergies and energy in the system for joint working and are there any key gaps or conflicts?
- Which projects/initiatives should create the initial core work programme?

We are currently considering the recommendations from the stocktake report.

3.4 Resource-profiling/alignment

A session has been planned with the main statutory partners in January to improve understanding of commissioning organisations' and provider organisations' respective financial operating environments and business rules, financial forecasts and investment and disinvestment plans.

3.5 Programme management architecture

AHWAG is chaired by LBH Director of Health and Community Services and includes senior level representation from LBH, C&HCCG, HUHFT, ELFT and the VCS. AHWAG functions as a system leadership group: coordinating overall effort; making the necessary connections between the multiple programmes and projects; spotting inter-dependencies and gaps; and considering system enablers.

Programme management architecture is being further developed to ensure appropriate governance, implementation and service user engagement mechanisms are in place.

4. Better Care Fund

The Better Care Fund (BCF) – formerly the 'Integration Transformation Fund' – was announced in the June 2013 Spending Round as a 'pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people'.

Appendix 2 provides more detailed guidance on the funding sources, allocation and planning requirements.

The published guidance recognises that the £3.8 billion pool is not new money and that the NHS and local government resources making up the pool are already committed to existing core activity and services

The Autumn Statement in December committed the Government to 'making sure pooled funding is an enduring part of the framework for the health and social care system beyond 2015/16'.

4.1 Better Care Fund Plan

The Better Care Fund plan requires each local area to formulate a joint plan for integrated health and social care and to set out how their single pooled Better Care Fund budget will be implemented to facilitate closer working between health and social care services.

The joint plan should be approved through the Health and Wellbeing Board and be agreed between the CCG and the Local Authority. Health and social care providers should also be closely involved in plan development.

The plan needs to:

- demonstrate how it meets all of the national Better Care Fund conditions
- include details of the expected outcomes and benefits of the schemes involved
- confirm how the associated risks to existing NHS services will be managed.

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The timescale to complete the plan is challenging. NHS England require the submission of a “well-developed” draft by 14 February 2014 with a completed plan signed-off by the Local Authority, CCG and Health and Wellbeing Board and submitted by 4 April 2014.

4.2 Funding for integrated care

In 2014/15, £1.1 billion will transfer to Local Authorities for social care to benefit health, using the same formula as 2013/14. This will be transacted through a s256 transfer. This is a continuation of the 2013/14 £0.9bn funding transferred to Local Authorities from NHS England via a s256 agreement. It is already supporting current social care spending and the delivery of some of the performance metrics associated with the BCF. The additional £200m has already been built into local government financial planning for 2014/15.

In 2015-16, this funding will be part of the pooled Better Care Fund; while it will continue to be allocated to areas on the same basis as in previous years, the funding will be distributed through CCG allocations.

From 2015/16, the Better Care Fund will also include a £1.9bn contribution from core CCG funding (over and above the existing reablement funding and carers’ breaks which will also be pooled in the Better Care Fund.) Core CCG funding going to the pooled Better Care Fund will be allocated based upon the CCG allocation formula.

Additional contributions to the Better Care Fund from local authorities, in the form of social care capital grants and the disabled facilities grants, will continue to be allocated by central government on the same basis as for 2014/15.

Each local authority area has received a notification of its share of the pooled fund for 2014/15 and 2015/16. A further notification will specify the amount that will be included in the pay-for-performance element, and is therefore contingent in part on planning and performance in 2014/15 and, in part, on achieving specified goals in 2015/16.

NHS England have published headline CCG allocations for 2015/16 which include the minimum amount CCGs will be expected to contribute to BCF.

2015/16 BCF allocations for Hackney	£000
NHS Better Care Fund allocation (includes amount transferred previously from the NHS to LA social care services via S256) distributed through CCG allocation	18,606
Disabilities Facilities Grant	647
Social Care Capital Grant	782
Total	20,035

5. Key challenges

5.1 Funding

- BCF is not new money and the NHS and local government resources making up the pool are already committed to existing core activity and services.

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- S256 transfers of funding from the NHS to local authority social care services have previously been announced as part of the Council's spending powers and have been included in the Council's annual budget and Council Tax setting processes approved by Members. This funding will be incorporated in BCF for 2015/16. For 2014/15 £6.4m is included in the Council's baseline budget to support Adult Social Care from existing S256 transfers.
- The BCF allocation has been included in the Council's "spending power" allocation announced on 19th December 2013. This adds a layer of complexity to the arrangements for the fund that officers are still working through. Detailed guidance from both the DCLG and DH is being reviewed to fully understand the impact of the fund across Hackney's health and social care economy.
- Some of the contribution to the BCF from core CCG commissioning budgets is already being spent on services commissioned from the Homerton and practices as providers which support BCF objectives. The challenges facing the health economy are to ensure that these are delivering the performance metrics, stretch targets and the expected reduction in acute hospital spend and also to identify the savings which can make up the remainder of the CCG contribution.

5.2 Meeting the national conditions

BCF plans must set out how each area plans to deliver the national conditions including:

- risk analysis and mitigation strategies and specifically the potential implications on shifts on activity and services in the acute sector.
- aligning and joining up IT strategies
- planning for 7 day services to support patients being discharged and prevent unnecessary admissions at weekends
- improving user experience

5.3 Impact of the Health and Social Care Bill

- The Bill which is expected to receive Royal Assent in early 2014 will result in an increase in the cost of care provision and may impact the sustainability of current social care funding.
- In June 2013 the government announced funding to support reforms expected through the Health and Social Care Bill. However, the Department of Health has also identified £130m of other costs associated with the Care Bill. The DH's position is that funding to cover these costs is allocated as part of the BCF.

6. Next Steps

6.1 Discussion and planning between partners is focused on:

- ensuring that planned models of service development to improve the quality of care and preventative services can be translated into reductions to acute and nursing/care home activity, including exploring opportunities to commission new services to support our ambitions from both the statutory and voluntary sector.
- ensuring that shifting resources to fund joint interventions does not destabilise acute service providers.

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- ensuring robust joint finance and governance arrangements are in place between LBH and the CCG to manage the new pooled budget and the performance management of the services.
- agreeing the metrics between the commissioners and providers for all the services to be funded from the BCF and understanding the impact on funding of the delivery and achievement of these.
- understanding the implications of the new national GP contract due to be introduced in April 2014 which requires GPs to coordinate care for vulnerable and at risk patients and lead risk profiling.
- ensuring that there is appropriate investment in infrastructure and capacity to support organisational development..
- ensuring a continued strong user perspective in our planning.

6.2 On 8 January 2014, the Health and Wellbeing Board held an extended development event on integrated care and support in Hackney which was well attended by senior colleagues from across the statutory health and social care organisations, the VCS and Healthwatch Hackney.

The purpose of the session was to:

- ensure there is collective understanding of the vision and principles for integrated care and support
- inform colleagues about the range of interventions that are currently being developed and delivered
- identify opportunities for further development including streamlining and identification of any gaps or duplication

Date	Meeting/activity
Jan – March 2014	On-going engagement opportunities with partners
15 January 2014	Joint resource alignment session to discuss agencies' financial forecasts and investment and disinvestment plans
17 February 2014	Health and Wellbeing Board to consider BCF Plan for initial submission to NHS England
Feb – March 2014	Board/Cabinet meetings to meet organisations' individual accountability arrangements
March tbc	Health and Wellbeing Board to agree BCF Plan for final submission to NHS England

Appendix 1: DRAFT Vision**INTEGRATED CARE AND SUPPORT IN HACKNEY – OUR VISION**

“Care and support is integrated when it is person-centred and co-ordinated”. (*National Voices, May 2013*).

This statement is important as it defines and provides a shared understanding of what integrated care means by being oriented around the experiences, views and outcomes of patients, users and their carers.

In Hackney we absolutely believe in this definition and it is at the centre of our vision.

Why?**Improve patient experience**

- more independence and control
- reduce fragmentation of services that are difficult to navigate

Improve outcomes

- better quality of life for patients and carers
- reduced avoidable emergency and residential care admissions
- safe transfers and transitions

Increasing Demand

- Aging population
- Medical innovation
- Poor population health

Unsustainable Models of Care

- Unprecedented Financial Challenge
- NHS funding flat
- Huge cuts to local government funding
- Financial System not fit for purpose with perverse incentives

What?

A high quality, integrated care and support system in Hackney across physical health and wellbeing, social care and mental health which:

- Is organised around the person regardless of professional or institutional boundaries
- Is organised on the basis of a care plan defined by the individual
- Promotes independence for people in order for them to remain healthy and safe within their own homes and community
- Provides co-ordinated, responsive and personalised care
- Maximises the use of universal and community services to promote health and wellbeing
- Identifies those at risk of hospital admission and has a clinical lead for each so that services are organised on the most efficient basis to deliver better outcomes
- Enables information to be shared across partners
- Enables better self-management of care and support

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- Intervenes swiftly and cohesively in times of crisis
- Has an explicit focus on, and shift of resources towards, prevention and early intervention
- Ensures consistent and efficient care
- Incorporates the principles of continuous improvement by regularly reviewing, improving and innovating services so that they remain fit for purpose over time.

How?

Our immediate focus will be on those people who need it most – frail older people with physical health problems including those with long-term conditions, people with mental health issues and people living with dementia – although we recognise that we want to see as many people as possible benefiting from these system changes in the fullness of time.

Our approach is based on a number of principles:

- We will ensure that users and carers drive our strategy and plans
- We will cultivate a culture of co-operation, co-ordination and co-production across the statutory, commercial and third sector partners, engaging across the whole care and support sector, including the voice of the user and carers
- We will utilise opportunities for sharing information through new technology to tailor services to individual need and enable those who are able to do so, to manage their own conditions with confidence
- We will develop a shared approach to setting priorities, commissioning and de-commissioning, and delivery of services
- We will develop plans in a way which achieves best outcomes for local people, co-producing those elements that benefit all, recognising local and provider choices
- We will empower front line professionals to live the vision in their daily working lives, considering innovative solutions with individuals within an enabling risk management framework.
- As commissioners we will ensure that our plans reflect our Health and Wellbeing strategy
- As providers we will ensure that our plans reflect the commissioning intentions of CCGs and the local authority and ensure that our services are coordinated around the individual irrespective of organisational boundaries
- We will share any assumptions with all our partners to support mutual working
- We will move towards whole system budgets and resource planning and understanding the impact of our plans across all partners
- We will ensure that the partnership is based on trust, respect and honesty which enables challenge by partners on an equal basis and allows acknowledgement of differences without hindering progress.

We think that some of the essential pieces of the integration jigsaw, and which, therefore, form the focus of our immediate attention and work, are:

- A clear vision and priorities agreed by all partners through the Health and Wellbeing Board
- More integrated commissioning arrangements building on long standing integration projects
- Multi-disciplinary and integrated teams working across and within health and social care, including services from the third sector
- A single point of access for the provision of advice and information
- More joint, pooled and whole system budgeting including assessing future demand and capacity across the system

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- Changing behaviours across the system by supporting staff to work together across organisational and professional boundaries
- IT connectivity to support information sharing and data/performance recording, based on the principle of “collect it once, use it many times”
- Integrated arrangements for those services that are known to work well to deliver our vision, such as reablement and intermediate care services
- Building shared cultures, behaviours and values to support integrated working and tough decision making, establishing an ethos of mutual trust and respect
- Developing a shared view of the future shape of services and the organisational implications

Outcomes

- Improved patient and carer experience with people feeling in control and independent
- Improved health and care outcomes with enhanced quality and safety
- Reductions in unplanned admissions and attendances in hospital and in admissions to residential care
- More effective use of reducing and scarce resources, reducing duplication across systems.

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- The revised version of the Better Care Plan should be submitted to NHS England, as an integral part of the constituent CCGs' Strategic and Operational Plans by 4 April 2014.