

Appendix 2 Memorandum of understanding Participation in the Lambeth and Southwark Integrated Care Pilot Southwark Council

This document

This document sets out the actions which Southwark Social Care would need to take as a participant in the Integrated Care Pilot (ICP). Similar documents are being produced for other parts of the integrated care system. It is for discussion by Southwark Social Care, and will underpin the development of alliance contracts that will formalise participation in the first and potentially further waves of the ICP, which will be signed by 30 April 2012.

By participating in the ICP first wave, Southwark Social Care will be agreeing to:

- 1) Participate in ICP governance and drive system improvement, through:
 - a. Membership of the Integrated Care Management Board, its Operations Board, Programme Board/Design Board, and Finance Board (and workstream groups eg covering IT)
 - b. Delivering internal changes in social care and constructively supporting ICP partner organisations, to make improvements indicated by the ICP's quality management system (QMS), and providing monitoring information to the QMS in accordance with an agreed set of key PIs

- 2) Continue to make changes to support the new pathway¹. Funding is being/will be made available from ICP-related sources, apart from for aspects of (d), explained below under (4).
 - a. Allocate leads from locality social work teams, to join community multidisciplinary teams. These will plan and deliver actions for case-managed people and discuss and act to improve the quality of care for people in their patch (Starting May 2012)
 - b. Continue to support the expanded community rapid response service and wider access to equipment, put in place and funded under the admission avoidance programme (current).
 - c. Maintain and monitor the level of resources made available to support people with acute needs cared for in the Home Ward – spreading the current resources if the Home Ward model grows geographically. (Sept-Dec 2012)
 - d. Expand the availability of reablement packages to community referrals. (Current, see (4) below.)
 - e. Work with home care providers to ensure that homecare workers and their managers are able to give effective early warning if people deteriorate at home (including using contracting to drive change in this area). (September 2012)
 - f. Distribute 'message in a bottle' bottles to clients with the support of Age UK. (September 2012)
 - g. Work with acute and community health colleagues to develop and implement a new streamlined discharge process which will focus assessment in the community, working to shift and reprioritise staff accordingly (Sept 2012)
 - h. Work with Lambeth social care to develop a single model for reablement (specification underway; service (via external procurement) starting April 2014).
 - i. Implement other changes to the pathway where these are agreed at the Integrated Care Management Board.

- 3) Reduce long-term placements in residential care for Southwark older people by 66 places by 2015, setting targets for reduction between 2012/13 to 2014/15. This is in recognition of the fact that historical patterns of supply of residential home beds can drive decisions about placement and therefore demand. Pace of change will depend on geographical spread of the pilot but it is anticipated that by 2014/15 there should be 33 fewer new Southwark placements in residential homes per year (a 30% reduction). It is anticipated that there should be 7 fewer placements in 2012/13 and 17 fewer placements in 2013/14. It is noted that the Council has existing targets to reduce placements due to reduced government grant.

¹ Details are available in the ICP bid to the GSTT charity and from GSTT members of the ICP operational board
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4) Continue to fund the expansion of reablement beyond hospital discharges to include all older people who are referred to social care for domiciliary care, received a review of a current package of care or who are being considered for residential care². Across Lambeth and Southwark, total funding required for packages by 2014/15 would be £1.03m. It is assumed that councils will fund this full amount in 2014/15. The council would also need to provide additional senior social care practitioners and social work assistant support to run the service - £232k will be made available from ICP/health funds to fund staff support across Lambeth and Southwark.

In 2012/13 and 2013/14, Lambeth and Southwark councils' combined contribution to fund additional reablement packages will be £866k. If legitimate demand for reablement packages increases above this level (approx. 30 cases per week) additional funding will be made available from ICP/health sources to fund up to a further 5 cases per week. Any increase above this level would be council-funded; numbers will be monitored and arrangements kept under review.

It is assumed that the funding the council invests in reablement will come from healthcare funds that the council receives from Southwark PCT to support reablement (transferred under section 256, totalling £1.8 in 2012/13). Increasingly, however, the additional ICP-related changes will become less reliant on this funding stream, and by 2014/15 would make more savings than they cost, from a further reduction in residential care placements.

5) Prioritise and provide professional and management resource to support the development and deployment of IT to be introduced under the ICP, including:

- a. WebEx facilities enabling virtual link-up with community MDT meetings (for May 2012)
- b. New electronic discharge forms to support the simpler discharge processes (Sept 2012)
- c. An interoperability system connecting key social care systems with general practice, community, mental health and acute care, allowing timely sharing of key information. The Council will need to support any activities associated with Information Governance, data protection and consent, and complete introduction of NHS numbers within social care records (end 2012/early 2013).

Note, changes set out under 2,3,4, and 5 above reflect the introduction of the wave 1 pathway for older people. Further change will be agreed separately as part of ICP wave 2 covering younger people with long-term conditions.

Background information

The integrated care pilot's objectives are to:

- Improve the quality of care provided to the Lambeth and Southwark population (in terms of their outcomes and experience)
- Create a system that is more sustainable financially

It will achieve this by changing the model of care to one that promotes self-management and far better coordinated, proactive preventative care through better identification of risks and case management. There will be changes in IT, governance, finance and workforce to support the new model of care.

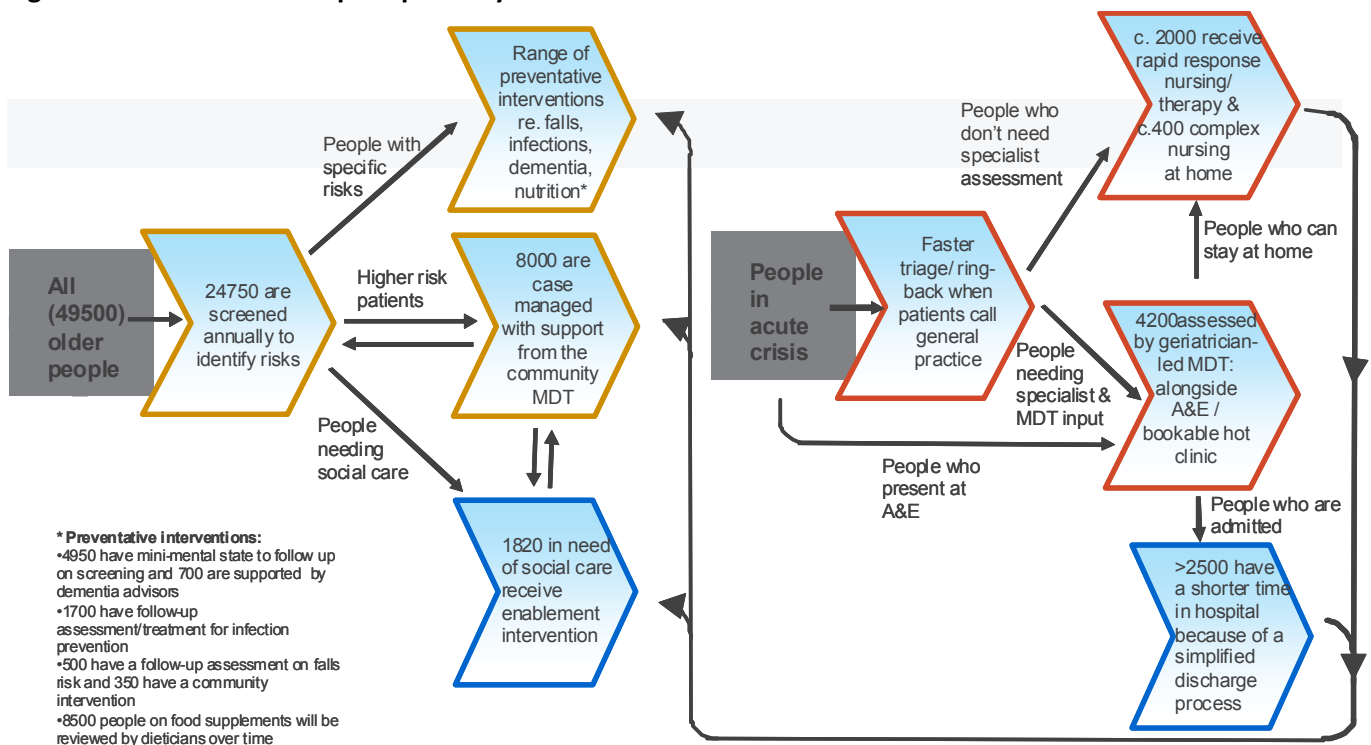
The first wave of the ICP focuses on the care of older people and a new holistic pathway of care across primary, community, acute, mental health and social care participants will be introduced. These changes are specific to the older people's emergency care pathway, but many changes are highly transferable to other groups of patients to be considered in future waves of the ICP.

² The assumption is that 100% of people eligible for new domiciliary packages will receive enablement, and 60% of those assessed as needing residential care for the first time. This will see an increase in the current average level of re-ablement packages of care being provided in Lambeth and Southwark (610) to approximately 1,820 people being offered re-ablement per year across Lambeth and Southwark – or 35 referrals per week.

Benefits for older people:

Local older people have told us they want better continuity of care, an opportunity to talk through concerns with someone focused on their whole needs, better coordinated care, and less time in hospital – and they don't want to go into a care home. Changes introduced under the ICP first wave will mean half (~25000) of older people in Lambeth and Southwark will have a holistic health check with someone focused on the care of older people and one sixth (8000) will have a case manager who will help coordinate their care. Those who need specialist assessment by a geriatrician will be able to access that more rapidly, and without being admitted to hospital. People will be healthier as a result, but will also have increased support to remain independent at home because of better rapid response services and expanded reablement services. Every year, 960 fewer people from Lambeth and Southwark will need to be admitted to hospital in an emergency, and 60 per year will no longer need to be placed in residential homes³.

Figure 1: Wave 1 Older People's pathway



Benefits for Southwark Council:

Professional consensus, based on detailed analysis, has estimated that changes proposed under the ICP first wave (older people's pathway) will result in a reduction in demand of 30% for residential home placement per annum, with placements avoided for two years. In Southwark this gives a placement rate that is reduced by 33 placements per year, with a net permanent reduction of 66 residential beds. Consensus also set out that 10% of people currently receiving domiciliary care will no longer need it; but at the same time those people who no longer access residential care would be likely to access domiciliary care: in Southwark this gives a net reduction of 26 homecare packages per year, with a net permanent reduction of 51 packages. (There will also be a reduction in demand for nursing home care, as people will be healthier and so there will be fewer cases of serious ill health that currently tend to lead to nursing home admission eg fractured neck of femur cases, but this is too uncertain to model.) The ICP thus has a number of benefits:

- Increased support for social care to support people through joint working with health partners
- Better management of risks and decision-making, because of better access to information from health partners

- Across Lambeth and Southwark Councils, a major investment of £1.15m per annum from healthcare sources to fund changes (ontop of the £1.03m increased contribution for reablement packages that already comes from health sources to fund social care). £678k of this extra amount has already been invested via the admission avoidance programme.
- Savings for Southwark of £1.51m per annum in costs of residential placement and a further £275k in costs of domiciliary packages by 2014/15. (Which could be used to support reablement packages in the longer term, should the Department of Health change its provisions for health funding of social care.)
- A streamlined discharge process, allowing reduction of duplication and re-targeting of social worker resources.

The major risk is of course that investment alternatives will not reduce the level of residential and domiciliary support needed, as intended. A further risk is the level of demand for reablement packages. Agreements on risk will be set out in alliance contracts, and progress on shifting activity will be tracked and acted on by partners, as part of monthly quality monitoring to the ICP management board.