

Item No. 8.	Classification: Open	Date: 28 July 2014	Meeting Name: Health and Wellbeing Board
Report title:		Southwark and Lambeth Integrated Care (SLIC) – Delivering the Integrated Care Vision	
Ward(s) or groups affected:		All	
From:		Mark Kewley, Director of Strategy and Design, Southwark and Lambeth Integrated Care	

RECOMMENDATIONS

1. That the Board consider further how the CCG and Council can use the Southwark and Lambeth Integrated Care (SLIC) partnership to help deliver its Integrated Care Vision, and parts of the Health and Wellbeing Strategy.
2. That the Board support the CCG and Council to work collaboratively with other commissioners and providers, through SLIC, in order to take practical steps to change the commissioning and provision of services, beginning with new arrangements from April 2015.
3. That the Board note the ongoing work, facilitated by SLIC, which is bringing providers of health, social care and other services (including housing) together to identify and commit to the delivery of some specific integrated working practices that can be delivered at scale; and note the very close alignment between this work and the development of neighbourhood working and integrated teams within Southwark.
4. That the Board consider the different options to develop joint budget arrangements for this new approach to integrated commissioning.

BACKGROUND INFORMATION

Southwark and Lambeth Integrated Care is a partnership to help transform health and social care

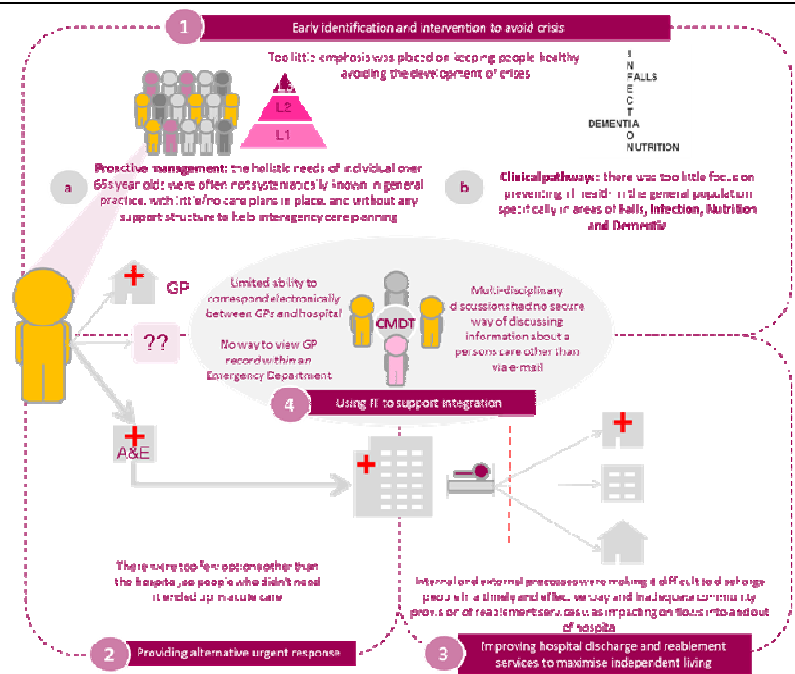
5. Health and social care organisations and citizens in Southwark and Lambeth have come together so that local people can lead healthier and happier lives. Southwark and Lambeth Integrated Care is the partnership that brings us together. It is a partnership between both CCGs, social care, local GPs, the three local NHS foundation trusts, and citizens, supported by Guy's and St Thomas' Charity.
6. Our partnership is based on a very basic premise: people's outcomes and experience are not good enough and care as currently designed is not affordable. We believe that this is a shared problem affecting each member of Southwark and Lambeth Integrated Care. We believe that this joint approach is the best way to provide the highest quality care for our population, from public health and prevention through to acute provision and recovery or rehabilitation, at the same time ensuring that we are getting the best possible value for our

collective spend. In short, we often have to work together; hence the need for Southwark and Lambeth Integrated Care.

- As a partnership we are supporting communities and professionals to work better together to provide pro-active and preventative care that is empowering local people to be in control of their own health and well-being, and is affordable. This is an important way of delivering Southwark’s Integrated Care Vision.

The Older People’s Programme has enabled design, testing and delivery on the ground

- Since 2012, Southwark and Lambeth Integrated Care has been working to ensure that local older people get the right services in the right place at the right time – The Older people’s programme. This programme has focussed on addressing four main challenges (see figure below). A more detailed description of the services that have been developed is provided in the appendix 1.



KEY ISSUES FOR CONSIDERATION

We are focussed on making integrated care available for all older people and people with LTCs in Southwark and Lambeth

- Throughout Southwark and Lambeth we have pockets of excellent care that are pro-active and preventative; but rarely is this excellence available consistently so that all people can benefit, not just the lucky few. Health and care commissioners, and providers, are now focusing on the actions needed to make integrated care available for all older people and people with Long Term Conditions (including mental health needs) in Southwark and Lambeth.

10. At the May 2014 Sponsor Board meeting partners of SLIC expressed the following principles as a basis for taking the work forward.

Integrated commissioning – health and social care commissioners want to:

- a. Support joint commissioning arrangements that bring together budgets across health and social care within each borough, shaping these joint resources around defined segments of the population so that funding is organised around people and their needs rather than institutions.
- b. Shift the focus of resources so that the planned growth in funding allocations is invested in developing primary care, social care and community (physical and mental health), in order to reduce growth in the demand for acute services.
- c. Encourage the development of services that have defined ‘attributes of care’ (see appendix 2). These are services that moving beyond an overwhelmingly medical model and towards a more social approach which:
 - Empowers and activate people and communities, enabling people to be in control of their health and wellbeing
 - Offers holistic and co-ordinated care and support
 - Is equitable, proactive, preventative and focused on better outcomes
- d. Move towards an integrated performance management approach that supports all providers to focus on improving ‘value’, for example by using a scorecard of outcome metrics that relate to safety & effectiveness, patient experience, and cost.
- e. Prepare and implement specific plans to develop the market, and to identify what procurement routes are most suitable for the task of improving citizen outcomes.

Integrated service models – health and social care providers expressed that:

- f. We agree that we should work together to design services that are characterised by the ‘attributes of care’ drafted by the health and social care commissioners, recognising that all too often the general experience of care at present rarely matches well against these attributes.
- g. This work is not about creating a single vertically integrated system but about creating a genuinely joined up system, which is created through partnership working to a united purpose.
- h. The development of new ways of working must be based on good evidence of the challenges we face and the priorities for action. It should empower professionals from health and social care and citizens to work together on an equal footing to design services that are effective and sustainable, drawing on the important contributions of other services (e.g. housing) and from the voluntary sector. We will therefore use our collective work to bring information, professionals and citizens together so that they lead the design of services. This will augment existing work, within both

primary care and community services, which is already giving serious consideration to the development of neighbourhood and locality working, recognising that much detail is still to be finalised.

- i. New service design should build on the work that we have all undertaken over the past few years – for example Lambeth Living Well, DMI, Older People's Programme. This already represents good co-design between professionals, citizens and voluntary organisation, and strong joint working to improve the lives of our citizens. We should make sure that we are using these approaches much more systematically.
- j. We will work together to co-design platforms that support real-time sharing of information between all parties, including primary and community staff, social care organisations and citizens. We will ensure that systems also support shared records that citizens and their carers can use to manage their health and care needs. We will look to KHP to provide specific and dedicated support to help us make rapid progress in this area.
- k. We will make sure that the buildings used across Southwark and Lambeth support professionals and communities to deliver services, which enable empowering, holistic and proactive care. We will build upon and join up the work already done across the sector and we will ask KHP providers to use some dedicated resources to help explore how our considerable estate can be put to best use.

Contracting for integrated care – commissioners and providers recognised that:

- l. We should work together, both with commissioners and across providers, to manage the system-wide financial risk in managing financial risk there is an understanding between providers that a proportion of payment would be based on the achievement of measures, which have been co-designed and collectively agreed, and which form the basis of a shared 'value scorecard'
- m. We must continue work to co-design with commissioners, providers and citizens new payment mechanisms based on the different population segments; a phase of 'shadow' budgeting should be implemented towards the end of 2014 and underpinned by the agreed 'value scorecard'; any new payment mechanisms should support the new models which will emerge from the provider group (for example – locality-based mechanisms if that model is developed).

The scale of the challenge to transform commissioning and service models is large. We now need practical steps to turn this ambition into reality.

- 11. Moving from the ambitions expressed in the principles above to actual delivery will require significant work. The challenges will be technical as well as cultural and behavioural. Partners in SLIC are putting together concrete plans to make this happen.
- 12. Health and social care commissioners across Southwark, Lambeth and NHS England continue to meet as part of an Integrated Commissioning Group (ICG). That group is providing leadership for work within both boroughs, and enabling shared activities, such as receiving specialist advice on contracting options, to be done once. As part of that work the Southwark CCG and Southwark Council

have committed to establish an approach to joint budgeting and contracting. A number of potential options are available for this and detailed work is needed to determine the most appropriate arrangement.

13. Providers of health and social care continue to work jointly through a Provider Group. This group, co-chaired by Dr. Matthew Patrick (SLaM) and Dr. Tyrrell Evans (GP Emerging Leader) brings together representatives from social care, the three foundation trusts, general practice and community health services. It acts as a forum for aligning and coordinating the work of individual providers with the shared priorities around integrated care.
14. As a first concrete action the Provider Group has arranged four workshops that will bring together citizens with professionals from social care, health and other council services (including housing). The purpose of these workshops is to identify working practices that currently provide good pro-active and preventative care for a few people and to scale them across our whole care system so that many more local people can benefit. The workshop is about Integrated Care Around Neighbourhoods – at Scale: ICAN Scale. Work done within these sessions will align very closely with the workshop held on the 31 July.
15. Another significant ambition for the partnership is to support this system transformation by activating and mobilising a ‘citizens’ movement’. This is a movement that supports people to: be knowledgeable about the need for services to change; to get involved in co-designing better local services; and to play a central role in co-producing better outcomes, either through direct involvement in managing one’s own health, and/or through getting involved in volunteering and supporting the development of resilient communities. The SLIC partnership is working with our Citizens’ Board (which includes Healthwatch Southwark) to describe in more detail what a citizens’ movement should do, and how it should operate. We are planning to submit a business case to the Guy’s and St. Thomas’ Charity to help fund more detailed planning work from the autumn.

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	The Older People’s Programme
Appendix 2	The Attributes of Care

AUDIT TRAIL

Lead Officer	Merav Dover, Chief Officer of Integrated Care	
Report Author	Mark Kewley Director of Strategy and Design, Southwark and Lambeth Integrated Care	
Version	Final	
Dated	16 July 2014	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		16 July 2014