

New Models of Care Programme

An Expression of Interest from the Southwark and Lambeth Integrated Care Partnership

February 2015



Q1. Who is making the application?

This application is made by Southwark and Lambeth Integrated Care, a strong partnership of local citizens, all 92 general practices, all three foundations trusts (covering community- and hospital-based mental and physical health), both local CCGs and both local authorities (including Public Health). Our partnership involves the wider voluntary and community sector (VCS) including the Guy's & St. Thomas' Charity, and our AHSC (King's Health Partners). This mature partnership has worked together for four years, with active leadership from chief officers, senior clinicians and citizens. Together we are responsible for combined resources of more than £1bn covering a population of 604,000 people.

Our nominated leads for the bid are our Sponsor Board Co-Chairs: Sir Ron Kerr (CEO, Guy's and St Thomas' NHS Foundation Trust), Dr Adrian McLachlan (Chair, NHS Lambeth Clinical Commissioning Group), and Helen Charlesworth-May (Strategic Director - Commissioning, Lambeth Council)

Our nominated contact for the bid is: Merav Dover (Chief Officer, Southwark and Lambeth Integrated Care) – merav.dover@nhs.net.

Q2. What are you trying to do?

Our vision is simple, but its delivery is hard: we want to increase the value of care we provide for the people of Lambeth and Southwark so they can lead healthier and happier lives. Our objectives are to:

- **improve health and wellbeing** through effective prevention at all stages of the life-course, including strong interventions on risk factors such as alcohol, depression, smoking and obesity;
- **support individuals and communities** to feel well and be well, to identify their needs early and respond quickly, and to help people to better manage their health conditions, taking into account both mental and physical health needs and the important connections with other services, such as employment, housing and financial advice;
- **significantly improve people's experience of care** and ensure more consistent quality, reflecting the diverse needs of different groups in our population to ensure fair access, personalised care and choice; and
- **address the fierce operational and financial pressures** the local system is under – which means closing an efficiency gap that would be £339m by 2018/19.

To do this we will work as one system with one budget, moving towards an outcomes-based capitated contracting model. The existing system inhibits this so we are developing deep relationships across the NHS, local authorities and our communities to break down silos and to radically redesign our models of care, our commissioning approaches and our provider partnerships.

Ours is a strategy about relationships and culture change. It requires us to work differently and in a way which will energise and liberate our staff to put people at the heart of care. Professionals will be supported to think creatively about a wide range of responses to a person's needs; and responsibilities and leadership will operate across our local networks and settings of care rather than through orthodox hierarchies and within the traditional confines of buildings.

Importantly, it also means reimagining our workforce and engaging with the fact that our citizens – as users of services, parents or carers – have significant capabilities and want to feel in charge.

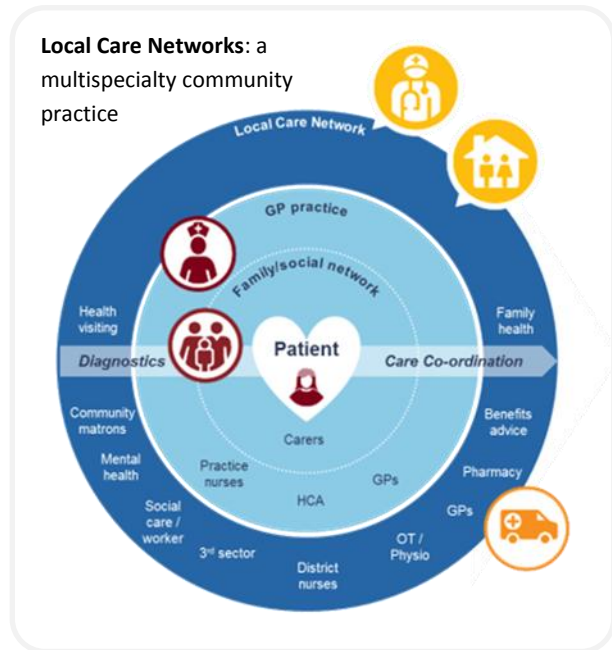
Q3. Which model(s) are you pursuing?

Our partnership is now developing five Multispecialty Community Practices, described locally as Local Care Networks (LCNs). Each of these covers a natural geography of 100,000-150,000 people. They will bring together providers to deliver services based on local needs, with shared accountability for the whole population, based around registered practice lists. This 'placed-based' approach will shape our neighbourhoods and our care systems so that the urban environment and all local services can maximise their contribution to the development of resilient communities. This is particularly important at a time when our boroughs are undergoing large regeneration and demographic change, with expected population growth of 15% by 2021.

In practice our LCN arrangements will break down existing silos further so that care is designed around the

needs of our local communities and the different patient groups within them, ensuring that people can:

- feel empowered and supported to manage their lives well, making the most of their own capabilities with additional support from resilient social and community networks;
- consistently access high quality, effective and continuous primary care, delivered by practices within GP federations, with extended services for people with complex conditions (so that these people have clear on-going relationships with a named GP and care coordinator);
- access a range of wider services involving the extended primary care team (e.g. community pharmacies), social care, community physical and mental health services, and specialist out-of-hospital diagnostics and treatment – these teams will genuinely work together, and with the VCS, to access and resolve the small scale issues that make a big difference to people’s lives; and
- access excellent hospital-based specialist and tertiary mental and physical health services provided within the AHSC partnership.



We think that our unique partnership and its LCN model offers a strong point of differentiation: our partnership spans, at scale, all aspects of mental and physical health and social care for two densely populated and vibrantly diverse urban boroughs that are experiencing wide inequalities and demographic change; and our LCN model offers a common platform within which each locality can use different commercial arrangements to deliver the personalised and integrated services we need.

Q4. Where have you got to?

We have made tangible progress towards instituting the MCP model and in delivery against our main objectives. Our collaboration to date demonstrates the **ambition**, practical **action** and wider **adoption** of our integrated working.

Ambition: we have received national recognition for the short and long-term plans we have developed to put the building blocks of MCPs in place.

- The innovation and delivery capability of our GP federations is exemplified by our successful bid into the first wave of the Prime Minister’s Challenge Fund. 7-day-a-week 8am-8pm access is now ‘up and running’ in one LCN (with a second beginning later this month), and we are actively spreading the learning from this across our SE London Strategic Planning Group (SPG).
- Through our Lambeth Early Action Partnership (LEAP) we secured funding for a 10-year multi-agency action research programme to identify long-term outcomes from improved services from pre-conception to 4th birthday – we are one of five sites nationally selected for this Big Lottery funded programme. This complements our Children & Young People Health Partnership (CYPHP), a programme that is about improving outcomes by developing new care models to integrate our capabilities across the spectrum from primary and community care through to our tertiary children’s hospital.
- Both of our boroughs were two of only six areas nationally to secure Better Care Fund assurance with no conditions – a demonstration of the maturity of our commissioning and provider systems. This was based on significant joint work to analyse system-wide quality, financial sustainability and integration.

Action: we have turned plans into practical action with significant impact already being seen. Over the past four years we have implemented strong multispecialty community models to improve care for people living with diabetes, for older people, and for people who need continuing mental health support. These are now

in a good position to converge within our LCN model.

- Our approach to diabetes addresses the medical, psychological, and social needs that a person has. 98% of our GP practices signed up in 2013/14. Independent evaluation shows that, over two years, our practices have seen a ten percentage point increase in detection and have moved from the bottom to the top of comparison groups for HbA1c control (ONS, London and England comparator groups).
- In 2014/15 we re-allocated circa £9m of funding from acute contracts to community-based services to deliver: risk-based holistic assessments, care management, community multi-disciplinary team review, a consultant-delivered A&E triage hotline, a rapid response nursing service and therapy/rehabilitation services with capacity of up to 200 places. We are beginning to see a real change: non-elective admissions for >65s have plateaued in Southwark and Lambeth compared to continued double-digit growth in other areas.
- Over 1800 people have participated in co-designing new mental health services. There have been over 1200 introductions to the new 'front door' of mental health services – *The Living Well Network*; and hundreds of people have now benefitted from new integrated community and primary care services, as well as from holistic crisis support (e.g. an out-of-hours peer-support network). 110 people within the service have received personal budgets. As a result of these interventions we expect initial assessment in secondary care to fall by 25%, and long term care coordination from secondary care to fall by 50%.
- These projects are supported by functional integration of IT, for example we now have a comprehensive use of the EMIS Web system in primary care, and we have developed linked clinical data systems across the three foundation trusts (allowing a clinician to see, at the point of care, patient data from the other trusts). We are in the process of expanding this functionality to form a Local Unified Care Record incorporating general practice, and of implementing new technologies to enable better mobile working for staff in community settings.
- These projects also exemplify a genuine and deep engagement of citizens including, for example, through our Patient Participation Groups, the SLIC Citizens' Board, the Diabetes User Group and the Big Lambeth Health Debate.

Adoption at scale: We have committed to develop the robust governance and leadership required to make decisions about reshaping care and to successfully manage clinical and financial risk. Already:

- *We have undertaken difficult organisational change* – our GP federations have moved beyond concept and into delivery: all of our 92 GP practices are part of these federations – set up expressly as a vehicle to help integrate care (beyond extended access alone). They are now legally incorporated with nominated lead directors, which means federations are able to negotiate care models on behalf of member practices enabling GPs to be an equal partner in our system transformation.
- *We have established new contractual mechanisms* – our mental health services now include alliance contracting arrangements (including with housing providers) to integrate these complex continuous support services.
- *We are strengthening partnership accountability* – an independent review we commissioned noted our impressive leadership relationships and citizen involvement ("collaboration in a way that no-one else in the UK has tried to date"), and highlighted options to further strengthen accountability. We are now deciding which formal mechanisms might further enhance this, such as establishing an alliance contract across our partnership.

Overall our progress results from our intensive investment of energy and our own financial resources in the slow, hard and reflective processes of relationship building, leadership development and joint learning. In doing this we now understand – at a profound level – that our success depends upon supporting a deep and genuine culture change across our staff, and the 'informal' workforce in its widest possible sense. Ours is a mature and capable partnership and our learning to date and strength of relationships is a factor that we think differentiates us nationally and demonstrates a very high state of readiness to implement new care models.

Q5. Where do you think you could get to by April 2016?

Based on formal joint-commissioning intentions and provider plans, and with support through the New Care Models Programme, by April 2016 we will:

- fully establish LCNs across all five localities, with clear leadership, nominated clinical directors and general management capacity. In practice we anticipate that some local areas will want to move rapidly to become 'deep dive' sites of intense development including, for example: joint work on new integrated workforce arrangements (e.g. exploring cross-cover between primary and secondary care); embedding interoperable clinical information systems; and potentially exploring deeper relationships as part of commercially integrated primary and acute care systems;
- fully implement population health management, risk-based holistic assessment, community multi-disciplinary teams and chronic conditions management (including wide use of social prescribing):
 - In practice this means that all people with complex needs will have a personal care plan which meets the specific needs of them and their carers, genuinely informs future care provision, and actively empowers them to self-care and live well;
- fully utilise our new community capacity to support urgent care pathways, admission avoidance, timely discharge and recovery, linked via a unified point of access – which together will ensure delivery of our BCF commitments on reducing emergency admissions;
- roll-out of the Local Unified Care Record spanning health and care providers, and make demonstrable progress on transferring this system across our SPG;
- agree new contractual arrangements between commissioners and providers, and between providers themselves, based on outcomes developed with local people and professionals, and on capitated budgets, with devolution of responsibilities and budgets;
- engage in multiple opportunities to learn from and share with other systems implementing new care models, with a demonstration of success in spreading lessons on LCN development across our SPG and beyond; and
- further develop ways of energising and engaging our population in co-design and co-production, such as the successful work with peer supporters and health champions, and show demonstrable efforts to learn from and share with others – e.g. through the NHS Citizen network.

We operate within one of the five DH-accredited AHSCs (King's Health Partners); this gives us access to dedicated change management and evaluation capacity (through King's Improvement Science) as well as to novel workforce development programmes (e.g. KHP Education Academy). Drawing on those resources, alongside our AHSN (The Health Innovation Network) and LETB, we will be well placed, throughout 2015/16, to share evidence-based insights from our work and to learn from other Vanguard sites.

Our Lambeth and Southwark approach also supports the delivery of our six-borough strategy "*Our Healthier South East London*". Through our SE London leadership and our "shared standards, local delivery" transformation model we will work with the 'fast followers' and challenged health economies across our Strategic Planning Group to embed LCNs for all of our combined population of 1.8m people. We see this as a critical enabling step to ensure our future sustainability within a highly interconnected SE London health and social care economy. And we are well placed to share our learning through the pan-London transformation programme to deliver against the challenges set out by the London Health Commission.

Q6. What do you want from a structured national programme?

To move beyond the real and perceived barriers which hinder transformation at scale we now require co-investment and the expert technical insight available from NHS England, Monitor, CQC and DH.

Large scale co-investment is needed to:

- **Support organisational development and wider citizen participation** – this work cannot be successful if it is always an 'add-on' to the day job, but embedding service transformation within core roles requires investment (e.g. to release people's time). It also requires considerable support for organisational development and communications at a transformational scale. Through the Vanguard Programme we will seek co-investment and technical advice for this type of large scale cultural change.

- **Support workforce development** – we need to fundamentally redefine what we mean by ‘workforce’ so that we can really make use of our local professional and informal resources. Through the Vanguard Programme, and with the LETB, we will seek co-investment as well as engagement with national bodies (e.g. Royal Colleges) to undertake a systematic analysis of the functions that are needed in the delivery of different types of care, and to determine how best to use and develop a formal and informal workforce to have the skills, capabilities and behaviours needed to deliver those functions effectively.

Close working relationships with you are needed to:

- **Create an explicit mandate to be bold and to ‘break rules’**, both real and perceived, that currently force retrenchment to narrowly defined interests. This will involve working through detailed technical minutiae as well as confronting large strategic choices, for example balancing means-testing and universal provision, or resolving funding coverage for registered or resident populations. We want to offer to the different departments within your organisations a close partnership that can anticipate and solve problems pragmatically which help navigate the conflicts and trade-offs between system-wide imperatives and institutional level regulatory requirements.
- **Develop and support the roll-out of our Local Unified Care Record** – we have already made very significant strides towards linking clinical records across the three foundations trusts; we now need clear support from NHS England to develop common approaches to data sharing (e.g. standard agreements and fair processing guidance) so that the GP practices and the public feel aware and assured about the use of their data.
- **Create system-wide PLICS and value-based costing systems** – we now need intensive support from Monitor, NHS England and HSCIC to ensure that, on a regular basis, we can specify, collect and link activity, cost and outcomes data across all providers. This is vital to any understanding of effectiveness and to evaluate the true ‘value’ of interventions (i.e. essentially creating a system-wide Patient Level Information and Costing System (PLICS) to support allocative efficiency). In doing so we would expect to work closely with Monitor and NHS England to shape Information Governance, and to support the technical implementation challenges of outcomes development, cost allocation, and data linking and analysis.
- **Use robust economics to shape LCN service offerings** – building on Monitor’s marginal cost work, we would like to access dedicated experts to undertake detailed economic modelling to identify the economies of scale and scope that should inform design of our LCNs.
- **Develop effective strategies for provider and market development** – moving towards outcomes-based commissioning and alliance contracting is relatively uncharted territory nationally; we want to work proactively with Cabinet Office (OGC), NHS England and Monitor to navigate procurement and competition issues and to clarify the most effective strategies to manage complex provider ecosystems.
- **Explore legislative/regulatory changes to support joint-commissioning** – we are already integrating our commissioning across health and social care, but existing regulations mean that local authorities and CCGs are unable to establish formal joint-committees, which creates bureaucratically cumbersome ‘committees in common’ – duplicating the management and administration of this work.

These are complex and technical tasks that can only really be addressed within systems that have laid the considerable groundwork to tackle them. We are a partnership that has done that. We now need specialist skills and partnership with national bodies to test new models and refine regulatory frameworks. By working with us you will be able to explore and resolve these issues within a large scale urban environment that is committed to securing change for the benefit of local people. We offer a credible ‘test bed’ to identify and demonstrate how to integrate services in practice and at scale, and as a Vanguard site we will commit to work intensively to learn along with others and to transfer our practical insights to other health and social care economies.

Appendix: Letter of endorsement from the Citizens' Board

Dear Sir/Madam,

Southwark and Lambeth Citizens' Board wish to support the application to the New Care Models Programme. The Citizens' Board was established in July 2013, following an open recruitment process, and meets monthly. The Board's role is to guide how evidence of citizen experience and views are gathered and analysed and how citizens are involved in the coproduction of integrated care.

The Citizens' Board is a core part of the SLIC governance, and is represented as full members on all the SLIC Boards and working groups. We are committed in our wish to build the strong relationships and trust across the workforce, both paid and unpaid, that lead to culture change. We no longer want services to be created for patients, but with and by citizens, in association with the strong voluntary, community and faith organisations in our rich and diverse boroughs.

We lead the quarterly public meetings of the Citizens' Forum, a public meeting that is open to all, and report to the Forum on our work. The Citizens' Board includes Healthwatch Southwark and Healthwatch Lambeth, and we have good connections with CCG Lay members and councillors. We attend CCG and Health and Wellbeing Board meetings regularly.

The Citizens' Board are proud to have jointly produced the Commissioning Intentions for 2015/16, with attributes of care and 'I statements' that are central to the outcomes in provider contracts, and we support the desire to develop alliance contracting.

We are working with the Local Care Networks, and are focused on ensuring that equalities issues are addressed and local assets used. We are determined to ensure that all Southwark and Lambeth citizens get opportunities to be involved in ways that suit them and are truly meaningful.

It is this genuine coproduction that makes us keen to use citizen networks to share our successes and failures, and will add to this bid by working with other Vanguard areas. We have already connected through NHS Citizen, and wish to utilise links with our local academic partners, HEE and CLAHRC to "arm the citizens" with education and training, alongside the paid workforce, to support our wellbeing and self care, and to play a role as equals in the governance of integration.

We are pleased to support the bid on this basis.

Yours sincerely

Nicola Kingston and Elizabeth Rylance-Watson (and 17 others)

Southwark and Lambeth Citizens' Board

Integration with empowerment and equality