



SOUTHWARK & LAMBETH
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30th January 2015

Dear Adrian,

On behalf of the SLIC Provider Group, we write in response to your joint commissioning intentions dated 8th December 2014.

The timing of your proposal is highly appropriate. Across the Provider Group, there is a keenness to foster a more integrated approach that draws in all of the services needed to improve the health and wellbeing of our local population. We are committed to working together to achieve this.

We as providers in Southwark and Lambeth are determined to develop an integrated system that delivers the outcomes local people want. We have previously committed to working together to develop services for the people of Southwark and Lambeth that:

- enable people to be in control of their health and wellbeing;
- provide co-ordinated, holistic care and support;
- are preventative, seek to reduce health inequalities and are focused on better outcomes.

We welcome your joint commissioning endeavours across health and social care to support us to transform how services are currently provided and we appreciate this opportunity to work further with commissioners to deliver this. The Provider Group has discussed with interest your proposals, and we are confident that this response provides a rounded summary of the views of the Provider Group.



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Your intention to commission locality-based services using our attributes of care

We welcome the focus on locality-based services, working with local people and organisations, and doing so with the interests of local people at heart. This is a much-needed opportunity to break down silo working between the multiple providers of health and social care. Among our various members – GPs, social care, acute and community providers, mental health, the voluntary sector and citizens (as both users and providers of care) – there is agreement that there are considerable benefits to be gained, in particular for citizens, through locality-based services.

We support the commissioning of services that exhibit our local attributes of care, and are determined to transform our care system to mirror these attributes. Many of our own strategies are already aligned to these. We are also keen to work with you to ensure that strong measures are tested and developed to make delivery of these attributes and the I-statements effective.

For both current and new providers, working together to provide integrated services in line with these attributes of care will represent both an opportunity and a significant transformation. This will require concerted and determined effort. We will need to build further on the trust, understanding and relationships that we have established at a leadership level in the Provider Group and between front-line staff in our six community multi-disciplinary teams. Our leadership teams will work to draw in staff across all our organisations to this process, supporting the sharing of learning across the communities in which we work.

We are confident of being able to overcome these obstacles and we have good examples where this has already happened. The work of the Provider Group includes reaching agreement on prioritising four initiatives for adapting and adopting at scale (holistic assessment of need, community multi-disciplinary teams, integrated care management and locality geriatricians). We believe we are already seeing some impact of implementing these and other interventions, for example @home and ERR in that local A&E and emergency admission rates have remained broadly stable so far this winter.

The Living Well Collaborative is a good example of a service developed through co-production. It includes an openness to shared learning, and demonstrates how a wide range of organisations and citizens can promote integration and share their learning in doing so. The Diabetes Modernisation Initiative also demonstrates how improved outcomes can be achieved within a specific pathway.

As organisations and professional groups, we are already seeking to change long-established ways of working and relationships within the health and social care system and beyond. The Provider Group has created the space and time to have these difficult conversations. We are working together to shape the vision of Local Care Networks (LCNs). We must now develop clear plans that will take us ever nearer to our joint vision of LCNs, encompassing a greater role for prevention and stronger working with our local communities. The Provider Group welcomes the challenge and the opportunity of working together to redesign our health and care system based on the attributes of care. We are committed to working to ensure that citizens are able to benefit to the greatest extent possible from health and social care spending.



Measuring outcomes

We further welcome an outcomes-based approach, and the involvement that citizens have had, and will continue to have, in this work. The outcomes described provide a firm foundation for the development of a shared scorecard. We will work with our commissioners over 2015/16 to refine these outcomes and their associated measures. This is a significant departure from traditional forms of commissioning and contracting, meriting considerable attention and continued work with citizens over the coming twelve months. The Provider Group also endorses your proposal to use existing measures during 2015/16. Among our various providers, work is already underway on developing new outcomes measures.

This initiative also presents an opportunity to ensure that we use data more efficiently and effectively. As providers, we recognise the value and importance of accurate and timely data on our services and the outcomes they generate. Gathering, reporting and interpreting such data, however, are time-consuming. We believe it is important to ensure that all data collected are meaningful to citizens, commissioners, regulators and providers, and that all data support the provision of safe and effective services. We will wish therefore to review current and proposed future reporting to commissioners. In addition, we will develop ways in which we can involve local people in the monitoring and evaluation of the services they use, including the use of citizen auditors.

Southwark's and Lambeth's areas of focus

The members of the Provider Group are also supportive of your areas of focus. Our understanding of the needs of our population and the pressures facing the health and care system are broadly aligned, as is our thinking regarding the importance of integration in addressing these. We also see the need to look closely at how we can deliver a more preventative approach and one which addresses those in most need fastest. In a number of areas, GPs, acute providers, community and mental health providers and social care are working more closely than ever before, such as in the development of support for older people and people with long-term conditions. We recognise that we can do more to empower and support citizens to become active in managing their own wellbeing. In addition, the voluntary sector and citizens are increasingly playing a more important role in enabling swifter discharge from acute sites.

Local authorities in Southwark and Lambeth are committed to delivering more integrated services, in line with their local strategies and the responsibilities set out in the Care Act. From the social care perspective, there are several good examples of where partners in Southwark and Lambeth have developed more integrated ways of working. However, we recognise that, across the health and social care economy, these now need to be drawn together within single pathways. Developing a new commissioning framework drawing together all providers and based on agreed outcomes will be fundamental to achieving this.

The Provider Group recognise the voluntary and community sector as a valuable provider and community asset that needs to be sustainable, integrated into the wider system and is integral to the prevention agenda and community resilience. We believe that this is an opportunity for the delivery of effective services in a more holistic way that is local by default.



The process for taking this forward

The Provider Group acknowledge that this is the beginning of a complex journey to determine the most appropriate functions and form for locality-based services. All providers will need to adapt and change. This will require careful consideration. The strong alignment of our intentions is an excellent starting point, but there remains much hard work to be done.

Initially, we note this work will take place in the context of the more local development of our LCNs and the regional development of the South East London strategy. Therefore, we will need to balance the development of:

- Individual LCNs and a consistent approach across Southwark and Lambeth;
- A Southwark and Lambeth approach and the South East London strategy as a whole.

Furthermore, we must undertake this work to achieve a longer-term transformation with an emphasis on prevention, whilst also addressing the more immediate pressures faced by our system, such as containing A&E attendances, emergency admissions for local patients, the demand for long-term care and the challenges in recruiting and retaining sufficient staff to provide domiciliary care services of the required quality.

Within Southwark and Lambeth, we need to understand better, and where possible map, our assets and deepen our understanding of the obstacles to more integrated working. This will be a challenging process, as we move towards, for example, understanding the consequences for workforce, informatics, budgets and estates.

With regard to how the LCNs will work in practice, we will need to work through the arrangements for:

- Creating clinical leadership teams with appropriate general management support;
- Clinical governance;
- Financial governance and risk-sharing;
- Delegated decision-making for LCN leadership teams that will comprise providers and local citizens.

Therefore, in our view, the immediate focus should be twofold, namely on:

- Developing further the working relationships between providers that will be necessary to break down silo working (including those providers who have not yet been involved in the SLIC process);
- Developing the models of care (through the LCN development) that will transform outcomes and system costs for local populations in line with commissioners' expectations.



The Provider Group will work with the commissioners to develop a more detailed plan of action for 2015/16.

This work will require a considerable investment of time from senior managers and front-line staff across providers, as well as the voluntary sector and citizens' representatives, and will need to be suitably supported in order to be effective. Therefore, we would like to discuss with our commissioners the support required for this work, and how this may be allowed for within contractual discussions for 2015/16, within our application for vanguard status, within a future bid to the GST Charity and as a priority for uncommitted SLIC funds for 2015/16.

Models of care and contractual relationships

We acknowledge your intention to introduce alliance contracting from 2016/17, and we will work with you during 2015/16 to understand the benefits and implications of this approach in more detail. We would like to fully explore this and how it may meet our and your requirements, particularly in light of the subsequent Five Year Forward View planning guidance for 2015/16.

With the evolution of new models of care over the next five years, it will be important to ensure flexibility in changing the role of existing providers and incorporating new ones. For some providers, inevitably there will be questions regarding their ability and willingness to hold risk.

Alongside consideration of alliance contracting, therefore, we would welcome the opportunity to consider other contractual models that may have the potential to achieve the same ends for our commissioners.

Immediate next steps

As representatives of the Provider Group, we would welcome the opportunity to discuss the points raised in this response, as a prelude to planning the more detailed work that we would need to do over 2015/16.

We welcome the opportunity to have further discussion with our commissioners in order to ensure a common understanding of outcomes and the scope of this work (e.g. whole population or segments).

We will continue to work with our members, and the wider, evolving community of providers, to build a coalition of providers that owns and supports the messages in this letter.

Yours sincerely,

DR. MATTHEW PATRICK
Co-chair, SLIC Provider Group

DR. TYRRELL EVANS
Co-chair, SLIC Provider Group