



SOUTHWARK & LAMBETH
INTEGRATED CARE

Southwark and Lambeth Integrated Care - Citizens' Forum

Tuesday 12th May 2015, 6.30pm – 9.00pm

Cambridge House, 1 Addington Square, SE5 0HF

The Citizens' Forum has been set up to provide updates on the work undertaken by Southwark & Lambeth Integrated Care, to get people and communities fully involved in how integrated care develops in Southwark and Lambeth and to ask people for their views on specific aspects of the work.

More information

We welcome your involvement in the development of integrated care in Southwark and Lambeth. If you want to bring your skills, knowledge and experience to help design the new services, or if you have things that you want to tell us about that are important to you, please do let us know.

Contact:

Engagement Team

Southwark and Lambeth Integrated Care

Tel: 020 7188 7188 ext 55290

Email: info@slicare.org

Website: www.slicare.org

Address: 200 Great Dover Street, London SE1 4YB

Twitter: [@slicareorg](https://twitter.com/slicareorg)

Southwark and Lambeth Integrated Care - Citizens' Forum

These are the notes from the 7th Southwark and Lambeth Integrated Care Citizens' Forum, held on Tuesday 12th May 2015 at Cambridge House. Over 80 people attended.

Southwark and Lambeth Integrated Care is the partnership that brings the health and social care organisations and citizens of Southwark and Lambeth together to improve care for local people, so they can lead healthier and happier lives. Our partners include Southwark Council, Lambeth Council, Southwark Clinical Commissioning Group, Lambeth Clinical Commissioning Group, GPs, King's College Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, voluntary organisations, citizens and communities.

Welcome and introductions

Nicola Kingston (Citizens' Board chair) welcomed people, updated them on work since the last Forum and outlined the agenda:

- Elizabeth Rylance-Watson MBE (Citizens' Board) introduced the evening's agenda on workforce integration.
- Linda MacEachen (Locality Manager, London and South East, Skills for Care), Jim Moran (Regional Director, London and South East, Skills for Health), Christine Mullen MBE (Principal Consultant, Skills for Health) and Jay Stickland (Director, Adult Social Care, Southwark Council) talked about the principles and development of workforce integration.
- Dr Diana Hamilton-Fairley, Director of Education Transformation and Consultant Gynaecologist, Guy's and St Thomas' NHS Foundation Trust introduced the workshop on designing an integrated workforce.

Citizens' Board feedback from the previous Citizens' Forum

Nicola reported back on developments since the last Forum. She said that Southwark and Lambeth Integrated Care had bid to become an integrated care 'vanguard' – one of the national pilot areas developing new models of care. Unfortunately the bid was not successful. However, the experience of working together to develop the bid had been very positive.

The presentation publicly stated the new position from Southwark and Lambeth Integrated Care. We have learned that 'Top down doesn't work. Bottom up doesn't work. It only works if we work together.' Whether it is GPs working with the hospitals, or health and local authorities facing funding challenges, it is better if we all work together. Nicola said that the Citizens' Board wanted to see a public pledge for closer working between all the partners; this will be developed over the coming months.

Elizabeth talked about the need to develop the workforce for health and social care. She said that the immediate focus needed to be on the principles and functions for an integrated workforce, rather than looking at job descriptions and structures. The workforce of the future needs to work with citizens, patients, service users and carers, to help them achieve the outcomes they want. She said that tonight's discussions are the start of a journey and that citizens' and staff will be involved as the work progresses.

Skills for Care

Linda talked about the principles behind workforce integration:

- Successful workforce integration focuses on better outcomes for people with care and support needs.
- Workforce integration involves the whole system.
- To achieve genuine workforce integration, people need to acknowledge and overcome resistance to change and transition. There needs to be an acknowledgement of how integration will affect people's roles and professional identities.
- A confident, engaged, motivated, knowledgeable and properly skilled workforce supporting active and engaged communities is at the heart of workforce integration.
- Process matters - it gives messages, creates opportunities, and demonstrates the way in which the workforce is valued.
- Successful workforce integration creates new relationships, networks and ways of working. Integrated workforce commissioning strategies give each of these attention, creating the circumstances in which all can thrive.

The Principles of Workforce Integration

Linda MacEachen



Skills for Care



Workforce development for Adult Social Care

- Department of Health Funding
- Supporting 17,000 employers
- Over 1.5 million employees
- Skills and values to deliver high quality care



Principle 1

Successful workforce integration focuses on **better outcomes for people with care and support needs**



Principle 2:

Workforce integration involves the **whole system**



Principle 3:

To achieve genuine workforce integration, people need to acknowledge and overcome **resistance to change** and transition. There needs to be an acknowledgement of how integration will affect people's **roles and professional identities.**



Principle 4:

A **confident, engaged, motivated, knowledgeable and properly skilled workforce** supporting active and engaged communities is at the heart of workforce integration



Principle 5:

Process matters—it gives messages, creates opportunities, and demonstrates the way in which the **workforce is valued**



Principle 6:

Successful workforce integration **creates new relationships, networks and ways of working.** Integrated workforce commissioning strategies give each of these attention, creating the circumstances in which all can thrive.



Download the full publication at
www.skillsforcare.org.uk/POWI

The principles of
workforce integration



www.skillsforcare.org.uk



Skills for Health

Jim and **Christine** talked about the importance of the NHS's Five Year Forward Strategy, as a roadmap for working better together. They gave some examples of work they had done with Islington, highlighting key issues to consider. These included agreeing core values and beliefs, developing a set of core skills, joint training and development, competencies for care coordination, planning for the future workforce, and creating ways to develop staff, so that they can gain the skills needed for the new service. They explained that integration needs a combination of processes, methods and tools in order to bring a successful change. Some key enablers for this are user and carer engagement, joint governance between the organisations involved, aligned incentives, information sharing, and organisational and cultural development.

Care shaped around you

SOUTHWARK & LAMBETH
INTEGRATED CARE

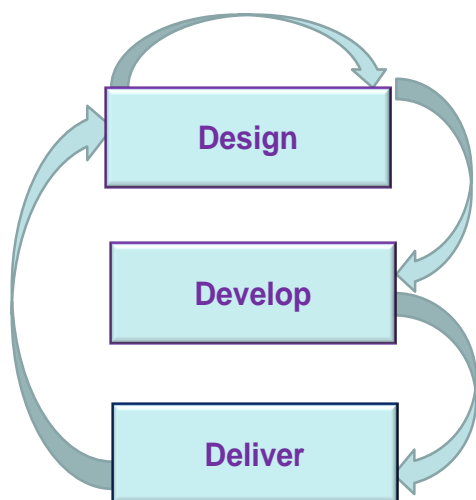
Skills for Health

**Southwark and Lambeth Integrated Care
Citizens Forum 12th May 2015**

**Jim Moran Regional Director London and South East SFH
Christine Mullen MBE SFH Associate**

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We find that people in the process need ...



- Facilitation
- Tools to 'do the job'
- Support in terms of expertise in workforce development and workforce planning
- Evidence including – previous projects, studies, data and intelligence
- Support in changing hearts and minds



Skills for Health | Better health

Integrated working - the journey to the future



- **Integration** is the combination of processes, methods and tools that facilitate integrated care.
- Developing new partnerships across health and social care public sector including the non public sector and involving local people throughout the processes
- **Integrated care** results when the culmination of these processes directly benefits communities, patients or service users – **it is by definition 'patient-centred' and 'population-oriented'**
- Integrated workforce planning and development across partners is based on;
 - Evidence of the populations health and well being and the H&SC workforce – this provides the 'picture' the similarities and the differences
 - Developing new ways of working & breaking down silos
 - Identifying and co-creating the future needs for the workforce
 - Working together as multidisciplinary teams
 - Working and thinking differently
- It is complex – but it is the 'map' we have wanted for a long time



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Some of the key enablers



Patient, user and carer engagement and involvement



Joint Governance through an integrated management board with a shared performance and evaluation framework



Aligned Incentives through an innovative financial model



Information sharing to access and analyse data in a timely fashion



Organisation and culture development

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4

London – Islington Integrated Workforce Assessment Modelling Programme



What we did and how we did it

- Designed a programme together with integrated care Board in Islington
- Developed a 3 phase programme
 - **Phase 1** - Gathered workforce and population data (whole system approach)
 - Interviewed local leaders across health and social care (H&SC)
 - **Phase two** – facilitated two workshops to share & discuss the local intelligence involving H&SC providers, commissioners, education, users, voluntary sector and the private sector
 - **Facilitated four themed workshops** engaging practitioners and leaders to determine the future workforce needs – Long term conditions, older people, mental health and children and families
 - **Phase three** - Analysed all the data and provided report/s with findings and recommendations

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Some of the developments they will be taking forward



- Core values & beliefs for staff moving towards integrated working
- A set of 14 core skills for teams across H&SC
- Joint training & development for teams across H&SC
- An indicative list of competencies (skills and knowledge) for care coordination and care navigation
- An Islington integrated workforce planning model
- Suggested development of new ways of working and 'growing your own'
 - A skilled support worker across H&SC teams
 - Recruiting and developing local people through apprenticeships
 - Further development of the new Navigation role employed through Age UK
 - Further development of multidisciplinary teams
 - Increasing flexible working across services, professionals – more generalists

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Further development – learning together



- Higher Education North Central and East London have 10 Community Education Provider Networks
- Expanded programme to four more local areas – Barnet, Waltham Forest, Tower Hamlet and Newham
- Further five sites in development



Contacts

Regional Director London email Jim.moran@skillsforhealth.org.uk

Associate Skills for Health chrismullen1951@gmail.com

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Developing the workforce

Jay from Southwark Council said that before even thinking about the 'what' of workforce integration we need to ask whether we need to change at all? There are good social, demographic, economic and cultural reasons why we do need to change. Society expects more, our communities are ageing and there are fewer resources available. These are all reasons for making transformational change. Jay also talked about the people who make up the workforce – people caring for themselves, family, community and voluntary sector, as well as paid workers. All of these make a significant contribution – one sector cannot deliver it all on their own. He talked about the important role of the community in noticing when people are unwell or not able to cope and of the voluntary sector in delivering services. He also talked about the importance of thinking about what people and communities want, and how to meet their outcomes.

He then went on to talk about the functions and activities that need to happen in different parts of the care pathway. We need to start training people to work in multi-disciplinary settings. He highlighted two pieces of work that Southwark are commissioning - a universal offer and a homecare offer. The first is all about involving the community in developing a matrix of services to give people the opportunity to manage their own care. The second is about shifting the model toward one of community support, delivering 'homecare' in a different way by looking at people's needs on a continuum. Challenges include balancing nominally free healthcare and often charged-for social care; Opportunities include new commissioning models allowed for by the Care Act, the development of Local Care Networks, changes to eligibility and charging regimes, and working with social enterprises.

WORKFORCE PRESENTATION

FROM

**JAY STICKLAND - DIRECTOR, ADULT SOCIAL CARE
SOUTHWARK COUNCIL**

12 MAY 2015

Do we need to change?

- **Social /Demographic**
- **Economic**
- **Cultural**

Who are the workforce?

1. Self care
2. Family
3. Community
4. Voluntary
5. Professional / Paid

Same old Same old?

- What lens do we look through?
- What are we aiming to deliver?
- Who do we deliver to.. Do we know our customer?
- Extended Roles / “T model”
- Professional walls

Let's get practical

- Universal Offer – Southwark
- Home Care - Southwark

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Universal Offer

- What is it trying to achieve?
- How will we access it?
- How will it be paid for?

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Home Care

- Remember the lens
- The Garden Path
- Extended Role / Competencies

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So how are we going to pay for this?

- Eligibility / Charging
- Commissioning options
- Local Care Networks (LCN)
- Social Enterprise

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Workshop

Diana introduced the workshop explaining that people in Southwark and Lambeth, including the Citizens' Forum, have helped develop a set of outcomes (or 'I statements') that are particularly important to them. The purpose of the workshop was to get their views on the functions (e.g. skills, knowledge and attitudes) that the workforce will need to carry out in order to realise those outcomes.

Tables were asked to focus on the 'what' - i.e. the functions that need to be carried out - not the 'who', that is, the roles that people play now. This includes whether the work is paid/unpaid, undertaken informally by carers or by individuals themselves providing their own care. People were also asked to consider functions that are 'wanted' and those that are 'not wanted'.

Full feedback

Each group's feedback has been gathered and listed below under each outcome:

Outcome 1 - Deliver a sustained and managed reduction in emergency admissions to hospital

- Treatment early enough
- Someone on phone to help you diagnose if it is an emergency
- Becoming own expert
- Named person to contact
- Professionals being compassionate
- Good clear information regarding own health condition
- Someone to visit me at home
- Be able to interpret signs myself
- Ensure there are services where lonely and anxious people can connect
- Deliver more expert patient groups
- Non-urgent care alongside A&E
- Teach me to stay healthy
- I need to see someone when I am ill and not 2 weeks after
- Stop drunks, mental health and other inappropriate work in A&E
- Monitoring my health situation by the GP
- More information and education to self-manage my health and care
- Eat less unhealthy food
- Identify risks (so they can be minimised)
- Exercise more (in enjoyable ways)
- Improve access to prevention if I can't get out
- Call out medical should be easy for everyone
- Better public safety

- Out of hours non-urgent options
- Plan end of life care better
- Know where to get good advice about staying healthy
- Know how to get good phone advice about whether you need to go to A&E
- Reverse down grading of NHS direct

Outcome 2 - I have systems in place to help at an early stage to avoid crisis and have as small as disruption as possible if a crisis happens

- Self help programme
- Support groups with others in the same situation
- Help with travel
- Prompt responses
- Extra supplies (eg needles for diabetes)
- Practical help nearby
- Continuous appropriate support
- Early diagnosis
- Negative - Don't assume, live and let live, do not pressurise or criticise
- Connecting and networking
- Health and safety
- Trust relationship
- Single point of contact
- Listen time
- Daily contact by phone for those living alone
- Checklist
- Good terms with neighbours
- Patience
- Don't stay longer than needed/required
- Empathy
- Communication
- Background
- Bring back the milkman
- Listen/communication - 2 way
- Raise awareness in the community
- Community, tenants association, your own support network
- Neighbourhood watch
- Local contact

Outcome 3 - I live independently

- Accommodation that meets needs
- Money to live
- Motivation and interest
- Fast access to advice and help

- Adaptions to property
- Know my medication
- To communicate with others
- Be active and exercise
- Waiting for my neighbour to call
- Know my medical history
- Know my community
- Manage myself
- Prior notification notice
- Connecting and networking
- Health and safety
- Trust relationship
- Single point of contact
- Listen time
- Daily contact by phone for those living alone
- Checklist
- Good terms with neighbours
- Patience
- Don't stay longer than needed/required
- Empathy
- Communication
- Background
- Bring back the milkman
- Listen/communication - 2 way
- Raise awareness in the community
- Community, tenants association, your own support network
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- Local contact

Outcome 4 - I can manage my own health and wellbeing (or condition) and I am supported to do this

- Continuous consistency
- Exercising choice
- Discussions
- Access to information
- Trusting relationships
- Control
- Empowerment
- Arrive punctually
- Stay in touch
- Respect me
- Home environment clean and safe
- Communicate together
- Inclusive decision making

- Appropriate skills
- Visit me
- One story
- Give options
- Sustain support
- Be transparent/honest

Outcome 5 - I can plan my care with people who work together to understand me, allow me control and bring together services to achieve the outcomes that are important to me

- Wanted: Know my carer. Continuity of care
- Wanted: Better understanding of need
- Wanted: Multi tasking
- Wanted: Carers share information and have right information
- Wanted: More carers
- Wanted: Better retention
- Wanted: more continuity of care
- Wanted: Sharing tasks across professionals
- Wanted: Treat me with dignity
- Wanted: Present choices
- Wanted: Explain patiently
- Wanted: Respect religion and different cultures
- Wanted: Information
- Wanted: Listen
- Wanted: Provide support
- Wanted: Show kindness
- Unwanted: Having to keep explaining
- Unwanted: Too much overlapping
- Unwanted: Tech difficulties not to stand in way of getting care
- Unwanted: Bossy people
- Unwanted: Decision makers
- Unwanted: Confrontational
- Removing doubt
- Time efficient
- Providing information
- Explaining clearly
- Planning
- Giving confidence
- Prior planning prevent poor performance
- Give people the chance to control their life if they can manage themselves, but keep an eye on how this affects their life

Outcome 6 - I am able to live the life I want (and get the support I need to do that)

- Wanted: Care available at all times
- Wanted: Understand my condition
- Wanted: More team working
- Wanted: Patient passport
- Wanted: Support from sheltered housing staff
- Wanted: Loving care from family
- Wanted: Carer. Help me stay healthy
- Wanted: Patient/family understand medication
- Wanted: Give and take
- Wanted: Acceptance
- Wanted: Encouragement
- Wanted: Engage community
- Unwanted: No input to personal budget
- Unwanted: No control over life
- Unwanted: Unwanted interference
- Have community, friends and family pop in
- Have alarm scheme
- Have a safe key
- Have a mobile phone
- Push alarm system
- Live communication access
- Have fire and smoke alarms
- Safe exits/exit plan
- Have faith/practice my faith
- Able to communicate
- Able to be mobile

Outcome 7 - I feel safe, secure and protected from harm

- Cook
- Go hungry, forget to eat
- Not be clean
- Run out of food
- Fall
- Wear dirty clothes
- Run out of medication
- Shop
- Use electronic aids
- Miss appointments
- Open and close curtains
- Make a call/hear the phone
- Knowing to take medicine (open pill containers, blister packs. Swallowing)
- Washing clothes

- Feed pet
- Get support I need to do it
- Dress
- Bathing
- Turn TV/Radio on and off, switch programmes
- Feel safe
- Change bed linen
- Have toenails done
- Socialise
- Have hair done
- Move around - walk around up and down stairs
- Read bills/Pay bills
- Clean house
- Tackle antisocial behaviour
- Give me options
- Listen to my needs
- Give me a voice
- Family and friends meeting my needs
- Tell me about local police support
- Show respect
- Responsive to housing issues
- Help by carers who have been checked out by the council
- Tell me my rights
- Open information
- Safe environment
- Give us a forum
- Respect my choice
- Protect me from abuse
- Staff identify themselves
- Timely care
- Understand pressures
- Know family and friends
- Know where financial advice can be accessed

Feedback on the Citizens' Forum

What did you think was good about this evening's workshop?

- The presentations, there was some good information in them.
- New ideas, ie Multi Cover, from each service.
- Interesting to hear what each 'care & health' plan to do, but cannot understand why they aren't more joined up already.
- This was my first workshop; it really gave me a good understanding of 'integrated care'.
- As this was my first Forum I found the evening very interesting.
- I thought the speakers were excellent.
- Being introduced to the ideas behind workforce integration. Very interesting.
- Jay's presentation.
- Explain what the Forum was about and allow those present to express their views.
- I enjoyed being informed about the changes and how things could be improved.
- Subject discussed – workforce. Planning is essential for meaningful integration.
- Good, easily accessible venue.
- Welcoming and friendly. Good discussions with post-it-notes.
- Got to know about healthcare things.
- Informative inputs.
- Excellent food, sound variable, good time-keeping.
- Getting coherent views of citizens. Good ideas for action (from Skills for Health).
- Presentations really interesting. Discussions at table very though provoking too.
- The last bit working together – what you like to do – happen.
- Very interesting presentations by Jay Stickland and Skills for Health.
- Interesting discussions.
- Home help explanations.
- Well organised, informal atmosphere. Real commitment to listening. Good food.
- Working around 'workforce integration'.
- Workshop.
- Presentations and update on projects.
- It challenged me to think about general skills differently.
- Too much talking through the papers.
- Energy, open-mindedness and a seeming willingness to take on board citizens' ideas and suggestions.
- Interesting presentations and discussions.
- Really good work bringing citizens' and health care professionals together. Better understanding of each other's issues.
- Very informative.
- Better led by the facilitator – good suggestions all-round the room.
- Very good.
- Timing was good despite a packed agenda. Good food.
- Lots of similar views, good people, good vibe.
- Everything.
- Excellent venue, good refreshments, people were polite and friendly.
- Excellent facilities and food.
- Good attendance and lots of discussion.

What do you think could be improved?

- More time for questions after the presentations.
- More time and information for the workshop.
- There is always room for improvement, whether it is adding or taking away.
- Patient priority needs papers.
- Shorter inputs and more time for the workshop. Time for workshop feedback.
- Need to listen to the user to find out what is required by the individual. Also need to work together where possible, ie care and health. Communication on the part of the providers needs to be improved.
- This was my first SLIC meeting. It was a bit confusing at first. Would it be possible to have on each table an explanation of what SLIC is together with a list of those on the Citizens' Board?
- Too much jargon in the presentations. Too service provider focused (especially senior management; not very useful).
- Suggestions for improvements were made tonight and I am happy with that.
- The long talking before the break. The Islington talk not really about workforce and should speak about Southwark and Lambeth.
- To improve the people's attitude and understanding peoples conditions and social status.
- Concentrate on one project and illustrate how it delivers integrated care for a patient/citizen – how roles work to deliver Integrated Care.
- Presentation for Skills for Health was too technical. Workshop was a little complicated for some to understand.
- Too much jargon in the introduction and presentations.
- Discussion time was curtailed due to overrun break.
- Involve God through Jesus.
- Better microphone skills for the speakers.
- This feedback form. Was venue good enough? Presentations?
- Wider involvement – users, carers, mental health.
- More on Social Care. Improving the hospital, looking after the elderly and young carers.
- The first talks were a bit theoretical and abstract.
- More time spent on the workshop.
- Amplification of voices, more microphones.
- Less talking from the great and good and more general discussions.
- Think the feedback was too complicated.
- Could start earlier.
- Lots of speakers, very interesting but difficult to see how it linked with the public. Some of it was hard to understand. It would be good to hear about some of the projects that are happening within the integrated care partnership. More time for talking and giving our views.
- Agenda in advance would be useful.
- More time for questions.
- More service users.
- The language used by the chair, it wasn't citizen friendly, what is vanguard?

Do you have any further comments?

- The menu was good and a surprise. I could do with some care of my own.
- Good constructive meeting but information needs to be fed on when planning training.
- I found it all very interesting.
- Very positive feeling in the room. Excellent coordination of the group (Carmel).
- Functional analysis was too restrictive for this audience.
- Ensure feedback is provided to those who attended.
- I met some interesting people in general and at the break who gave me a few interesting suggestions about working in mental health.
- Language very jargon before the break.
- Not sure how members of the public made sense of the presentations. Assumptions made that citizens' understand, they do not yet!
- Workforce leads from organisations need to be engaged.
- I think we are all heading in the right direction – great!
- Interesting that Christine presented the Islington Project – the 'patient/citizen' component wasn't mentioned once – in spite of the claim – 'it is by definition 'patient centred'....hmmm?
- Good event.
- Outcomes are too long.
- Please avoid jargon and offer introduction to whole SLIC process for newcomers.
- Less presentations (or make them more interactive) and more time for the workshop.
- Very cold – windows could have been closed earlier.
- Would like feedback on what has changed and developed in recent months.
- Would love to continue to be involved – loved it!
- Carry out borough specific activities.
- To have support worker all the time.
- Could start earlier (6.00) a 6.30 start makes it a late night.
- Need more time to give feedback at the end of the evening.