



SOUTHWARK & LAMBETH
INTEGRATED CARE

*Working together for healthier and
happier lives*



SLIC Assessment Tool Kit

(version 1.4)

March 2015

Content page

This 'toolkit' provides a practical Assessment Framework to guide decisions on what the SLIC partnership will do and fund, to help the population in Southwark and Lambeth lead healthier and happier lives.

Evaluation of projects should strike a balance between objective and intuitive judgments in order to ensure that the portfolio is in line with the goals of the programme.

The pack includes:

A *Introduction*

B *Toolkit*

- *An overview of what the 'toolkit' is and is for*
- *Our vision, mission and commitments*
- *Our understanding of what qualifies a project for inclusion in the programme*
- *Our framework for appraising whether projects should be supported*
- *Our intended approach to the design, testing and delivery of projects*

The toolkit is a guide, it does not intended to replace the judgment required by decision-makers in Southwark and Lambeth - it merely provides support for decision-making when making complex choices. The tool kit will:

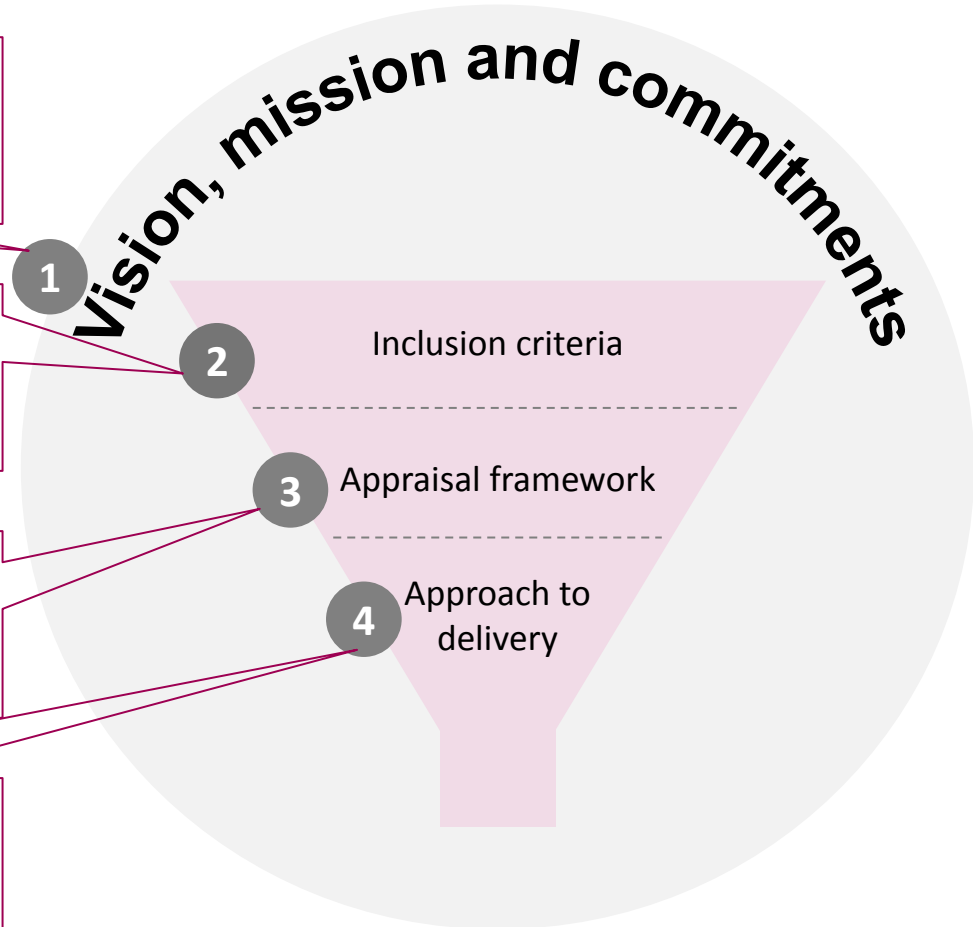
- Make a clear statement of our expectations for projects that are (or want to become) part of the SLIC portfolio; this should provide useful guidance to teams developing ideas / services within the programme;
- Provide a guide to SLIC decisions-makers, helping them to decide if new projects should be initiated or existing projects expanded; and
- Help decision-makers review and asses all SLIC projects in the same way, providing a consistent approach to portfolio management for the programme.

The toolkit, and Appraisal Framework contained within it, has been informed, developed and agreed by the SLIC Sponsor Board. It is not 'set in stone': the Sponsor Board will periodically review and refresh these so that they are able to express changes in the strategic objectives and priorities of the partnership.

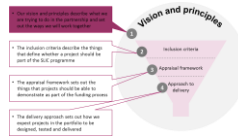
Toolkit overview

This 'toolkit' is an aide to project teams and board members within the SLIC programme. It is a way of communicating consistently the strategic objectives of the Sponsor Board so that they can be applied in practice throughout the programme. This supports people to make the complex judgements required of them, it does not (and is not intended to) automate decision-making. The toolkit has four component parts which are dealt with in turn in the remainder of the pack.

- Our vision, mission and commitments describe what we are trying to do in the partnership and set out the ways we will work together
- The inclusion criteria describe the things that define whether a project should be part of the SLIC programme
- The appraisal framework sets out the things that projects should be able to demonstrate as part of the funding process
- The delivery approach sets out how we expect projects in the portfolio to be designed, tested and delivered



1 Vision, mission and commitments



Our vision and principles describe what we are trying to do in the partnership and set out the ways we will work together

Vision

- We will increase the value of care we provide for the people of Lambeth and Southwark so that they can lead healthier and happier lives

Mission

- Our work will focus our collective efforts on providing the right care in the right place at the right time to maximise outcomes for people
- Our work will support the overall sustainability of the system and of the statutory and independent organisations, both of which are vital to the delivery of high quality care
- Our work will shift system resources to where they create most value and will improve the efficiency of our fundamental working practices
- Our work will support professionals and citizens to share, learn and develop together in pursuit of integrated leadership and integrated working practices
- Our work will support our formal and informal workforce to maximise the contribution they can make whilst harnessing the full potential within our available community assets

1 Vision, mission and commitments



We have now made public declarations of our partnership priorities and commitments for April 2016. Work within the programme should help contribute to the delivery of these commitments.

Joint commissioning intentions

We need to begin to behave as one integrated system operating together with one budget. To that end we will focus on:

Adopting services which support people, particularly those at risk, to stay well

- delivering population health management, holistic assessments and individual care plans and case management for people with, or at risk of developing, long term conditions and mental illness.
- Improving self-management and self-care, and actively make use of available preventative services which address wider social determinants of health and wellbeing,

Putting in place integrated services to provide appropriate urgent care, reduce avoidable admissions and reduce delays in discharge or onward referral following episodes of inpatient care

- Including work on ambulatory pathways, increased access (7-day working), admission avoidance initiatives, a unified point of access to community-based services, and improved end of life pathways

Putting in place conditions which enable providers to integrate care services

- For example through development of locality based MDTs (LCNs), better information sharing, focused culture change and workforce development and the development of shared outcomes

Public 'Vanguard' commitments

Ours is a mature and capable partnership which 'gets' the collective need for change: alone we can't tackle the challenges we face but collectively we have the incentives and capability to improve outcomes for our vibrantly diverse urban communities.

In terms of testing new models of care we will, by April 2016:

- establish five Local Care Networks (MCPs) with nominated clinical directors and general management capacity
- implement population health management techniques with risk-based assessment, multi-disciplinary review and care management for citizens with complex needs
- deliver the plans within our Better Care Fund
- roll out our interoperable Local Unified Care Record so that clinicians can get the full picture they require whether they see a person in the GP surgery, a community setting or in the hospital
- agree new contracts to underpin integrated working across providers

What matters needs to be measured.

- We will monitor metrics that help us know if we are on track, for example: have we shifted resources, are we delivering different processes and outputs and is any of this actually affecting our citizen-generated outcomes in practice.

These commitments relate to adult populations in general, and so the scope of **our work is not limited to people >65years**



Projects will be expected to demonstrate that they meet a set of 'inclusion criteria'. The inclusion criteria describe the things that define whether a project should be part of the SLIC programme

For inclusion within the programme a project must be able to demonstrate (provide proportionate evidence) that it:

- supports the development of system leadership and culture change to enable better working across agencies within the partnership;
- has a strategic fit based on our public commitments and our description of benefits (see the appraisal framework on slide 6);
- is coherent with other projects within the programme and the sector;
- has the potential to cause system-wide changes that can be transferred for sustainable delivery at scale
- is supported with clear organisational commitment from participant partners (e.g. nominated leadership and availability of necessary resources, including access to data etc.).

Once a project is considered to have met the inclusion criteria decision-makers should assess its relative merits using the SLIC Appraisal Framework.



The appraisal framework sets out the things that projects should be able to demonstrate as part of the funding process

Projects within the programmes' portfolio can move through different phases from 'scoping' to 'design & testing' and through to 'adaption & adoption'. Funding within the programme should be available to support projects at all of these stages where there is some credible evidence that they will help people live healthier and happier lives.

There are several things that a project should be able to demonstrate before we provide funding – although it is recognised that we should expect less evidence for early stage ideas than for ideas that have been fully tested. Key things to demonstrate are:

- The project has the **potential to deliver the benefits** we think are important
- We could make it **work in practice** in Southwark and Lambeth
- We can get **permission to make the changes** that are proposed (e.g. it is allowed in law etc.)

The next two slides run through these criteria in more detail



The appraisal framework sets out the things that projects should be able to demonstrate as part of the funding process – this includes showing that something works (it’s suitable); we can do it here (it’s feasible); and it is acceptable

- The suitability criteria are outcomes/benefits that the Sponsor Board wants projects in the programme to achieve
- Projects should demonstrate, using good available evidence, which of these benefits the work will impact, with some indication of the size of that impact
 - *N.B. our expectation is that the evidence should be proportionate to the value of the project and the stage of the development: we would expect to see more robust evidence for later stage projects and/or higher value projects*
- The Sponsor Board has not quantified specific weights for these criteria, but there is a hierarchy that the boards need to consider as part of the appraisal process.
 - *N.B. that doesn’t mean that things lower down the list aren’t important; all of the listed criteria are important but the list indicates that – within this programme – some benefits are more important to deliver than others*
- A project is not expected to meet all of the criteria, although those that do make stronger cases for funding

Category	Benefits
Most important	<ul style="list-style-type: none"> • Population outcomes • Stopping the rise of total system cost
More important	<ul style="list-style-type: none"> • Patient and carer outcomes and experience (as defined by the ‘I statements’)
Important	<ul style="list-style-type: none"> • Clinical Safety • Staff Experience

These are ‘givens’ and would be expected as part of any project as a way of delivering better outcomes and lower costs

For example by providing care in the right place at the right time to reduce emergency admissions or residential placements



The appraisal framework sets out the things that projects should be able to demonstrate as part of the funding process – but, as ever, this remains a complex judgement that needs to be undertaken intelligently by the boards

- Having the potential to deliver benefits is necessary for a project to be funded, but on it's own it isn't sufficient. Boards are asked to look for a demonstration that projects can be feasibly implemented, meaning that all the things that are needed for success could be put in place here in Southwark and Lambeth. The main factors for boards to consider (where applicable) are listed in the table below.
 - *N.B. at the scoping stage we want to check that the factors are in place to do scoping (e.g. data is available, staff can commit time etc.); whereas in testing or implementation we are looking at whether specific new practices can be operationalised.*

Potential impact	Ability to deliver	
It delivers the benefits we think are important	We could make it work in practice	We can get permission to make these changes
<ul style="list-style-type: none"> • Population outcomes (e.g. disease-free life expectancy) 	<ul style="list-style-type: none"> • We could potentially secure the (recurrent) money we need [i.e. this could be funded sustainably] 	<ul style="list-style-type: none"> • Patients and carers would accept the change
<ul style="list-style-type: none"> • Stopping the rise of total system cost 	<ul style="list-style-type: none"> • We have leadership commitment 	<ul style="list-style-type: none"> • Staff groups would accept the proposals
<ul style="list-style-type: none"> • Patient and carer outcomes and experience (as defined by the I statements) 	<ul style="list-style-type: none"> • We have the right information systems 	<ul style="list-style-type: none"> • Politicians locally or nationally would permit the change
<ul style="list-style-type: none"> • Clinical Safety 	<ul style="list-style-type: none"> • We have the right workforce 	<ul style="list-style-type: none"> • It is consistent with regulations
<ul style="list-style-type: none"> • Staff Experience 	<ul style="list-style-type: none"> • We have the right estates 	<ul style="list-style-type: none"> • It is consistent with the law
	<ul style="list-style-type: none"> • We have contracts in place 	



The delivery approach sets out how we expect projects in the portfolio to be designed, tested and delivered

How we work within projects is as important as what projects we do. We expect all projects to be able to show that they are:

- Working on a basis of **co-design with citizens and staff** – e.g. has the project been discussed with and endorsed by the Resilience Group?
- Consistent with the **attributes of care and co-production** – e.g. does this project really demonstrate a movement away from an orthodox ‘medical model’ or paternalist approach?
- Applying good practice models of change (i.e. **using the Model of Change** approach) – e.g. is the project underpinned by **robust analysis** and an **evidence-based approach**?
- Carried out in the spirit of partnership, **sharing and learning**