

Lambeth Together – Integrating Health and Care in Lambeth

1. Introduction

The purpose of this paper is to provide an update on progress with the development of Lambeth Together since our last meeting. It is expected that a more detailed series of recommendations, to enable the continuing development and implementation of 'Lambeth Together' will be made to the May meeting in Public.

Those recommendations will build on previous recommendations agreed at the meeting in public on 7 November regarding Lambeth Together overall and in particular in respect of Local Care Network development.

An equivalent paper will be presented at Lambeth Council Cabinet in May and the proposal will be considered through the appropriate governance of other parties and stakeholders in parallel in preparation for enactment from summer 2019.

2. Context – What is Lambeth Together and why are we doing this?

Our experience and success with recent collaborative and people based projects has shown that we can genuinely transform care for people when we focus on people's strengths, on prevention and on getting it right the first time. We have seen the benefit of working across the traditional boundaries between hospital and community services, health and social care, voluntary sector and state sector, staff and people using services. To create the environment in which this is possible and to enable the benefits to be realised we have been coming together at every level to form Lambeth Together.

The strategic and policy drivers for system level integration of health and care are strong. An integrated system offers the potential to overcome artificial organisational barriers and better align financial incentives across health and social care. There is the potential for greater system wide efficiencies compared to models of care with separate, often competing accountabilities. The developing national experience of system integration provide the basis for considering an ambitious approach to integration in Lambeth.

In January 2019, the NHS long term plan was published. The plan sets out:

- How the NHS will move to a new service model in which patients get more options, better support and properly joined up care at the right time in the optimal setting
- New actions the NHS will take to strengthen its contribution to prevention and health inequalities
- The NHS's priorities for care quality and outcomes improvement for the decade ahead
- How the current workforce pressures will be tackled and staff supported
- A programme to upgrade technology and digitally enabled care across the NHS
- How the 5 year NHS funding settlement will help put the NHS onto a sustainable financial path
- Explains the next steps in implementing the long term plan

In South East London (SEL) more widely, we have been working together across Health and Care to create a 'system of systems' model of integration (see Appendix 1) – building our system up from local borough partnerships (the equivalent of Lambeth Together for all six boroughs), alongside collaborative arrangements more broadly where that makes sense such as NHS commissioning/contracting from pan borough NHS Trust provider networks. The SEL approach has been successful to date in being incorporated into a national

‘Aspiring Integrated Care Systems (ICS)’ programme – building towards a potential shadow ICS arrangement in 2019/20. The development of these arrangements is now accelerating.

Most importantly to Lambeth Together, the NHS Long Term Plan states that “within the current legal framework, the NHS and our partners will be moving to create Integrated Care Systems everywhere by April 2021, building on the progress already made. ICSs bring together local organisations in a pragmatic and practical way to deliver the ‘triple integration’ of primary and specialist care, physical and mental health services and health with social care. They will have a key role in working with local authorities at ‘place’ level, and through ICSs, commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation.”

The work we have done to date on creating Lambeth Together as the borough ‘place’ level within a wider SEL ICS system is entirely consistent with the NHS Long Term Plan and puts Lambeth in a good position to be able to ensure effective local NHS plan implementation with partners and stakeholders.

Lambeth Together will be our fully integrated health and care system bringing together those areas of integration we are already doing and planning even more. Lambeth Together is a number of things:

- It’s a way of working, a culture that unites us all
- It’s the way we organise services around people and places
- It’s how we work together as a whole system

In terms of the way we organise services around people and places we have been creating ‘packages of work’ or ‘delivery alliances’ for specific populations and people. These proposed Delivery Alliances will be made up of partner members who are best able to deliver the services. Over time, each Delivery Alliance will have a set resource envelope and an empowered leadership team who will lead and govern delivery and be held accountable for delivery and achievement of agreed outcomes.

3. Background

At its meeting in public on 7 November, the Governing Body received and supported two aligned papers regarding Lambeth Together:

3.1 Lambeth Together – Local Care Network Delivery Alliance (paper 1)

The proposal set out the vision, aims, scope and timetable to deliver a refreshed ambition of Local Care Networks (LCNs) in Lambeth, with the development of a Neighbourhood Based Care and Wellbeing model. That proposal had been developed with partners in LCNs and Lambeth Together more broadly.

The case set out the framework of a proposed future model for Local Care Networks and outlined a plan for change including the:

- Case for change – why we need a new model for care in Lambeth
- Vision, aims and benefits for people delivering and using services
- Emerging model in Neighbourhoods of person centred coordinated services and health and wellbeing initiatives
- Proposed strategic approach to make the change and deliver the benefits

It was noted that it was intended that this will be achieved through a 7-10 year partnership contract. It will bring health, care and voluntary and community organisations together in

partnership with one budget to deliver a set of shared outcomes for the adult population of Lambeth.

At the meeting, the Governing Body supported recommendations to:

- Agree to overall scope of Local Care Networks (LCN)s for Neighbourhood Based Care and Wellbeing
- Agree to develop a proposed procurement approach, subject to formal decisions of CCG/Council. This will include shadow arrangements for 2019/20 and full contract arrangements for 2020/21
- Agree to seek formal support across partner organisations to endorse the proposals and approach to include securing commitment for the 2019/20 shadow arrangements

3.2 Lambeth Together – Integrating Health and Care in Lambeth (paper 2)

This second paper was produced to support a series of recommendations to enable an acceleration of progress with developing and implementing our overall ‘Lambeth Together ambition’ – our process for Health and Care Integration in Lambeth. Key next steps were identified, along with associated milestones. It was noted that the paper would be presented at Lambeth Council Cabinet in December and proposals will be considered through the appropriate governance of other partners and stakeholders in early 2019 in preparation for enactment from April 2019.

At the meeting, the Governing Body was asked and agreed to:

- Support the overall direction and confirm Lambeth Together as the key means for delivering our Integrated Health and Wellbeing ambitions in Lambeth and as part of the SEL ‘System of Systems’ Integrated Care Systems (ICS) approach
- Progress development of proposals on future governance for Lambeth Together from April 2019, to include the role of the H&WB Board and Committee/s in Common. Decision to come back in new year based on further discussions with NHSE, SEL STP, Cabinet/CCG Governing Body and partners
- Progress with and develop proposals for future integrated Council/CCG Leadership of Lambeth Together
- Note an intent to further test Children’s work over longertimeframe

4. What do we need to do next and how will we do it?

In the paper received at the last Governing Body, we said that in order to achieve our vision and outcomes we need to:

- **Bring our services together** around the person in more areas and in neighbourhoods; tackling inequalities
- **Refresh our Health and Wellbeing/Lambeth Together Strategy**, with a focus on implementation and shift our focus and resources towards prevention and early intervention – moving towards a whole population focus
- **Develop and formalise our joint leadership and governance arrangements**, ensuring our leadership and decision making processes are aligned and designed to lead this step change in our community and contractual arrangements
- **Align our resources together to achieve better value** through shared strategic financial planning and strategy development

The purpose of this paper is to describe progress to date against each of the above actions and to provide recommendations to support the next stage of development, in preparation for a further, more detailed set of recommendations to the meeting in May.

4.1 Bring our services together – Neighbourhood Based Care and Wellbeing

Significant work is in progress to produce the necessary detail that will sit behind recommendations to the Council, NHS Lambeth CCG and partners in support of the next steps envisaged in 'Reimagining Local Care Networks: Neighbourhood Based Care and Wellbeing' – as agreed at the last meeting. Full proposals will be incorporated in a paper to the Governing Body Meeting in Public on 1 May and to the Council Cabinet on 13 May, informed by informal discussions and further engagement with partners and stakeholders.

Those recommendations will include:

- A recommended commissioning proposition – in terms of service scope, outcomes and financial framework
- A recommended approach to the procurement of an alliance contract, in shadow form in 2019/20 and for full operation during 2020/21
- A recommended approach to the governance of the project
- A recommended plan for resourcing the delivery of the programme – including potential partnership with/resourcing from GSTT charity

Regarding the scope of our Health and Wellbeing Networks, it should be noted that NHS England and the British Medical Association (BMA) published a document 'Investment and evolution: A five year framework for GP contract reform to implement the NHS Long Term Plan' on 31 January 2019. Particularly relevant is a section relating to general practice entitlement to a new Primary Care Network (PCN) contract, supporting practices to work together within neighbourhoods. This seems supportive of the approach we have taken together locally in supporting 'clusters' of GP practices to come together – in part in readiness to be able to form part of our local integration approach as envisaged for our Neighbourhood Based Health and Care Delivery Alliance, There are some newly developing resourcing and contractual arrangements described in the plan which we will now be taking account of in preparing our recommendations as noted above.

4.2 Refresh our Health and Wellbeing / Lambeth Together Strategy – to further shift our focus towards prevention and early intervention

The Health Profile for Lambeth shows that there are a number of long-standing and evolving inequalities features and areas of prevention that integrated health and care can look to support.

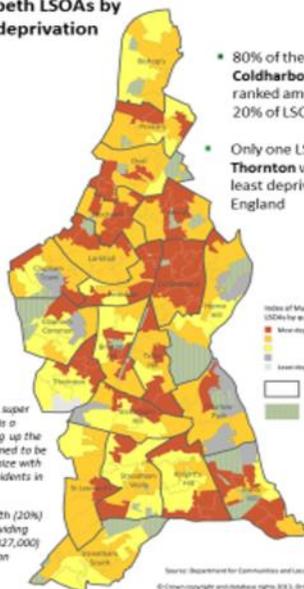
Challenges in Lambeth

Nearly 1/3 of people live in areas that are among the most deprived in the country. Approx. 23% of children (12,400) live in low income families.

Index of multiple deprivation (IMD) 2015

- The Index of multiple deprivation (IMD) measures the level of deprivation in small areas of geography known as 'lower-layer super output areas' (LSOA)* in England and ranks each LSOA (about 1,500) people according to how deprived it is compared to the others.

Map of Lambeth LSOAs by quintile* of deprivation



Copies of this, and other public health profiles are available from the Lambeth JSNA website: www.lambeth.gov.uk

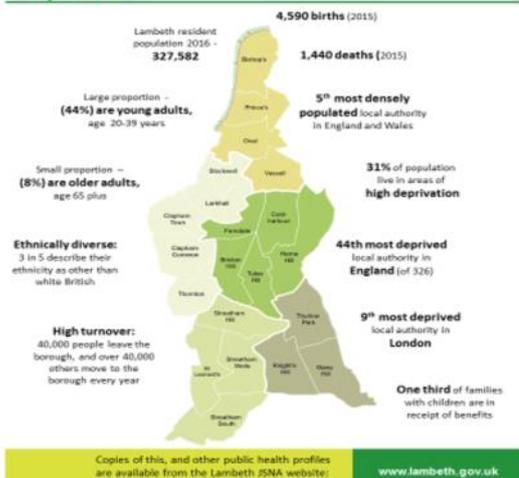
Demography factsheet:

Lambeth - "a diverse and changing population"

May 2017



Key facts: This profile provides a snapshot of the population of Lambeth

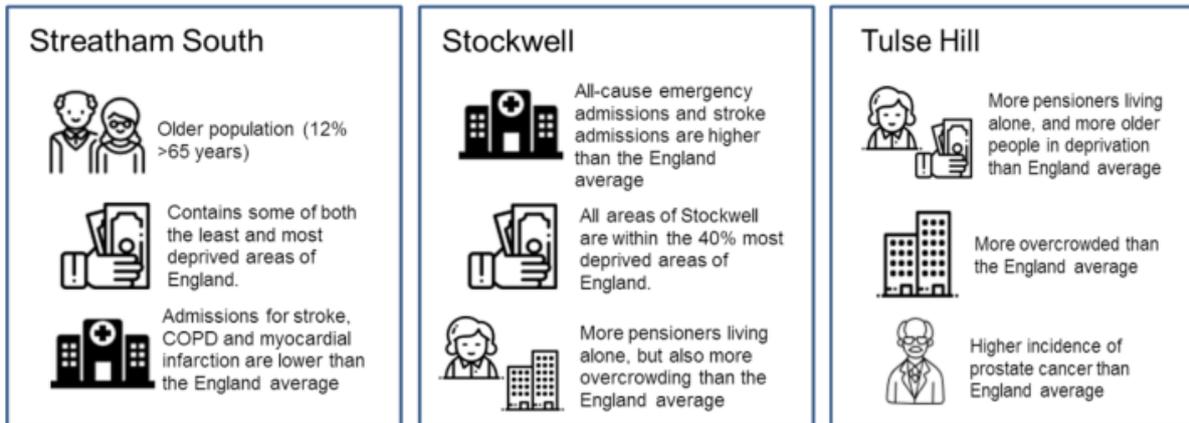


Lambeth's population is set to increase:

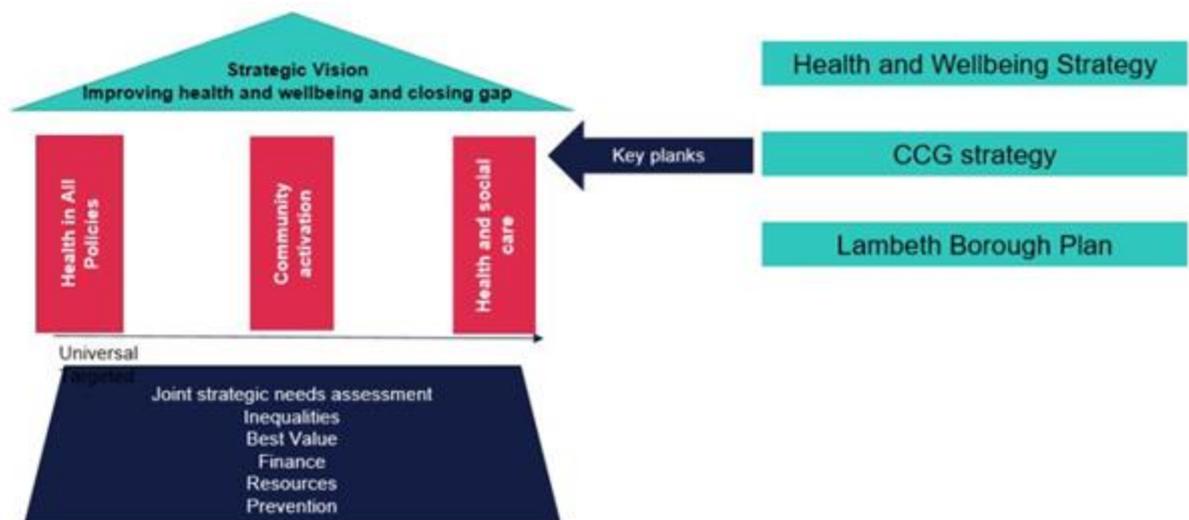


Health inequalities and outcomes in Lambeth – Lambeth's population is highly diverse, with health inequalities between groups of people and communities including:

- Men in Lambeth on average have a shorter life span by 1 year compared to England
- A 4 year difference in life span between the most and least deprived areas of Lambeth for men and a 6 year difference for women
- Children in Lambeth are more likely to be obese and children from Black Caribbean and South Asian groups are twice as likely to be obese
- Lambeth multiple long term conditions study suggests that Black groups are likely to develop multiple long term conditions 10 years earlier
- Local studies on blood pressure control also show that BME groups are more likely to have a blood pressure measurement but less likely to have their blood pressure controlled compared to white British groups
- National studies show that Black men are reported to have higher rates of psychotic disorders compared to other ethnic groups



In support of our overall Lambeth Together ambition, we are drawing together a strategy to support integration and greater progress towards our key outcome ambitions. That strategy is built on a refreshed Health and Wellbeing Strategy and based around three key planks of better and more integrated health and social care delivery, activated communities, and Health in all policies. This is illustrated in the model below:



Our models and the levels of prevention services that we offer will be developed in line with our approach to value based prevention, securing the greatest improvement in health outcomes possible within the available budget.

We have completed our preliminary strategy review and are now planning to engage across a range of partners, stakeholders and local people over the coming months in order to finalise it. It is intended to launch that wider engagement for a period of 3 months, following initial discussion at the Health and Wellbeing Board in March and final agreement in April. A draft engagement plan is in design and will be discussed at the next Governing Body seminar. We expect to conclude that engagement by the end of July and to finalise the strategy in the summer.

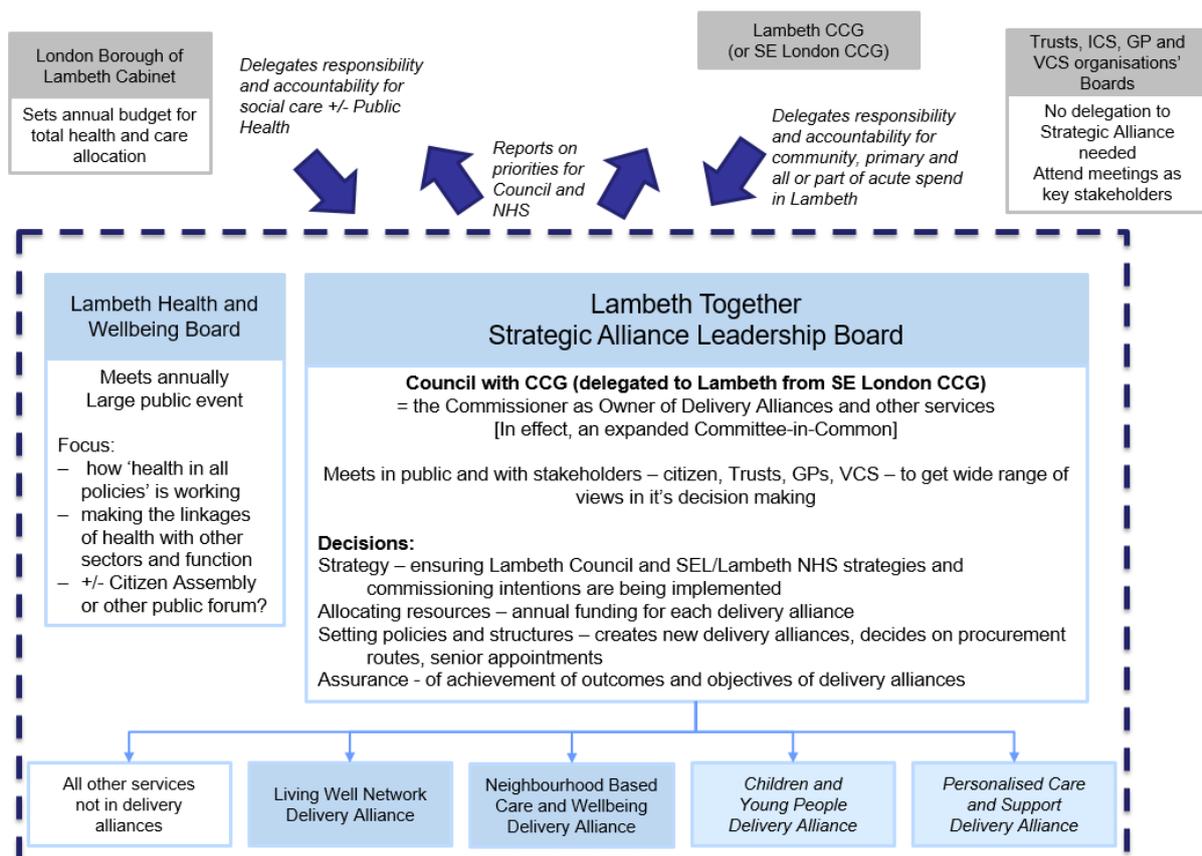
4.3 Develop and formalise our joint leadership and governance arrangements

We have integrated commissioning arrangements in place between the Council and the CCG which have evolved over the years and which now need to develop to enable the next phase of work and to involve other partners and stakeholders. We therefore need to put in place appropriate governance to provide clearer accountability and decision-making at a

Lambeth-wide and Delivery Alliance level, including through the role of Committees in Common and the Health and Wellbeing Board. A Health and Wellbeing Seminar took place on 21 November to further consider this, developed further in the Lambeth Together Strategic Alliance Leadership meeting on 30 January. We have been operating shadow leadership arrangements for 12 months, and we want to formalise this and further enhance CCG and Council integration.

We will continue to learn from national and local models of governance for integration so this is well aligned with the developing integration work in South East London and London and will look to further test these proposals, through the SEL CCG Alliance Sponsor Board and broader OHSEL governance arrangements.

It was agreed at the Health and Wellbeing Board Seminar that our future governance arrangements should seek to achieve ‘maximum convergence’ between the Lambeth Together Strategic Alliance Leadership Team Meeting, Health and Wellbeing Board, and existing Committee in Common. This was progressed on 30 January, having now received the NHS long-term plan and its ambitions towards ICSs, and in the context of the continued development of a SEL ICS approach with borough or ‘place’ as a critical building block. It was proposed that our model should therefore also seek to be ready to receive ‘maximum delegation’ from a developing SEL ICS model. To that end we are proposing to develop a new ‘Lambeth Together Strategic Leadership Board.’



That board would be an expanded Committee in Common, between the CCG and Council, absorbing the responsibilities of the existing Committee in Common arrangements and the Lambeth Together Leadership arrangements.

The Lambeth Together Strategic Alliance Leadership Board will be responsible for:

- Strategy: ensuring Lambeth Council and NHS strategies are implemented in Lambeth
- Setting policies: creating and implementing Lambeth wide policies, culture and enablers
- Creating structures to deliver strategy: making recommendations to Committee-in-Common for new or reconfigured delivery alliances
- Assurance: of delivery alliances success in achievement of outcomes and strategic objectives
- Allocating resources: making recommendations to Committee-in-Common for allocation of funding to each delivery alliance

There will be a Committee-in-Common arrangement for the health and care budget in Lambeth. It will make decisions, having regard for the recommendations of the Lambeth Together Strategic Alliance Leadership Board, for:

- Developing and overseeing implementation of commissioning intentions
- Funding allocations to each delivery alliance and services not in delivery alliances
- New or reconfiguration of delivery alliances
- 'Commissioner as owner' role for delivery alliances
- Procurement route for delivery alliances and other services
- Performance related actions not resolved by delivery alliance leadership

There remain a number of queries to resolve before this is formally constituted, however, it is intended to commence an informal shadow alignment commencing from April 2019, essentially aligning the meetings initially of Committee in Common and Lambeth Together Alliance Leadership Team. Terms of Reference are to be designed and signed off at the CCG Governing Body Public meeting in May 2019 and at the Council Annual General Meeting.

Outstanding issues include for example:

- The potential benefits of an independent chair
- Membership, seeking to balance clinical leadership, council democratic requirements, organisational and citizen representation, versus size and scale
- Managing Conflicts of interest in decision making
- Levels of delegation and subsidiarity
- Fulfilling different functions through Part 1 and Part 2 memberships
- Status of partners in decision making
- Links to wider interest beyond Health and Wellbeing Strategy and priorities
- Delegation of Primary Care commissioning from NHS England
- Public accountability and transparency
- Adaptability -for further change as SEL system develops

The Health and Wellbeing Board would continue to meet, but with significantly reduced frequency, to exact arrangements to be designed and agreed.

It is intended that this approach will be further developed at the Health and Wellbeing Board meeting on 6 March.

Regarding our joint Leadership arrangements it is proposed that a further step is taken to formally align the senior leadership of the CCG and Lambeth Council's Adult Social Care

services. It is proposed that the Chief Officer of the CCG and the Strategic Director of Adults and Health be absorbed into a single place-based leadership role.

That arrangement will then oversee a further alignment of roles and responsibilities more broadly across the existing CCG and Council teams during 2019/20, alongside developing SEL wide arrangements in preparation for a SEL ICS.

Recommendations will seek support for agreement to:

- Create a single Lambeth Together Strategic Leadership Board, initially bringing together the existing Committee in Common and Lambeth Together Alliance Leadership Team
- Align the CCG Chief Officer and Council Strategic Director of Adults and Health roles from 1 April 2019

Alongside these recommendations, the Council will also be asked to review existing Health and Wellbeing Board arrangements.

4.4 Align our resources to achieve better value – developing our medium term financial strategy (MTFS)

We have set a strategic direction of working to ‘one system, one budget’ and will need to align CCG and Council income and expenditure projects to define our sustainability challenge – including for the wider system locally and across SEL. Work on this will continue through 2019/20 in order to ensure our ambition in Lambeth is also consistent and aligned to the broader SEL Financial Strategy. We will need to build on and further develop evidence and modelling to demonstrate the service and financial costs/benefits of integration based on ‘best value’ prioritisation.

It should also be noted that the NHS Long Term Plan requires all CCGs to achieve a 20% reduction in management costs by 2020/21, hence this strategy will need also to ensure this is achieved.

The CCG and Council are finalising a joint Medium Term Financial Strategy (MTFS) which sets out the expected resources of both organisations and how they are going to be used to jointly deliver a strategy for Lambeth that is financially sustainable. This will identify how we balance the total available resource against changes in objectives, policies and movements in the cost base arising from pressures such as inflation, population and non-demographic growth, while improving outcomes. It is likely the services from the Council that would be included in the joint strategy would be those most aligned to Health and Care. The exact scope will be determined over the coming months with an expectation that an MTFS can be produced starting in 2019/20. The development of a MTFS will support the management of ‘one system, one budget’ and allow longer term planning of financial resources.

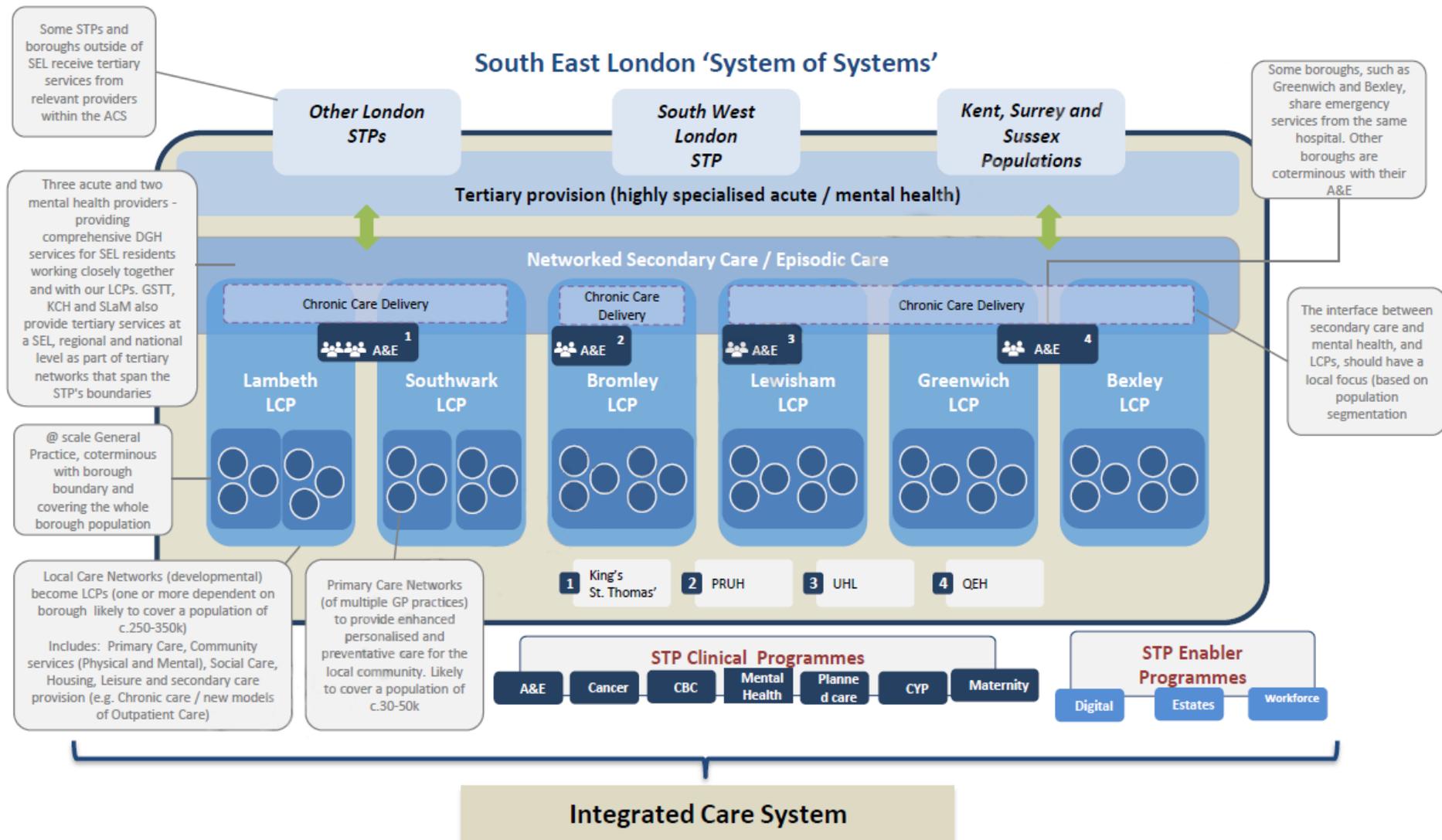
Under the developing ICS system responsibility for delivery and financial oversight will shift to enable the best use of resources to drive health improvement and care quality alongside managing financial risk and ensuring a sustainable model of support and care. We would wish to bring together our financial resources, across providers and commissioners where this made sense for local services in order to incentivise best value decision making and risk sharing through our Delivery Alliances. It is recognised that different Delivery Alliances will move at differential paces. At the same time for more specialised treatment and care we would want to work at greater scale through collaboration and networks of care across our providers.

5. Recommendations

The Governing Body is asked to:

- Continue to support Lambeth Together as the local model of 'place' in a SEL Integrated Care 'system of systems'
- Support the recommendation to create a Lambeth Together Strategic Leadership Board to encompass the current committees in common arrangement, Lambeth Together Leadership team and Health & Wellbeing Board as described, subject to further detailed design.
- Support a recommendation to formally align the senior leadership of the CCG and Council Adult Social Care services through a single aligned place-based leadership role
- Support the approach to finalising a Health and Wellbeing Lambeth Together strategy through further engagement as described
- Note the next steps for developing and agreeing our approach to a Delivery Alliance for Neighbourhood Based Care and Wellbeing, to include:
 - The commissioning proposition in terms of scope, outcomes and the financial framework
 - The approach to procurement
- Note the approach to developing a joint medium term financial strategy (MTFS) in support of this strategic and service delivery approach

Appendix 1



Appendix 2

Lambeth Strategy – possible engagement approach

Propose aligning engagement activity necessary to the development of the Lambeth strategy with complimentary and compatible aspects of:

1. Other key Lambeth CCG/LA work stream priorities.
2. Convergent themes from the recent Long Term Plan.

Work needs to be completed with communications colleagues to prepare a coherent, Plain English, over-arching narrative that would be meaningful to a broader range (NB – beyond membership of regular patient and public engagement groups and health-orientated community organisations) of Lambeth residents.

This narrative would be the basis for essential face-to-face engagement, community outreach activities and a parallel program of digital communication and engagement channels.

It is suggested that communications and engagement **toolkits** – public and staff - be prepared that would allow commissioners, engagement staff and partner organisations to maintain consistency in messaging and still flex materials to a range of settings, audiences and delivery formats and settings.

Proposed thematic content including:

- health inequalities
- community activation
- delivery mechanisms for shifting acute – to – community services
- prevention (NB – the LTP has this as “upstreaming prevention” , early and personalised intervention rather than a broad , whole population public health campaigns and program approach)

Engagement needs to allow for exploration of the barriers to accessing service and specifically the barriers to effective self-care and early, individual, efforts in maintaining better health and wellbeing and preventing ill health.

Potential engagement format and content:

- presenting and capturing views on the LCNs and ‘neighbourhoods’ level service delivery is appropriate and desirable
- there is scope to include engagement on (NB-electronic) local care records and consider a tie-in with Healthwatch Lambeth roadshows
- there is an opportunity to introduce and develop information and capture views on service delivery alliances – for example LSSP and OHSEL, as part of an ‘organic’ narrative around organisations working together differently, better to provide services that reflect people’s lived experiences of health and social care and wider socio-economic challenges.

Further information needed regarding Health In All Policies (HIAP) and how this planning and thinking would articulate with the Lambeth strategy, narrative and engagement format.

Examples given for these wider community concerns were air pollution, betting shops, knife crime, fast food outlets (?), growth (in the economic sense)

Proposed engagement activity

Alongside digital communication and engagement it is proposed for consideration that there be a limited series of face-to-face, traditional public engagement events.

We are proposing a 'book end' approach – an initial launch event introducing the narrative and promoting engagement activity and open feedback/participatory channels, to be followed by engagement with existing groups and community fora and a closing event presenting an overview of outreach activities and a 'taster' of what was heard so far including messaging and a clear invitation to continue dialogue and participation.

It was agreed that a starting place for developing engagement content and activity is to present a number of clear questions as openers to elicit community views, brainstormed suggestions included

- 1) Prevention – views on how to make this happen??
- 2) What works well in your neighbourhood?
- 3) What are the barriers to [NB – good/better] health
- 4) Health in all policies [NB- more information needed]
- 5) Complement what's happening in terms of neighbourhood care development

Public affairs

It was agreed that the Health and Wellbeing Board will be a key channel for developing, promoting and maintaining engagement and communications activity

Lambeth Strategy - draft engagement plan: February 2019

activity	audience	format	notes
launch event	stakeholders, partner organisations, Lambeth residents	public event, brief presentations, co-presenters drawn from partner organisations, case studies and key questions for input	involve target audiences in event planning, plan to limit clashes with AGMs etc
strand A - roadshows and stalls	established patient groups, community and voluntary sector organisations, Lambeth council local forum sessions	brief presentations, Q&A, small group discussions, focus-group style input on key questions appropriate to each group and setting. Use materials from the public toolkit	invite each group to signpost to other groups and settings [snowball community engagement approach]
strand B – staff engagement	Lambeth NHS CCG staff, council staff, staff within other Lambeth Together organisations.	staff briefings, Q&A, neighbourhood team level group discussions , specialism-linked focus-group style input on key questions appropriate to each staff group. Use materials from the staff toolkit	consider stalls inside main council offices at peak footfall times
Strand C – seldom heard groups	groups under-represented in engagement activity	adapted format and materials to best reach each group , i.e. Easy Read materials	cross reference public health and EIA to identify target groups
mid-point engagement review	internal	collate and analyse feedback and adjust scheduled engagement opportunities	Incorporate signposting from community organisations and seldom heard groups
revised sessions of strands A,B,C	continue as above	continue as above	focus on ‘gap filling’ and addressing concerns and FAQs identified in initial sessions
re-grouping [close]event	stakeholders, residents and representatives of groups contacted through all engagement stands and parallel comms and digital activity	brief overview of engagement activity to-date, presentation of emerging themes and FAQs, outline next steps, introduce feedback channels, invite all to continue dialogue	NB – messaging/feedback via council gov.delivery to be explored