Overview and Scrutiny Committee: 28 February 2017

Report title: Adult Health and Social Care Integration

Wards: All

Portfolio: Cabinet Members for Healthier and Stronger Communities: Councillor Jim Dickson and Cabinet Member for Adult Social Care: Councillor Jackie Meldrum

Report Authorised by: Helen Charlesworth-May: Strategic Director for Adults and Health

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Special Circumstances Justifying Urgent Consideration
The Chair is of the opinion that although this report had not been available for at least five clear days before the meeting it should be considered now as a matter of urgency. The report is necessary because this Overview and Scrutiny meeting is specifically considering health and social care items and this report will form one of the items for discussion at the meeting.

Report summary
This report provides an update on the integration of health and adult social care.

Finance summary
There are no direct financial implications arising from this report.

Recommendations
1. That the Committee notes this report and forwards any formal recommendations regarding these plans to the Cabinet.
1. **Context**

1.1 A high level strategic Business Case to integrate health and social care services across Lambeth was approved by the then Corporate Transformation Board (now Lambeth 2025 Portfolio Board) in the summer of 2016. The purpose of the business case was to secure agreement to the principles of integration, on the basis of an options appraisal for the future direction of adult social care in Lambeth. The Business Case set out the national and local drivers for change.

1.2 The high level Business Case considered the option to maintain the traditional approach of delivering services across health and adult social care, with a reduced budget. The benefits identified included Lambeth Council exercising full control over services and finances, along with minimal change required to deliver this option. The risks included maintaining high levels of hospitalisation at significant financial cost and the lost opportunity to optimise resources. The conclusion was that this option would not deliver the desired outcomes for Lambeth residents nor navigate Lambeth’s financial challenge in the future.

1.3 The Business Case then considered whole-system integration across health and social care in Lambeth. The analysis was that the benefits of integration included optimising resource across health and care, by pooling budgets, joining up health and social care teams and sharing information. These benefits are likely to be realised mainly in the medium to long-term, with key outcomes including reduced hospital admissions and increased coordination of care plans.

1.4 The risks to delivery identified included the strength of governance, workforce capacity to adapt to integration and disruption to current relationships between partners.

1.5 Following approval of the high level Business Case three projects were established to integrate adult health and social care in Lambeth: Integration of services for Older People; Mental Health and Disabilities.

1.6 The Council and the Clinical Commissioning Group (CCG) are developing a shared vision for integration based on the intention to increase the value of care provided for the people of Lambeth, reducing inequalities, so they can lead healthier and happier lives. To achieve this work will be required to build on the history of collaborative working in Lambeth. The aim of the Council and CCG is to have a fully integrated health and care system to deliver services, meet desired outcomes and achieve the shared vision. It will be shaped by citizens of Lambeth who will have a strong voice throughout, and build on a foundation of strong and sustainable primary care. There will be a role for the many organisations, statutory, community and voluntary, businesses that make up the communities of Lambeth. This integrated system will be in place by 2018.

1.7 An integrated system does not necessarily mean organisational change, mergers or loss of individual organisational identity. It means a group of organisations who focus on Lambeth and Lambeth citizens and work together to lead, govern and provide seamless support and services.

1.8 Integration will need to work with the complexities of EU Procurement Guidance and create a legal framework to develop effective local partnerships.

1.9 This report considers integration for adults but there is also work across health and other services supporting children and young people. This work is coordinated through the Children and Young People’s Health Partnership (CYPHP). CYPHP is a Lambeth and Southwark partnership of CCGs, LAs, primary, secondary care and the third sector and is working on the delivery of care to children and young people with everyday healthcare needs.
2. **Proposal and Reasons**

2.1 The intention is to establish an overarching strategic alliance for integration, which would have its own Alliance Agreement and be led by the Lambeth Integrated Care Alliance Leadership Team.

2.2 The role of members of the Lambeth Integrated Care Alliance Leadership Team would be to create the environment and context for real change. The Council and CCG will be inviting Guys and St Thomas NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, Kings College Hospital NHS Foundation Trust and Lambeth GPs /GP federations to join the Integrated Care Alliance Leadership Team.

2.3 Within the whole system there would be 'delivery alliances' for specific populations and people. This builds on the experience of alliancing in the Integrated Personalised Support Alliance (IPSA) which brings together statutory and community organisations. The proposed delivery alliances will be made up of partner members who are best able to deliver the work. This will include a range of providers, not just those involved in the Lambeth Integrated Care Alliance Leadership Team. 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 the outcomes. The intention is for change to come from within the communities and partners already operating in Lambeth rather than from a wider market whilst noting competition and procurement regulations and ensuring that these are addressed.

3. **Integration of Mental Health Services**

3.1 Since June 2010 the CCG and the Council, through the Lambeth Living Well Collaborative partnership platform, have been working in partnership with service users, carers and a wide range of mental health service providers in the borough to improve services for people experiencing mental health issues. All members of the Collaborative have a shared vision, which is to work towards a system which empowers people, supports recovery and makes the most out of an individual’s assets, capabilities and networks, as well as the wide range of services available across Lambeth.

3.2 There has been encouraging progress pursuing this vision to date. Firstly, the Collaborative adopted the principles of co-production and co-produced the ‘Big 3 Outcomes’, which are an overarching set of outcomes for people with mental health issues in the borough. The Collaborative then committed to re-framing demand for services in order to try to reduce the number of people requiring intensive and costly bed-based interventions though increasing the provision of early support available for people in Lambeth. In response, the Living Well Network was created, providing people with open access to holistic support on a range of social as well as health issues, such as housing and employment support. To date the Living Well Network has helped to increase the numbers of people accessing support, accepting around 400 introductions per month and reduced the number of referrals into secondary care by 43% (see chart overleaf).
3.3 The Integrated Personalised Support Alliance (IPSA) commenced in April 2015 following agreement between the Council and CCG to enter into a Section 75 Partnership Agreement (under the provisions of the Health and Social Care Act 2012) to create an integrated pooled fund arrangement to support improved outcomes. This first Alliance contract involving the CCG, the Council and three external providers has been very successful in supporting people with complex, serious mental health conditions to live more independent lives in the community, and at reduced cost. The savings made have been shared across the IPSA and contributed to the Adult Social Care savings target. It has also allowed for the testing of a new contractual form – alliancing – which requires providers to align on a single set of outcomes and share risks and responsibilities.

3.4 The proposal is now to build on this progress and place the Council’s and NHS total spend on Adult Mental Health (supporting people of working age) into a single whole system alliance contract framework. Cabinet and the CCG approved this approach in January 2017 and the formal procurement process will commence from the end of February.

4. Integration of Services for Older People

4.1 Consideration is being given to a range of Delivery Alliances to support the integration of services for Older People. There are three Local Care Networks (LCNs) covering Lambeth. These LCNs could become delivery alliances under the overarching strategic alliance. The LCNs would design, implement and manage services for adults and older people living at home and working in that locality so that people have access to information, support and clinical services as close to their home as possible. This would cover all episodic care and case management and co-ordination for those with long term conditions. The LCNs will bring together different agencies to ensure that those with complex needs can live independently. Social care staff supporting older people will be included in the work of the LCNs.

4.2 An alliance for joint health and social care teams to support nursing homes is in early development and consideration is being given to a number of separate multi-disciplinary health and social care
teams all working to reduce hospital admissions and support discharges and the potential for further integration of these services.

5. **Integration of Services for people with disabilities**

5.1 Care and support for people under the age of 65 with disabilities accounts for 40% of the annual social care budget. The biggest demand pressure on the Council’s Social Care budget is from people with learning disabilities. Reductions in demand from this customer group are dependent on housing, supported living services and planning for independence across children’s and families and adult services.

5.2 There is work underway identifying individuals who would benefit from individualised housing options so they can be supported to live in the community rather than in residential or nursing placements. The development of Shared Lives is one example of how this is being tested.

5.3 There is significant work to do to develop the whole life disabilities pathway for children and adults with physical and learning disabilities. There are opportunities to jointly consider the health and social care response for adults, such as for those with high levels of need and continuing care requirements. Also a transitions team has been set up within Adult Social Care to begin working with children with disabilities from the age of 14.

6. **Finance**

6.1 There are no direct financial implications arising from this report. A separate report on the agenda for this meeting provides details on the plans to achieve savings from Adult Social Care, Public Health and Supporting People services.

6.2 During 2016/17 a one-off contribution to the Better Care Fund from the Clinical Commissioning Group supported older people’s integrated services. There are savings required from Adult Social Care that are predicated on the integration of services, mainly £2.3m from reduced staffing budgets supported by the implementation of integrated care pathways.

6.3 The scope for any further savings to be achieved is challenging and are being pursued through the model of the alliance approach and risk sharing, such as the savings achieved in 2016/17 through the IPSA, mental health alliance.

7. **Legal and Democracy**

7.1 There are no legal implications arising directly from this report.

7.2 There were no further comments from Democratic Services.

8. **Consultation and co-production**

8.1 Co-production and consultation will be undertaken as each delivery alliance develops is approach to integration of services. The integration work for mental health services has been supported by an extensive consultation and engagement programme.

9. **Risk management**

9.1 There are a number of risks when seeking to integrate health and social care services for adults. These are being determined and managed by the Lambeth 2025 Portfolio Board. They include the following:

- Lack of prioritisation on the key changes that are required whilst maintaining business as usual activity. Failure to meet statutory requirements may result in fines, damages and legal fees as well as reputational damage.
• Funds required to implement changes are not available / costs of change escalate
• Change activity does not achieve the required savings
• Failure to optimise the benefits that could arise from the integration of health and social care services for adults
• Failure to manage the links and interdependences between transformation work streams e.g. housing and social care for children and young people
• Failure to govern change effectively (specifically at programme and project levels)
• Effectiveness of organisational governance and risk culture
• Effectiveness of contract management, failure to manage suppliers, supplier failure and supplier compliance
• Technology fails to support integration and workforce efficiencies
• Staff resistance to change

10. **Equalities impact assessment**
10.1 Not applicable to this report.

11. **Community safety**
11.1 No implications for Community Safety arising from this report.

12. **Organisational implications**
12.1 **Environmental**
None

12.2 **Staffing and accommodation**
Integration will impact on staffing and accommodation but the detail will vary for each delivery alliance.

12.3 **Procurement**
Integration will need to work with the complexities of EU Procurement Guidance and create a legal framework to develop effective local partnerships.

12.3 **Health**
This report has no direct implications for the health of Lambeth’s population. Integration does seek to transform the balance of how local services are provided. Currently the overwhelming majority of costs in the health system are on care provided in hospital, the most expensive part of the system. This balance needs to shift so that the majority of expenditure is on services outside of hospital.
## Timetable for implementation

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<th>Overarching Integration Milestones</th>
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<tr>
<td>Sign the initial Strategic Alliance Agreement</td>
<td>31 March 2017</td>
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<tr>
<td>Establish Delivery Alliances</td>
<td>31 October 2017</td>
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<tr>
<td>Full Strategic Alliance Agreement will be signed, along with the relevant delivery Alliance Agreements.</td>
<td>31 March 2018</td>
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### Audit Trail

#### Consultation

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<td>Councillor Jackie Meldrum</td>
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<tr>
<td>Councillor Jim Dickson</td>
<td>Chair of Lambeth Health and Wellbeing Board and Cabinet Member for Healthier and Stronger Communities</td>
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<td>Helen Charlesworth-May</td>
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<td>Peter Hesketh, Finance</td>
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#### Report History

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<tr>
<td>Date final report sent</td>
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<td>Part II Exempt from Disclosure/confidential accompanying report?</td>
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