Health and Wellbeing Board 20 April 2017

Report title: Lambeth CCG & Lambeth Council Integration

Wards: All

Portfolio: Cabinet Member for Healthier and Stronger Communities.

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 working days before the meeting, it should be considered now as a matter of urgency because the issue must be considered at the earliest possible opportunity.

Report summary
This paper updates the Health & Wellbeing Board on progress on integration with a focus on older people. This paper doesn't include work on children which is reported separately.

Finance summary
none arising from this report.

Recommendations
- Note the progress update on integration
- Agree to delegate to Committees in Common and Chair’s action the final approval of the Better Care Fund Plan for 2017-19
1. **Context**

**Lambeth & Southwark Strategic Partnership**

1.1 The Lambeth & Southwark Partnership was formed following the end of the Southwark & Lambeth Integrated Care (SLIC) Programme. The partnership agreed to work together on sharing information, the children & young people’s partnership and developing Local Care Networks.

1.2 The partnership has appointed an Independent Chair, Suzanne McCarthy, on 1st January 2017. Suzanne McCarthy has held a number of senior public sector positions including Chief Executive of both the Human Fertilisation and Embryology Authority and the Financial Services Compensation Scheme.

1.3 Work is being scoped, supported by Lambeth Council on citizen engagement and governance with the aim of bringing a proposal back to the Partnership Board later this year.

1.4 The Local Care Record (LCR) continues to be well used and has made a significant difference to information flows between hospitals, mental health services and GPs. The LCR has now been extended to Bromley covering all of the King’s College Hospital sites. The current phase of work is focusing on integration of social care. This is linked to upgrades in the Mosaic system used by Lambeth & Southwark Councils and the aim is for an autumn start. There will then be further work on community services having access to information from other organisations which is likely to be towards the end of 2017/18 and is linked to developments in CareNotes – the GSTT community information system. We are also looking at how LCR could be shared with service users.

1.5 The Partnership Board received a paper at its March meeting on mechanisms for sharing information for planning and research purposes and to systematically proactively identify people for better prevention and early intervention. It was agreed to undertake further engagement and discussion in partner organisations and with citizens over the next few months.

**Lambeth Strategic Partnership**

1.6 Following discussion at the Health & Wellbeing Board seminar partner organisations in Lambeth have come together with representatives from the Lambeth Patient Participation Groups to scope out next steps toward integration. This is based on forming a strategic alliance that would govern a series of delivery alliances. We have formed an executive group to support the design of key tasks over the next few months and to steer the process. This group met for the first time on 31 March. A system leaders workshop is being arranged for 12 May to agree across partners the basis on which we want to work together and agree a ‘charter’ setting this out.

**Lambeth Living Well Network – Adult Mental Health**

1.7 The Council Cabinet & CCG Governing Body approved a process in January to procure an alliance to support adults with mental illness in Lambeth. This is a significant contract of circa £66m per annum over 7-10 years. We have tested our approach with the national NHS England/NHS Improvement Integrated Support & Assurance Process (ISAP). This process was put in place to assure major integration commissioning changes following the collapse of the Cambridgeshire & Peterborough older people’s contract in 2015.

1.8 The Prior Information Notice seeking expressions of interest (EOI) was issued by the council & CCG in March. Responses were received on 6 April and we are currently assessing these. A recommendation on the next steps will be tested through the
Committees in Common for mental health commissioning for agreement by the CCG Governing Body and Council Cabinet. We are aiming for the new agreement to be in place for 1 April 2018.

**Local Care Networks**

1.9 The commissioners from the council and CCG are developing a scope/proposition for the procurement of Local Care Networks including the service and financial scope. This will build on the work that has been undertaken over the last year on identifying and proactive support for people with three or more long term conditions. The aim is to develop a longer term alliance agreement with a broader scope. We would like to do further work to co-produce this with people in Lambeth and stakeholder organisations.

1.10 We are in the process of agreeing an interim contractual arrangement for the 2017/18 work – this has been agreed in principle across partners to be embedded as part of contractual arrangements in each organisation. This is based on an agreed model for identifying people for prevention & early intervention support and a model for better coordination of care.

1.11 LCN chairs have been formally appointed – Dr Mark Chamley for SE Lambeth, Dr Justin Hayes for SW Lambeth and we are in the process of appointing a chair for North Lambeth. Amanda Williams (seconded from GSTT) is supporting the development of the LCNs. We have commenced some work supported by the CCG’s integrated contract development team to look at costing the current utilisation of services by the priority cohort of service users. This is with the aim of identifying how this resource could be re-shaped to improve outcomes and save money.

1.12 Over the past year the LCNs have been working on developing and testing a methodology for identifying a target group of people with 3 or more LTCs and how this links with existing processes for holistic assessment with the individual, multi-disciplinary review and support. This has informed the contracts for 2017/18. The North Lambeth LCN has been looking at the needs of its Portuguese communities and how to engage with them. The LCNs have been looking at models of social prescribing and navigation to support people to access wider information, advice and support in their communities. We have been testing a range of different approaches such as GP receptionist trained as navigators, healthy living champions in the community and pharmacies and Project Smith – a small grants scheme started in Vassall & Coldharbour wards to support older people.

**Older People & Better Care Fund**

1.13 We are continuing strong integrated working on older people. This includes maintaining our successful schemes to support the Better Care Fund. We have just received guidance on the 2017-19 plans and will be developing our local plan over the next few weeks. The expected focus will be on improving the position on delayed transfers of care and maintaining and supporting adult social care. We are currently embedding our new integrated reablement service which is extending to referrals from the community. We have new extra care facilities opening over the next few months which will bring our total number of extra care schemes to 7 across the borough. We are working hard with community support providers and care homes including improving support to older people with severe mental illness and dementia. We are commissioning dementia support through the Alzheimer’s Society to link into each of the Local Care Networks.

1.14 Due to the timing of guidance and the detail on additional social care funding, we will need to agree the final Better Care Fund outside Health & Wellbeing Board meetings. We are requesting that the HWB delegates this to the Chair subject to review through the Committees in Common for Older People’s & Mental Health Commissioning.
1.15 Lambeth BCF is an integral part of our Five Year Forward View, in taking decisive and collaborative steps to break down the barriers in how care is provided. In 2016/17 the BCF flagship project included implementing reablement, further developing rapid response and @home (hospital at home). BCF supported ongoing moves to the full implementation of our vision for an Integrated Community Independence Service, a service that breaks down the barrier between health and social care, with professionals from across health, care and voluntary and community groups, working together to maximise the independence of our older residents, preventing and responding to acute events.

<table>
<thead>
<tr>
<th>BCF schemes 2016/17</th>
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<tbody>
<tr>
<td>7 day working for social workers in hospital supporting discharge from hospital</td>
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<tr>
<td>Health care support to care homes including training and care planning for people with dementia</td>
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<tr>
<td>Integration of admission avoidance schemes and reablement for streamlined provision of health and social care</td>
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<tr>
<td>Development of single point of access including self referral, to community based services for faster access, especially when people are being discharged from hospital</td>
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<td>Continued development and implementation of fully integrated model of reablement providing health and social care practitioners re help people remain independent</td>
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<td>Implement new model of provision of community support for adults and older people, promoting personalisation and preventative approaches</td>
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<td>Develop joint health and social care approaches to personal budgets, including direct payments</td>
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<td>Improve digital access where appropriate to assist people in being able to access information and participate in society</td>
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<tr>
<td>Develop community assets working with local communities and the third sector to improve the support offer to people and carers, creating a strong and confident community response</td>
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1.16 The work on reablement has been a unique partnership between GSTT, Lambeth social services and care agencies to support people to promote independence. We have co-designed a service to support people coming out of hospital and are in the process of extending this to people in the community. Initially this will target people on high care packages to see if a period of reablement will promote greater independence and reduce the costs of long term community based care.

1.17 We continue to have lower than planned numbers of admissions into long term residential and nursing care – 107 people in Quarter 3 2016/17 against and expected 152 reflecting our ability to keep people at home for longer, the wider range of housing options for older people and that most people wish to stay at home for as long as possible. We are reviewing our long term need for care home provision across the CCG and council. In particular we are looking at the provision for people ageing with long term serious mental illness and dementia – this is alongside working with South London & the Maudlsey (SLaM) to look at hospital and community provision.
1.18 We have high levels of care home provision in Lambeth compared with neighbouring boroughs and have developed good relationships with our providers including with the wider support NHS services provide to them. We have a Lambeth & Southwark group which meets regularly to look at quality issues including admissions to hospital and ambulance call outs. We continue to have really positive outcomes from work on avoiding pressure ulcers in care homes including an award scheme for homes to celebrate success. We work closely with the homes and the Care Quality Commission to support homes to critically assess their own provision and to deal with issues arising from CQC reports. We have redesigned our approach to identifying and managing issues with care homes which was recently very positively received by the Lambeth Adult Safeguarding Board.

1.19 We continue to work with the community support (domiciliary care) providers in Lambeth. The decisions by the council and CCG to support payment of London Living Wage to providers has stabilised recruitment and retention of carers in Lambeth. We continue to receive very positive feedback from individuals about the commitment and care and compassion of their carers and the numbers of adult safeguarding issues reported from the sector directly has increased as knowledge and awareness and training has increased. As part of wider work with colleagues in the council we are looking at further ways to support recruitment and career pathways for carers linked to local colleges, the NHS and social work. We meet regularly with the provider network and are planning to extend the approach we have taken with care homes to community support providers.

1.20 We are aware that the national picture on the home care and care home market remains very fragile and a number of major provider companies are changing hands or withdrawing from the market. We are keeping a close eye on developments. We see care home and community support provision as a critical part of our health and care support offer to people in Lambeth.

Community and voluntary sector

1.21 We continue to work closely with Age UK Lambeth and commission them to provide the successful Safe and Independent Living (SAIL) service, and Seasonal Health Promotion (SHP).

1.22 SAIL aims to support older people to maintain their independence, safety and wellbeing by providing a quick and simple way to access a wide range of local services. The service receives a high proportion of referrals from GPs, as well as other health services, housing and police. SAIL ensures people are links to support that helps them maintain independence and health and wellbeing for example a handy person to carry out repairs, link a person to a befriending service.

1.23 SHP carries out health promotion campaigns during winter (Warm and Well in Winter) and summer (Cool as a Cucumber) seasons. SHP aims to reduce social isolation, improve well-being amongst older people in Lambeth through promoting community activities where people can access information and practical measures on keeping warm and well or staying cool during summer.

1.24 Project Smith has been established to test working at ward level with communities and individuals to support strengthening community connection and support. All of Project
Smith’s workstreams are co-produced with local citizens. Project Smith is based on ‘I statements’ identified by Lambeth citizens as important to them:

- I can manage my own condition and get support to do this if I need it
- I live independently
- I feel part of a community

1.25 The project has three workstreams - (1) an outcomes based small grants scheme focusing on improving health and wellbeing; (2) provision of training (PH NVQ level 2) and local infrastructure to local individuals who will become ‘community connectors’ supporting and linking individuals with statutory services and community group to improve their health and wellbeing; and (3) a live map of local and statutory assets available to all who live in the area.

1.26 The pilot has being successfully tested in two wards in the centre of Lambeth and is now being rolled out to a couple of other wards in the north, linking closely to the Local Care Networks. To date it has awarded grants to 18 groups in the area and has trained 20 local people to become community connectors.

**Older People’s mental health**

1.27 Lambeth has an estimated prevalence of 1513 people living with dementia and has exceeded the NHSE target of estimated prevalence via GP recording, currently at 85.3%. Services provided following diagnosis include Alzheimer’s Society providing support to people with dementia and their carers via a local Dementia Advisor and Dementia Support Worker, working closely with primary care services. Integrated commissioners continue to work closely with community groups, Alzheimer’s Society, Healthwatch, statutory services to review services and coproduce effective use of local dementia services budget. From April 2017 we will be commissioning a worker for each local care network to provide post diagnosis support and advice for people with dementia and their carers with the aim they are embedded in the wider multi-disciplinary teams in each locality.

2. **Proposal and Reasons**
2.1 As above

3. **Finance**
There are no financial implication to this report

4. **Legal and Democracy**
4.1 There are no legal implications to this report

5. **Consultation and co-production**
5.1 N/A
6. **Risk management**
   6.1 N/A

7. **Equalities impact assessment**
   7.1 N/A

8. **Community safety**
   8.1 N/A

9. **Organisational implications**
   None

10. **Timetable for implementation**
    10.1 N/A
## Audit Trail
### Consultation

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<td>Strategic Director for Adults and Health</td>
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## Report History

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<tr>
<td>Report deadline</td>
<td>05.04.16</td>
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<td>Date final report sent</td>
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<td>Part II Exempt from Disclosure/confidential accompanying report?</td>
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<td>Key decision report</td>
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### Date first appeared on forward plan

### Key decision reasons

**EITHER**
1. Will amend Community Plan Outcomes Framework or Budget and Policy Framework  
**OR**
2. Expenditure, income or savings in excess of £500,000  
**OR**
3. Meets community impact test

### Background information

Policy doc ABC  
Govt advice DEF  
Cabinet report GHI

### Appendices

Appendix A – *Name*  
Appendix B - *Name*