

## Cabinet 13 November 2017

**Report title:** Lambeth Together: Integrating Health and Care in Lambeth

**Wards:** All

**Portfolio:** Cabinet Member for Healthier and Stronger Communities: Councillor Jim Dickson

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

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### Report summary

This report and the attached presentation lays out a new, joined up, approach to working. The presentation was provided to the CCG Governing Body in Public in September.

### Finance summary

There are no financial implications to this report.

### Recommendations

1. Note and endorse the progress made to date in designing 'Lambeth Together'.
2. Support the key components of 'Lambeth Together' to create a fully integrated health and care system bringing together the innovative models of care we are already delivering and developing these even further.
3. Agree the proposal to progress to a formal 'transition programme' with associated governance, resourcing and timelines.

## 1. Context

- 1.1 Lambeth is a place of innovation. In Lambeth we do things differently and we do them together. We are well known for co-production and focusing on people's strengths rather than just their problems. Across health, care and beyond people are doing things in new ways. People using services, citizens, communities and organisations that provide services are leading the way.
- 1.2 We are creating new ways of working so that we can better support local people's health and social care needs. We have developed more collaborative health and care services and made lots of progress which has benefited staff and local people requiring health and social care support. We want to build on the progress we have made so far.
- 1.3 We know that our current system of health and care gives rise to some poor personal experiences, we have captured and listened to some personal stories:

*'A Chinese woman's mother has dementia, limited mobility and does not speak English. After a stroke, the daughter made it clear that she wanted to look after her mother at home but faced a long battle to get information from staff and be involved in decisions about her mother's care.*

*She said she felt the professionals huddled around her and used very "fluffy" and ambiguous words. They said it would be really difficult for her to look after her mother but never clearly explained what those difficulties were.*

*She was not given training on how to undertake specific physical tasks for her mother's wellbeing. Once her mother came home, she had to learn via the internet or from trial and error. On many occasions she needed to ring different people to eventually track down the person she needed to speak to.*

*She welcomes the Hospital at Home service and says it has been good. It has helped avoid further admissions and disruptions to care although clinician quality is not uniform*

*Having a Direct Payment has given her greater control with the care agency'.*

- 1.4 It is experiences like this and others that will continue to shape the model of service provision. 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 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.
- 1.5 We want to mirror this in all services, and importantly in the way we coordinate and organise health and care in Lambeth as whole. Over time, our aim is to work together under one health and social care budget. It's only when we behave as part of the same team and are jointly responsible for all activity and costs that transformation really happens.
- 1.6 This ambition has been influenced and is reflective of the overall South East London STP ambition, responds to the case for change on which that is built and aligns with the developing Community Base Care (CBC) Programme in particular.
- 1.7 This requires everyone involved in health and wellbeing in Lambeth to work together with shared priorities. Many of our workforce are already doing this. We want to recognise this, formalise it in the whole system and build on it.

1.8 To create the environment in which this is possible we are coming together at every level to form Lambeth Together.

1.9 Lambeth Together will be our fully integrated health and care system building on shared models of care already in place and developing others to support the full integration that is needed. . Lambeth Together is a number of things, reflecting what local people have told us they want from the health and care system:

- 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

1.10 In April 2017, a Design team was set up and asked to describe the architecture and journey to a future whole system integration of health and care. The team, with expert facilitative support, has consisted of representatives from:

- Lambeth PPG Network
- Healthwatch
- Lambeth GP Federations
- Guys and St Thomas's Trust
- Kings Colleges Hospital Trust
- South London and Maudsley Trust
- London Borough of Lambeth
- NHS Lambeth CCG

This proposal is a result of their work, describing a programme of work to establish "Lambeth Together".

### **Background**

1.11 At the January 2017 Governing Body Meeting in Public and the January Health & Wellbeing Board a proposal was received and supported for the CCG and London Borough of Lambeth to create an integrated system of health and care across Lambeth, built on our existing strong collaborative working relationships.

1.12 In supporting that proposal, it was agreed to invite statutory partners to join an Integrated Care Leadership Group, working alongside citizens, to achieve further our goal of improving health and wellbeing and reducing inequalities for our communities. That vision is best encapsulated in the following diagram (the quadruple aim).

*The quadruple aim:*



1.13 The indicative milestones agreed at that point were:

- |                     |  |
|---------------------|--|
| <b>March 2017</b>   | <ul style="list-style-type: none"><li>• Define the journey to further integration and plan for creating a Lambeth ethos.</li></ul>   |
| <b>October 2017</b> | <ul style="list-style-type: none"><li>• Define the scope of our 'integrated alliance' to enable operation in shadow form and start to implement 'the Lambeth way'.</li></ul> |
| <b>March 2018</b>   | <ul style="list-style-type: none"><li>• Prepare for the commencement of the Lambeth integrated care strategic 'alliance'.</li></ul>  |

1.14 Following the invitation to join a leadership group, all partners responded positively and an initial meeting was held in March 2017 to agree how this could be progressed. The creation of a senior level 'design group' was agreed, which since April 2017 has been meeting fortnightly to further develop the proposition for the future.

1.15 A development workshop was held in May 2017, including members of both the leadership team and the design group with an important focus on individual personal experience. That group confirmed the direction of travel of the discussion group and importantly agreed to adopt the alliance principles (see attachment (1) to determine how we will work together. The group has been continuing to meet since then and the proposals before the Governing Body and Council Cabinet are the product of that process to date.

## **2. Proposal and Reasons**

### **Proposal to establish 'Lambeth Together' to integrate Health and Care in Lambeth**

2.1 In order to progress with the integration of Health and Care in Lambeth – the design group are proposing the establishment of 'Lambeth Together' and an associated transition programme. This is summarised in attachment (1) a draft slide pack intended to be a core set of materials which can be used by all partners to engage with local people and our workforce to explain the 'Lambeth Together' ambition, and hence enable everyone to contribute to its development. This slide pack describes the following:

- |                                 |  |
|---------------------------------|--|
| <b>A vision</b>                 | <ul style="list-style-type: none"><li>• Adapting the vision described in the Lambeth Health and wellbeing strategy</li></ul>   |
| <b>The rationale for change</b> | <ul style="list-style-type: none"><li>• Describing the key drivers for change</li></ul>  |
| <b>A road map</b>               | <ul style="list-style-type: none"><li>• Describing how we work together now and how we propose to work together in the future.</li></ul>   |
| <b>A summary</b>                | <ul style="list-style-type: none"><li>• Of 'Lambeth Together' which is: a way of working, a culture that defines us all.<br/>The delivery alliances – how we organise services around people and places<br/>The strategic alliances – how we will bring things together, a whole system.</li><li>• The three transition 'building blocks'</li><li>• High level timeline.</li></ul> |

- The transition programme, the key tasks, programme leadership and management.

Some of the key critical success factors that the design group have identified to this point are:

- |   |  |
|---|--|
| <b>Co-production</b>                      | <ul style="list-style-type: none"> <li>• A way of working that involves people who use health and care services, carers and community in equal partnerships; and which engages groups of people at the earliest stages of service design, development and evaluation.</li> </ul>   |
| <b>Culture and Work Force Development</b> | <ul style="list-style-type: none"> <li>• Ensuring ‘the Lambeth Together way’ can feel real for our Lambeth Workforce – encouraging recruitment and retention of highest quality, motivated and engaged staff.</li> </ul>   |
| <b>Outcomes</b>                           | <ul style="list-style-type: none"> <li>• Ensuring we can translate the ‘Lambeth together’ ambition into demonstrable outcomes, meaningful for all patients and local people.</li> </ul>  |
| <b>Resources</b>                          | <ul style="list-style-type: none"> <li>• Ensuring that an integrated budget can achieve better value health and care in Lambeth with further pooling of budgets– over time we are looking at aligning our total health and care budgets of circa £450 million;</li> <li>• Ensuring that the transition programme is properly resourced.</li> </ul> |
| <b>The whole system ownership</b>         | <ul style="list-style-type: none"> <li>• Demonstrate ownership and alignment of the alliance principles by all partners.</li> </ul>  |

### **Process and Next Steps**

- 2.2 Subject to the support of the Governing Body and Council Cabinet to the recommendations in this paper, the content of this proposal will be incorporated into commissioning intentions letters to be issued to all NHS Trusts by the end of September 2017. In parallel to this the proposals will then be considered at the Health and Wellbeing Board on 18<sup>th</sup> October 2017, at which leaders from statutory partners and communities will be present. It is then intended that the proposals will progress through the appropriate governance of partner organisations through the autumn of 2017 and be built into respective operating plans/ Business Planning processes for 2018/19 and beyond.
- 2.3 In the meantime a workshop will be held in November 2017 to include members of the leadership group and the design team to enable finalised design and adaption of the transition programme arrangements – its leadership, programme arrangements, work streams and resourcing assumptions for the three phases of the transition programme.

### **3. Finance**

- 3.1 There are no financial implications directly arising from this report.

### **4. Legal and Democracy**

- 4.1 There are no legal implications directly arising from this report.
- 4.2 There were no additional comments from Democratic Services.

**5. Consultation and co-production**

5.1 Not applicable.

**6. Risk management**

6.1 Not applicable.

**7. Equalities impact assessment**

7.1 Not applicable.

**8. Community safety**

8.1 Not applicable.

**9. Organisational implications**

9.1 None.

**10. Timetable for implementation**

10.1 Contained in the attached report.

### Audit Trail

#### Consultation

Name/Position	Lambeth directorate / department or partner	Date Sent	Date Received	Comments in paragraph:
Councillor Jim Dickson	Cabinet Member	13/09/17	13/09/17	
Helen Charlesworth-May	Strategic Director	01/11/17	02/11/17	
Pete Hesketh , Finance	Corporate Resources	02/11/17	02/11/17	
Andrew Pavlou, Legal Services	Corporate Resources	02/11/17	03/11/17	
David Rose, Democratic Services	Corporate Resources	03/11/17	03/11/17	

### Report History

<b>Original discussion with Cabinet Member</b>	14/09/17
<b>Report deadline</b>	31/10/17
<b>Date final report sent</b>	02/11/17
<b>Part II Exempt from Disclosure/confidential accompanying report?</b>	No
<b>Key decision report</b>	No
<b>Date first appeared on forward plan</b>	N/A
<b>Key decision reasons</b>	N/A
<b>Background information</b>	N/A
<b>Appendices</b>	Appendix A – <i>Lambeth Together – Transition Programme</i>