

Healthier Communities Select Committee			
Report Title	Integrated Health and Social Care – An update on Integration and the Neighbourhood Delivery Model in Lewisham		
Contributors	Executive Director for Community Services	Item No.	5
Class	Part 1	Date: 9 July 2013	

1. Purpose

- 1.1 This paper provides the Healthier Communities Select Committee with an update on the integration of health and social care services in Lewisham. In particular, it reports on the progress on the neighbourhood delivery model which is being rolled out across the borough.

2. Recommendations

- 2.1 Members of the Healthier Select Committee are recommended to note the content of this report.

3. Policy Context

- 3.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key partners from the health and care system could work together to improve the health and wellbeing of their local population and reduce health inequalities. The Act requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- 3.2 The Act also requires Boards to provide such advice, assistance or other support as they think appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.
- 3.3 NHS England's planning guidance *Everyone counts : planning for patients 2013/14* to the Clinical Commissioning Groups (CCG) states that ' At a time of economic challenge it is vital that all organisations can understand their contribution to joined up working. Making the best use of resources through integration of provision around the needs of the service user should drive local priorities'.
- 3.4 Earlier this month, the Government and other key national players launched '*Integrated Care and Support: our shared commitment*' (May 2013). This framework document states that '*Our system of health and care is under more pressure than ever before. People may be living longer, but often they are living with several complex conditions that need*

constant care and attention All these people need continuous care and support and the right systems and resources to enable that.....We need major change and we are determined to act. This means building a system of integrated care for every person in England. It means care and support built around the needs of the individual, their carers and family and that gets the most out of every penny we spend.'

4. Background

Current Health and Social Care Service Provision

- 4.1 Currently health and social care services are mainly commissioned by Lewisham Council and Lewisham Clinical Commissioning Group (LCCG). These services are procured from a variety of organisations across the public, voluntary and the private sector. Local care and support is also provided to individuals by their carers, volunteers and faith and community groups. A number of services are not commissioned by LCCG and include primary care services (GPs, pharmacists, opticians and dentists) and very specialised services, which are commissioned by NHS England.
- 4.2 In 2010, Lewisham Council and NHS Lewisham signed a Section 75 agreement establishing the Council as the lead commissioner for all adult health and social care. This includes commissioning for mental health, learning disability, older adults, physical disability and substance misuse. These commissioning functions are managed by a joint health and social care commissioning team based within the Council's Community Services Directorate.
- 4.3 In July 2012, to progress integrated working across the borough, the Mayor and Cabinet agreed that a number of services would be brought together in a neighbourhood delivery model. Later that year, in November 2012, the Mayor and Cabinet agreed to the implementation of a section 75 agreement that supported the neighbourhood model.
- 4.4 The neighbourhood model aims to achieve the following benefits:
 - Better outcomes for people, by living independently at home with maximum choice and control
 - More efficient use of existing resources, avoiding duplication and ensuring people receive the right care, in the right place at the right time.
 - Improved access to, experience of, and satisfaction with health and social care services by service users and other stakeholders.
 - Improve prevention, admission avoidance, hospital discharge and recovery.
 - Carers are identified earlier and support is provided so that they are able to carry on delivering care to their relatives.
- 4.5 In promoting and delivering integrated services, the Council and its partners have listened to the views expressed by local residents,

including service users and their carers, who have highlighted that some of the key barriers to improving health and wellbeing are:

- lack of organisational join-up, a lack of continuity between services, not knowing what opportunities are available and not having the time and space to consider which opportunities to access.
- not knowing who to go to for help, advice or information; and the complexity of the system
- the low take up of existing opportunities and activities provided within the community that support people's health and wellbeing.

4.6 User involvement has been a key element at all stages of the neighbourhood development and user engagement and will continue to be a major aspect of further work in the integration of services.

5. Making the goal of integration reality

5.1 Alongside the publication of national guidance on Integrated Care, national partner organisations stated their ambition to make joined up and co-ordinated health and social care the norm by 2018. To support this aim, national partners invited expressions from local areas interested in becoming pioneers to act as exemplars, demonstrating the use of ambitious and innovative approaches to efficiently deliver integrated care.

5.2 An expression of interest to become a Pioneer site has been submitted by Lewisham health and social care partners. Whether or not the bid for Pioneer status is successful, integration will be a key area of focus for the Council and its partners, and the Health and Wellbeing Board will continue to promote and support the integration of health and care services across the borough.

6. Progress to date

6.1 In submitting its bid to become a Pioneer, Lewisham has highlighted to the national partners the progress that has been made locally on the neighbourhood delivery model and stressed that this provides a strong base from which to further integrate services.

6.2 The neighbourhood model has created four multi-disciplinary teams that cover areas that are coterminous with GP Practice neighbourhood areas. These teams will identify those patients who would benefit from integrated care and who require targeted intervention and support.

6.3 An intelligence gathering exercise has been undertaken to identify the people who are registered with each GP Practice and, of those registered, those who are also known to district nurses and Adult Social Care. This work has shown that across the borough 1,654 patients are being seen by their GP and by district nurses and have contact with adult social care. Table 1 below shows the number and percentage of people known by both health and social care in each neighbourhood.

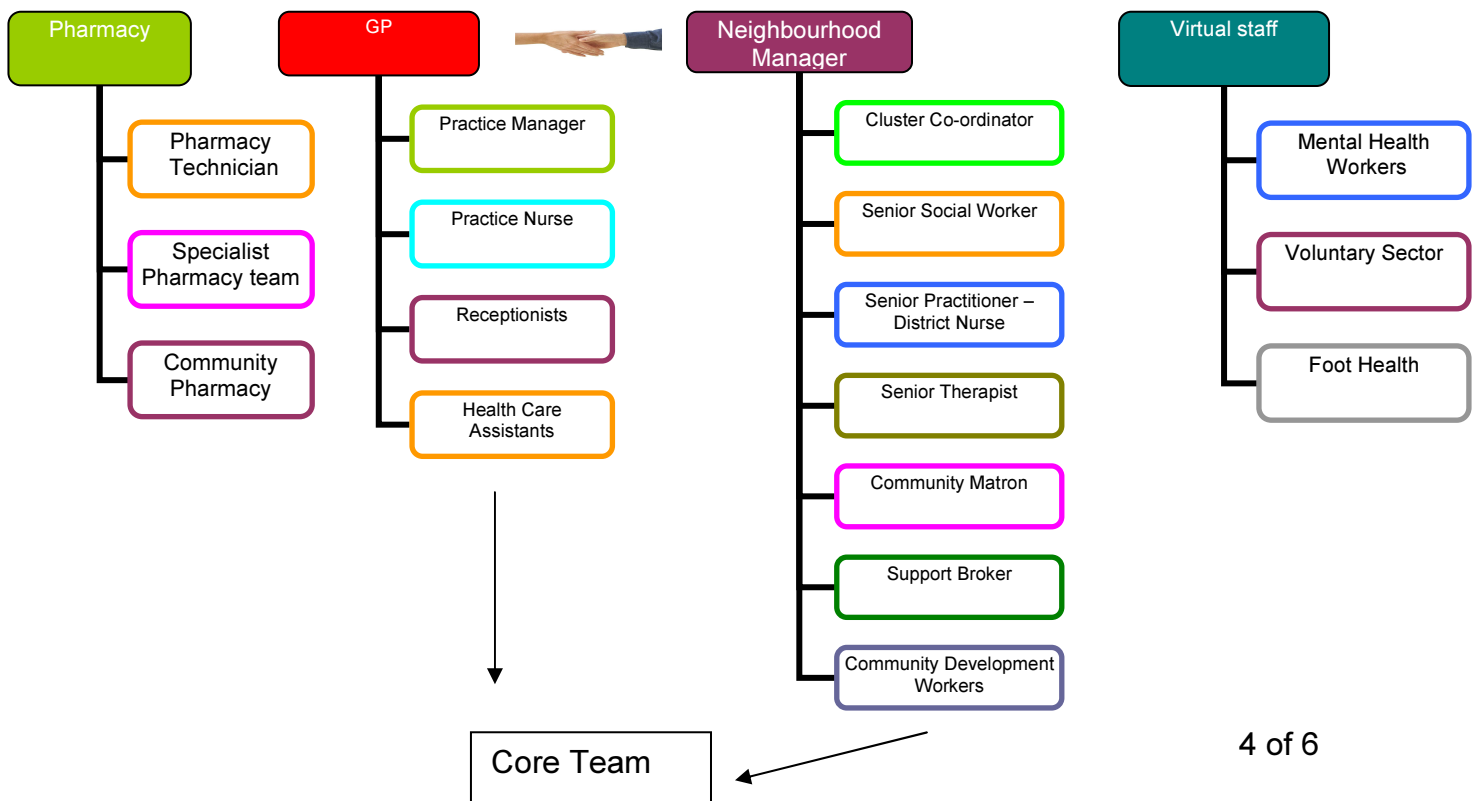
Table 1

GP Registered Patients/DN Cases/Adult Social Care Cases							
	Lewisham Patients Registered	DN Patients	% of Registered Patients	Active Social Care Cases	% of Registered Patients	Joint ACS/ DN Cases	% of Total Registered Patients
Neighbourhood 1	45342	1264	3%	849	2%	309	0.68%
Neighbourhood 2	76593	1687	2%	1003	1%	397	0.52%
Neighbourhood 3	38878	2244	6%	1330	3%	486	1.25%
Neighbourhood 4	46115	2181	5%	802	2%	462	1.00%
Totals	206928	7376	4%	3984	2%	1654	0.80%

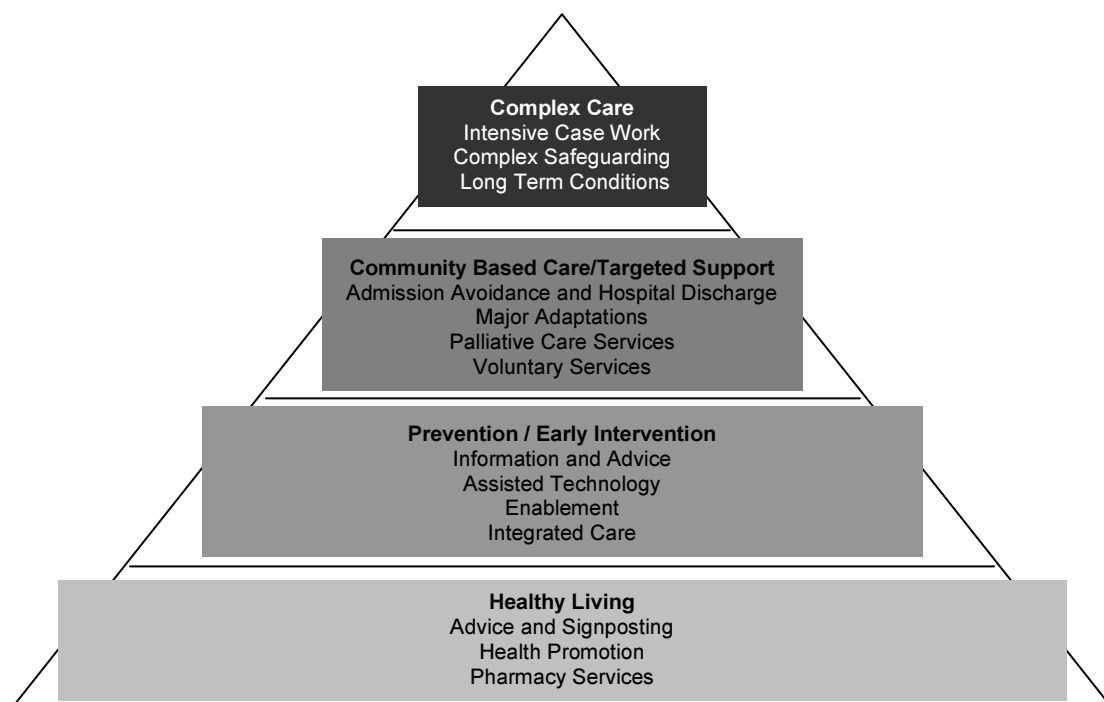
7. The Core Team

7.1 Each neighbourhood will be supported by a core team as shown in the diagram below. Each core team is multi-disciplinary and includes social workers, community matrons, practice nurses and therapists. Each member of the team will be designated as a “Key Worker” for an individual, bringing in their colleagues across the team to provide extra support as and when needed. There will be a specific focus on the avoidance of admission to hospital and supported discharge from hospital.

**Diagram 1
Neighbourhood Model – Whole System Approach**



- 7.2 A key member of the core team will be the Support Broker. This new role is being developed to work with clients to develop individualised and outcome based support plans that meet their care needs. The Support Broker will help broker the resources needed to deliver the plans and review clients to ensure the outcomes identified are being met. They will be the first point of contact if a support plan is no longer meeting the identified needs and, if necessary, organise a reassessment to be undertaken by an appropriate member of the team.
- 7.3 Where appropriate Support brokers will look to use local resources within the community to meet the needs of the individual and to increase social inclusion, reduce social isolation and promote the development of volunteering and timebanks.
- 7.4 Improving communications between team members and with the patient or service user is a key priority for the new model. An integrated patient/user care record is being developed. This will improve the patient/user experience as all agencies involved will be able see, at a glance, the plan and the progress being made without having to repeat the same questions.
- 7.5 The staff will attend regular multidisciplinary Practice meetings. These will provide the opportunity for a collective discussion to improve the support and interventions for the service user, to facilitate the sharing of intelligence across disciplines, to identify key risks and will provide an opportunity to gain a better understanding of the support and intervention each member of the team can offer.
- 7.6 The staff within the core team will work within a wider network of services and support, as shown below, to ensure that people have information on, and access to, the support and intervention that is available.



7.7 The core team in Neighbourhood 2 has already been established and the other teams will be established over the next few months, see table below.

Neighbourhood	Timescale of roll out	Proposed base
Neighbourhood 2	May 2013	Honor Oak clinic
Neighbourhood 1	June 2013	Waldron Health Centre
Neighbourhood 3	July 2013	Downham Health Centre
Neighbourhood 4	August 2013	Sydenham Green

7.8 The neighbourhood model will operate under Section 75 of the National Health Service Act 2006. This allows Health services to exercise various local authority functions and for local authorities to exercise various health functions, and allows certain flexibilities in relation to integration of funding and provision.

8. Conclusion

8.1 The Healthier Communities Select Committee is well placed to support the integration of care and support across different services. Members can help to ensure that integrated services deliver high quality care, and provide a better experience for the service user and their families and achieve improved outcomes.

Background Documents

Redesign of Adult Health and Social Care services in Lewisham- 11 July 2013

<http://councilmeetings.lewisham.gov.uk/documents/s13602/Redesign%20of%20Adult%20Health%20and%20Social%20Care%20Services.pdf>

Adult Social Care and Health Care – Integrated Arrangements for Community- Mayor and Cabinet- 14 November 2012

<http://councilmeetings.lewisham.gov.uk/documents/s18691/Adult%20Social%20Care%20and%20Health%20Integrated%20Arrangements%20for%20Community%20Care.pdf>

Everyone counts – planning for patients 2013/14

<http://www.england.nhs.uk/wp-content/uploads/2012/12/everyonecounts-planning.pdf>

Integrated care and support: Our shared commitment (May 2013)

www.gov.uk/government/news/national-partners-make-commitment-to-join-up-health-and-social-care

For further information please contact Joan Hutton, Interim Head of Adult Social Care by email at joan.hutton@lewisham.gov.uk