LEWISHAM: DEVOLUTION PILOT

Strategic Outline Case

August 2016

1. Lewisham's Vision

1.1 Our Vision

Lewisham Health and Care Partners (LHCP) is a partnership of health and social care commissioners and providers working towards achieving a vision of a viable and sustainable single health and care system. By 2020 this will:

- Enable our local population to maintain and improve their physical and mental wellbeing
- Keep people living independent and fulfilled lives
- Reduce inequalities and provide services which meet the needs of our diverse community
- Provide access to person-centred, evidence-informed, high quality, pro-active and cost-effective care, when it is needed.

Our key objectives are to achieve:

Better health: making choosing healthy living easier – providing people with the right advice, support and care in the right place at the right time to enable them to choose how best to improve their health and wellbeing

Better care: to provide the most effective personalised care and support where and when it is most needed – given people control of their own care and support them to meet their individual needs.

Strong communities: to build engaged, resilient and self-directing communities - enabling and assisting local people and neighbourhoods to do more for themselves and one another.

Better value for the Lewisham pound: by focusing on delivering population-based health and wellbeing outcomes and higher levels of service quality within the financial envelope available to us.

1.2 Context

Lewisham has a long history of strong partnership work. In 2008 the borough launched a 12 year Sustainable Community Strategy which engaged all partners in broad strategic development to improve the quality of life of Lewisham's citizens. The vision for the borough which was developed then remains as pertinent today:

'Together, we will make Lewisham the best place to live, work and learn.'

The approach has shaped the current regeneration of the borough. The town centre has been transformed with both new and improved housing, secondary schools have been rebuilt and new health, leisure and community facilities have been delivered. LCHP are able to draw on the backdrop of this successful partnership working and delivery.

LCHP have already delivered a significant number of programmes and are now focussed on the next steps to deliver a whole system model of health and care. These include reframing the commissioning role and commissioning frameworks, establishing new provider models and vehicles for the delivery of community based care and giving particular focus to the estate requirements for the delivery of health and care in Lewisham and the ways of working and the skills and competencies needed in our future workforce. Our long history of collaborative working

means we are advanced on this journey. Achieving our ambition, however, requires a significant shift in the way that health and care within the borough is supported and delivered.

In addition to the NHSE 5 Year Forward View, the following sub regional and local strategies and plans shape and drive activity in Lewisham:

Our Healthier South East London (OHSEL)

Lewisham CCG has been working collaboratively with the five other South East London CCGs as part of the Our Healthier South East London (OHSEL) Strategy to collectively:

- respond to local needs and aspirations
- improve the health of people in south east London
- reduce health inequalities
- deliver a health care system which is clinically and financially sustainable.

The strategy complements and builds on activity in Lewisham. It has a particular focus on those areas where improvement can only be delivered by collective action or where there is added value from working together.

Sustainability and Transformation Plan

The OHSEL Strategy provided the starting point for the Sustainability and Transformation Plan (STP). The STP has developed this work considerably further both in terms of collective governance and scope of plans for both commissioners and providers across the system. The strategy for south east London is clinically-led and developed, with over 300 clinicians, nurses, allied health professionals, social care staff, commissioners and others developing ideas through the six Clinical Leadership Groups (CLGs). Patient and public voices feed directly into the CLGs and support the work streams.

The STP has 5 priorities and areas of focus:

- Developing consistent and high quality community care and prevention
- Improving quality and reducing variation across both physical and mental health
- Reducing cost through provider collaboration
- Developing sustainable specialised services
- Changing how we work together to deliver the transformation required

One Public Estate

Lewisham has been awarded £50,000 to develop the second stage bid to the One Public Estate (OPE) initiative. If the second stage bid is successful, Lewisham will secure up to £500,000 to support the delivery of the programme. OPE is a pioneering initiative delivered in partnership by the Cabinet Office Government Property Unit and the Local Government Association. It provides practical and technical support and funding to councils to deliver ambitious property-focused programmes in collaboration with central government and other public sector partners. The programme has four core objectives:

- Creating economic growth
- More integrated, customer-focused services
- Generating capital receipts
- Reducing running costs

Lewisham's OPE submission outlined three interdependent schemes:

- Regeneration – activity focussed on shared development of 4 specific geographical areas that will deliver new homes, employment and fit for purpose assets whilst retaining the 'look and feel' of thriving neighbourhoods and distinct communities.
- Collaboration – activity to enable and support the expansion of community based care services, new models of care at home, primary care development and the integration of adult social care and health facilities.
- Strategic Estate Planning – activity to maximise the use of existing facilities and co-location of services.

In addition to these key strategic drivers, there are also parallel programmes of work, for example activity to develop interconnected IT, which overlap and complement the devolution activity. We will ensure that all the relevant strategic plans and programmes are co-ordinated to reduce duplication and to maximise the benefits.

1.3 Benefits of Devolution

Lewisham Health and Care Partners (LHCP) see this devolution pilot as a strong signal of intent that Lewisham is serious about working in new and different ways to cover new ground in delivering real benefits for our population. LHCP are keen to test the opportunities offered by devolution to increase the scale and pace of health and care integration locally. Our partnership wishes to explore ways in which the freedoms and flexibilities offered by devolution could assist and enhance our work.

Specifically, we want to:

- Develop a sustainable health and care system by removing unnecessary restrictions that apply to the use and disposal of our estate. This will enable us to unlock the capital for re-investment within our own borough to provide fit for purpose premises and make services more accessible.
- Develop a more flexible workforce with roles that are more generic, bridge organisational differences and focused on outcomes.
- Access transformation funding to test the future delivery model for the full integration of adult social care and health services.

2. The Strategic Case for Change

2.1 Our Journey So Far

Lewisham Health and Care Partners (LHCP) have been working together to develop and deliver integrated services since the integration of acute and community health services in 2010 (see Figure 1 for a timeline of key developments in relation to the development of integrated services).

Partners include:

- London Borough of Lewisham (LBL)
- NHS Lewisham Clinical Commissioning Group (LCCG)
- South London and the Maudsley Foundation Trust (SLaM)
- Lewisham and Greenwich NHS Trust (LGT)

- Lewisham General Practitioners (GP) Federations (four neighbourhood federations)

The principle of subsidiarity underpins our approach to joint working.

It was agreed that the partnership would focus all adult health and care services outside of the acute sector along the neighbourhood footprint established by GPs in 2008. In 2015, those four neighbourhood clusters were consolidated into four neighbourhood GP Federations. A fifth pan-Lewisham provider is also now in place. A range of services, including services delivered by the voluntary sector, are now organised on a neighbourhood basis.

To date, the integration of services for adults has been primarily overseen by the Adult Integrated Care Programme (AICP) Board which reports to the Health and Wellbeing Board. It has been funded through section 75 pooled budget arrangements and the Better Care Fund. A number of partnership initiatives have been delivered including:

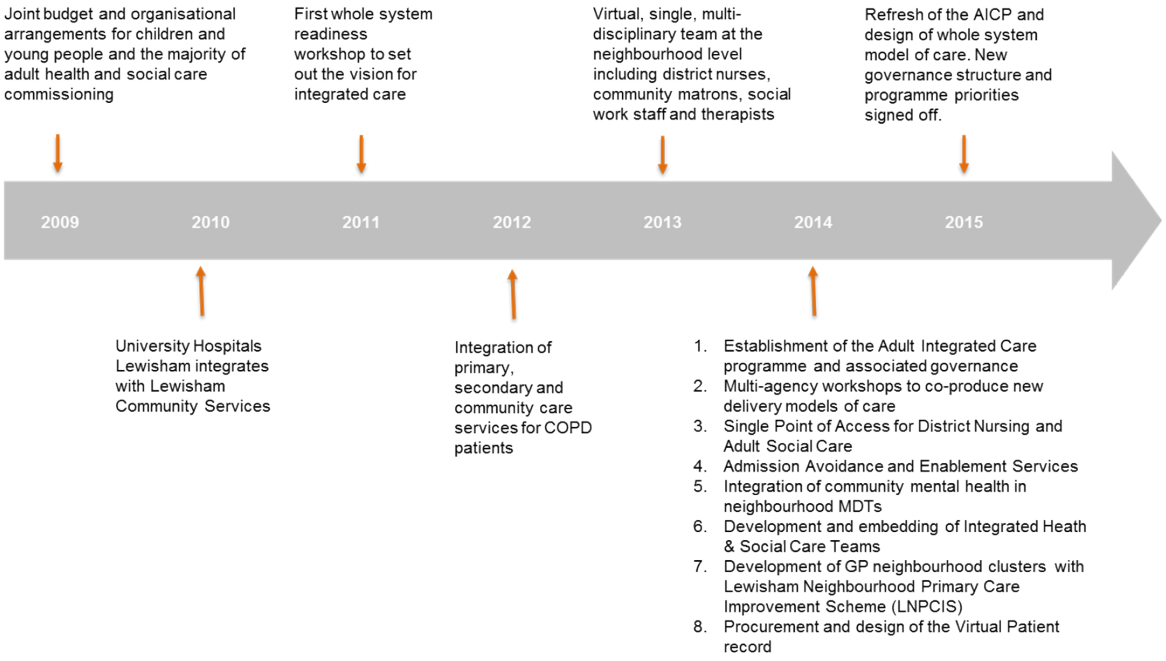
- *Establishing a Joint Commissioning Unit* - in 2010 Lewisham Council led the development of a Joint Commissioning Unit, bringing together key commissioning functions across Lewisham Clinical Commissioning Group and the local authority.

- *Integrating adult social care services and health staff teams* - virtual multi-disciplinary teams of social care and nursing staff aligned to GP practices have been established, a Single Point of Access has been developed and enablement services are now integrated.

- *Establishing a virtual patient record* – 'Connect Care', Lewisham's data sharing system has been designed, procured and established. Connect Care has been rolled out across Lewisham and Greenwich Trust and primary care, with the integration of adult social care data later this year. The focus in 2016 is on extending the connections to other existing systems (such as mental health systems) and improve access to social and health care professionals.

For children and young people, we have mature partnership arrangements in place. The Children and Young People's Strategic Partnership Board oversees the work of a joint commissioning team as well as wider strategic initiatives focussed on children and young people. Children's health and early intervention services have been aligned at the front line of delivery for number of years in Lewisham. Many health and early intervention services are co-located on a neighbourhood model, including those services for children with complex needs on a children's centre neighbourhood model. GPs have been actively engaged in this work and this engagement is increasing over time.

Figure 1: Timeline of local integration to date in Lewisham



2.2 Lewisham's Challenges

Lewisham is a diverse inner London borough with a growing population, projected to increase from 297,325 to 318,000 by 2021. It is the 15th most ethnically diverse local authority in England (46% of the population are from black and ethnic minority groups). Around 26,000 residents are above 65 years of age and over 3,400 are aged over 85 years. The Index of Multiple Deprivation 2015 ranks Lewisham 48th of 326 districts in England and 10th out of 33 London boroughs. There are nearly 40,000 one person households in Lewisham.

We recognise that the current system is not sustainable or achieving the health and care outcomes we should:

- Life expectancy remains lower than the England average. Cancer is now the main cause of death (28.3%), followed by circulatory disease (28.1%), respiratory disease (13.8%) and dementia (9%) in Lewisham. Too many people die early from deaths that could have been prevented by healthier lifestyles.
- There are significant health inequalities in Lewisham. People living in the most deprived wards, in Lewisham, have poorer health outcomes and lower life expectancy compared to England's average. Lewisham is one of the most ethnically diverse areas of the country and African and African Caribbean residents are disproportionately over-represented in mental health admissions.
- Too many people live with ill health. 29% of Lewisham's population have 1 LTC (about 86,570 people). Over 50% of those aged over 75 are likely to have two or more long term conditions.
- Demand for care is increasing, both in numbers and complexity. 14% of people in Lewisham identify themselves as having limitations in carrying out day-to-day activities. That is equivalent to around 38,000 people.

- High quality care is not consistently available - the quality of care that patients receive and the outcome of their treatment can vary depending on when and where they access health and care services.
- The prevalence of serious mental illness is higher than the England average. There has been a statistically significant increase in the prevalence of depression in adults (from 5.90% in 2013/14 to 6.40% in 2014/15).

The main health risks by age group	
Children • premature delivery • low birth weights of babies • high levels of obesity • exposure to toxic stress • the level of child poverty in Lewisham is significantly worse than the England average • the rate of family homelessness is also worse than the England average	**Young people** • mental health issues, often as a consequence of exposure to toxic stress during early development • sexual ill-health - high levels of teenage pregnancy and rates of sexually transmitted infections (STIs) • high levels of obesity • tobacco, alcohol and cannabis use also adversely affected
Adults • increasing numbers of people diagnosed with long term conditions and their management, in particular, diabetes, COPD, CVD and hypertension • level of mental health needs for both common and severe mental illness is significantly higher for adults in Lewisham than comparative borough • Lewisham is only identifying 52.9% of people with dementia; increasing the low diagnosis is a national challenge • high levels of drug and alcohol misuse	**Older people** • the likelihood of having a long term condition increases with age, with over 50% of those aged 75+ having two or more long term conditions. • dementia as it increases markedly with age and the level of diagnosis is low (see Adults section) • accidental falls - the rate of emergency hospital admissions for accidental falls is significantly higher in Lewisham than the England average, at 3,367 per 100,000 in 2012/13

Delivery Challenges

The south east London health economy faces a considerable affordability challenge over the next five years. The STP estimates this to be £1015m by 2021/21 on a 'do nothing' basis. Our experience of joint working has thus far realised considerable savings across all parts of the system. However, there needs to be considerable streamlining and more effective targeting of interventions to save on staff costs and provide more effective outcomes.

There are emerging constraints to the development of a whole system model of care in Lewisham. While some can and should be managed locally, they are nonetheless the starting point for Lewisham's 'asks' in relation to the devolution pilot.

Challenges to utilising our public estate to deliver a whole system model

A review of estates across the health and care system has identified opportunities for using assets more efficiently and highlighted key challenges:

1. It is clear that some sites are not fully utilised, not ideally set up for the services using them, and/or need upgrading or improving. LHCP have committed to developing a joint strategy to reconfigure sites and enhance the gain for residents. This work has been timely in relation to the opportunity to submit an application to One Public Estate. Reconfiguring sites to address

these challenges requires greater flexibility in relation to resources to enable reinvestment with Lewisham's health and care system.

2. The availability of estate suitable for co-location of integrated teams or even at a minimum space where teams can come together on a regular basis to collaborate is limited. There are restrictions around the use of three of the sites identified for Neighbourhood Care Hubs that support our Neighbourhood Care Network model. These are delaying the integration of health and social care services and the development of the Hubs and wider Neighbourhood Care Networks:
    - *The Waldron Health Centre* was developed as part of the LIFT Programme and currently houses GP surgeries and some district nursing office space. The building is under-used and could be occupied to full capacity. However, the arrangements in place for leasing and developing the space are complex and the under-utilisation is costly.
    - *Downham Health and Leisure Centre* is a PFI building that opened in March 2007. The centre includes health care facilities, library, community hall, and leisure services (including a 25m swimming pool, teaching pool, gym, studios, floodlit Astroturf and multi-use games area, and playing fields). It is managed by 1Life (formerly Leisure Connection Ltd) operating through an Industrial and Provident Society (IPS), Downham Lifestyles Limited.
    - *Sydenham Green Health Centre* is owned by Lewisham and Greenwich NHS Trust and houses a GP practice. Although there is considerable potential to develop the usage of the building and the site beyond primary care, it is proving difficult to achieve this.

Challenges in delivering joint working and care coordination:

1. There are recruitment challenges across the system with shortages for a range of staff including qualified and experienced social workers, occupational therapist and nurses. 24% of Healthcare Assistant positions in primary care are vacant, the highest of any general practice staff group. Staff shortages are restricting face to face time with health and care professionals.
2. The current approach to workforce is unsustainable. In primary care alone it is estimated that an additional 134 GPs and 82 nurses will be required by 2021 at a cost to the health economy of approximately £17m. 42% of the general practice workforce in Lewisham is aged between 50 and 65. Supply forecasts predict a GP supply shortfall of 25% in this scenario.
3. Inflexibility around job evaluations at the Council slows down and in some cases halts the creation of new roles that cross current professional boundaries.
4. Where new roles that blur professional boundaries are being considered, rules relating to clinical governance can hinder developing and embedding these new roles.
5. While the Connect Care information sharing agreement has enabled significant progress in relation to integrated working, in some areas information sharing remains restricted. Connect Care offers an opportunity to create a generic overarching information sharing process to enable all key stakeholders, including residents, to collaborate and safely store information to support integrated care that will enable them to deliver joint assessment, care planning and care coordination across organisational boundaries, a core benefit of integration.

Challenges in delivering whole system joint commissioning:

1. Like many health and care economies, Lewisham is facing significant financial pressures in the form of rising demand for services and allocations that are either declining (social care) or increasing but in very small percentages (health). This creates a funding gap that will only

increase over the next five years unless new ways of funding and delivering services are put in place. Collectively, in 2016/17 the CCG, Adult Social Care (ASC) and Public Health have nearly £472.9 million to commission advice, support and care on behalf of Lewisham people. Commissioning partners face a funding gap of nearly £17m in 2017/18 between the projected spending requirements and expected resources available. In addition local providers are required to make efficiency savings.

2. The annual commissioning cycle makes it difficult for the CCG and Council to allow for upfront investment in transformation with the benefits realised over a 3-5 year cycle. A multi-year cycle would also enable the defined benefits to be based on outcomes rather than process targets.

2.3 Engagement

A range of engagement and co-design activity has been undertaken to inform our transformation and integration activity:

- 'The People's Quality Summit' in March 2014 gave almost 100 people an opportunity to give their views on the kind of health and social care services they need and want.
- 'Your Voice Counts', a public event held in July 2015 to obtain a public perspective on the development of Neighbourhood Care Networks.
- The redesign of the Enhanced Care and Support (ECS) Services is based on the findings of commissioner led audits which were undertaken in July and November 2015. Engagement on the ECS services is planned for July – September 2016.
- The new Social Care and Health web pages of Lewisham Council's website and directory of services, which went live in August 2015, were co-designed and tested with service users. This included test and learn sessions with over 50 individuals. A workshop was held in March for people with a visual impairment to better understand the barriers to digital engagement. This has resulted in setting up digital skills training. In April 2016 a survey was undertaken with residents and staff to better understand the development of the Live Well Lewisham App. Further work planned for 2016 includes further engagement on residents' digital journeys and the involvement of service users in the Safe and Independent Living (SAIL) evaluation.
- The proposed approach to articulating the vision and over-arching branding was tested with the CCG's Public Reference Group in June 2016.

Key themes in terms of what our communities want from health and care services have emerged from our consultation and engagement activity:

- More face to face time with health and care professionals
- Improved access to mental health services and resources, with better signposting to the full range of services available.
- Improved access to GPs and walk in centres, especially out of office hours
- Better communications, information and integrated record sharing across service providers and more diverse communication channels about available services.
- Integrated person centred services with a single entry point for patient information
- Staff across the system to have the skills and knowledge to help and support residents to look after their own health and wellbeing, to direct their own care and to choose the support and services they need.

- Better care co-ordination and improved support for people to navigate the health and care system
- More health and wellbeing services and support for carers

A Communications and Engagement Strategy is being developed to position the work that is being progressed across the system within the strategic vision for health and care in Lewisham.

3. Our Plans for Transformation

3.1 A Whole System Approach

Lewisham Health and Care Partners have long recognised that many of the challenges they face can only be addressed and resolved at a local borough level and furthermore a significant element of our whole system model of care is the delivery and management of services wherever possible at a neighbourhood level. Table 1 below sets out some of the key milestones that will need to be met over the next 4 years. Detailed business cases and plans lie behind each activity.

Table 1:

LEWISHAM WHOLE SYSTEM MODEL OF CARE: Key Milestones				
	By April 17	By April 18	By April 19	By April 20
Strategy	• Scope of community based care to be delivered at a neighbourhood level and shift of services agreed • Commissioning and provider delivery vehicle options developed • Lewisham's shadow commissioner and provider delivery vehicles agreed and operational • Step improvement in agreed outcomes achieved, including, reductions in acute admissions & delayed discharge and increases in user & workforce satisfaction.	• New delivery models for accessible planned, urgent and emergency care agreed • Reduction in non-planned emergency activity across the system • Reductions in acute admissions & delayed discharge • Increase in user satisfaction	• Step change in agreed outcome measures with significant improvement in user satisfaction and public engagement indicates more satisfaction with services	• Evidence of better health, better care and stronger communities • Second year of expected value delivered against contracts (shared savings) • Residents look after their own health and wellbeing, are supported to direct their own
Finance &	• Operational delivery plans reflect direction of travel • Contract specifications	• Outcome based contracts for in place for existing and new provider vehicles	• First year of expected value delivered against contracts (shared savings)	

g	reflect direction of travel • Affordability of new models agreed (based on population and services) • Outcome based contracts for selected population cohorts and/or functions agreed and in place • Shared understanding of the local health & care market reflected in the commissioning intentions.			care and to choose the support and services they need at the right time. • All residents receive coordinated, person centred care • All residents have access to planned, urgent and enhanced care • Technology supports workforce to engage differently with service users and enables residents to self-care and self-manage. • Fully integrated information management systems • Lewisham's estate enables multi-purpose, flexible working for community based care.
Multi-disciplinary working within neighbourhoods	• Risk stratified target groups managed through multi-disciplinary working • High risk individuals have joint assessments and care plans in place • A menu of support is available for individuals to self-manage their long term conditions	• Accessible, co-ordinated person centred care is delivered by alignment of health (physical & mental) & social care provision	• Accessible, integrated, person centred care supported by a capable health & social care workforce in the community.	
Enhanced care & support	• Models for admissions avoidance (planned & urgent) delivered and evaluated – home ward, rapid response and ambulatory care. • New hospital discharge processes and provision in place • Outcome based contracts for domiciliary care in place			
Work -	• Community based self-governing teams explored for potential application in Lewisham (Buurtzorg model) • Existing community based health & social care roles have the knowledge and skills needed for effective multi-disciplinary working. • The Lewisham	• Redesigned roles in place to deliver whole system model of care • Higher levels of workforce retention & workforce satisfaction.		

	workforce has the digital skills to employ new ways of working.			
IMT	• Shared health and care information is accessible to patients and practitioners	• Shared care records across Lewisham Health & Care Partners • Integrated data reporting systems	• Technology enables mobile/ virtual working system wide.	
Estates	• Estates specification for community based care at a neighbourhood level agreed	• Community spaces based on neighbourhood footprints operational • Estates requirements for other care models identified	• Community spaces bring together physical & mental health, social care and non-health services such as employment services and housing	

3.2 How we will take this forward

Governance

Representatives from Lewisham's Health and Care Partners have formed a partnership board, LCHP Executive Board, which will primarily continue to focus on delivering fully integrated adult social care and health systems.

As a partnership board, members will:

- Oversee the development of the whole system model of care implementation plan and timings;
- Review the options for organising the whole system (for commissioners and providers) and their legal, financial, clinical and regulatory implications;
- Clarify and seek sign off from local decision-makers including the Health and Wellbeing Board, the Council Cabinet, CCG Governing Body, South London and The Maudsley Foundation Trust and Lewisham and Greenwich Trust Board about benefits and impacts;
- Consider the options for shadow running elements of new commissioning and provider models

The LHCP Executive Board will be overseen by Lewisham's Health and Wellbeing Board. Four distinct boards will report to the LHCP Executive Board: the Estates Board, the Devolution Board, the Adult Integration Board and the Section 75 Board. These four boards are aligned to a number of partnership boards including Lewisham's Regeneration Board.

A diagram showing the governance arrangements is included as Appendix A.

Developing a new model for Community Based Care

Collectively, the CCGs in South East London are working together as part of Our Healthier South East London, to divert demand for secondary and acute services by expanding accessible, proactive and preventative care delivered out of hospital. In line with the broader south east

London approach, the principle for health and care services within Lewisham is that delivery should be:

- As close to home where possible for easy access
- Centralised when necessary to enable quality, safety and sustainability

Community Based Care delivered within Neighbourhood Care Networks is the foundation of the integrated whole system model that has been developed for south east London. This model focuses on population health and well-being, supporting people to manage their conditions and increasing prevention and early intervention.

In Lewisham, we are developing Neighbourhood Care Networks (NCNs), our local interpretation of the OHSEL Local Care Network concept, informed by what our communities have said they want from health and care services. This is identified as a key priority within Lewisham's Better Care Fund submission. NCNs will support the delivery of care in the community, closer to people's own homes so that people can access the care they need when they need it, and only go to Accident and Emergency or to hospital if they really need to be there. Effective NCNs will ensure that people don't have to travel too far to get the care they need and, where possible, get different services delivered from the same site.

Lewisham's NCNs will link primary, community, specialist teams working in the community, mental health and social care colleagues together to manage the health and care of local registered populations of between 61,720 and 116,583 people. Work to define the organisational model to deliver statutory elements of community based care and the interface with GP federations is ongoing. NCNs will connect at a local level the full range of community based services. This includes care provided by GPs, social care, pharmacists, other NHS and local authority services, as well as that provided by the voluntary and community sector. NCNs will also develop an integrated approach with acute providers identifying services which can be delivered locally, as well as making use of acute assets and expertise.

Based on the OHSEL model, each Neighbourhood Care Network will work towards:

- Building strong and confident communities and involved, informed patients and carers who are supported to stay independent and self-manage
- Delivery of consistently high standards of care, including the London Primary Care standards, with clear outcome measures
- Responsive services providing access from 8am –8pm seven days a week
- A focus on the physical health and wellbeing of people with enduring and significant mental health problems
- Proactive primary and secondary prevention, equitable and timely access, effective co-ordination
- A systematic risk stratification and problem solving approach
- Co-working with voluntary sector organisations to develop local communities and support the more vulnerable.

LHCP recognise that although Neighbourhood Care Networks form a loose federation organisationally and will operate from a variety of community settings, the expansion of primary care services will be required as the cornerstone of this work. A Neighbourhood Care Hub will be established in each neighbourhood but this may also be complemented by the community buildings that can provide a range of services supporting primary care provision and other Neighbourhood Care Network provision.

Neighbourhood Care Networks will need to be aligned with the development of a strategic and whole system approach to estates, workforce and IT systems. Consideration of new contracting models to support NCNs will also be undertaken. It is this activity that will determine our devolution asks.

3.3 Estates

Developing a Strategic Approach:

Over the last year, Lewisham has undertaken some initial work to develop a strategic approach to estates. A review of the level and positioning of assets across the system has established the current pattern of use, lease/ownership arrangements and how the location of services affects their delivery.

Current estate assets:

Organisation	**No. of Sites**	**Total sq m Occupied**	**Ownership Status**
LBL: Adult day centres Care homes Children Centres – stand alone sites Children Centres – part of school sites	 4 2 2 6	 6710 No size available 1883 No size available	 All freehold All freehold All freehold Tenure TBC
LGT	14	4,222	6 freehold 6 leasehold 1 LIFT leasehold 1 PFI leasehold
SLaM	26	19,658	15 freehold 8 leasehold 3 tenure TBC
General Practice	44	12,558	11 freehold 17 leasehold 16 tenure TBC
Total	98	45,031	40 freehold 33 leasehold 25 TBC

Lewisham also owns a number of community centre sites that could be more fully utilised in relation to the provision of health and care services.

For health partners, individual estate strategies have formed the bedrock of each borough's submission to the Sustainability and Transformation Plan (STP). There is a recognition that while each borough can benefit its residents significantly from cross partner estate working, this needs to take account of and contribute to the most effective and efficient provision of health services across south east London as a whole and the need for assets that are fit for purpose to support these services.

Guiding Principles:

A set of guiding principles have been developed to support the application to One Public Estate as well as forming a framework for the London Devolution Pilot:

1. Consideration of new housing opportunities should be priority in all areas of asset reconfiguration and disposals whilst recognising the need for infrastructure review to support a growing number of residents where possible.
2. Our assets should be used to full capacity and should be financially and geographically accessible for health and well-being services required by residents.
3. For those assets that remain in community and public use there should be a clear purpose and rationale for the redevelopment and use of the building(s).
4. Back office, infrastructure and administrative support should be shared where possible, streamlined and housed in buildings that lend to greater use of touchdown, and digital services.
5. Capital receipt gained from asset rationalisation should be used where possible to contribute to the reconfiguration of services and service improvement.
6. Capital receipt acquisition from other partner organisation should not impact negatively on another partner's financial stability.
7. Community assets should look to house a wide range of both statutory and voluntary services where appropriate and develop simple, effective lease and payment systems to accommodate these.
8. All redevelopment of sites should continue to contribute to economic development and the look and feel of the borough.
9. A memorandum of understanding will underpin the legal and best value requirements for asset disposal and development across the partnership.

Estates and devolution

Lewisham's devolution pilot focuses in particular on developing estates that support the delivery of community based care through Neighbourhood Care Networks and using buildings to support multi-disciplinary teams and ways of working.

In each neighbourhood we have a well-established vision and have already adapted buildings that are publically subsidised in order to support both co-ordinated and integrated health and care services. The Kaleidoscope building, for example, delivers integrated community health services for children. More recently, adult day care centres have been transformed into multipurpose sites to provide preventative support services. These centres will continue to be used for day care opportunities for people with learning disabilities but will now provide:-

- Streamlined information and advice services to residents covering all information and advice support and in particular help with self-management, self-care and making informed choices about future care
- Assistance to residents to be able to access services digitally

- Back-office shared spaces for voluntary sector organisations in return for a contribution to improved health and wellbeing services
- Physical activity, dance and movement to assist in social prescribing.

The Neighbourhood Care Hubs:

Each neighbourhood will host a Neighbourhood Care Hub. Each hub will expand the availability of primary care health services in terms of opening hours and proximity to where people live. It will also widen the scope of what can be offered in one place and will include any number of GP services, pharmacy, ophthalmology and mental health services. The additional space that a hub can offer allows for an expansion of service which in some practices and health centres is at present constrained by space and what can be offered by one centre. The hub offers the potential for a more flexible, co-ordinated services across a neighbourhood. The newly constituted GP Federations could, for example, offer clinics / services extended opening hours by visiting the hubs on a peripatetic basis. The final configuration of each hub service offer is not formalised as yet. It forms part of a bigger canvas in each neighbourhood which will see some planned GP mergers and site reconfigurations that will ultimately define which cluster of services need to be within each hub. A list of potential services that could be offered in a Neighbourhood Care hub is included as Appendix B.

The over-riding principles are that the hub service should supplement and not duplicate other care services, should facilitate co-location or collaboration with other voluntary sector support services where appropriate. They should house or be close to the 'touch down' bases for the integrated community-based neighbourhood teams and should be recognised as centres which do as much to promote health, wellbeing and self-care as to provide appropriate care for those with ill-health.

The Neighbourhood Care Hubs will:

- be fit-for-purpose, flexible, adaptable and able to facilitate the shift of services out of the acute hospitals into the community.
- provide local accessible centres of excellence
- facilitate multi-disciplinary working
- enable the voluntary sector to better connect to formal health and care providers
- realise a reduction in maintenance and back office costs.

The Neighbourhood 2 hub will be developed on the LGT hospital site and other adjoining sites owned by the Council and will subsequently host a larger range of services than the other hubs, making use of existing diagnostic facilities onsite, education and research capacity and more specialist clinical advice and back up.

The other proposed Hub sites are:

Neighbourhood 1	Waldron Health Centre
Neighbourhood 3	Sydenham Green Health Centre / Jenner Health Centre, developing use of a nursery school site soon to become available
Neighbourhood 4	Downham Health and Leisure Centre

It is envisaged that the Neighbourhood Care Hubs could house:

- Bases for the integrated nursing and social care teams (the Neighbourhood Community Teams) and the community mental health team.
- Touch down space for services which are part of the Neighbourhood Care Network including the voluntary sector.
- New services to promote / expand primary care.
- Bases for local social enterprises.
- Information and advice and help with accessing digital services and choices.
- Bookable space for shared use.
- Diagnostics.
- Urgent care and extended access.

Work with NHS Property Services, CHP, London partners and sub-regional strategic estates boards will explore the potential to facilitate the release of primary care and hospital estates to support the development of Community Based Care and Neighbourhood Care Networks and release relevant resources for transformation. Many details now need to be considered in this, including:

- Criteria and benefits for the co-location of services
- The commercial basis on which buildings are managed to enable more flexibility
- New ways of working for staff which are likely to require different premises such as touch-down bases for staff working in the community.

3.4 Workforce:

There are approximately 200 staff working within the 4 core Neighbourhood Care Teams. Another 100 are employed in other community roles that support people's health and wellbeing. These staff work in local organisations that collectively employ over 5,000 people in Lewisham's health and care services. Taken as a whole the staff group constitute approximately 6% of the Lewisham health and social care workforce. A further 400 staff work as part of the primary care workforce spread across 40 GP practices.

The focus of our collective approach to workforce development has been the creation of Neighbourhood Care Teams. Building on the integration of health and care staff in other services across Lewisham, for example Enablement Services and Joint Commissioning, 4 virtual multi-disciplinary teams (Neighbourhood Community teams) of social care staff and district nurses have been developed. These teams are organised on the neighbourhood footprint of the 4 GP Federations and the aspiration is to co-locate them in each neighbourhood, creating fully integrated teams. Some mental health services are already organised on a neighbourhood basis and work is underway to consider how mental health professionals can be aligned with or integrated into the Neighbourhood Community Teams.

Our achievements in relation to the Neighbourhood Community Teams include:

Establishing a team of Neighbourhood Co-ordinators - central to the effective operation of the Neighbourhood Community Teams has been the development of a team of Neighbourhood Care Co-ordinators. One co-ordinator has been operating in each neighbourhood since February 2015. The co-ordinators are funded through our pooled budget arrangements and work across the system, improving communication and patient flows both within social care, district nursing

and primary care but also between the NCTs and wider health and care services including mental health, enhanced care and support services and housing.

Implementing a workforce development plan for the NCTS - a workforce development plan to deliver the culture change and training needed to support the integration of the Neighbourhood Community Teams (NCTs) was initiated in May 2015 and implementation is ongoing. Workforce development is aligned to activity to develop joint processes. Joint approaches to pressure care, referral pathways and information flows have been co-produced and piloted with the staff in the Neighbourhood Community Teams. Guidance to standardise the approaches to multi-disciplinary meetings and case conferences has been co-produced with the NCTs and primary care. Two new posts have been created to work with the teams to co-design the key processes required for integrated teams: single assessments, single care plans and joint key working arrangements. These processes will be in place within the next 12 months.

Improving quality - considerable work has been undertaken to improve the quality of practice, particularly in relation to district nursing.

Aligning mental health - key mental health services are now aligned on a neighbourhood basis. Multi-disciplinary approaches to responding to people with mental health issues in crisis have been agreed. Regular interface meetings between professionals now take place. Activity to improve the referral and escalation processes have been undertaken. In terms of next steps we are exploring how to further align mental health services with the NCTs and considering options for co-location.

Developing voluntary sector activity – since 2010, Lewisham Council has invested approximately £1,300,000 annually in innovative voluntary sector initiatives to develop new preventative services to support people to stay well in their communities. *Community Connections* is a key project within this scheme. Delivered by a consortium of voluntary sector providers, there are 3 strands of activity that take place in each neighbourhood: community facilitators provide an alternative approach to brokerage, working with people to identify opportunities for their needs to be met in their communities; community development workers support organisations to develop activities to respond to un-met need; volunteer co-ordinators encourage volunteering and improve the connectivity between volunteers and people needing their support.

<u>Neighbourhood Community Teams – next steps</u>

LHCP are keen to develop new approaches to delivering health and care informed by the Buurtzorg model developed in the Netherlands. The Dutch home-care provider Buurtzorg has attracted widespread interest for its innovative use of self-governing nurse teams. Rather than relying on different types of personnel to provide individual services—the approach taken by most home health providers—Buurtzorg expects its nurses to deliver the full range of medical and support services to clients. Buurtzorg has earned high patient and employee satisfaction and appears to provide high-quality home care at lower cost than other organisations.

A team of 13 managers and front line staff from Lewisham visited the Netherlands in June to gain a more in depth understanding of the model and how it could be applied in a Lewisham context.

Developing a Lewisham version of the model will require us to do the following which form the basis of our devolution asks:

- Develop new joint health and care roles and responsibilities, specifically the ability to conflate roles
- Develop a single tier of management across organisations supported by new professional coaching roles to retain clinical oversight.

Wider Workforce Development

LHCP are keen to apply the learning from the development of the Neighbourhood Community Teams and the flexibilities of the devolution asks to the wider development of the health and care workforce for example:

- To develop new roles such as care navigators to reduce some of the demands on GP time
- To establish new ways of working across federations that reduce bureaucracy, administration and demand for clinical consultations.
- To create joint posts supporting multiple practices or working across health and social care

By October we will have:

- Undertaken an initial workforce baseline analysis across the whole health and care economy.
- Undertaken a mapping exercise to determine the core functional requirements of the workforce to support the delivery of care (using a person centred approach to functionally map the workforce requirements)
- Developed the core set of skills, knowledge and behaviours that would support how these teams and individual work together (building upon existing / current work)
- Developed an education / development programme for this workforce

There is an obvious interdependency between workforce development and estates activity. A consolidation of back office services, and alignment, consolidation or reconfiguration of other clinical and non-clinical support services will inevitably have an impact on the estate, and requirement of the same to support its delivery.

Planning for workforce development will also be aligned with the broader technology programmes. Alongside the developments on Connect Care, Lewisham Health and Care Partners are seeking a more unified approach to IMT planning across the partnership. Partners want to ensure that IMT across the system supports staff in new ways of working, the use of mobile technology, provides users with better information and advice to support self care, and gives staff and residents access to shared health and care information. The use of technology is also recognised as a tool to support residents to better manage existing conditions.

3.5 Commissioning

NHS Lewisham Clinical Commissioning Group (CCG) and Lewisham Council are responsible for commissioning (planning, buying and monitoring) the majority of health and care services in Lewisham.

In 2010, the Council and Lewisham PCT (subsequently Lewisham CCG) developed a section 75 agreement to set up a joint commissioning unit to redevelop and procure services in:

- Physical and learning disability
- Children and young people's health (including maternity)
- Mental health
- Non acute older people's provision
- Aids and adaptations
- Continuing healthcare

The unit is based in the local authority and staff are seconded from the CCG via the section 75 agreement and work flexibly across all health and social care commissioning as detailed above. There are lines of accountability through the section 75 agreement to the Health and Wellbeing Board and the CCG. The unit has achieved £6m in savings to date as well as integrating services for carers, reorganising day care opportunities for people with learning disabilities, people with dementia and older adults.

However, in some areas the commissioning unit remains locked in protracted contract negotiations and monitoring and is seeking to look at new commissioning frameworks which focus much more on outcomes and inbuilt preventative measures. The work of the unit has given us excellent experience in how to reshape and integrate services in a more cost effective way.

This year's Partnership Commissioning Intentions for Adults sets out Lewisham's plans to commission health and care services. The Partnership Commissioning Intentions are a continuation of our journey to achieve better health and care outcomes for our residents and to facilitate and support the transformation and integration of health and care services in the borough.

The Partnership Commissioning Intentions for Adults set out the following key areas for the commissioning work in 2016/17:

- Prevention and Early Intervention
- GP practices and Primary Care
- Neighbourhood Community Teams
- Enhanced Care and Support
- Urgent and Emergency Care
- Planned Care

Commissioners recognise the role played by Workforce, Information Technology and Estates which are key to enabling successful delivery of transformational change across the health and care system. LHCP recognise the need to develop and adopt different ways of commissioning that emphasise value and population health. Our aspiration is to enhance the integration of our commissioning arrangements around our populations.

The OHSEL strategy outlines the expectation that any contract will focus on:

- Provision of care on the basis of geographically coherent populations
- Emphasising prevention, early intervention and proactive management, rather than activity
- System outcomes and risk sharing across pathways
- The total cost through the whole patient
- Integration between different types of providers

The development of provider models and vehicles for the delivery of health and care in Lewisham is a key priority. Work to define and develop a provider vehicle is on-going. Transformation funding will significantly accelerate plans to develop this model.

The partners recognise that for a new model of care to work, financial incentives will need to be aligned to reinforce the change in behaviours and practices that they want to see, to deliver care differently. Work has started around risk stratification and the initial financial modelling that will underpin the design of capitation in the next year to ensure that this is robust and flexible.

4. The Devolution Asks

In order to further accelerate the progress we are making in designing and delivering a whole system model of care for Lewisham we are seeking freedoms and flexibilities in key areas, namely estates, workforce and commissioning.

Devolution – Aims:
The aims of the devolution pilot are to:

1. Use assets more efficiently across the whole system
2. Develop new workforce models to remove the barriers to joint working and shared decision-making across organisations and professional groups
3. Develop new commissioning frameworks and provider models

4.1 Estates

Lewisham's devolution ask will enable the sites identified for the Neighbourhood Care Hubs to be reconfigured to enable full utilisation for the benefit of Lewisham's communities. This is a complex programme that will involve the disposal of assets, the termination of leases and consultation with staff and patient / user groups about how buildings can support the delivery of services in the future. It will be important to ensure that S106 and CIL contributions are maximised and primary care funding bids for NHS England, Estates & Technology Transformation Funds (previously Primary Care Infrastructure Funding - PCIF) are fully utilised. All other sources of funding need to be identified in order to deliver this ambitious programme of change. Lewisham's devolution 'asks' will enable this activity to be developed at pace.

The asks are for the following powers and flexibilities:

1. To be able to retain capital receipts achieved through the asset rationalisation programme to invest in the enhanced Neighbourhood Care Hub on the Lewisham and Greenwich NHS Trust (LGT) / Lewisham Council site in Ladywell and to reconfigure and extend neighbourhood care hubs in the other 3 neighbourhoods i.e. the Waldron Health Centre and its environs, Downham Health and Leisure Centre and its environs and Sydenham Green Health Centre.
2. To give delegated authority and powers to renegotiate the lease arrangements in the Waldron Health Centre, reset the financial modelling required for the building which would allow for maximum utilisation, extended hours, multi-purpose usage and a key 'connection' for local residents – providing a one stop shop for those with complex needs and an informal foyer / meeting space for those requiring support, information and advice.

3. To give devolved authority to LHCP to be responsible for the management of the Waldron Health Centre building. The partnership has access to facility management services. A lease would need to be agreed with CHP.
4. To give delegated authority to LHCP to negotiate the occupancy of health services in the Downham Health and Leisure Centre which will require new lease arrangements and greater flexible space for peripatetic services to be offered. The latter would be commissioned by the CCG as part of the new whole population commissioning framework. There is a need therefore for more flexible financial modelling of the building both in the health service area and the remainder of the site.
5. The Sydenham Green Health Centre is owned by LGT and it ought to be possible to reconfigure the site to improve usage locally. However there are leaseholders in the premises and there may be learning from the other two sites that would be beneficial to a swift resolution on this site.
6. The enhanced neighbourhood hub on the LGT hospital site and other adjoining sites owned by the Council will be developed with investment from asset disposal and section 106 gain. The hub will house a range of peripatetic services commissioned as part of a new outcome based whole population commissioning framework. Again lessons learned from how to configure the financial envelope of a new build will be useful as a replacement to current modelling.

4.2 Workforce

Through the greater flexibilities offered by the devolution pilot we will develop new ways of working to deliver our services and the skills and competencies needed across Lewisham's health and care workforce, including joint health and care roles. This approach needs careful costing but without the ability to work across roles and differing national employee frameworks it is very difficult to evaluate how cost effective and outcome focused this approach could be.

The asks are for delegated and not devolved powers supported by some transformation funding to facilitate delivery:

1. To look at terms and conditions and pay scales for joint commissioning positions to provide parity in the future. This will involve joint work across LHCP to establish new evaluation schemes for new job roles.
2. To delegate the power to set terms and conditions and professional requirements for new combined roles replicating the model practised by Buurtzorg that allows for whole person centred care in which tasks are not differentiated and undertaken by a range of different professionals and care workers. This could involve the conflation of a range of roles and responsibilities including nursing, community psychiatric nursing, healthcare assistants and domiciliary care workers. This approach will also need to encourage service user self-management and care, supported by one key worker. The latter would draw upon the Neighbourhood Care Network for further support.

   Further conflation of responsibilities between nurses and social workers could be explored. The aim is to provide a whole family / person approach to care but making the most efficient and effective use of roles in the most flexible way. In conjunction with mobile working, good IT infrastructure, a local base and maximum use of the neighbourhood care networks this

approach could make efficiency savings. More detailed preparatory work is required, however. A financial assets paper detailing current spend is near completion.

3. To request funding to accelerate the roll out of Connect Care, our data sharing system. As stated above, the workforce asks have critical interdependencies with the IT development across the partnership. Connect Care has been rolled out across Lewisham and Greenwich Trust and primary care, with the integration of adult social care data later this year. The focus will be to extend the connections to and inter-operability with other existing systems (such as mental health systems) and to improve access to social and health care professionals.

4.3 Developing New Commissioning Frameworks and Provider Models

In looking at integrated care it is necessary for commissioners to shape the services and outcomes required and for providers to co-produce the most appropriate structure for delivery.

The ask is for transformation funding to facilitate delivery of:

A two year programme, led by the Devolution Board to:

- Evaluate pros and cons of each proposed model.
- Consider the future of adult joint commissioning and its appropriate location (i.e. within an integrated structure or as part of the CCG).
- Draw up a business case for the selected model including a consultation plan and potential staff re-organisation documents.
- Implement the agreed models which may involve the double running of services and specialist support to develop new commissioning capabilities.
- Develop plans to reconfigure sites.
- Explore alternative contracting models in support of new provider models.

We are seeking £250k to support the management costs of this programme.

Appendix A: Governance Structure

Aligned Partnership Boards

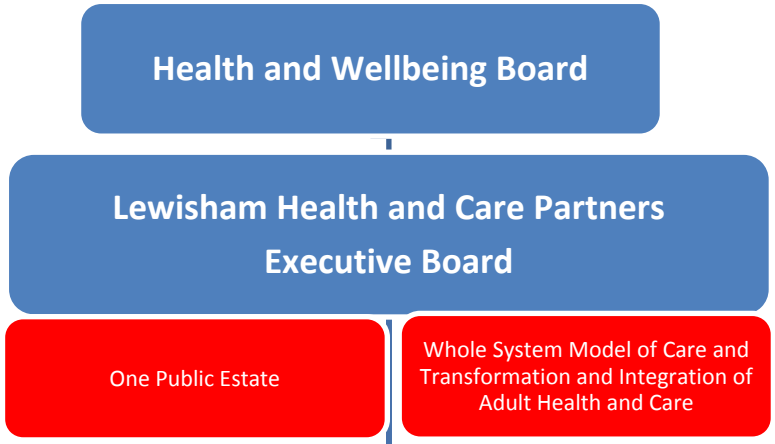
Lewisham Regeneration Board

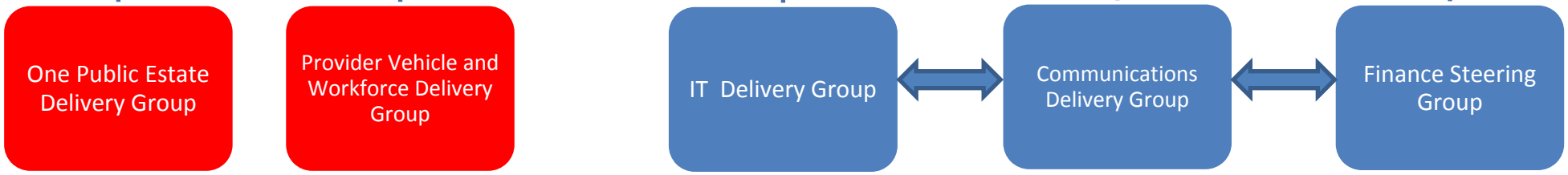
Section 75 Partnership Board

Adult Joint Commissioning Group

Children and Young People Commissioning Group

Members of the Lewisham Health and Care Partners Executive Board are responsible for the delivery of OPE, oversight of the development of a whole system model of care and for the transformation and integration of adult health and care. Members include: CCG Chief Officer, CCG Chief Financial Officer, CCG Chair, LGT Chief Executive, SLaM Chief Executive, Federation Representatives, LBL Director of Public Health, LBL Executive Director for Community Services. **For OPE** additional members include Chief Executive LBL (Chair); LBL Executive Director for Resources and Regeneration; and LBL Executive Director for Customer Services. **For WSMC** the LBL Executive Director for Children and Young People attends for issues relevant to CYP.





Members:

Estates and regeneration leads for Health and Care

Responsibility:
To deliver One Public Estate.

Members:
Provider delivery leads (LGT, SlaM, LBL); HR leads

Responsibility:
To agree and deliver the provider model. To define new health and care roles and responsibilities.

Members:
CCG and LGT CIO, SLaM CIO, LBL Head of Transformation and Change.

Responsibility:
To oversee the development and delivery of IT to support the Whole System Model of Care and integration

Members:
CCG, LBL, LGT and SLaM Head of Communications

Responsibility:
To develop strategic communication and undertake effective system wide communication and engagement activity.

Members:
CCG CFO, LBL Finance Manager, LGT Director of Finance, SLaM Deputy Director of Finance

Responsibility:
To produce financial analysis and modelling.

Appendix B

Neighbourhood Care Hubs:

Work to define the scope of services and functions that would benefit from co-location is ongoing but each hub could deliver a range of services from the list below:

- A base for GPs working at scale.
- Space for Community pharmacists to improve medicines management.
- Access to Community nursing for adults and children.
- A base for Community Mental Health Teams promoting integrated working with mental health and adult social care teams.
- Community based diagnostic facilities e.g. blood taking, weight management, blood pressure monitoring, urinalysis, ultra sound, ECG, EKG and VTE assessments (but not x-ray).
- Group rooms to enable Patient and Care engagement groups
- Outpatient treatment facilities and acute oncology
- Social care teams – note more detail needed
- Enhanced support to those receiving domiciliary care or those vulnerable patients in care homes or extra care housing.
- Clinic space for practice nurses practitioners to assess and treat emergency patients and those with minor illness or injury
- Clinic space for practice nurses to see patients for dressings, cytology and immunisations and vaccinations
- Dedicated space for MTD clinics in Leg ulcer clinic services, diabetic foot and lymphedema – which will be combined to run simultaneously with facilities for foot and lower limb soaking and dressing areas with stock cupboards for dressing materials
- Community midwifery services clinic space and also rooms for antenatal classes