Transforming health and social care in Lewisham: Improving outcomes for our whole population

Since 2010, Lewisham Council and the Clinical Commissioning Group (formerly the Primary Care Trust) have been working with their provider partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities.

Through this work the Council and the CCG have recognised the importance of seeking new ways of working and delivering new models of care, developing these in partnership with our health and care providers and with the public. As signatories to the London Health and Care Collaboration Agreement the Council and the CCG are committed to achieving the ten *Better Health for London* aspirations which are included in the Agreement.

The Better Health for London aspirations in the Agreement mirror the aims and objectives Lewisham's own Health and Care Partners want to achieve for our local population. Accordingly, in partnership with our main providers, Lewisham Council and CCG are keen to work with central government and national partners to test the opportunities offered by devolution to increase the scale and pace of health and care integration locally. As a devolution pilot we will continue to:

- Focus relentlessly on whole population health and wellbeing outcomes and efficiencies including cost containment over the next five years;
- Measuring what matters and reporting on progress to the relevant governing bodies;
- Using evidence when designing local programmes and embedding evaluation and learning into whole system model of care delivery and sharing this nationally;
- Establishing and communicating clear governance structures and processes for locally developed powers and providing clear accountability.

Our ambition

Lewisham Health and Care Partners have a common aim for health and care across the borough. Together, our aim is to deliver a viable and sustainable 'One Lewisham Health and Social Care System' to improve health and wellbeing outcomes and reduce inequalities. We want to achieve better health, better care, stronger communities within the borough and achieve better value for the money spent within health and social care locally - the Lewisham pound.

In order to achieve this, we are developing a whole system model which fully integrates physical and mental health and social care, delivered to the whole population. Our long history of joint commissioning and collaborative working means we are advanced on this journey. We know however that achieving our ambition requires a significant shift in the way that health and care within the borough is supported and delivered. We also recognise the benefits of integration with other local services, such as employment support, which we see as a real benefit of devolved working.

In agreeing to be a devolution pilot, we will continue to seek to work in new and different ways. As a pilot, we will work together with regulators, other parts of the NHS and Government to tackle barriers to integration, and increase the pace of delivering our whole system change.

Our journey so far

Our partnerships are strong and mature. For the last six years we have jointly commissioned services for both adults and children's health, social care and early intervention.

Lewisham Health and Care Partners have worked together to develop and deliver integrated

services for the adult population since the integration of acute and community health services in 2010. The Council and the CCG have co-designed and jointly governed the integration of adult health and care, employing s75 arrangements and more recently the Better Care Fund. In partnership we have developed and delivered:

- integrated pathways across primary, secondary and community care,
- multi-disciplinary teams at neighbourhood level bringing together district nurses, community matrons, social work staff and therapists and aligned with community mental health staff
- a single point of access for district nursing and adult social care
- development of GP neighbourhood clusters, and
- the design and procurement of a virtual patient record.

For children and young people, we have a mature Children's Partnership arrangements with joint commissioning well embedded. Services across health and early intervention are aligned on a children's centre neighbourhood model – for example the co-location of children centre, health visiting and midwifery staff has been implemented ahead of the transfer of 0-5 commissioning responsibilities to LA's; similar co-location is in place for health and social care services for children with complex needs; and early intervention support for emotional wellbeing and mental health are being developed through Children's IAPT and Headstart.

In 2015, Lewisham restated its commitment to delivering a whole system model of care covering the whole population including children and young people.

Over the next two years we intend to expand and accelerate our programme

We are exploring options for expanding joint commissioning across the whole system (financial modelling, contracting and reimbursement models and governance and accountability models).

We are working together with staff and users to design our Neighbourhood Care Network, based on the footprints of the four current general practice neighbourhood federations, health and social care neighbourhood community teams, community mental health teams and Lewisham's children's centres. This is in line with our work collectively across south east London through *Our Healthier South East London (OHSEL)*. We are exploring how best to integrate our highly effective employment support services for people with complex needs (including mental and physical ill health) with our health and social care systems.

We want to accelerate our work on integration over the next 2 years prioritising integration activity initially for adults over the age of sixty, those with severe mental health issues, those children with complex needs and on children's health and early intervention services, whilst ensuring activity across the system also supports the priorities set out in the OHSEL strategy.

We will continue to develop the local governance and leadership arrangements for the whole system model of care in Lewisham (building on the existing governance Boards for Adults integration and Children and Young People).

Challenges experienced in developing integrated health and social care, and our asks to support delivery of the pilot

Our experience since 2010 tells us that a number of key enablers are needed in order to deliver successful integration. Locally we have made inroads into these areas, however we have a number of specific asks in order to remove barriers to delivery.

Workforce: The establishment of the neighbourhood community teams is supported by a workforce development programme to remove the barriers to joint working and shared decision-making across organisations and professional groups.

Our asks:

Develop new workforce models and enhanced roles to support new models of care, including
joint health and care roles working with Health Education England, Skills for Care and professional bodies amongst others.

Estates: LHCPs have been working together to review the estate assets and understand the current pattern of use and lease/ownership arrangements. This has identified opportunities for using assets more efficiently across the whole system but a number of challenges to this have also been highlighted.

Our asks:

Working with NHS Property Services, CHP, London partners and sub-regional strategic estates boards to facilitate the release of primary care and hospital estates to support the development of new models of care and release relevant resources for transformation.

- This needs to include flexibility around the financial treatment of assets and retention of capital receipts locally
- To develop local agreements around the shared use of estate.

Aligned incentives and reimbursement, and funding structures: The partners recognise that financial incentives will need to be aligned to reinforce the change in behaviours and practices needed to deliver the whole system. 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.

Our asks:

- Specific focused expertise on request and tailored to local needs from NHS Improvement and NHS England to achieve flexibilities around tariffs and new payment models to support new models of care, beyond current flexibilities.
- Multi-year funding cycle across health and care that provides LHCPs with visibility and to enable upfront investments with a view to making longer-term savings or remain cost-neutral over the funding period.
- Transformation funding at an agreed level over a multi-year period from NHS England to support double running of services as implementation commences and any specialist support we may need to develop new commissioning capabilities.
- Transformation funding from NHS England to match resources committed locally. In particular we would ask for resources to accelerate the roll out of Connect Care, our virtual patient record system, across all parts of Lewisham Health and Care system to support the planning and delivery of care.

Together, Lewisham Health and Care Partners will continue to work towards the delivery of One Lewisham Health and Social Care System. As partners we wish to explore, through this pilot, ways in which the freedoms and flexibilities offered by devolution could assist and enhance our work and help us reach our goal.

Signatories to the London Health and Care Collaboration Agreement and the Lewisham Health and Care Partners Pilot:

Store Balls

Sir Steve Bullock, Mayor of Lewisham **Lewisham Council**



Dr Marc Rowland, Chair Lewisham Clinical Commissioning Group

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