



# Learning the Lessons from Integrating Urgent Response, Short Term Rehabilitation and Reablement Services to Create Intermediate Care Southwark

*“What made a difference in Southwark?”*

## Key Messages September 2018

### Background and context

Over the course of the last 30 years of service development in both health and social care, a number of new service models and teams have been created and sustained in Southwark to offer a short period of intervention, usually by multidisciplinary teams, in the home of older people and adults with physical impairment or frailty.

Apart from a short period of organisational integration under ‘Southwark health and social care’, prior to the 2011 dissolution of the Primary Care Trusts, these services have either been managed by Adult Social Care (ASC) or the NHS. These were often delivering excellent care with elements of integrated leadership and working, however they were not formalised and subject to misunderstanding, differing expectations and taken as a whole were not always providing a transparent and equitable service. Staff and managers were naturally reluctant to risk losing the excellent outcomes and whole system benefits being demonstrated, however as criteria, skill mix, resources, referral and discharge pathways were not coherent or consistent, gaps, duplications and unnecessary hand-offs took place. Rapidly increasing demand and constrained resources also lead to tensions and difficulties in maintaining adequate service provision and outcomes. Staff were often unclear on the priorities, vision and their professional role in these teams, leading to extreme recruitment challenges.

In May 2015, Jay Stickland (Director of Adult Social Care, Southwark Council) and Angela Dawe (Director Operations & Strategic Development, Adult Local Services, Guy’s and St Thomas’ NHS Foundation Trust) formed a provider coalition and

---



commenced work with front line staff, managers and other key stakeholders to consider what more could be done to further develop and improve integrated working across the out of hospital pathways.

There followed an intensive 18 month period of staff engagement, service user engagement and very concentrated leadership project meetings to re-imagine and re-design what the 'new' service should look like and how it would operate.

In April 2018, this work culminated in the creation of the integrated service - Intermediate Care Southwark. This brought together under shared management arrangements four separate services: Southwark Enhanced Rapid Response Service, Southwark Supported Discharge Team, Reablement Service (for older people and people with physical disabilities) and the social work urgent response function. Set out below are the challenges and key messages taken from a detailed "lessons learned" exercise carried out in May 2018. The focus of the exercise was to capture the learning from the design and implementation phases of the integration. The intention is to share the learning of what made a difference in Southwark with interested health and social care colleagues so that others can benefit from the practical experience of bringing together health and social care services.

## Challenges

Particular challenges encountered in this time were frequently a result of very different views or understanding of what appeared superficially to be the same facts or issues.

- There were greatly differing experiences and examples of 'what good looks like'. People had often very strongly held views from their own experience on what was a good service model, but often these experiences were conflicting. The lack of empirical evidence and research in community services does not help this.
- There was a desire to 'level up' to the best standard of service provided within existing teams, and a fear that by integrating we could create a more equitable but potentially lower quality service with reduced outcomes. This was compounded by the fact that we didn't have consistent metrics by which to measure or monitor.
- The leads knew their services in great detail but lacked understanding of some of the other areas and described them in different languages or data sets, so that they were not comparable and priorities were worded in different terms.
- Trying to agree a 'final design' in a reasonable level of detail, often resulted in a re-run of similar discussions where views were not similar and leads could not agree –

an element of 'groundhog day' and frustration developed where it seemed we were not making significant progress from one month to the next, despite many hours sharing a room and working hard to come to solutions.

- As budget constraints and savings targets are never far away, creating trust that there were no 'hidden agendas' or attempts to shift costs in either direction was challenging.

The following outlines how we managed to work through these and other challenges to create a way forward.

## Key messages from “Lessons Learned” exercise

### 1. Building a strong provider coalition and commitment to work together to bring about change

- Taking time in the beginning to build and establish a strong provider coalition between Guy's and St Thomas' and Adult Social Care set a firm foundation for the whole initiative. Angela and Jay were visible from the start and committed time to build the relationship between the two organisations, appreciating their different priorities and pressures, identifying any problems and working together to resolve them. Openness and trust between them as strategic leaders was seen as critical to success.

### 2. Engaging with frontline staff and managers from the beginning - taking a “bottom up”, cultural change approach - developing a shared purpose and vision for improvement through design workshops

- The design stage started by working with frontline staff, managers and commissioners to establish a case for change and create a shared purpose and vision through a series of facilitated design workshops.
- Building on what works well now and learning from what doesn't enabled the design to be directly informed by frontline practice as well as begin work to build the working culture between health and social care at all levels of the organisation. This was recognised as essential to embed and sustain integrated working in practice.
- Drawing out from staff how they wanted to experience an integrated service and articulating these in staff “I” statements has underpinned the design and given us a basis for evaluating the changes from the staff's perspective.

**3. Establishing effective governance – developing a coalition approach between providers and commissioners**

- Creating a project structure aligned to Guy's and St Thomas', the Council and the Clinical Commissioning Group (CCG) decision making structures created a strong, practical working coalition. Having a project board that met regularly and included Council and CCG commissioners enabled issues to be dealt with quickly, consensus to be built and collaborative decision making.

**4. Creating capacity, putting in place practical project management arrangements – making sure that this was “our” integration**

- Both organisations created the capacity for operational managers to be directly involved in the design, planning and implementation of the changes. This was supported by external project management and consultancy from the Institute of Public Care (IPC) and Guy's and St Thomas' programme management.
- Having the same IPC consultant working as part of the team has provided continuity of support as well as a “critical friend” challenge. Informed by good integration practice, the approach has been underpinned by a cultural change management methodology making sure that the design is very much Southwark's integration and not an “off the shelf” integration model.

**5. Hearing and listening to people with “lived experience”**

- Basing the vision and design work from the beginning on national and local feedback about how people wanted to experience integrated services underpinned the case for change. Supplementing this with a specific workshop with people who had lived experience during the design phase was really positive and an endorsement that the design work was on the right track.
- Having patient / service user / carer representation on the Board helped to keep the work person-centred and provided valuable advice and guidance on how best to engage and work with patients / service users / carers.
- Commissioning Healthwatch to carry out an in-depth study by following six service users / patients through the service provided a rich and in-depth picture of people's experience which has directly informed the design as well as being beneficial in working with staff to bring about changes.

**6. Thinking big and agreeing an achievable starting point - establishing and agreeing a business case – a key document**

- Using the discipline and structure of producing a detailed business case to agree a starting point for change and to seek approval from Guy's and St

Thomas', Southwark Council and the CCG was a key milestone in the development of the integrated service.

- Taking an integrated and pragmatic approach to developing the plan and producing one document that would meet all organisations' decision making requirements made sure consensus was gained from the beginning and helped to further facilitate and build the relationship.
- The detail in the business case has been invaluable in providing a record of how the integration has come together and what has been agreed. Once agreed, it moved the project from something visionary to something that was really going to happen. The biggest challenge was agreeing the resource envelope given the complexities of the different contracting and financial arrangements.

#### **7. Taking a phased, “test and learn” approach to implementation**

- Being given permission by the Board and endorsed by commissioners to take a phased rather than a “big bang” approach to implementation has enabled business as usual while testing and learning from making changes to the pathway and workflows. This will continue during the first year of the service engaging staff in the changes, making sure we are getting it right and are able to embed and sustain the changes in practice.

#### **8. Modelling and acting “as if” already integrated – creating a Shared Management Team before the service went live**

- Creating a Shared Management Team across Adult Social Care and Guy's and St Thomas' to lead and manage the implementation following the approval of the business case in April 2017 enabled operational managers to begin to act “as if” they were a shared service and already had a shared responsibility for making this a success.
- This became a supportive and productive environment within which shared leadership commitments and shared management accountabilities were developed and issues resolved.
- Recognising that there are and will be differences across the organisations and professions was important as well as fostering a culture of trust and mutual respect. Acknowledging and naming the “tricky” issues, attempting to facilitate and draw out the dynamics that could get in the way of building a robust relationship has been a key feature and will continue to be as the service develops.

## 9. Developing and implementing an integrated outcomes framework and KPIs

- Reaching agreement on shared outcomes and KPIs to monitor the performance of the service has been important in both thinking through and identifying the key information that will inform us about the impact of the service as a whole as well as the practicalities of collecting meaningful data across both organisations.

## 10. Engaging with Guy's and St Thomas' and Council enablers and professional leads

- Holding an enabler workshop with representation from Guy's and St Thomas' and the Council's enablers (HR, Organisational Development, Workforce Development, IT, Facilities, Estates, Telephony, Finance, Performance, Policy, Strategy and Quality) meant we were able to reach a shared understanding of the new service and discuss what's needed to ensure its success.
- From here we agreed a shared approach across Guy's and St Thomas' and the Council to maximise infrastructure and support resources. This provided the basis for practical arrangements and necessary joint decisions about infrastructure arrangements such as IT, premises, Organisational Development, HR as well as the development of an agreed governance framework.
- A similar workshop was held with the professional leads to share and discuss how the leads could support and enable effective inter-professional working.

## 11. Shared Head of Service and co-location

- Using joint resources to create a shared head of service for Intermediate Care Southwark has and will be critical to the success of the service. The post has responsibility for bringing together the skills and experiences of the different health and social care professionals to deliver an integrated service. They act as a role model and leader to promote, inspire and enable integrated and inter-professional working in practice.
- Originally the service was located on two sites but in November 2018 was brought together in one location at Queen's Road Peckham. Having all the staff together has enabled further development of the working culture as well as more effective resource management.

## To sum up:

1. Be in it for the long term
2. Remain focused on the service user / patient at all times and the positive difference the changes will make to them in practice
3. Find visible leaders who will model and promote integrated working
4. Take action, agree an achievable starting point and make a start – be pragmatic
5. Engage and listen to front line staff and service users / patients – co-design
6. Build trust, long lasting relationships and a working culture that will embed and sustain integrated working in practice
7. Create capacity and have external support that acts as a “critical” friend and works with you as part of a team to build what you want
8. Expect that there will be problems – draw them out and work together to find practical solutions
9. Take a test and learn approach that involves practitioners
10. Use the development of a business case as a tool to gain consensus and approval across organisations
11. Act “as if” you are already working in an integrated way – give permission to do things differently
12. If possible and appropriate, locate the service in one place with one shared Head of Service

*Authored by - Cathy Ingram (Programme Manager, Local Integrated Care, GSTT) and Janice Lucas (Consultant / Knowledge Transfer Fellow, Institute of Public Care)*

*On behalf of the Provider Integration Board chaired by - Jay Stickland (Director of Adult Social Care) and Angela Dawe/Sue Bowler (Joint Director Operations and Strategic Development Adult Local Services)*