The London Festival of Integration

The Guildhall, 11th October 2022

Learning and next steps





Office for Health Improvement & Disparities

NHS

PPL

MAYOR OF LONDON

LONDON COUNCILS

The London Festival of Integration 2022

What did we do and why?

1. **We launched the inPLACE framework**, a practical set of tools and support to help accelerate the development of better integrated, person and community-centred care across London's 5 Integrated Care Systems and local Place Based Partnerships.

For more information on **inPLACE and next steps** please click **here** or turn to page 8.

2. **We shared examples of existing best-practice from London** as part of our "What's Working" Directory which captures and builds upon the progress that has been made, in partnership, across health, local government and with voluntary and community sector partners.

For more information on current **learning from local partnerships** please click **here** or turn to page 15.

3. **We came together to discuss some of the major challenges facing individuals and communities** including the cost of living crisis, how we support each other through the winter, and how we deliver on our commitment to better care for all those living, working and needing help and support in London.

For more information on **findings from our breakout discussions** please click **here** or turn to page 19.

4. **We heard from colleagues across London** in a Q&A session covering some of the major challenges and opportunities resulting from our work together to improve health and wellbeing and addressing long-standing and new inequalities in London.

For more information on **our Q&A** please click **here** or turn to page 44.

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The London Festival of Integration

Executive summary

The London Festival of Integration 2022 was an opportunity to develop and share our approaches to addressing inequality and improving health and care outcomes for all.

The event recognised that, whilst nowhere in London are we starting from scratch, in too many instances our approach to people's health and care still remains fragmented and does not reflect individual needs. As a result, people experience worse outcomes; and health, local authority and voluntary & community sector organisations face increased pressures at a time of already growing demand.

The London Health & Care Partnership, including the GLA, London Councils, NHS England and the Office for Health Improvement & Disparities, have been working in partnership with individual places and systems in London to understand the lessons of the journey towards better integrated, person and community care, both prior to and since the pandemic.

This event brought together representatives from communities, places and systems across London to review the findings of the work to-date and to understand what practical tools are available to support us as we face the challenges, and the opportunities, of the year ahead.

The event kicked off with a "call to action" from Andrew Ridley, NHS England Regional Director for London and Co-Chair of the London Health & Care Partnership, who asked health and care leaders to continue to embrace new ways of thinking, new identities and new expectations as we move towards stronger partnership working.

After months in development, the inPLACE framework was launched at the event by Laura Churchill, Director of the ICS Network in London, and Simon Morioka of London-based social enterprise PPL, who shared some of the insights and learning from the integration journey in London to-date.

In the spectacular setting of London's Guildhall (with thanks to the City of London) attendees had the opportunity to explore exhibition stalls that were put together by colleagues across London. The stalls represented places across all five Integrated Care Systems and were the centre of conversations throughout the day. For more details, please see slides 6-11.

A total of seven topics were covered during the breakout sessions during the day. In these discussions, attendees were encouraged to share experiences and think about the things they can do today (if possible) and tomorrow (if not) to tackle some of the most important issues that face our health and care system today. For more details, please see slides 12-37.

The London Festival of Integration

The day on a page

Over 100 participants on the day from across health, local government, voluntary & community sector and regional teams in London

94% **of respondents rated the event Excellent, Very Good or Good** and would recommend to a colleague

Launch of the inPLACE framework and an opportunity to meet the team and experiment with the tools on the day

Representation from all 5 London Integrated Care Systems with 11 stalls presenting case studies from youth violence reduction to community wellbeing and integrated estates development

Facilitated breakout sessions including

- Empowering our places (Zina Etheridge)
- Integrated neighbourhood teams (Rachel Lissauer)
- Personalisation in London (Sarah McClinton)
- Delivering on population health (Ruth Hutt)
- Responding to the cost of living crisis (Jazz Bhogal)
- Winter pressures (Martin Machray)
- Supporting our people (Natasha Larkin)

Panel Discussion and Q&A facilitated by Laura Churchill with Andrew Blake-Herbert, Andrew Eyres, James Benson, Lisa Henschen, Sarah Blow

With thanks to Andrew Ridley for opening the day and James Benson for his closing remarks.

The London Festival of Integration

Panel discussion and Q&A

The breakout sessions of the day were followed by a panel Q&A session, with thanks to

- **Andrew Blake-Herbert** (*Chief Executive, London Borough of Havering*);
- **Andrew Eyres** (*Strategic Director Integrated Health and Care at Lambeth Council and NHS SE London ICB*);
- **James Benson** (*Acting Chief Executive Officer, Central London Community Healthcare NHS Trust*);
- **Lisa Henschen** (*Managing Director Harrow Integrated Care Partnership*); and
- **Sarah Blow** (*Chief Executive, NHS South West London Integrated Care Board and South West London Integrated Care System*).

The panel explored questions from the audience, ranging from community engagement to creating a diverse and inclusive workforce. For more details, please see pages 44-47.

The Festival of Integration wrapped up with closing remarks from James Benson who inspiringly spoke about the symbolism of the Guildhall in the context of coming together to improve the health and wellbeing of London's diverse communities and population as a whole.

"We need to stop being the national treatment service and start being the national health service"

The London Festival of Integration

Headline messages from the day

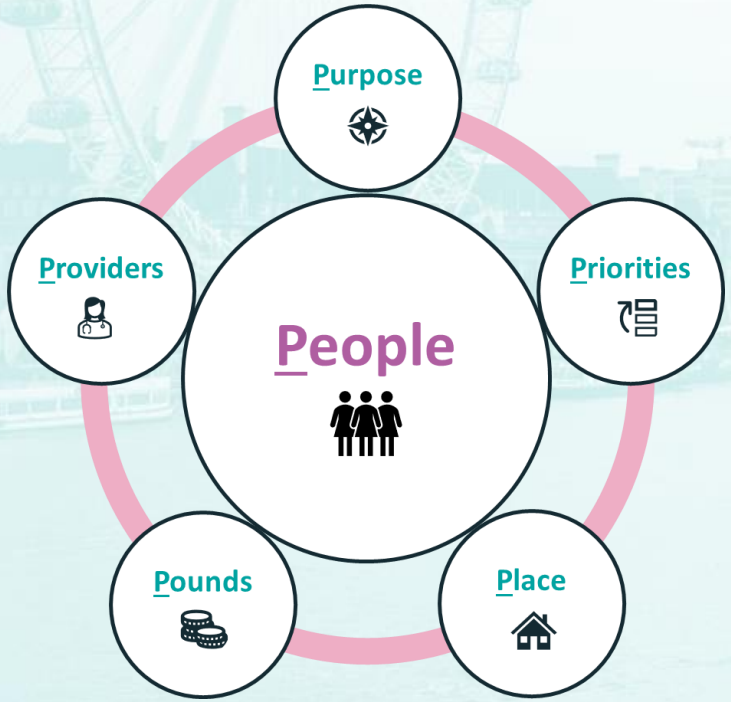
- **A "shift in thinking" is underway** including an increased focus on and collaboration with the voluntary and community sector in London. We need to do more of this.
- **There is strong interest in and support for sharing best-practice across London** including through the inPLACE framework and directory.
- **Enhancing the role of individuals and communities is key** from increasing personal health budgets (at an individual level) to engaging communities in planning and delivery of services (at a place and system level).
- **We need to work together to address the cost of living crisis** including around housing, employment, and poverty in London; and the impact this is having on mental and physical health and wellbeing, from infants and children through to older people.
- **"Tomorrow needs to be coming to the aid of today"** including around how we manage and redirect demand, as partnerships, in the current / coming winter to support frontline, operational teams.
- **Cultural, structural, and operational challenges remain**, with priorities around how we define what we mean by "neighbourhood" and better engage with existing community assets.
- **"Untapped" opportunities include leveraging local government's strengths** including in areas such as key worker housing, workforce and estates.

Introducing inPLACE

The inPLACE launch

The Festival of Integration saw the initial launch of the inPLACE framework – the culmination of over a year of work by the London Health & Care Partnership supported by PPL. The launch was introduced by Andrew Ridley, NHS England's regional director for London and co-chair of the London Leaders' Group.

> *We want to offer **practical tools to help local partnerships** understand and accelerate their existing processes.*
>
> – Andrew Ridley, Regional Director NHS England (London Region)



Laura Churchill, Director of the London ICS Network and PPL co-founder and Managing Partner Simon Morioka introduced colleagues to inPLACE as a part of London's support to accelerating the development of our integrated care systems and place-based partnerships.

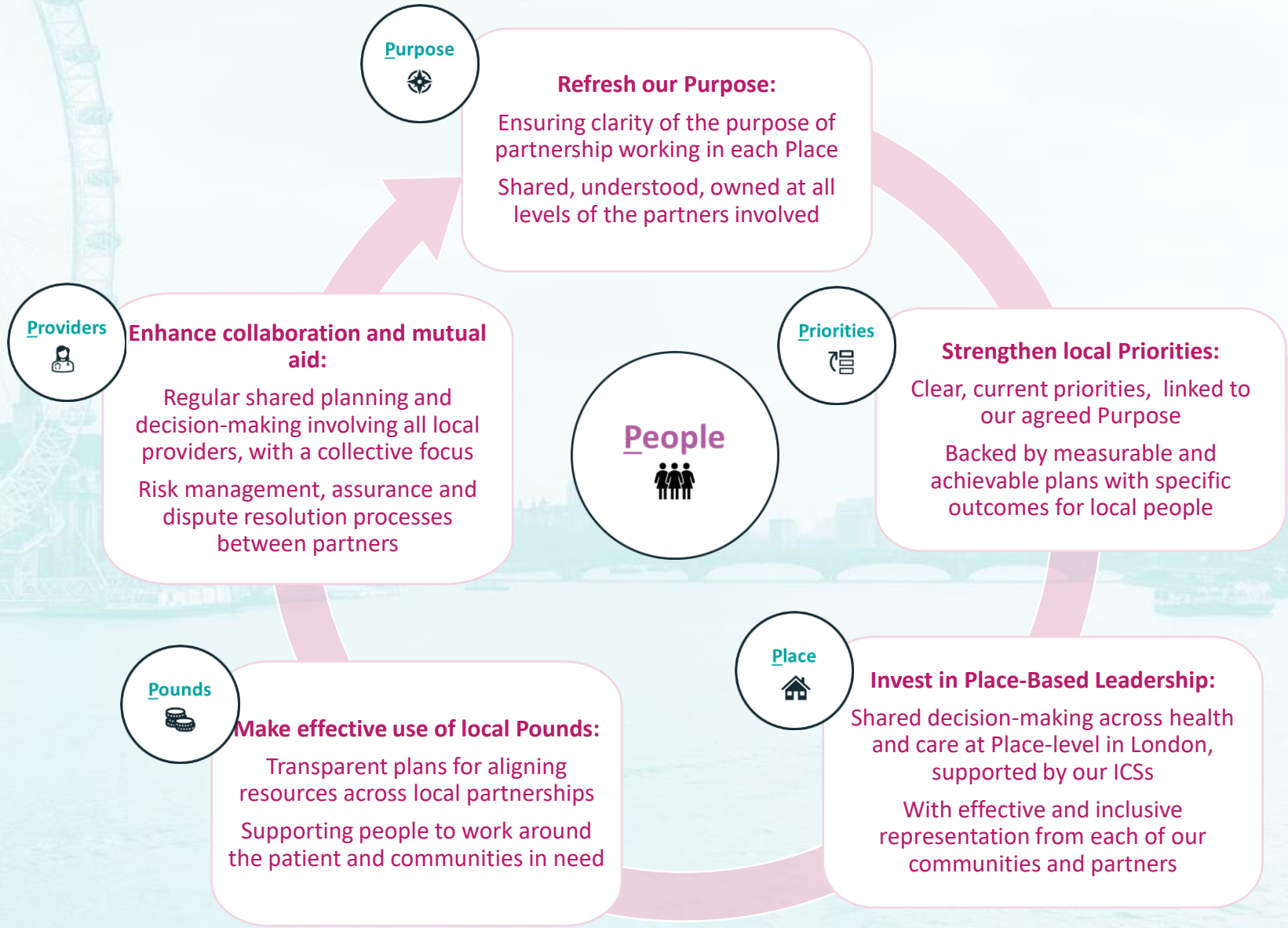
Simon and Laura introduced the '5P' principles developed by London to help colleagues articulate the next steps in their integration journey. These principles are all underpinned by a sixth 'P' – People. Each 'P' comes with the question 'Why can't we…' focusing both on our level of ambition, and overcoming those remaining challenges and barriers holding us back.

The inPLACE tool builds on these principles working alongside national, regional and local support programmes. Key components of inPLACE, such as the Shared Awareness tool, are already being piloted in multiple London Boroughs to enable local self-assessment of progress and identification of priorities for next steps. Participants had the opportunity to try out the full range of inPLACE tools at the Festival. We hope that inPLACE can play a part in helping places support each other to achieve things we could not achieve alone.

inPLACE: From "Why can't we?" to "How will we?"

The inPLACE Shared Awareness Tool

is designed to support people working in and for place-based partnerships in London to…



…aligning with the key enablers

that have emerged from successful integration in London and nationally

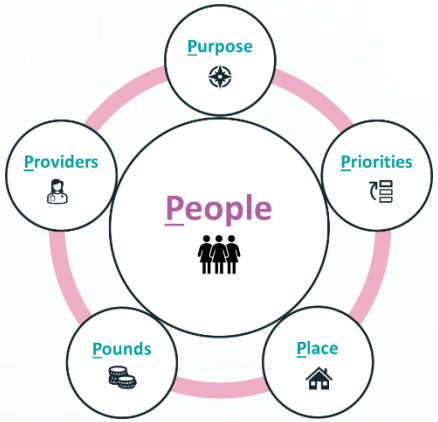
inPLACE on a Page

Please visit the London Health & Care Partnership pages at **healthylondon.org** for the latest version of tools and resources

inPLACE Shared Awareness Tool: Levels

Level 0	Level 1	Level 2	Level 3
Not Yet Started	Being Planned/ Developed	Partially In Place	Fully In Place

London 5Ps Framework for Integration

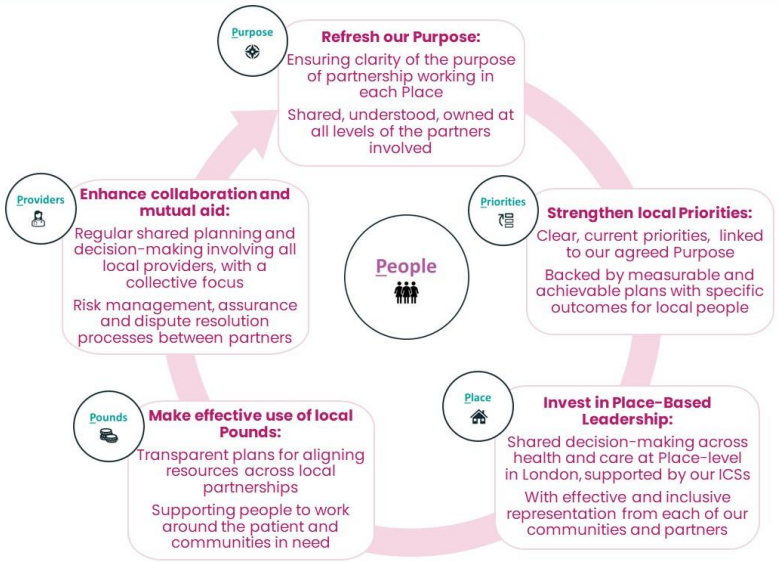


Enablers for success

- Clear leadership and accountability
- Shared decision making
- A common language
- Open and transparent communication
- Shared priorities and outcomes
- Empowered people
- A focus on prevention & early intervention
- Reducing barriers to accessing care
- Aligning workforce and finances
- Making effective use of data and technology

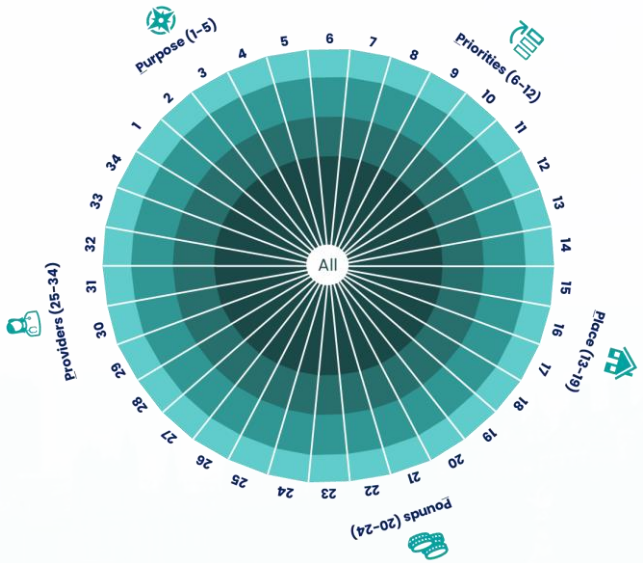
The inPLACE Framework for Integration

The inPLACE Shared Awareness Tool is designed to support people working in and for Place-based Partnerships in London to...



...aligning with the key enablers that have emerged from successful integration in London and nationally

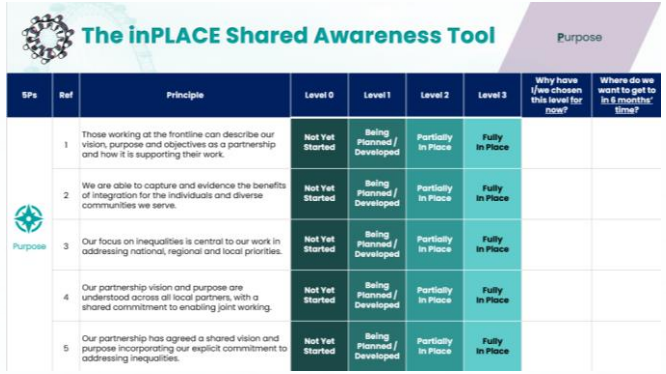
inPLACE Shared Awareness Tool: Star Chart



inPLACE Shared Awareness Tool: Our Results

Priority areas for next 6 months	Actions to address priority area	Timescale for completion	Owner/s	How will we know it's done	Completed [Yes or No]

inPLACE Shared Awareness Tool: Example showing principles related to Purpose



5Ps	Ref	Principle	Level 0	Level 1	Level 2	Level 3	Why have I/we chosen this level for now?	Where do we want to get to in 6 months' time?
Purpose	1	Those working at the frontline can describe our vision, purpose and objectives as a partnership and how it is supporting their work.	Not Yet Started	Being Planned / Developed	Partially in Place	Fully in Place		
	2	We are able to capture and evidence the benefits of integration for the individuals and diverse communities we serve.	Not Yet Started	Being Planned / Developed	Partially in Place	Fully in Place		
	3	Our focus on inequalities is central to our work in addressing national, regional and local priorities.	Not Yet Started	Being Planned / Developed	Partially in Place	Fully in Place		
	4	Our partnership vision and purpose are understood across all local partners, with a shared commitment to enabling joint working.	Not Yet Started	Being Planned / Developed	Partially in Place	Fully in Place		
	5	Our partnership has agreed a shared vision and purpose incorporating our explicit commitment to addressing inequalities.	Not Yet Started	Being Planned / Developed	Partially in Place	Fully in Place		

Spotlight on the Shared Awareness Tool

inPLACE is designed to support partnerships to share thinking, align priorities, and accelerate integration.

It is designed to help us to reflect and agree on how we can align our work to the maximum benefit of the communities and people we serve.

The nature of partnership working is such that it will need to change and evolve over time to meet the changing needs of the population.

inPLACE is structured to be iterative, with the potential to repeat over time in response to ongoing developments and changing local needs.

Enabling success

At the heart of inPLACE is the Shared Awareness Tool. This is designed to enable place-based partnerships to reflect on where they are currently, and where they want or need to be in.

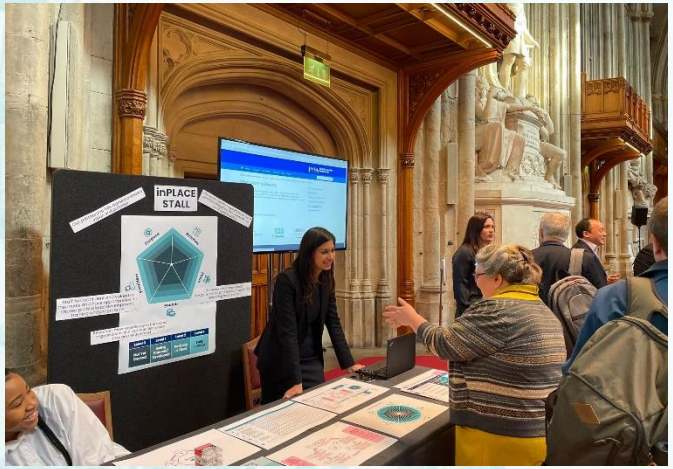
It is drawn from extensive engagement with and learning from existing place-based partnerships across London and in other areas of the UK, and shaped by the Department of Health and Social Care's White Paper on 'Joining up care for people, places and populations' (February 2022).

The enablers of partnership working in London that have been highlighted throughout this development process, building on the 5Ps and our commitment to better outcomes for all, include:

- Clear leadership and accountability
- Shared decision making
- A common language
- Open and transparent communication
- Shared priorities and outcomes
- Empowered people
- A focus on prevention & early intervention
- Reducing barriers to accessing care
- Aligning workforce and finances
- Making effective use of data and technology

Click below to access the Department of Health and Social Care's White Paper on '**Joining up care for people, places and populations**' (February 2022)

inPLACE at the Festival



The inPLACE stall showcased the London inPLACE Framework and Shared Awareness Toolkit (as well as the London 5Ps Framework upon which this is based) which has been developed over the last year by the London Health and Care Partnership.

Assisted by colleagues who have been involved in the tool's development on behalf of the Partnership, participants were able to discuss the framework and experiment with the inPLACE Shared Awareness Tool – including assessing where, from Level 0 (not yet started) to Level 3 (fully in place) they felt they were in the journey against each principle, and how examples from other areas can help support and accelerate this journey.

inPLACE is now online!

Participants were able to view and access inPLACE information and resources online at healthylondon.org

Participants were also encouraged to make a pledge in relation to what they could do today (if possible) and tomorrow (if not) to tackle the issues face our healthcare system today.

Some of our commitments from the day…

"Make connections between two teams that help the same people"

"System for collecting feedback on collaborative frontline works based on discussion in work groups. This should be aggregated for continuous reporting to ICB/ICP level."

"Communicate with as much transparency as possible"

"…to make contact to discuss integration and agree shared vision and aim."

"Prioritise knowing what is happening in our neighbourhoods."

"Ask communities and residents what matters to them."

"Encourage staff collaboration to build rapport and relationships to build and create a shared view and vision of working environment."

Next steps for inPLACE

InPLACE is currently being piloted across London with thanks to colleagues from Camden, Brent, Redbridge and Lewisham for being part of this process to-date.

Each pilot area has been assessing their partnership working using the inPLACE self-assessment tool and developing resulting actions and next steps. We have also been gathering feedback on the process itself, the tool and engagement around this, how it felt to the partnership and where it is helping to support local developments.

Some feedback from participants so far:

- *"really interesting session and a great chance to discuss things together that we would not otherwise do"*
- *"sharing of knowledge has been invaluable"*
- *"questions are really good at prompting us to do the things we want to do"*
- *"facilitation is essential"*
- *"really helpful to reaffirm what we have already planned, that these are the right actions to take"*

> *[inPLACE is] helping us understand where people are in the partnership, who is more embedded and who's on the edge… and to consider how we are at different levels and what we can do about it together*
>
> – inPLACE pilot participant

Our key next steps on inPLACE include:

1. **Continuing to develop the framework for London** including incorporating feedback from the pilots and reflecting the evolving environment surrounding health and care in our systems and places.
2. **Rolling out tools and resources to all our place partnerships** including access to the "What's Working" directory to NHS, local authority and VCSE partners as a one-stop, online support resource for connecting innovators, sharing learning and overcoming barriers to better care.
3. **Adopting a "Train the Trainer" approach** to equip places and systems with the internal skills and support to accelerate and sustain better health and care outcomes for Londoners.
4. **Establishing an ongoing community of people working on integration in London** to ensure that we continue to support each other on this journey.

Learning from our Local Partnerships

Overview of the exhibition

1 **Exhibitions of existing successful integration in London**

5 **Spanning all 5 London Integrated Care Systems**

Since January 2022, the London Health & Care Partnership have been engaging with place-based partnerships across all 32 boroughs of London to build a directory of working models (the "What's Working" Directory).

The aim of the directory is to showcase what is going well, what the challenges have been, who the key people are on the ground, and what the success factors have been to enable them to deliver more coordinated, person and community-centred care outlined in their case studies.

The initial research for the directory identified over 100 examples of integration in practice in London and the first phase of development has developed a number of case studies in close collaboration with the people who helped to make them happen.

In order to celebrate their achievements and share the learning all case study contributors were invited to exhibit their work at the Festival of Integration 2022 and 11 partnerships sent representatives on the day to do so.

Local learning (1/2)

Barnet Wellbeing Service

Colleagues from the Wellbeing Partnership showcased their service which brings together mental health service users, VCSEs, the NHS, and local government. Discussions focused on empowering residents to self-manage and remain independent.

Waltham Forest Violence Reduction Partnership (VRP)

The VRP started in response to increase in serious youth violence. Colleagues shared their learning on collaborative partnership approaches that work with residents to tackle the causes of violence upstream.

Health and Care Space Newham (HCSN)

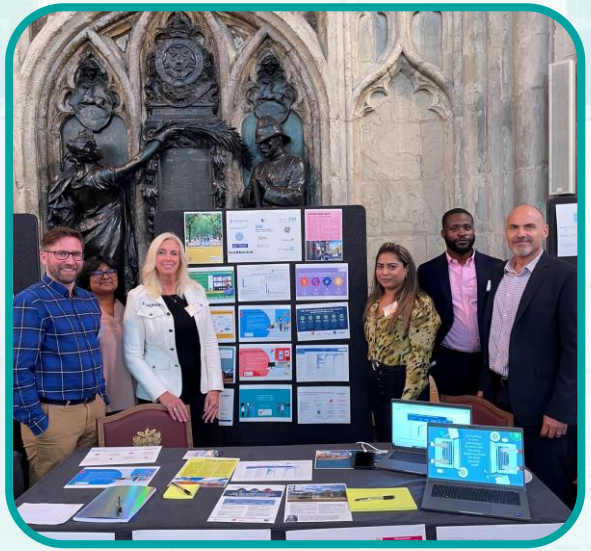
As a collaboration between the East London NHS Foundation Trust and Newham Council, the HCSN team shared their success in developing community health centres that co-locate a range of services provided by different organisations.

BHR Partnership Health & Care Academy

Launched in 2021, the Academy aims to promote learning, improve recruitment and retention, and build HR and leadership capacity. Attendees were particularly interested in the integrated workforce management dashboard BHR have developed.

Camden Resilience Network

The network brings services from a range of partners together that aim to support communities to become more resilient. The team showcased how they empower people to address and manage mental health needs themselves, access the right support, and take part in community life.



Ealing Community Partners (ECP)

ECP brings partners together to deliver community health and care services. Attendees were impressed by the scale of the operation – 800 staff from 13 organisations. ECP's 'front door', the Referral Hub, manages over 13,000 referrals per month.

Local learning (2/2)

Hammersmith & Fulham Integrated Domiciliary Service (IDS)

The IDS is a multidisciplinary team providing integrated clinical decision making and response to referrals. Colleagues shared how they are working across Trusts, the council and primary care to improve the triage process.

Brent Health Matters

Brent Health Matters aims to reduce health inequalities in Brent. Attendees were particularly interested in the advice line, launched following discussions held with local residents and aimed at those not registered with a GP and/or who do not regularly access services.

Haringey Community Gold (HCG)

The HCG early anti-crime intervention, funded by the Mayor's Young Londoners Fund, supports young people to fulfil their potential. Colleagues shared their success in working across partners to take a strengths-based public health approach.

Bexley Vaccine Confidence

Partners showcased how they worked together to increase vaccine confidence. Discussions focused on their targeted engagement approach to understand why certain groups may not want to be vaccinated and how communication on health issues could be improved.

One Croydon Alliance

One Croydon supports residents to stay well for longer by making services more accessible. Attendees noted the range of organisations involved, including the Voluntary and Community Sector, that make them a key partner in involving disadvantaged groups in service transformation.

Findings from our Breakout Sessions

Breakout Sessions: Overview

The Festival of Integration featured two rounds of 45-minute breakout discussions facilitated by experienced health and care leaders from across London and focused on live issues that partnerships across London are contending with. These provided space for participants to share learning, develop ideas, and commit to action.

Facilitator	Theme	Discussion
Zina Etheridge	Empowering our places	• Where are the strengths and limitations in our current place-based partnership arrangements across London? • How can we ensure all local voices are heard in the future development of health and care services?
Rachel Lissauer	Developing our integrated neighbourhood teams	• Where is integration working well at a neighbourhood level today? • What are the next steps in making co-ordinated, community based care the “norm” for Londoners?
Sarah McClinton	Personalisation in integrated care	• What have we learnt about putting people at the heart of health and care in London? • How will we build on this learning to enhance the role of individuals in the future?
Jazz Bhogal	Responding to the cost of living crisis	• How is the cost of living crisis impacting today? • How can we work together over the winter to support individuals and communities in a way which no one organisation or partnership could achieve alone?
Martin Machray	Responding to winter pressures	• How do we ensure our partnership response to winter is more than just our individual organisational plans? • What do we need to do to respond in an integrated way to the challenges ahead?
Natasha Larkin	Supporting our people	• What are the key challenges in bringing together frontline staff, volunteers, managers and leaders to support better integrated care? • How can systems and places improve support to our workforce through this process?
Ruth Hutt	Population health	• What do we mean by population health in London? • What are our next steps in ensuring this is delivering better outcomes for all communities?

Theme: Empowering Our Places

Context

Using our new structures to tackle inequality at its root

- London is a place of **huge and vibrant diversity** across our 32 boroughs and the City and London.
- Health, care, and broader public and VCSE services that people use are predominantly **delivered within the community or 'places'** where they live or work.
- Almost **80% of people's interactions with the health service** occur in their own homes, GP practices, community pharmacies, dentists, or local health centres.
- Addressing inequality means looking beyond health and care services to the **wider determinants** that affect the wellbeing of our populations – including early years support, housing, leisure, transport, skills and education, employment and the environment.
- There is a commitment in London to empowering our **place-based partnerships**, but historically it has not always been clear what this means in practice.

Empowering our Places - Summary (1/2)

Q1: Where are the strengths and limitations in our current place-based partnership arrangements across London?

> *Winter pressures can put the brakes on integration – **we should keep ICS / ICP work going** because long term it will ease those pressures*

Some places have built on partnership working in the pandemic to create real improvement on the ground. Organisations in some places have come together to realise their shared visions in a practical way; the BHR dashboard showcased at the Partnership's stall was an example. Partners worked
together to address an issue they were all confronting – workforce management and sustainability. Their solution, a shared dashboard, has not only eliminated duplication of back-office functions, but also given managers across the area a tool they can use on a day-to-day basis to monitor their workforce and act on any issues they see. The tool will undoubtedly serve as a platform for further collaboration on workforce and is just one example of positive partnership working in London.

Community engagement initiatives conceived of during the pandemic have flourished in many places. The pandemic made effective community outreach, particularly in communities who distrust the NHS and other statutory institutions, an imperative. Many of our places, especially those with high deprivation and large ethnic minority communities, laid the groundwork for meaningful, long-term relationships with these communities. Community Champions, such as those in Brent, Greenwich, and many other places, are providing a deeper level of connectivity with communities

A lack of shared vision remains a barrier in many London places. Participants noted the importance, and difficulty, of bringing together key leaders from across health and care in their places to create a shared vision and commit to actions that will realise this. This issue is made more acute by resource scarcity, which often leads to a desire to protect one's own organisational interests. Facilitating effective communication across organisational boundaries will be key to addressing this resistance to change. The first step in this process is ensuring organisations understand each other, and particularly the pressures that their partners are contending with.

Empowering our Places - Summary (2/2)

Q2: How can we ensure all local voices are heard in the future development of health and care services?

> *We must **gain co-production with local people**, join up consultation structures, and data is critical for achieving that.*

Building 'infrastructure' that enables continuous collaboration with communities.
Participants raised the importance of citizen's assemblies and their effectiveness as a forum for feedback from residents on past and planned changes to services. Community champions can enhance the effectiveness of the assemblies by ensuring that new voices from historically disempowered communities are encouraged
to participate. The presence of this infrastructure, and the empowerment that comes with seeing your views influence the direction of health and care organisations, can provide a platform for communities to generate their own ideas. This infrastructure needs to run across the chain, from neighbourhoods to the ICS and ICB.

Prioritisation must be shaped by local communities. We need to make sure all local voices and lived experiences are heard, captured, and filtered up to board level. How do we genuinely create partnerships that set strategy and vision at the top which are informed by local wants and needs? We discussed how the African and Caribbean Health Inequalities Review was a good example of how priorities can be informed by the wider community.

Context

Bringing local teams together to serve local people

- **Effective Integrated Neighbourhood Teams (INTs)** bring together a range of different individuals and professionals including primary care, community care, mental health services, adult and children's social cares, public health, voluntary and community sector partners and wider local services.
- They present a significant opportunity to **improve care coordination** and **continuity of care** for individual patients, service users, carers and communities, including the growing number of our residents living with multiple long-term conditions.
- This is an opportunity to streamline access to and to provide more efficient and effective care at an **earlier point in the care journey** including through identification of people at risk of poor health and increasing the availability of proactive and preventative care.
- However, there are **a number of challenges** including the huge pressures already facing local services and significant historic and current differences in how services work, are funded, and are organised at a local level.

Integrated neighbourhood teams - Summary (1/3)

Q1: Where is integration working well at a neighbourhood level today?

In this session many key examples of good practice were highlighted, particularly cooperation with and within the voluntary and community sector, as well as a clear shift in thinking by statutory organisations. However, the discussion also provided valuable contributions surrounding the challenges integration faced, with a key and repeated observation being that effectively defining a neighbourhood was critical to successful integration.

Good Practice

Examples of good practice predominantly centred around the support and expansion of community programmes such as Haringey Community Gold or Brent Health Matters. Additionally, the group highlighted examples of strong alignment between local primary care networks and other services, e.g. NCL's Mental Health teams being aligned to PCNs and the Harrow Health GP Federation as good examples of integration.

Operational

These challenges mainly concerned the practical challenges in reaching an endpoint where integration was considered the norm. For example, finding the time for integration projects when there is a high amount of operational pressure, and also the seemingly overwhelming complexity of integrating such a vast network of systems.

Cultural

These challenges centred around how to change people's attitudes towards integration and generate the required buy-in. This included how to make the neighbourhood the de facto geography of care, moving away from trading pre-existing relationships, and also creating shared, meaningful goals that all involved parties could understand and work towards.

Structural

These challenges focused on the difficulty of expanding local good practice across a whole system. Primarily, building community infrastructure that was able to embrace funding from statutory bodies and therefore bridge the gap between bottom-up services and top-down directives to provide a universal service.

Integrated neighbourhood teams - Summary (2/3)

Q2: What are the next steps in making coordinated, community-based care the "norm" for Londoners?

Devolution of power to local teams. The ICS and NHS need to be better prepared to cede control to community services, whilst having the humility to understand that this is not an entirely new way of working. Devolving power to services closer to people's homes must run in parallel with active efforts to build trust and relationships with local communities. These links need to be invested in over the long term and grow organically.

Invest in data and technology as an enabler for neighbourhood-level service integration. Better data sharing and interoperability arrangements were raised as a way to improve integration between services. The deployment of 'frontier technologies' at a neighbourhood level, in response to local needs was also raised.

Scaling effective standardised structures. Participants raised the need to identify and understand current capacity and structures before implementing new ones, as well as creating structures that the community sector could work within. The need for a more standardised approach to scaling new initiatives garnered strong support.

Leveraging existing community assets. The most frequent comment from the group was the desire to put primary care and local assets at the heart of integration. This included understanding what was available from a care perspective and the geography/population that they were expected to serve, as well as better educating the community as to the options available to them.

Allocating resources effectively. Participants highlighted the importance of redeploying existing resources around system goals. This includes making access to funding easier for pilots of projects which could be well-placed to stimulate innovation and learnings that could be deployed across the region.

Integrated neighbourhood teams - Summary (3/3)

Q2: What are the next steps in making coordinated, community-based care the "norm" for Londoners?

Secure buy-in to system priorities. A frequently occurring topic was the need to make system working a more transparent objective, with clearer goals and roles at all levels of working. This included prioritising those on the front line, making system priorities meaningful to neighborhoods, and incentives for working beyond organisations. Suggestions also highlighted the need to make system working easier by removing bureaucracy as well as capitalising more effectively on learning opportunities.

Understand and agree what constitutes success. This aspect of the discussion raised the need to create more meaningful success criteria. Current targets and goals were reported as seeming arbitrary and technical, with a strong desire for more patient-centred goals. This is also included aligning goals between different organisations so that they were pulling in the same direction, as well as the creation of a common definition of success.

Create meaningful communication between stakeholders. Communication was highlighted as a crucial factor in making integration a success. The need for a common language between groups alongside the de-mystification of jargon was a common theme. The idea of champions as contact points in the community was also raised as well as a desire to breakdown assumptions about different groups.

Context

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me"

- **It is now almost a decade** since National Voices' narrative for person-centred, co-ordinated care, developed in response to the Health & Social Care Act 2012.
- We know a **one-size-fits-all** approach **will not meet the increasing complexity** of people's needs and expectations.
- Experience suggests good personalised care needs to be based on '**what matters**' to people and to build on **individual strengths** and **assets**.
- Personalised care takes a **whole-system, whole-lifespan approach**, from maternity and childhood right through to end of life, encompassing both mental and physical health and recognises the role and voice of carers.
- It recognises the contribution of **communities** and the **voluntary and community sector** to support people and build resilience.

Personalisation in Integrated Care - Summary (1/2)

Q1: What have we learnt about putting people at the heart of health and care in London?

> *Asking people to look after people requires **looking after them too**.*

We have learnt to centre care around service users and families. Co-design and co-production is essential to achieve this. Examples of good practice include shared partnership priorities workshops from Brent Health Matters. We have learnt about patient choice and the benefits of Personalised Health budgets (PHBs); however, it is essential to

clarify that personalisation does not equal PHB. Service users desire autonomy and freedom to have a say in their care.

We have learnt that we need to make staff wellbeing a main priority. The people are what makes health and social care in London great, and we need to empower and support them to make the best out of the resources, systems and processes available. There were many discussions around how staff well-being and looking after the people who care improves patient outcomes. Sarah McClinton highlighted the vaccination programme as critical learning in relation to how the workforce can pull together and be transparent to provide healthcare. We discussed staff development and clear progression routes to improve staff retention.

We have learnt that equality, inclusion and diversity is very important. London is very diverse, and this can lead to personalisation challenges. We have learnt that we need we speak the language of different populations and use local champions to help with this. We need to build trust and understand the needs of our communities from as many perspectives as possible.

Personalisation in Integrated Care - Summary (2/2)

Q2: How will we build on this learning to enhance the role of individuals and communities in future?

We will listen to quieter voices by contacting the community and utilising local champions. We will continue to build trust by being transparent about decision-making (explaining what is and is not possible) and aim for wider engagement in communities.

We will make it easier for service users and staff to navigate health and care systems. We will work on simplifying communication and processes, so it is easier to understand for patients, families and staff to increase transparency and clarity. Discussions in the breakout room session centered on increasing the accessibility to information and service, by reducing the number of acronyms we use, increasing the use of diagrams and creating clear, digestible packages of information.

We will collect examples of what good looks like and share these. It is important to not reinvent the wheel each time a problem arises and instead we must utilise our networks and look around at the work that has already been done and build on this. We reflected on how beneficial it would be to increase system awareness and use data to look and trends and plan for the future.

We will increase knowledge on Personal Health Budgets (PHBs). We will continue to increase the number of PHBs available, so individuals have more say in their health and unique packages of care tailored to the person. Is essential to build understanding of how PHBs work and their availability.

Theme: Responding to the Cost of Living Crisis

Context

The Impact of the Cost of Living Crisis on the health and wellbeing of Londoners

- The cost of living crisis should now be understood to be **the most significant threat to public mental health and the NHS provision**.
- Around one in seven parents in London (14%) have children living in **low or very low food security**. This equates to around 300,000 children with families unable to afford to buy healthy and nutritious food.
- **Fuel poverty** impacts on low-income households, voluntary and community sector support to individuals and communities.
- There is an increase in **homelessness**.
- It is becoming increasingly difficult to **afford prescriptions** or to travel to attend appointments.
- There are potential increases in the use of **drugs and alcohol and gambling** as a method to cope with the extra pressures. **All resulting in w i d e n i n g health inequalities**

Responding to the cost-of-living crisis - Summary (1/2)

Q1: How is the cost of living crisis impacting today?

> *The fact **that food banks are receiving fewer donations** is also concerning especially for children who are at risk of being malnourished or are unable to access school lunches.*

Our workforce are directly impacted by increased living costs.
We discussed how staff are facing increasing transport costs and how current wages are not meeting the needs of key workers. Fuel poverty is impacting A&E flow through increased attendance of the elderly and homeless people; further exacerbating the stress faced by our workforce. Care workers are amongst the lowest paid in London and are leaving to work with other organisations. Our organisations are starting to address the stigma around poverty, for instance by setting up food banks for staff in hospitals.

The cost of living crisis is having an impact on our communities as a whole. There is an increase in homelessness, addiction and mental health vulnerability levels. Some of our patients have not recovered from the pandemic yet and are experiencing increased levels of anxieties, partly driven by the media. Enquiries have been made with the Citizens Advice Bureau about debt and housing as well as missed council tax payments, which is causing councils to have reduced funds. These all act as indicators that our communities are struggling.

We also discussed that estates are in poor conditions and are subsequently expensive to heat. The fact that food banks are receiving fewer donations is also concerning especially for children who are at risk of being malnourished or are unable to access school lunches. The shrinking rental market due in part to landlords selling properties and a lack of housing providers needs to be immediately addressed collectively. There is also an increased demand for VCSEs' support which is evident from the waiting lists.

Responding to the cost-of-living crisis - Summary (2/2)

Q2: How can we work together over the winter to support individuals and communities in a way which no one organisation or partnership could achieve alone?

> *We discussed actively **addressing the stigma of poverty and barriers to being able to ask for help**, so our staff can discuss and share their challenges which can lead to finding common solutions.*

Making better use of our digital resources. We need to be working together to identify and use our resources better and have access to shared information. We also need to be bringing up back services in-house to work efficiently and make better use of use of public/private spaces, such as through central campaigning for 'warm places' (social prescribing in A+E), food banks in hospitals. We need to make an economic case for prevention.

Wider engagement. We discussed engaging local community leaders and centres like churches, banks and charities to offer shared provision of heat and food (e.g., the use of stadiums to support Ukrainian refugees). Link workers could support with signposting, and we could utilise routine apps to inform communities about the help that is available. Local partnerships could offer vouchers for warm spaces. There is a need for a real time community single point of feedback as seen during the pandemic. The housing crisis needs to be addressed through increasing social housing, rehousing, and private grants.

Supporting our workforce. We need to offer discounts to NHS staff and subsidise their travel, food and parking. We discussed actively addressing the stigma of poverty and barriers to being able to ask for help, so our staff can discuss and share their challenges which can lead to finding common solutions. We should also offer more flexibility for our staff to work from home or other bases and promote the benefits available in places like hospitals. There should also be access to free sanitary products in public places for staff and the wider community.

Theme: Responding to Winter Pressures

Context

Addressing short-term pressures, not losing sight of long-term ambitions

- Health and care services are already under **significant pressure** and have been for an extended period of time.
- We are seeing increasing numbers of **COVID-19** cases affecting both staff availability and demand on services as well as potentially the first major **Flu** season since 2019/20.
- The challenges facing our acute hospitals in relation to providing both emergency and elective care have a **knock-on impact** across all parts of our health and care systems, including primary care, community care, mental health services, and social care.
- Individual **carers**, **communities and voluntary & community sector organisations** are facing a period of **unparalleled demand** for support and ongoing challenges in funding.
- We have ambitious plans for our integrated care systems and place-based partnerships, but if these are to succeed, **tomorrow needs to be coming to the aid of today**.

Responding to winter pressures - Summary (1/2)

Q1: How do we ensure our partnership response to winter is more than just our individual organisational plans?

Q2: What do we need to do to respond in an integrated way to the challenges ahead?

In this session the two questions were used more as prompts for a wider discussion, with several themes emerging across both of them. The main theme was the need for shared clear goals in order to move beyond individual plans and best respond to winter pressures. This came within the context that day to day care is already challenged and that understanding of the systems from within could be vastly improved. There was also insightful observation into the clarity of purpose that the COVID-19 pandemic response provided, and a return to this cohesive working would be beneficial.

Capacity/Workforce. The need for the right people in the right place was a common theme, with particular emphasis placed on ensuring the community sector was supported in providing that capacity. Better rotation of staff was a key idea as well as trying to integrate winter pressure planning into a yearly approach versus tackling it as an isolated incident.

Shared Clear Goals. The most commonly raised point was a desire to have a clear, simple, and concise set of objectives to be working to across the system. In the discussion there was strong support for having a single plan across the system, with better comms surrounding its contents. This was supported by a need for awareness of partners' plans and a greater emphasis of organisations getting to know each before the crisis hit, with the respective contributions of different sectors appropriately recognised.

Navigating the System. This point reflected the greater need for transparency in the system. Information sharing, standardised language, and understanding of different sectors' capabilities and limitations were all raised as ways to improve. In addition, a clear understanding of where and what care was provided was desired, with key contacts readily available, would be valuable.

Responding to winter pressures - Summary (2/2)

Education. A better approach to educating the local community about available services was a frequent point of comment during the session. Whether the different aspects of primary care, or a simple understanding of how care pathways work, there was recognition that better understanding of primary care would be able to relieve pressure in some parts of the system. There was also a desire to release comms well in advance of winter pressures, as well as more proactive work with social care ahead of the winter.

Proactivity. Many participants highlighted the opportunity for a more proactive approach, targeting the root causes of problem with analytics and to move away from anecdotal evidence. For example, tackling frequent repeat visitors to A&E.

Context

If we can't deliver for our people, they can't deliver for Londoners

- The **COVID-19** pandemic has put the UK health and care workforce, unpaid volunteers and carers under **unprecedented pressure**.
- We know the health and wellbeing of staff is **essential to the quality of care they can provide** for people and communities.
- It is therefore crucial that we look towards how systems and **places can improve support** during this period and enable people to play a full role in the delivery of better integrated, person and community centred care.

Supporting our people - Summary (1/2)

Q1: What are the key challenges in bringing together frontline staff, volunteers, managers and leaders to support better integrated care?

> *There are increasing pressures in the system, everchanging priorities and **a lack of time***

A key challenge for partnership working is that different teams and service has contrasting priorities. It is challenging to unite a shared vision and get all partners to accept compromise. We discussed how to engage frontline staff, volunteers, managers and leaders all at once and how strong relationships take a long time to build. An example from the breakout room was an ICS non-executive director and a discharge hub manager coming from different perspectives and having short term different objectives but wanting to work together and make integration the best possible.

It can be difficult to work out peoples' roles and responsibilities with different organisations. We must gain clarity around who best to speak to and how services work together. The NHS is a complex machine with many parts and it can be difficult to work out who does what and how our own roles fit with others. There are a high number of vacancies in the NHS and we need to think carefully about how to reduce this and work on staff retention.

Targets set by NHS England can be challenging to meet while working on continuous improvement and maintaining high quality care. Most people in the room said that they struggled to meet targets and felt that this was a challenge in integrated health care systems because they wanted to focus on quality rather than specific numbers.

Supporting our people - Summary (2/2)

Q2: How can systems and places improve support to our workforce through this process?

Systems and places could develop peer support groups to help support the workforce during change. The breakout group discussed how they thought staff feel better supported by having buddies and groups of people in similar positions or with more experience that they could discuss challenges with. Better communication within the workforce in general would be beneficial, for example more highlight report emails, cross-pollination of services, stakeholder management and workshops to build relationships. As an action to take away, participants highlighted the importance of carrying out regular staff surveys and implementing meaningful changes in response.

Improving IT systems and processes could make our workforce feel better supported and equipped to do their jobs to the best standard possible. The breakout rooms discussed that the workforce would benefit from integrated IT systems and information sharing. Sometimes less advanced technology and a lack of standardisation of systems can slow down processes and lead to decreased staff morale and increased patient complaints.

We can support our workforce by empowering staff. The group discussed empowering staff to increase involvement from the bottom up. This could involve empowerment workshops, leadership sessions, coaching, mentoring and listening to the needs of our workforce.

Theme: Population health

Context

Health and care must adapt to our population's changing needs

- **Health and care needs are changing**, people are living longer but often in poorer health, including with long-term conditions such as diabetes, heart disease and dementia.
- There has been significant discussion of **Population Health Management** (PHM) as an approach to help understand people's health and care needs and target interventions as a result.
- This includes use of **historical and current data** about people's health and how they are using health and care services to design new proactive models of care which will improve health and wellbeing today as well as in 20 years' time.
- And **tailoring services** to the needs of people in each area, improve people's health, prevent illnesses, and make better use of public resources.
- Despite this focus, in many areas we have significant, ongoing **health inequalities** which have worsened through the pandemic and present a significant challenge in the context of the cost of living crisis and **broader pressures** on individuals, communities and services.

Delivering on Population Health - Summary (1/3)

> *Embedding a population health approach needs to be an **ambition, not a target**.*

Q1: What does a focus on population health mean for London?

Population health means knowing our population and therefore understanding, in a data-driven and granular way, where we can have the biggest impact on people's health and wellbeing.
Information that helps us define health-related problems in greater detail can create more effective solutions. We need to ensure that the data systems we develop are as real-time as possible, and
that they bring in partners like third sector organisations to build a more complete picture of our communities. Population health also means understanding how wide determinants of health that are beyond the traditional scope of health and care organisations impact our communities' health. The vaccination programme was the first time many of us had seen real-time data at postcode level deployed to shape an intervention, and it demonstrates the potential of a population health approach. It created a burning platform, a clearly defined outcome, and real fear and motivation.

Population health doesn't just mean quantitative data - engagement and real interaction with our communities is just as important. Understanding the prevalence of a condition like diabetes is one thing, understanding what high prevalence means for a community and its impact requires on-the-ground engagement work. It is this kind of work that enables the development of effectively-tailored interventions.

Population health data is key to developing a holistic understanding of what is going on in health and care at any given time. Population health is just one strand of data. Population, workforce, and financial data all need to come together and be triangulated to allow us to make evidence-based decisions.

It means health and care organisations in London learning from each other's experiences in developing population health methodologies. London has excellent population health forums, but we need to be better at feeding this learning back into our individual organisations. These forums need to support London's places to link in with each other beyond their neighbours as a means of maximising the exchange of useful information - places on opposite sides of the city may be working towards similar outcomes without knowing it.

Delivering on Population Health - Summary (2/3)

Q2: What are our next steps in ensuring this genuinely delivers better outcomes for all our communities?

Using population health as evidence in business cases for change programmes. Population health data must be used to evidence interventions whose benefits will be realised in the long term, such as preventative programmes. More broadly, population health data must be leveraged to create space for a conversation around what the NHS is for – are we investing in peoples' health, or are we simply 'repairing' people when they are ill. Most of our interactions are still around illness rather than health.

Implementing interventions based on population health management that are tailored to the needs of local communities. Population health must be used to drive interventions that are tailored to the needs of individual neighbourhoods. As such, communities must directly shape the development and implementation of interventions in their own neighbourhoods - we won't win trust unless we strike the right balance between top-down and bottom-up input.

Building on the positive work we did during the vaccination drive and continuing to work closely with communities. As professionals, we must challenge ourselves and our colleagues to embrace new ways of working that give communities more decision-making power. This will involve developing a range of routes into our communities, from patient champions to a strong social media presence. A key learning from the vaccination programme was that many don't trust us as the NHS - we need to work to be more deliberate and practice in building that trust. The NHS brand has negative associations in many of our communities, so collaborating with existing community groups and using their positive brand may be a more effective approach.

Bringing stakeholders together to overcome the 'small p politics' that is often a barrier when working at a local level. Dedicating resources to bringing key stakeholders together to voice their concerns and find common ground is the most effective way to overcome political obstacles. In the words of one participant, we must prioritise "identifying shared priorities to avoid the political implications of misalignment is key".

Delivering on Population Health - Summary (3/3)

> *The issue with London is working at scale without losing the granularity of place - **we need to square that circle**.*

London's health and care organisations need to identify population health issues that they have in common. London is large and diverse but population health can highlight issues that all Londoners face, such as air pollution, smoking, or housing quality, and evidence ambitious programmes that could be implemented London-wide. If we are to create London-wide programmes, they need to strike the right balance between creating common approaches and being too prescriptive. Furthermore, ambitious London-wide collaborations will only work if we can get leaders to think beyond their places and see themselves as also being part of a region – this stratified approach that sets out different approaches at different geographical levels will allow work at London region level to sit alongside place and neighbourhood-based work. A London-wide round table identifying where regional collaboration on population health management would have the most impact and may convince more sceptical leaders that this is worth their time.

We need clear accountability around who is responsible for holding the population health agenda. For instance, allowing local government, particularly Directors of Public Health, to hold responsibility for population health, whilst population health management, which is more relevant to service delivery, is held by health, may create clearer accountability. The ICS has a key role to play here; it puts people preventing ill health and people treating ill health in the same room. It's not a new idea, but the more we can create transparency, trust, and shared governance between these two groups, the better.

A clearer understanding of the wider determinants should be a basis for collaboration with other public sector organisations. A range of upstream factors that contribute to population health are beyond the scope of health and care organisations, but collaborating with other organisations like the GLA on the basis of population health management may be the key to a stronger preventative agenda.

Our Q&A Discussion

Festival of Integration Q&A (1/3)

Andrew Blake-Herbert

Chief Executive
London Borough of Havering

Sarah Blow

Chief Executive
NHS South West London Integrated Care Board and South West London Integrated Care System

James Benson

Acting Chief Executive Officer
Central London Community Healthcare NHS Trust

Lisa Henschen

Managing Director Harrow Integrated Care Partnership

Andrew Eyres

Strategic Director Integrated Health and Care at Lambeth Council and NHS SE London ICB

Q1: What is the role of pan-London providers such as the London Ambulance Service (LAS) in bringing health & care services together?

As unique as each London Borough is, we need to recognise that very few Londoners live their lives in one borough – many work, go to school, and access health and care services in other areas. Pan-London services have a role in both addressing needs at a regional level, and in helping us recognise the importance of working across borough boundaries. The challenges faced by a provider like LAS in engaging effectively with 32 individual boroughs partnerships highlight the value of joining up our efforts across geographic footprints.

Q2: What is the biggest change you've observed in the place you work in during the past five years?

It is hard to look past the pandemic, the response, and the impact it had on how we think about engaging with our residents. The vaccination drive revealed the extent of mistrust in some areas, including towards the NHS brand. The hard work of convincing communities to work with the health service has led to a wealth of learning and experience, though the risk of moving back to a pre-pandemic way of working with communities is real. The pandemic highlighted the importance of the voluntary sector in supporting this work and broader delivery.

Festival of Integration Q&A (2/3)

Q3: What work are you doing in your area to work more closely with communities?

a. Taking forward lessons from the pandemic, particularly the success of community champions
b. Working with communities to understand their priorities – resources might be limited, but this does not prevent us from addressing the most pressing issues
c. Strengthening partnerships with schools as a means of engaging with young people and parents
d. Recognising the diversity of our populations and creating tailored approaches for key stakeholder groups, e.g., social media presence to engage young people

The formalisation of London's five ICSs presents an opportunity for working together and collectively investing in community engagement.

Q4: How can we promote equality, diversity, and inclusion in our workforce, and what can systems do to champion this?

The pandemic made the inequalities faced by minority groups plain to see. Panelists acknowledged that, as the health and care sector, we do not have all the answers, but that committing to listening and learning is essential. One panelist noted that, as residents of London who appreciate and benefit from the city's diversity, we should hold ourselves personally accountable for taking action on an individual level and within our organisations.

Festival of Integration Q&A (3/3)

Q5: What can we do to address the recruitment and retention crisis we are facing and create a sustainable workforce?

The importance of more proactive outreach to recruit from local communities was highlighted. This will mean stronger links to people living in our communities, as well as a more sustainable workforce. One suggestion was to work with schools to design roles to attract more young people. Challenging ourselves to "think outside the box" in skills and career progression was a means of attracting new staff and retaining existing colleagues. From a communications perspective, leveraging the diversity of jobs available in the health and care sector also has the potential to increase recruitment.

There was a need to lower barriers to those looking to work in London. One panelist suggested using local government's borrowing capacity to provide current and prospective staff with mortgages to support them to move to, and stay in local communities. The third sector has a key role to play. Clinical models must adapt to make better use of resources, and integrated working through ICSs has a key role in enabling this, including in reducing duplication across organisations.

Q6: If we were all to reconvene in this room one year from now, what would good look like to you?

Looking further into the future was seen as essential. Some key areas for progress included:

a. Moving away from a 'national treatment service' model and dedicating more resources to improving health at a population level.

b. Everyone in the room able to independently describe what we have learnt about our population in the last year, what we have done, and how that has created impact (however small!)

c. A health and care system that is not derailed by diktats, but remains focused on what we know are the key medium- and long-term issues that matter to our residents.

d. The inPlace Framework driving high-quality conversations about what it means to be integrated across a particular area, and the continued sharing of learning within the community we've formed in this room today.

Feedback from the day

What we said

94% **of respondents rated the event Excellent, Very Good or Good** and would recommend to a colleague

"The facilitation of the breakouts and main meeting were excellent. The panel discussion was very useful and it may be worth considering making that a main part of the next event. James' closing speech was inspiring."

"It was interesting to be able to see the different things which various boroughs are doing and how they are working in partnership"

"Networking with colleagues from across the sector from local authorities, NHS Trusts and ICBs."

"It was great to hear about the efforts to engage with the community. I wonder if local communities, our youth could be more engaged in future events like this."

"I feel that this would be more beneficial to colleagues of a lower grade/ rather than directors etc to assist with learning across the board."

We are working to share findings and learning with participants from the day, across our places and systems including key themes and learning as we support each other through winter and year ahead.

If you have any comments or feedback on anything in this pack, please share with us via:

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