Bexley Local Care Partnership

Shared Vision and Values for transforming Health & Care in Bexley

A partnership between:

Bexley Care
Bexley Health Neighbourhood Care
Bexley Voluntary Services Council
Dartford & Gravesham NHS Trust
Greenwich & Bexley Community Hospice
Healthwatch Bexley
Hurley Group
Lewisham & Greenwich NHS Trust
Local Medical Committee
Local Pharmaceutical Committee
London Borough of Bexley Council
NHS Bexley Clinical Commissioning Group
Oxleas NHS Foundation Trust

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Summary

Bexley has embarked on a journey to transform health and care services through Local Care Networks (LCNs), with partners from across the system coming together in a Local Care Partnership (LCP) to shape how we best keep Bexley people living well.

This vision and values document has three clear purposes:

1. To outline the vision for how health and care services will look and feel in future
2. To set out the values and behaviours that partners agree to work within in how we deliver this
3. To record the agreement of partners in working toward this vision according to our shared values

This document therefore forms a Memorandum of Understanding (MOU) between our partners. In being a signatory to this document, organisations are making a commitment to working toward achieving this vision through our shared principles of how we will act.

The Context for Change

The UK has a growing, ageing and changing population and health and care services in England are facing unprecedented service pressures and financial pressures at a time of rising demand, with organisations from across the health and care sector finding themselves in similarly challenging circumstances. Under difficult conditions, these organisations continue to strive to deliver better services, improve patient care, reduce inequalities, and achieve best outcomes for all.

A new approach is needed to meet the demands our changing population and to maintain a borough with healthy residents and thriving communities. This new approach is for the NHS, Local Authority, service providers, charities and voluntary sector to come together to work in partnership to design health and care services around the concept of 'place'. A place-based approach means developing local services that respond to identified need, with residents and communities at the centre of systems of care, and in which commissioners and providers from this range of sectors take collective responsibility for resources and population health. Prevention and early intervention, care at home, self-management of conditions, community resilience and healthcare access are all features of this place-based approach. This will be achieved through forming Local Care Networks (LCNs), where partners work together in an integrated way to maintain the health and wellbeing of our population.

In 2016 statutory bodies, GPs, community health care providers, hospital trusts, charities and voluntary organisations came together in Bexley to form the LCN Programme Board, to provide leadership to the development of Bexley LCNs. Since the inception of this group, progress has been made to build relationships and capacity within our shared transformation programme, significant steps have been made toward greater integration of commissioners and services in Bexley. Development of the South East London NHS Sustainability and Transformation Partnership (STP)

into the South East London Commissioning Alliance has given structure to our work with other local boroughs and the hospitals that our residents use. Further developments in integrated care mean that the Bexley-wide programme is now a Local Care Partnership (LCP), with a place-based approach to care through three LCNs.

Despite this progress, the financial position across the system has continued to deteriorate. Within this changing context the Bexley partners must embrace a fuller consideration of what can be done to address the full scope of system challenges. This Programme Board group will therefore lead the development of a new model of health and care for Bexley, with a clear ambition that in five years' time services will look very different to the ones that are in place today, which will be both person and population focussed.

As part of the work to consider how we could accelerate and expand the impact of collaboration and integration, our partners are exploring how we integrate our work to deliver better outcomes. Integration is the vehicle through which partnership values can be underpinned by appropriate governance and regulations to facilitate an effective place-based approach to delivering health and care. This will provide a framework to mobilise our efforts, and remove the barriers to integration necessary to achieve our aspirations.

This vision and values piece demonstrates our partnership commitment to the values and behaviours required to achieve our shared vision. It is intended to provide a clear signal of intent for our direction of travel, and the relationships and cultures required between partners to support this.

This vision and values document is a high-level summary of our future model based on values and commitments, not specific programmes of work. It will not set out the detailed blueprint for our future state model, will not set the timelines or process we'll go through to achieve the vision, nor has any legal status in itself. The detail of this will require ongoing refinement and consideration as our shared approach matures and progresses. This is a vision of how we will work with each other in the best interests of Bexley people, and a commitment from our partner organisations to contributing to the work required to realise the benefits.

What we're trying to achieve

The objective of Local Care Networks is to improve the health and wellbeing of Bexley residents across the whole life course – from 'cradle to grave'.

This will be achieved by:

- delivering effective integrated health, social care and wider services that best meet the needs of Bexley's population by adopting a 'place-based' approach to health and care
- developing person-centred care services driven by improved outcomes and experience
- integrating services where it beneficial to do so
- shifting care to more appropriate settings, including in the community and in the home where possible

- improving the emphasis on the prevention of ill health and promotion of health and wellbeing
- narrowing the inequalities gap in health outcomes between the most affluent and most deprived communities in Bexley
- contributing to the wider growth and sustainability of a vibrant, thriving Bexley community including employment, housing, education and economic growth

Partners

In signing up to this vision and values, our partner organisations are making a commitment to working to an agreed set of principles. What we will, and won't, do in our partnership working can be articulated as follows:

The partner signatories agree to:

- Provide leadership in the development of and transition to an integrated model of care delivered through Local Care Networks
- Contribute resource where necessary and where possible to delivering the shared objective of integrating and improving care
- Consider the impact of commissioning decisions on partners and plan changes through consultation and collaboration
- Make commissioning decisions in the context of the whole system, not just the contracting party
- Ensure our actions contribute to the stability and sustainability of the whole health and care system, not just our own organisation
- Allocate resources in a way that delivers outcomes for local people and the partnership, not just for our own organisations or the specific services we deliver
- Explore opportunities for integration, including joint commissioning, joint provision and joint investments
- Share risks, and share gains
- Where partner organisations straddle boundaries, agree an appropriate level of participation, risk share and gain share relative to the area of work and its appropriateness to that organisation
- Give managers and staff in our organisations permission to collaborate with partners at all levels, and freedom to innovate and explore transformation
- Delegate responsibility for collaboration throughout management levels and across clinical boundaries
- Embed this culture of partnership with our Boards and throughout our organisations

- Accept things might change, and that external pressures may impact individual organisations, but commit to working in partnership to achieve our shared outcomes with openness and honesty
- Retain individual and organisational accountability in a collaborative structure
- Retain the right to say no, and retain organisational sovereignty and governance
- Manage reputational risks together where appropriate

The partner signatories agree not to:

- Make changes that do not carry the confidence of our clinicians or wider workforce
- Make changes that do not have the support of our respective governance structures, including governing bodies, boards of Trustees and elected Members.
- Work in a way that contradicts our values of partnership and collaboration in delivering person-centred care
- Make decisions or take courses of action that negatively impact each other unless we have to, and in those cases by considering available alternative options or potential mitigation.
- Make significant unilateral changes in commissioning, service design or in patient pathways without system-wide discussion and consultation, even when the decision or responsibility ultimately rests with one party
- Take actions that lead to the transfer of risk between partner organisations without discussion and agreement on necessary mitigation
- Contribute to the material worsening of an individual partner's position on care, quality or financial grounds.

Signatories

The signing of this vision and values document forms a Memorandum of Understanding (MOU) between the partners in Bexley's LCNs;

On behalf of:	Signature	Name & Role
Bexley Care		**Tom Brown** *Service Director*
Bexley Health Neighbourhood Care		**Dr Bill Cotter** *GP & Director*
Bexley Voluntary Services Council		**Vikki Wilkinson** *Chief Executive*
Dartford & Gravesham NHS Trust		**Gerard Sammon** *Interin Chief Executive*
Greenwich & Bexley Community Hospice		**Kate Heaps** *Chief Executive*
Healthwatch Bexley		**Lotta Hackett** *General Manager*
Hurley Group		**Murray Ellender** *GP Partner*
Lewisham & Greenwich NHS Trust		**Tim Higginson** *Chief Executive*
Local Medical Commmittee		**Dr Richard Money** *GP*
Local Pharmaceutical Committee		**Bipin Patel** *Chair*
London Borough of Bexley Council		**Gill Steward** *Chief Executive*
NHS Bexley Clinical Commissioning Group		**Dr Sid Deshmukh** *GP & Chair*
Oxleas NHS Foundation Trust		**Ben Travis** *Chief Executive*

The Case for Change

In Bexley we have some very good health services and a committed and skilled workforce. People are living longer, conditions are being treated more effectively than ever, and there are continual efforts to improve the care that patients receive. However, the way some services are structured means that people may find services hard to access, have to wait a long time for help, or do not get the help they need. We also have avoidable differences in life expectancy between different population groups and across different parts of the borough, and many people are dying early after developing preventable diseases. The issues with the current state of health and care services fall into three main categories:

Access, Outcomes and Experience

The quality of care that people receive, and the outcomes of their treatment, can often depend on when, where and how they access health and care services. Similarly, the way that services are currently funded, governed, commissioned and delivered can give rise to disjointed care for individuals. The more complex the patient's care needs, and the more services they access from different parts of the system, the more keenly this is felt. Our services often do not detect problems early enough, meaning that people develop complex conditions that are in some cases avoidable. Patient surveys also tell us that people's experience of NHS health and care can be inconsistent, and that they do not always receive the care they want. Improving access to the right services, in the most appropriate place, as early in the patient's journey as possible, is one of the key drivers for developing this new model of care.

Population Growth and Societal Change

The population has changed significantly since the NHS was formed, and the NHS along with other public sector services are working to systems designed to meet the demands of previous years. These legacy systems are struggling under subsequent years of population growth, population change, and changes in population health need. Medical, surgical, technological and public health advances mean more people are now reaching older age, creating a growing cohort of patients with age-related conditions. Communities in Bexley are more diverse and more mobile than ever and a stubborn inequalities gap remains between the most affluent and most deprived areas. Alongside the influence of technology on the way people access information, engage with public services and manage their lives, the situation is now that if there was a chance to start over, it's unlikely that the system would be designed the way it currently is.

Financial Pressure

Public sector and voluntary sector budgets have been under increasing pressure for several years, and the effects have been felt across the system. The NHS budget has increased over time, but in the context of inflation and increased demand this means that in real terms there are more calls on this budget every year. Local authorities across the country are being forced to respond to significant financial pressure from the growing demand on adult social care, whilst cuts to public health budgets against a backdrop of rising childhood obesity and diabetes is creating the next generation of high-risk health service users. There has never been a time when all parts of the health and care sector have been under such consistent financial pressure, and it is unlikely there will be sustained or substantial increases in funding in the foreseeable future. There is a greater need than ever to ensure the best value for every pound spent.

How Services will Look and Feel Different

Our vision is that Bexley will have a 'place-based' system of care, in which a range of partners work together to provide person-centred care in a proactive and integrated way. This means organisations working in close partnership, sharing information to fully understand the needs of the population, and collaborating to manage the common resources available.
The new, place-based system of care will be:

Person-centred

A person-centred approach means focusing care on the needs of the individual to ensure that people's preferences, needs and values guide clinical decisions. Person-centred care is much more than giving people whatever they want or providing information; it's a way of working that considers the people who use health and care services as equal partners in planning, developing and monitoring their care and takes into account the desires, values, family situations, social circumstances and lifestyles of people using health and care services. It will mean better planning of care, more personal involvement for patients, and better transitions between services. It will also mean access to services in more appropriate settings that give patients easier access and a better experience.

In our future model of care, services will be developed with the person at the centre, coordinated, and tailored to the needs and preferences of the individual, their carer and family. It means a move away from episodic and condition-based care where people may be expected to fit in with the routines and practices that health and social services feel are most appropriate, and is as much about the way professionals and patients think about care and their relationships as the actual services available.

Joined-up

The new system of care will see partners working together on a strategic level to understand the population and agree how resources can be shared to best achieve share objectives. This will include collaboration and integration in planning, commissioning and delivering services.

- Commissioners will work together to take explicit collective responsibility for resources and outcomes. In return, they will gain greater freedom and control over the operation of their local health system and how funding is deployed.
- Providers will work together, in some cases coming together in a number of forms to deliver services where patient groups, populations or communities are best served by doing so.
- Commissioners and providers will work together, blurring the lines of the traditional relationship, so that the workforce on the ground have a greater role in shaping services that brings experience, skills and passion to the forefront of service delivery.

Unique to Bexley

Localism is at the heart of the Local Care Networks concept. Bexley is unique in its people, services, transport links, neighbourhoods and communities. What works for other parts of London may not

always work for Bexley, and the development of new models of care will protect and enhance that local identity by placing Bexley communities at the centre of system design.

The strongest way of maintaining a healthy and well population is through delivering locally bound-together services, designed through understanding and engaging local communities, by working together to achieve a shared vision. This includes developing our understanding of our population by using and sharing data in new ways, backed up by strong engagement and two-way communication with people and communities.

What We Want to Avoid

The alternative to a collaborative, place-based system of care is for each of our partner organisations to adopt a 'fortress mentality', working in a way that secures its' own future regardless of the impact on others. A fortress mentality is often the default response when financial pressures, governance and statutory regulation figure prominently. When faced with demands to improve performance and deliver savings, organisations are under pressure to focus on the services for which they are responsible rather than working with partners for the greater good of the populations they serve. The risk in a fortress mentality is that success for one organisation almost invariably accentuates the challenges facing others and continues the 'zero-sum game' within health and care. It is the negative implications of adopting this mentality that the signatories to this vision and values are tasked with avoiding.

How We'll Work Differently

Delivering this vision will mean new approaches to how Bexley's LCN parters and wider stakeholders from across the health care system work together to deliver services. To achieve this, we will work to a new set of values.

A New Level of Collaboration

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A New Level of Collaboration

The partners on our integrated care journey recognise the shared problems facing health and care require shared solutions, and agree to work in collaboration to design services to address population need. This will provide a foundation for collaboration with a wider range of organisations from different sectors. The basis for this collaboration will be openness, trust and accountability.

This will mean designing shared solutions to shared problems, and where sharing risks means sharing gains. Resources will be allocated in a way that realises outcomes for all partners, not just the commissioning body.

The new way of working will also have greater focus on recognising the wider implications on partners from commissioning services, and working to find appropriate solutions. This will mean an end to commissioning in isolation; no longer making unilateral decisions about services, pathways or budgets where the effects of those decisions will be felt by partner organisations. In cases where it is unavoidable for one partner to work in a way that another feels negatively impacts them, our partnership values will give us the footing to have open and productive conversations to understand, resolve or mitigate these issues. The new model will also see greater collaboration between providers, with organisations responsible for outcomes for the population rather than for delivering service activity.

Our partners will work differently by co-producing and designing services around places, populations and people, not around conditions or service lines.

Leadership Development

The development of integrated care will mean a transition from leadership within organisations to system leadership. The regulations and governance applied to single organisations will be the biggest challenge in moving to system leadership, and one that will test the culture of collaboration that we are seeking to implement.

The development of our LCNs will also bring opportunities for new forms of leadership from across the system; from provider and partner organisations and from patients, carers and communities in co-producing health and care services.

Embedding Partnership Culture at all Levels

This new level of collaboration will require embedding partnership culture through management and operational levels of partner organisations and across clinical boundaries.

Organisational leaders will be empowered to embed collaboration throughout their organisations, with delegated responsibility for collaboration and co-operation through the layers of management. This will give agency to integrate and freedom to work across organisational boundaries to staff at all levels.

For many organisations and departments, this will be a significant shift and will take time and commitment, and will also involve sensitivities and governance arrangements that will take careful planning. Strong, collective, relationship-based leadership is therefore necessary to achieve this culture change. This will require a real focus on leadership development at different levels across partner organisations, to ensure staff are empowered to collaborate to deliver services that deliver against patient need.

We must also accept that things might change, and that the model of care must be responsive to changing demands and resilient enough to withstand external pressures on one or more of the partner organisations.

Retaining Accountability and Sovereignty

All partner organisations must remain faithful to their statutory obligations, governing bodies, charitable articles and legal requirements and losing accountability cannot be a by-product of collaboration. The development of integrated care is not a back-door for any one organisation to gain greater powers, shifting responsibility elsewhere or squeezing out smaller or less well-resourced organisations.

The new model of care may in some cases allow organisational leaders to surrender some of their autonomy in pursuit of the greater good of the populations they collectively serve, but partners will retain their 'sovereignty' over work areas. Working in collaboration will not involve individual partners losing decision-making powers, or losing the right to say no to programmes of work that compromise core values or principles.

Our partners will also not act in a way that will undermine or destabilise their partner organisations. Perceptions are as important as objective actions; any courses of action that could be perceived to undermine partners, be seen as a power-grab or be thought of as side-lining other partners must be recognised and communicated properly.

Redefining Relationships…
…with the community and voluntary sector

There must be a greater recognition of the role that all the partners in the health and care sector can play, particularly the voluntary and charities sector, around self-care and support in managing long-term conditions as well as providing expertise with specific patient cohorts. The new model will see broad engagement and collaboration becoming embedded in service design; there will also be greater opportunities for leadership from charities and voluntary sector organisations that deliver specialist functions.

…with Patients & service users

Person-centred care requires extensive patient involvement. The new model will focus on promoting patient and carer involvement in all levels of decision-making about services and making sure patient user groups can shape their care; involving patients in co-production of services rather than viewing them as recipients, or users of services. Co-production is about developing more equal partnerships between people who use services, carers and professionals in a way that empowers individuals, groups and communities to be partners in how support and services are accessed.

…with people from all walks of life

Local services will be tailored to local need in a way that ensures equality of access for protected people with characteristics and under-represented groups, and in a way that celebrates and champions Bexley's diverse communities. These include communities where English may not the be their first language, people with disabilities, and people experiencing social or economic deprivation.

How We Will Deliver the Vision

Local Care Partnerships within an Integrated Care System

The long-term picture for Bexley, the South East London Sustainability & Transformation Partnership (STP) and the South East London Commissioning Alliance is a move towards integrated care, within which Bexley sits as a local system called a Local Care Partnership (LCP) within the wider South East London Integrated Care System (ICS).

There are several possible models for local system integration, but the concept broadly needs to address three core elements;

- the first is collaboration between commissioners to set the outcomes to be achieved by the system and to commission services based on the needs of the population;
- the second is for providers to work closely together to meet the needs of the population by designing and delivering services based on population need, not episodic and condition-based service planning;
- the final element is a contract and budget that incentivises and joins the two together.

There are local differences in the role of general practitioners, hospitals, community providers and the involvement of public health, social care and the voluntary sector. The potential for development of integration in Bexley will be shaped by developing need, identified opportunities, and the willingness of partner organisations to continue to collaborate.

The defining feature in our LCNs will be the integration of services, whether between commissioners, between providers, or collaboration between commissioners and providers.

Bexley has made progress in integrating services with the formation of integrated commissioning functions between the CCG and Borough Council; the federation of GP practices into Bexley Health Neighbourhood Care; the creation of Bexley Care, a new integrated care provider that brings together adult social care and adult community and mental health services into a single management structure; and in developing our LCNs.

Local Care Networks

Our model of care will be Local Care Networks. LCNs bring together leaders, commissioners and providers of health and social care to improve services in the local areas in which they are based, in order to improve patient care, and to realise value across the system. The LCNs will have a whole-life course remit, from perinatal to end-of-life care, and will bring together health, community and social care workers as well as the voluntary and community sector to provide care that is patient centred, accessible and coordinated.

Bexley will have three Local Care Networks on existing locality footprints; North Bexley, Clocktower and Frognal.

The vision for our LCNs will be based around three main principles, that all our work will be;

1 **Person-centred**	Services are designed around the individual's needs and patients are at the centre of decisions
2 **Intelligence-based**	Work done is informed and led by relevant health intelligence from appropriate data sources
3 **Clinically led**	Clinicians and practitioners from across the health economy are leaders in designing services

Measuring progress and achievements

Developing outcomes for LCNs will be complex and will progress as new ways of working are developed. Our outcomes will be framed by what it means for people and communities, not by what it means for organisations, services or budgets.

The new model of care will deliver against the existing outcomes frameworks set across the health and care system

NHS Outcomes Framework	Public Health Outcomes Framework	Adult Social Care Outcomes Framework
Preventing people from dying prematurely	Improving the wider determinants of health	Enhancing quality of life for people with care and support needs
Enhancing quality of life for people with LTCs	Health improvement	Delaying and reducing the need for care and support
Helping people to recover from ill health or following injury	Health protection	
Ensuring people have a positive experience of care	Healthcare & preventing premature mortality	Ensuring that people have a positive experience of care and support
Treating and caring for people in a safe environment and protecting them from avoidable harm		Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

A feature of the new way of working will be to embed evaluation in everything that we do, so we know what works, for which populations, and under what circumstances. Measuring the impact of our services in this way will let us invest intelligently and get the maximum return for our money.

Facing the Challenge

We are in no doubt as to the scale of the challenge ahead of us. In facing the challenge to realise the vision outlined here, the values and relationships we have set down will be tested by an ever-changing political and regulatory landscape, by changes in strategic plans, from unexpected pressures and threats, and from the inherent volatility involved in business as usual.

Delivering our ambitions of developing a person-centred health and care system will require flexibility, trust, and commitment from our partner organisations with the recognition that, despite the responsibilities of individual organisations, we are tasked with promoting, protecting and preserving health in the same population.

Similarly, this journey may have no end and we may never consider our transformation 'complete'. As milestones are achieved, services transformed and improvements realised there will always population growth, expansion, and improvements and refinements to be found with every step.