



SOUTHWARK

Five Year Forward View of health and social care

2016/17 to 2020/21

WELCOME

to our Southwark Five Year Forward View

We want the best possible health and social care outcomes for Southwark people. We set this out in our Southwark Five Year Forward View. It describes Southwark Council and NHS Southwark Clinical Commissioning Group's (CCG) shared vision for local services. This summary aims to encourage discussion with Southwark people on how to achieve our vision.

The way we do things now doesn't always result in the best outcomes and experiences for local people. Pressure is increasing on health and social care services, and we need to think differently so that people have the best care when they need it.

This is about improving quality and overall value. If funding wasn't an issue, we would still want to radically improve outcomes. We know that we can improve things if we work together in a new way.

"We want Southwark citizens to feel in control of their lives and their care, with the services you use planned with you, around your individual needs."

All of our future plans will build upon the principles set out in the Southwark Five Year Forward View. We look forward to discussing our plans with you and will publish an action plan 'Southwark Forward View: Into Action', in summer 2016.



Dr Jonty Heaversedge,
Chair NHS Southwark CCG



Councillor Stephanie Cryan,
Cabinet Lead for Adult
Care and Financial Inclusion

Southwark is a vibrant place to live

Southwark is a diverse, vibrant and growing borough of almost 300,000 people. In comparison to other places in England, Southwark is relatively younger, more densely populated and more deprived. In the 2011 census 18,978 people reported that they had a long term health problem or disability.

Recent improvements include reductions in infant mortality; better care for people at the end of their life; better outcomes for people with HIV, and a rise in life expectancy. But there are real challenges and too many people live with preventable ill health, or die early.

Did you know?

There is a difference in healthy life expectancy between the richest and poorest in our population of **7.6 years for males** and **6.7 years for females**.

Local services often respond well to a crisis, but we have to find ways of reducing the number of people who need crisis support in the first place. We can't just wait for people to get ill or need urgent social care, and deal with the consequences. We know we need to promote health and wellbeing, and invest our resources into prevention and early intervention.





We have a common purpose to improve local services

Southwark Council and NHS Southwark CCG want to see:

- an increase in healthy life expectancy, adding life to years as well as years to life
- a reduction in health inequalities across communities in Southwark
- more people engaged in their own healthcare, so that individuals and families are directly involved in maintaining and improving their own health and wellbeing
- a greater proportion of people reporting better experiences when they use health and social care services.

The large financial challenge across health and social care makes the improvements not only desirable but necessary. As our population, and its health and care needs grow, we need to manage within existing resources.

We want to nurture resourceful and flourishing communities, supported by health and social care services that are genuinely person-centred and coordinated. This is not the system that we have currently.

We don't believe that 'more of the same' is the best option. People should be supported and treated in the right place at the right time according to need, with much more care provided closer to home.

Local people also want better, more coordinated care

We have worked closely with local people who use health and social care services to understand what they would like to be able to say about their care. These "I" statements are the outcomes that people say are important if and when they need care.



I want to have systems in place to help at an early stage to avoid crisis, and as small a disruption as possible if a crisis happens.

I want to be able to live the life I want and get the support I need to do that.

I want to feel safe, secure and protected from harm.



I want to be able to manage my own health and wellbeing or condition and be supported to do this including having access to information and being able to stay healthy.

I want to be able to plan my care with people who work together to understand me, allow me control, and bring together services to achieve the outcomes that are important to me.



Day-to-day experiences of care highlight that things could work better

Local services are staffed by skilled and committed people. Despite this people can feel confused and frustrated. A recent Special Inquiry by Healthwatch found that:

- people can experience delays and a lack of coordination between different services
- people can feel left without the services and support they need after discharge from hospital
- people can feel stigmatised and that they are not treated with appropriate respect
- people don't always feel involved or informed in decisions about their care
- people can feel that their full range of needs is not being considered.

The voices of Southwark people: statements from Southwark Health and Wellbeing Board's 1000 lives research

"I am a pensioner with ulcerated legs. I need compression and steroid cream once a week. Booking GP appointments is not good. 10 minutes is not enough for a consultation. GPs are stressed and they're doing too much. And there aren't enough district nurses. And they need to share information. I'm constantly telling my story over and over again"

"My son when he was two was diagnosed with cognitive communication difficulties. We are at the stage of waiting for the school speech and language therapist to pick it up. He is four now. Health services are quite good. Although there is a gap between Early Years and school picking it up. The school has made the biggest difference"

Making improvements will depend on us addressing some complex issues

We need to address a number of complex and interwoven issues to change the current system. There is no 'one size fits all' solution, but we know we need to tackle three fundamental problems with the current system:

- The fragmented arrangement of organisations and professions reinforces boundaries which can make it too difficult to work together consistently.
- Fragmented contracting arrangements make it difficult to move resources to where they are needed to deliver what really matters to people.
- The disempowerment of patients, service users and carers creates confusion, and risks making people passive recipients of care, rather than being actively involved in their health and wellbeing.

We know we need to learn from local experience, and take a supportive approach to transformation. We will focus on building relationships, changing culture and developing our communities, building a strong local partnership to oversee and govern the transformation process over the next five years.



Fragmentation means that services don't take a holistic view of a person's needs

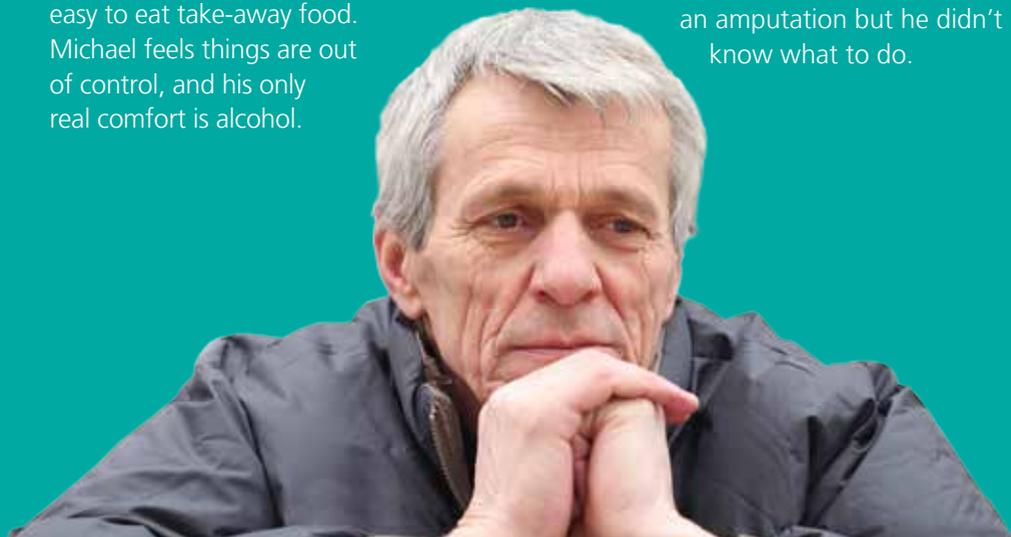
Michael's story is an illustrative account, showing how a holistic, whole person approach which considers health, social and economic needs could make a real difference.

Michael is 62. He moved to Southwark ten years ago for work, but has recently been made redundant. He lives alone in rented accommodation. Since losing his job Michael sees fewer people. He worries about his rent, and growing debt.

Michael has insulin-dependent diabetes and depression. He knows he should eat better and exercise more, but it feels hard; going to a gym is another expense and it's quick and easy to eat take-away food. Michael feels things are out of control, and his only real comfort is alcohol.

The police have taken Michael to A&E four times in the past six months, after he collapsed in the street following particularly heavy drinking. His diabetes is a problem; he has called an ambulance twice in the past month and been admitted into hospital with hypoglycaemia because he hadn't eaten enough.

In hospital Michael met other people with diabetes. One person had had a heart attack related to diabetes. She had also had an amputation last year as her leg ulcers refused to heal. She told Michael that she wished someone had helped her before it was too late. When Michael was discharged he was very worried; he didn't want to have a heart attack or end up needing an amputation but he didn't know what to do.



In future care will be more integrated and coordinated because:

- GPs, nurses, social workers and hospital consultants will collect and use information to identify people like Michael early and arrange the best support for them. Integrated teams will understand all of his needs and capabilities.
- The team will have the time to understand Michael, what is important to him and his goals. Michael's mental and emotional needs will be considered equal to his physical health needs, and his care team will include psychologists and psychiatrists.
- The team will use techniques like proactive care planning to help Michael start to take control of his life. Michael will feel like he is working with an expert care team, rather than just being treated by them or being told what to do.
- Michael will be able to meet other people who are experiencing similar things in peer-support groups. He will be able to access education and self-management support to feel more confident and live well with his conditions. Michael will feel reassured that he can contact a care team member quickly, if he needs to.
- Michael will find it easier to access social activities and groups, and feel more connected and able to make friends. He will get practical advice on issues like housing, debt-management, benefits, and employment.
- Living a healthier life will be simpler. Michael will know where the local parks are, and that they're safe. He will be able to access free gyms and swims, and cycling and walking will be easier because the roads will be safe and well lit.

To make this happen the CCG and Council will begin to work differently

Over the next five years we will introduce better ways of working across health and social care, working together to:

- plan and fund care that responds to the needs of local populations, rather than based on what hospital services, community care and general practice have always done
- fund care with an increasing focus on whether the services actually made a difference to the outcomes that local people say are important to them
- encourage closer working between health and social care providers
- support and develop our two Local Care Networks 
- support our vibrant and diverse voluntary and community organisations to work more closely with health and social care.

What will it mean for local people?

"I feel in control of my life and the care I receive, and I know what's going on"

"Professionals work together to support me"

"The little but important things are thought about"

What is a Local Care Network?

A range of health care professionals working together as a team in the community including doctors, nurses, social workers, housing support workers, home care workers and therapists who work with a patient to achieve the goals that are important to them in a clear jointly agreed way.

Our approach to commissioning will change

Three main principles will help us to achieve our shared purpose:

1 We will contract on the basis of populations rather than providers.

- Inclusive contracts for defined segments of the population will cover the physical and mental health, and social care needs of people within that group.
- Populations can be geographic or based on common characteristics, for example children and young people, people with severe mental illness, or multiple long term conditions.
- Contracts will focus on outcomes including safety, effectiveness and experience of care services.
- Contracts will be available to providers who can bring together the skills required to meet population needs.

2 We will focus on whole system value rather than individual contract prices.

- Resourcing services that create better outcomes, focusing on the outcomes achieved as well as the quantity of activity delivered.

3 We will emphasise that 'how' care is delivered is as important as 'what' care is delivered.

- Services consider people's mental and physical health and social care needs equally, and are sensitive to social, environmental and cultural needs.
- Services manage problems proactively and don't just wait for people to get ill, and reach crisis point.
- Organisations and professionals integrate, coordinating care with each other.

We are confident that we can work together to transform health and social care in Southwark

Southwark Council and NHS Southwark CCG have been working on this agenda for several years with partners across Southwark, Lambeth and south east London. There are already examples that demonstrate the potential for new ways of working together.

- CCG and council budgets brought together in our Better Care Fund, and invested in avoiding hospital admissions, better supported discharge from hospitals, and more coordinated and proactive care.
- Collaboration between general practices in north and south Southwark, with these GP federations forming the foundation for new Local Care Networks. GPs can improve services by working together, and already offer extended access, 7 days a week, 8am-8pm.
- Innovative diabetes model which addresses medical, psychological, and social needs. 98% of our GP practices signed up, resulting in improved detection and control of diabetes.
- Better information sharing with a Local Care Record allowing hospitals and GP teams to see each other's patient records instantly.
- Active and energetic network of residents involved in transforming health and social care. Each Southwark general practice has a Patient Participation Group (PPG); the Southwark and Lambeth Citizens' Forum and Citizens' Board bring people together to influence and actively participate in new initiatives, making sure that service changes meet the needs of the people who use them.

Get involved

Tell us what you think. There are many ways to shape our plans, and to get involved in local initiatives. To find out more:

- See www.southwarkccg.nhs.uk www.southwark.gov.uk
- Email souccg.southwark-ccg@nhs.net
- Call **020 7525 7888**

To read the Southwark Five Year Forward View in full, see www.southwarkccg.nhs.uk