

Our Five Year Plan

Summary messages

October 2015

What is the Five Year Plan?

Purpose of document

A conversation with partners and our population: The purpose of the document is to speak to all people with an interest in improving health and social care: residents, service users, families and carers, care providers and commissioners.

A description of our common purpose: It is a document to describe our vision for care services in Southwark and the approaches we will take to make that a reality.

A description of the journey ahead: It sets out joint perspectives – from Southwark Council and from NHS Southwark CCG – on the changes needed in our local health and care system, and indicates what this means for each of us (citizens, providers and commissioners) over the next five years.

Logic of the argument

What we describe in this plan is the need for significant transformation in:

- how providers are supported and incentivized to work together;
- how commissioners think about and approach the process of commissioning; and in
- how people are supported to be partners in co-producing good outcomes.

Our belief is that commissioners have a role to play in each of these processes, and that transformation of this scale will only be effective if we **approach it in a comprehensive and programmatic way**.

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What is it setting out?

The case for change over the next five years

- As commissioners our common purpose is to improve health and social care outcomes for Southwark people
- We know that more can and should be done to improve the value of care
 - We are already doing great things in Southwark that begin to show what is possible
 - Case examples of now
 - Postcards from the future

The approach we will take

- Describing the specific issues we face and the actions we plan to take
 - Addressing the fragmented arrangement of organisations and professions which reinforce boundaries and which can make it too difficult to work together and to work consistently
 - Addressing the fragmented system of contracts that make it too difficult for people to move resources to where they need to be, and to focus on what really matters to people
 - Addressing the disempowerment and confusion that too often makes citizens passive recipients of care
- Describing what this all means when taken together

The way we will make this happen

- How we will oversee this programme of transformation
- How we will approach commissioning

What are we saying in a nutshell?

Key messages

- Commissioners in Southwark are committed to improving the health and wellbeing of local people. The experience of staff, service users and carers suggests that the existing system does not consistently deliver the best outcomes for people, and that **there could be significant improvements if we worked together in new ways.**
- This is a quality and value argument, it is not about cuts: **if funding wasn't an issue we would still want to radically improve the system.**
- This will mean commissioning based on people's holistic needs rather than traditional approaches which result in provider silos and historic service models. Our local ambition is to create a much stronger emphasis on early action as well as stronger integration across health and social care, and wider council services (including education).
- To support this transformation we will increasingly **bring together commissioning budgets** and contracting arrangements that incentivise system changes, focusing on assets and outcomes over inputs or activity.
- In addition, we will increasingly move away from contracting with lots of different institutions for specific services and towards inclusive contracts **which cover funding for the total health and care needs of a population** (or a specific cohort of people with similar needs).
- These contracts will be made available to providers that can demonstrate that they can bring together the various skills needed to meet the needs of the population, for example by working together as a network or consortium. **Our aim is to support the development of multi-specialty community providers serving populations of 100,000-150,000 people**

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Southwark
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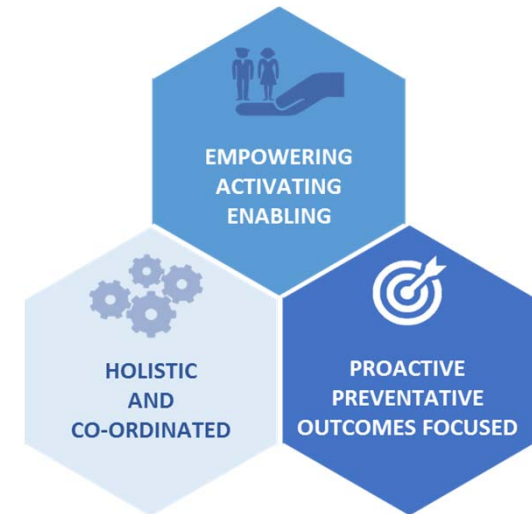
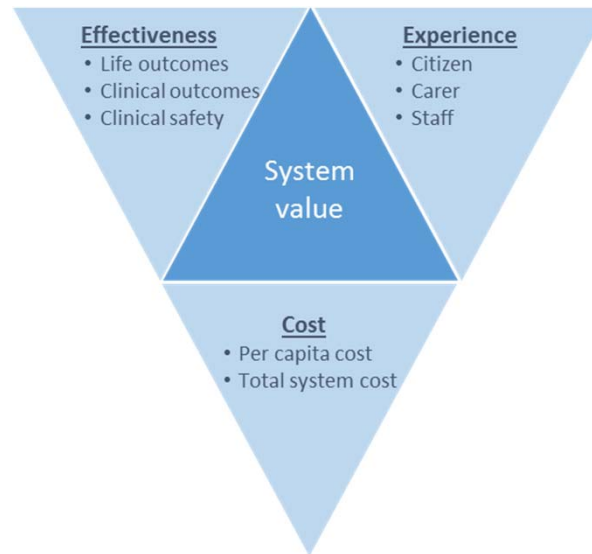
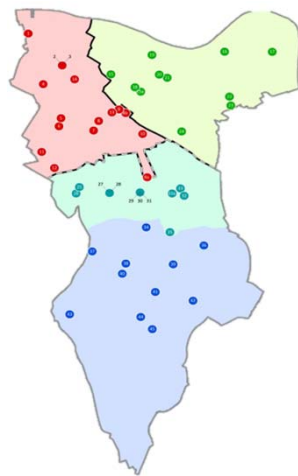
Key concepts: we will focus on delivering high value for the Southwark population taking into account people's hierarchy of needs

We are changing the way we work and commission services so that we:

Emphasize populations rather than providers

Focus on total system value rather than individual contract prices

Focus on the 'how' as well as the 'what'



Arranging networks of **services around geographically coherent local communities**

Moving away from lots of separate contracts and **towards population-based contracts that maximize quality outcomes** (effectiveness and experience) for the available resources

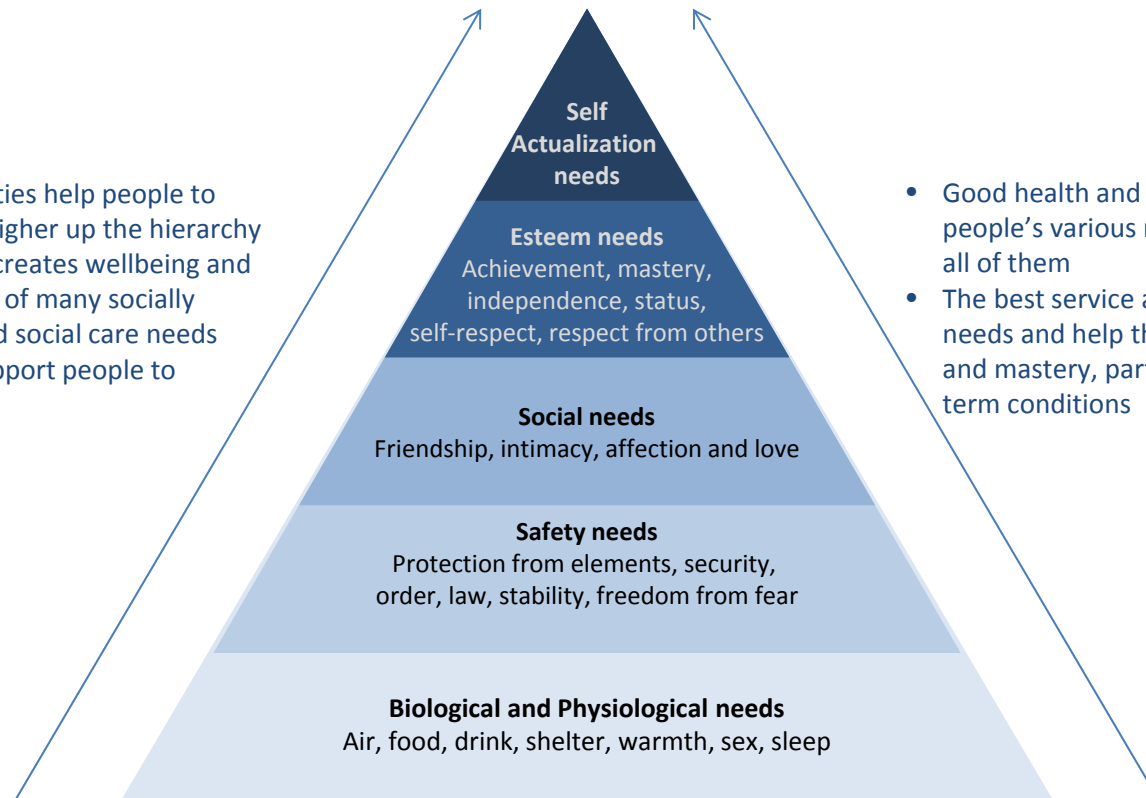
Focusing on commissioning services that are characterized by these attributes of care, **taking into account people's hierarchy of needs**

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Key concept: Resourceful communities and high value health and social care services help people to meet a variety of needs

A common purpose across the council and the CCG: meeting people's various needs to achieve flourishing communities and personal wellbeing

- Resourceful communities help people to meet needs that are higher up the hierarchy
- Meeting these needs creates wellbeing and reduces the likelihood of many socially determined health and social care needs
- This is how we can support people to flourish



- Good health and social care services recognise people's various needs and help to address all of them
- The best service also recognise people's esteem needs and help them to develop independence and mastery, particularly when dealing with long term conditions

Maslow's hierarchy of needs

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Key concept: people's needs are significantly affected by the social, economic and environmental conditions to which they are exposed

Delivering good health and wellbeing requires us to address the 'causes of the causes': social determinants of health

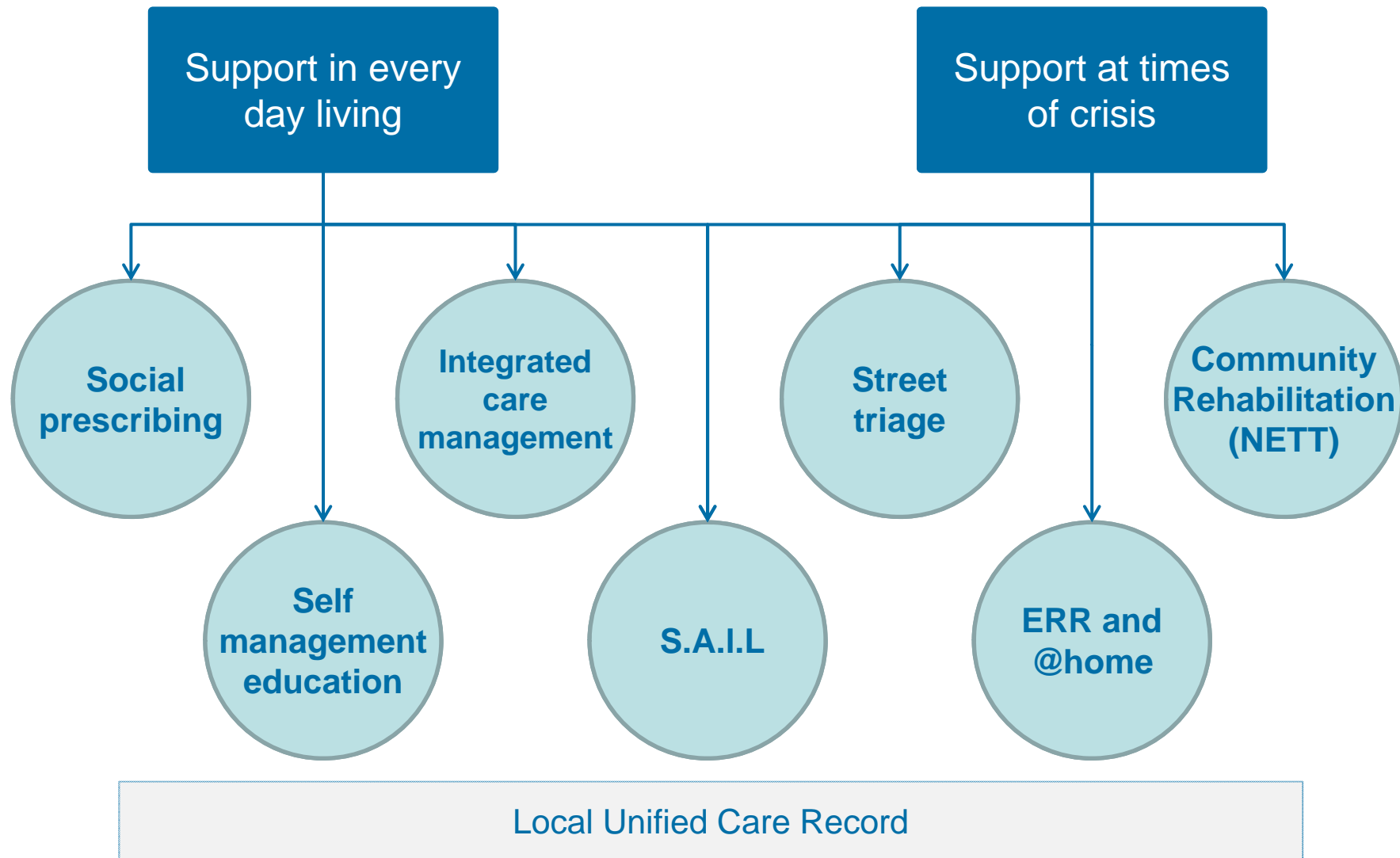


- The social determinants of health have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health of individuals and populations.
- They include the conditions of daily life and the structural influences upon them, themselves shaped by the distribution of money, power and resources at global, national and local levels.
- They determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet needs and deal with changes to their circumstances.
- There is a clear link between the social determinants of health and health inequalities, defined by the World Health Organisation as “the unfair and avoidable differences in health status seen within and between countries”.

Barton, H. and Grant, M. (2006) A health map for the local human habitat. The Journal for the Royal Society for the Promotion of Health, 126 (6). pp. 252-253.

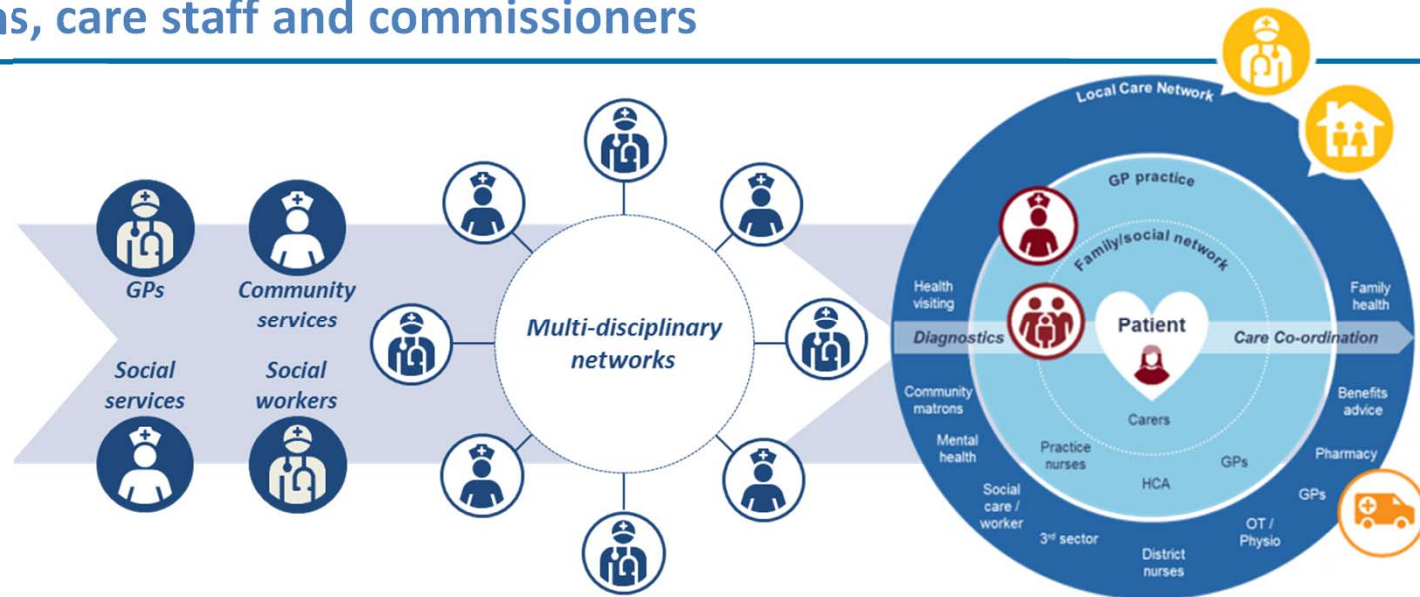
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Key concept: lots of fantastic things are already beginning to happening in Southwark for the benefit of our population



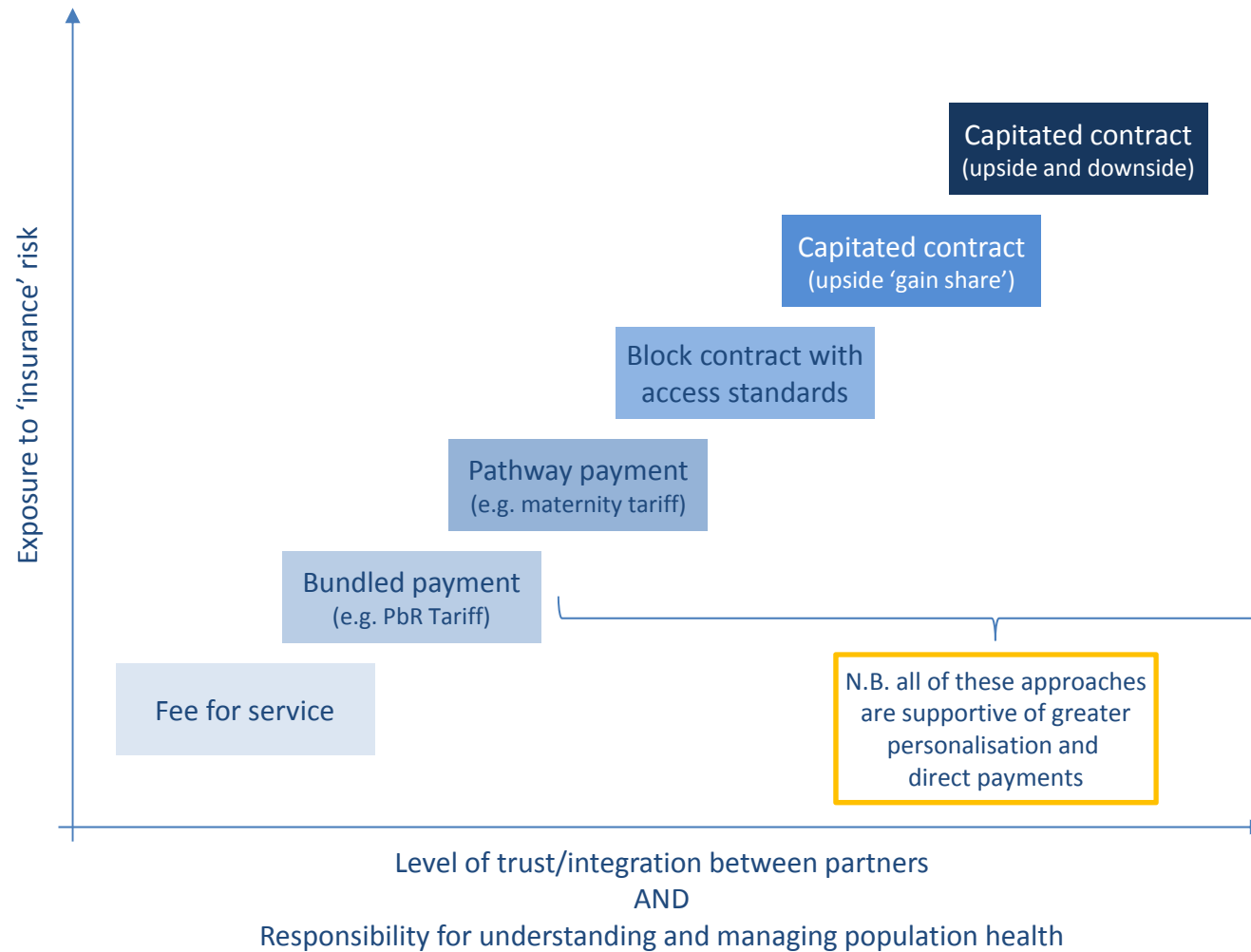
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Key concept: over time we are developing better ways to work together which is good for citizens, care staff and commissioners



What this mean for me as a...	Traditional models [Small molecules] <i>Working as isolated units</i>	More integrated working [Small cells] <i>Working as small joined-up teams</i>	Accountable care [Living system] <i>Working as a dynamic and complex system</i>
...service user	<ul style="list-style-type: none"> • Sometimes services are good, sometimes they are not, it's a bit of a lottery • I feel looked after in an emergency but at other times I'm left confused and disempowered • I have to fit around the system and it's inconvenient 	<ul style="list-style-type: none"> • I know more about what is going on • Clinicians know more about what has happened in my care • People ask me about what I need • I'm feeling more confident about how to live well, and what to do when I start to feel like I'm getting unwell 	<ul style="list-style-type: none"> • 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
...staff member	<ul style="list-style-type: none"> • I'm isolated with little opportunity to work in a team • I'm frustrated at the lack of coordination • There is little opportunity to sort things out creatively, at the root of the problem 	<ul style="list-style-type: none"> • I get help from others when confronted with complex situations • I'm developing new relationships and connections • I can sort out the things that count 	<ul style="list-style-type: none"> • I feel part of a team and I am learning new things that make me feel more confident in what I do • I feel I'm able focus on the things I'm good at and let others do what they are good at
...commissioner	<ul style="list-style-type: none"> • I try to take responsibility for detailed pathway design • I focus on the transactional rather than the transformational 	<ul style="list-style-type: none"> • I can spend more time thinking about what people actually want from services (outcomes) rather than just tracking inputs, targets and expenditure 	<ul style="list-style-type: none"> • I spend my time looking at whether we are really delivering quality outcomes for people for the funding we have. I can see the wood for the trees

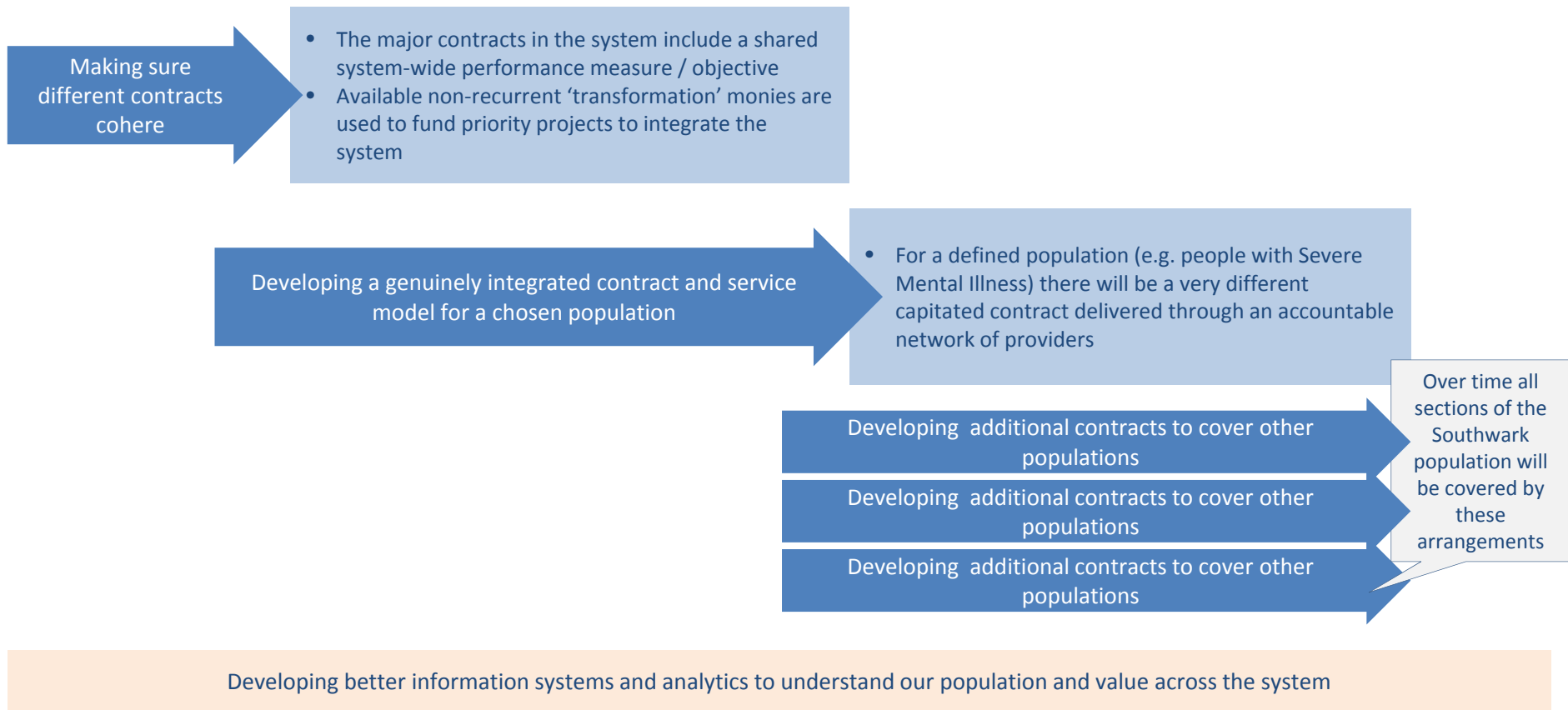
Key concept: models of accountable care require different payment mechanisms, but systems rarely succeed by going straight to capitation



In addition to thinking about 'how' payments are made, we also need to consider 'how much': allocations of funding should shift to where needs are greatest as a principle to deliver equity of care and outcomes

Key concepts: we will aim to align incentives across the system now, and use 2016/17 to develop a population-based approach for one client group

Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	...
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Key concept: at its heart, this is a strategy of relationship building, culture change and community development

- **Ours is a strategy about relationships and culture change.** It requires us to work differently and in a way that will energise and liberate our staff to put resourceful communities and individuals at the heart of health and social care.
- **Professionals need to be supported to think creatively** about a wide range of responses to a person's needs; and that in order to do so they will operate across our distributed local networks and settings of care, rather than through orthodox hierarchies and within the traditional confines of buildings
- **Importantly it means reimagining our 'workforce'** and engaging with the fact that our citizens – as service users, parents of carers and members of resourceful communities – have significant capabilities and want to feel in charge