NHS
Southwark
Clinical Commissioning Group

SOUTHWARK

Five Year Forward View

HWBB Update

September 2016

Southwark Council
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Fragmentation means that services often don't take a holistic view of a person's needs and this can lead to poor care, poor outcomes and avoidable medical interventions

Why?

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, hypertension 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.

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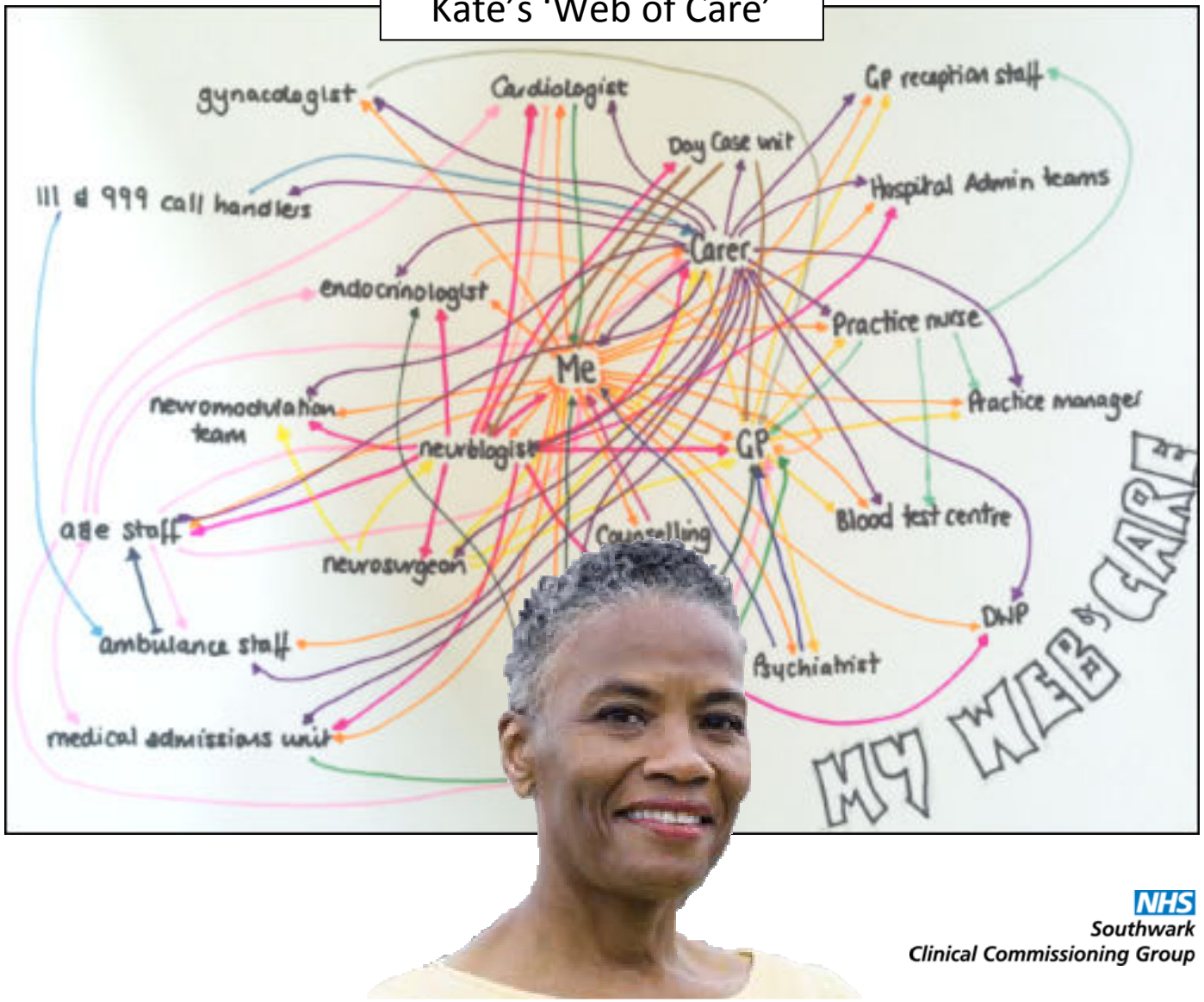
For people like Kate we need to do more to simplify and coordinate care across health and social care and to address mental and physical needs

Why?

Kate's 'Web of Care'



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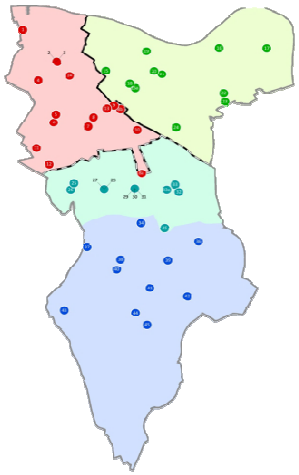
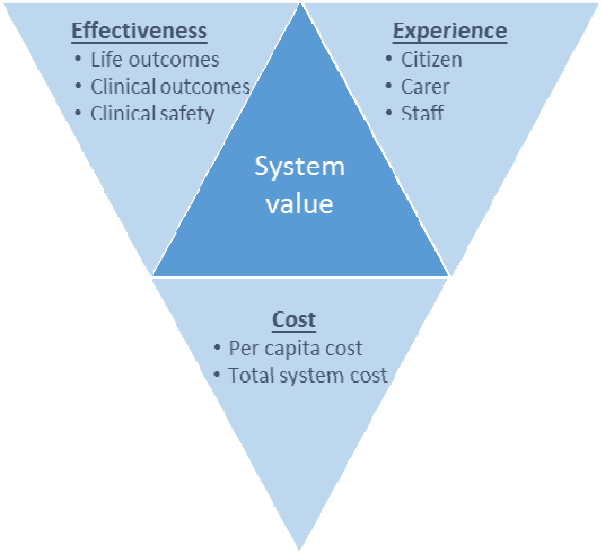
Our strategy is to maximize the value of health and care for Southwark people, ensuring our services exhibit positive attributes of care

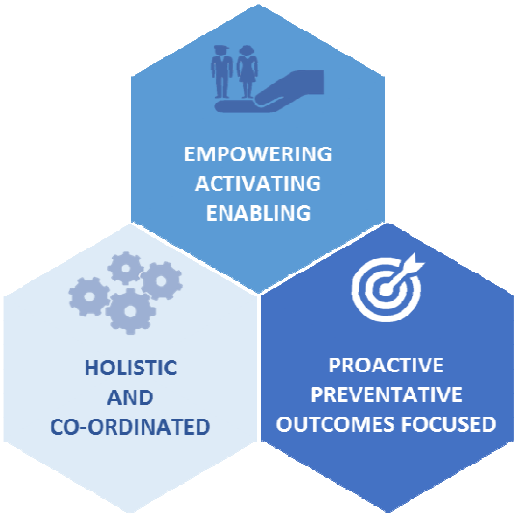
What?

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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We want to develop local care so that it is more integrated, coordinated and so that it is financially sustainable now and for the future

What?

- GPs, nurses, social workers and hospital consultants will collect and use information to identify people like Michael or Kate 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 that person, what is important to them and their goals. That person's mental and emotional needs will be considered equal to their physical health needs, and the care team will include psychologists and psychiatrists.
- The team will use techniques like proactive care planning to help someone like Michael or Kate take control of their life. They will feel like they are working with an expert care team, rather than just being treated by them or being told what to do

- People like Michael or Kate will be able to meet other people who are experiencing similar things in peer-support groups. They will be able to access education and self-management support to feel more confident and live well with their conditions, and they will feel reassured that they can contact a care team member quickly, if they need to.
- People will find it easier to access social activities and groups, and feel more connected and able to make friends, and they will get practical advice on issues like housing, debt-management, benefits, and employment.
- And living a healthier life will be simpler: Michael and Kate will know where the local parks are, and that they are safe places; they 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.

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We want to develop local care so that it is more integrated, coordinated and so that it is financially sustainable now and for the future…

How?
Plan on a page

We are trying to maximize the total value of health and care for Southwark people, ensuring that commissioned services exhibit positive attributes of care (services respond to a person's mental and physical health needs; they are proactive, preventative, and empowering; and they are well coordinated)

1 We will begin to address the fragmented arrangements of commissioning & contracting, by:

a) Restructuring our internal programme boards

b) Creating a joint commissioning resource with the Council through the BCF

c) Creating a joint Commissioning Partnerships Team with the Council

d) Creating a formal alignment of contracts through a shared incentive to develop and deliver coordinated care

e) Appraising options to move to full delegation of primary care commissioning

2 We will begin to address the fragmented arrangement of organisations and professions, by:

f) Supporting the development of multi-specialty models of service delivery through Local Care Networks

g) Supporting the development of at scale working in general practice

h) Supporting the development of new pathways and delivery models across South East London

3 We will begin to address the need to empowering residents and service users, by

i) Increasing the involvement of residents within the formation of commissioning intentions

j) Continuing to invest in self-management support

k) Ensuring that our commissioning requires providers to involve people in care planning and self-management

4 We will establish a local Strategic Partnership of commissioners, statutory providers and residents to ensure alignment of organisational strategies and to coordinate and enable the delivery of our shared transformation programme

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…and we are making practical progress in all areas of our plan

How?
Plan on a page

We are trying to maximize the total value of health and care for Southwark people, ensuring that commissioned services exhibit positive attributes of care (services respond to a person's mental and physical health needs; they are proactive, preventative, and empowering; and they are well coordinated)

1 We have begun to address the fragmented arrangements of commissioning & contracting, by:

a) Establishing joint population-based commissioning development groups and a Joint Committee

b) Creating fully assured BCF plans

c) Recruiting to an Assistant Director for Joint Commissioning, and launching consultation on the joint commissioning team structure

d) Establishing a shared system incentive (with alternative arrangements for general practice)

e) Starting formal options appraisal and engagement to determine if we will submit an application for delegation

2 We have begun to address the fragmented arrangement of organisations and professions, by:

f) Establishing two Local Care Network Boards in Southwark, with consistent multi-agency representation, and funded LCN chairs – additional resources are being agreed to support further development

g) Putting into practice two 'at scale' Extended Access Hubs, developing GP federations, and orienting adult social care around neighbourhood and LCN geographies

h) Agreeing our local Sustainability and Transformation Plan (STP) and launching a consultation on an elective orthopaedic centre model

3 We have begun to address the need to empowering residents and service users, by

i) Holding public meetings about our GP contracts (the PMS Review), and involving local residents in the development of a new pathway of care for people with complex needs (through ethnographic research, patient stories and experience-based co-design)

j) Successfully bidding to be a pilot site to embed Patient Activation Measures in our local services

k) Requiring providers to include collaborative care planning and self-management in the pathways for people with chronic conditions

4 We have established a local Strategic Partnership of commissioners, statutory providers and residents to ensure alignment of organisational strategies and to coordinate and enable the delivery of our shared transformation programme

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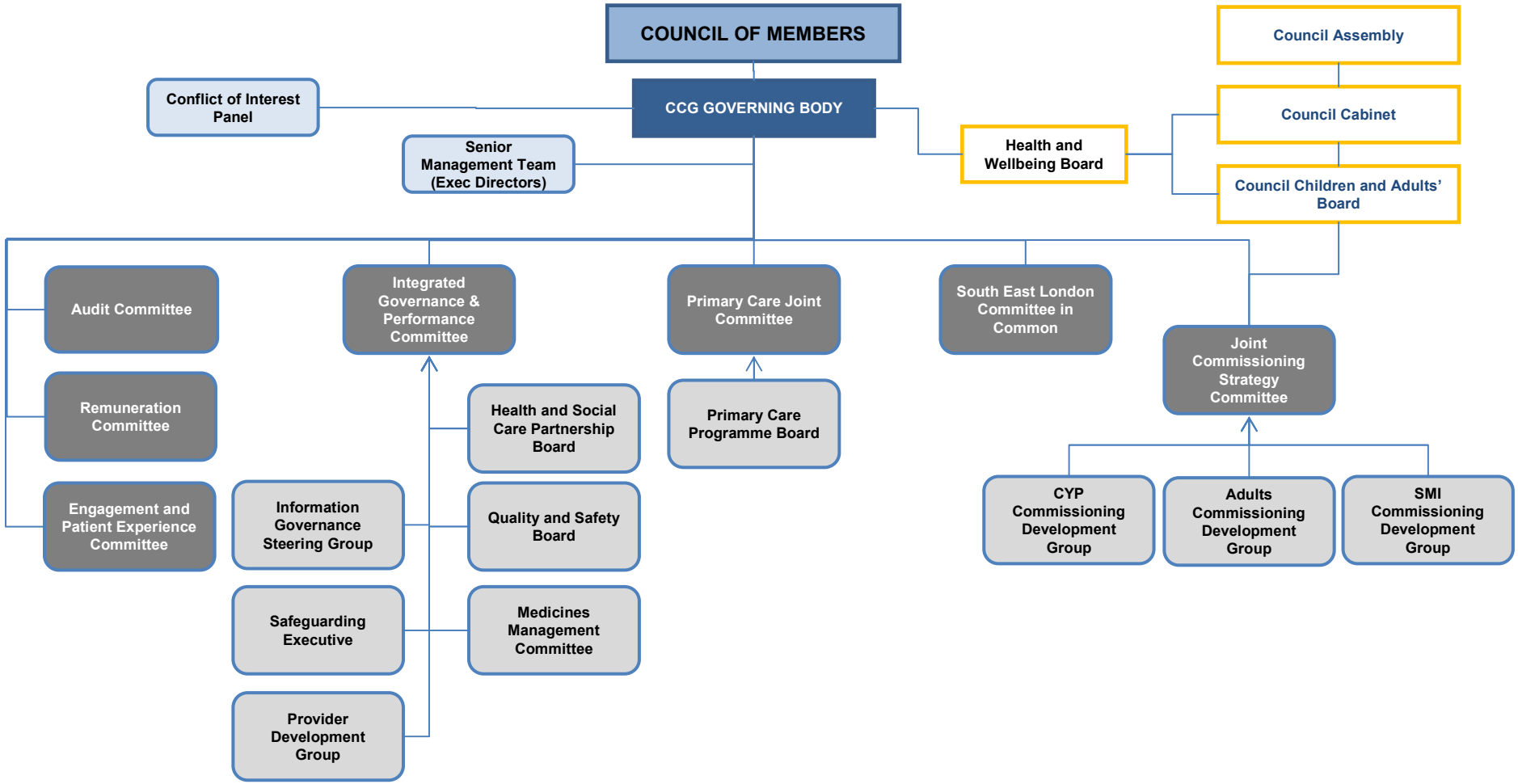
We have established joint population-based commissioning development groups and a Joint Commissioning Strategy Committee

1. Contracting & commissioning



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We are recruiting to an Assistant Director for Joint Commissioning, and launching consultation on the joint commissioning team structure in September

1. Contracting & commissioning

- The Council and the CCG are together recruiting for an Assistant Director for Joint Commissioning to lead the Partnership Commissioning team with interviews to be held in early October.
- The Assistant Director will report jointly to the Council's Director of Commissioning and the CCG's Director of Integrated Commissioning.
- A staff consultation on the changes needed to establish the Partnership Commissioning Team commences at the end of September and will run through October 2016.
- The intention is that following consultation and implementation of resulting changes, the new team will be fully operational in Quarter Four of 2016/17.
- The direction of travel will be towards greater integration of commissioning budgets and we will look to agree a shared plan for future financial and risk arrangements by March 2017.

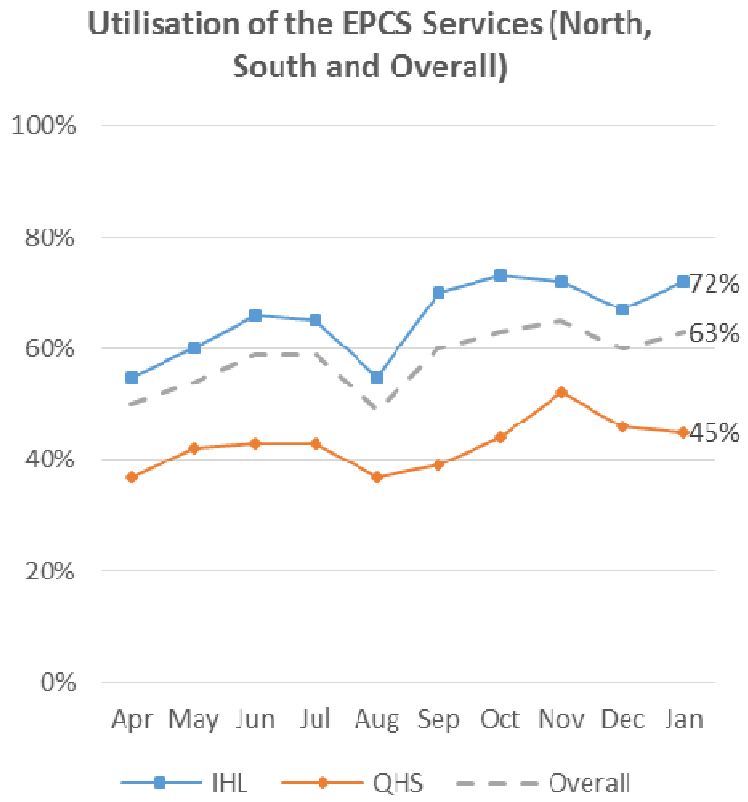
We have put into practice two ‘at scale’ Extended Access Hubs, we are developing GP federations…

2. Organisations & Professions

Supporting the development of at scale working in general practice

Challenge Fund and 8am-8pm 7 Day Primary Care Access

The Extended Primary Care Service (EPCS) improves access to general practice by delivering healthcare treatment and advice **8am – 8pm, 7 days a week**.
From April 2015 to January 2016, **a total of 36,294 additional appointments have been offered** through the two Extended Primary Care Access hubs, which operate from Bermondsey Spa Medical Centre in the north of the borough, and the Lister Primary Care Centre in the south.
The south service is fully operational, while the north service is operating a reduced service on Mondays (12 – 8pm).
Utilisation rates for both services have increased over the year. In January, utilisation rates for the north and south services were 45% and 72% respectively (% utilisation of appointments booked vs. offered).
As the utilisation rates increase practices’ resources will be freed to focus on other tasks, for example on developing and then delivering new models of coordinated care for people with complex needs.



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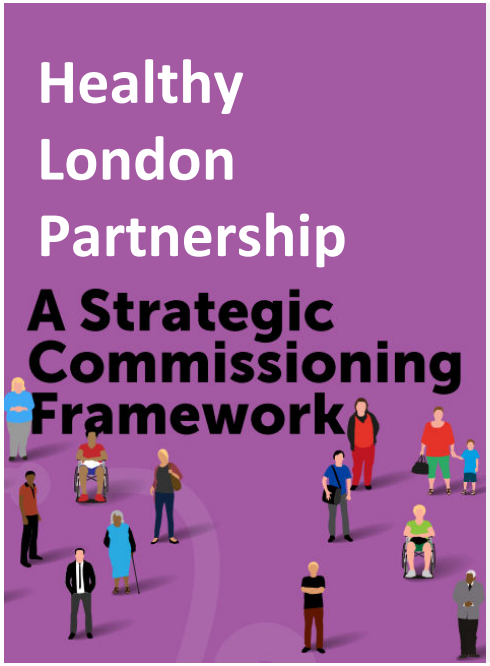
…and we are orienting adult social care around neighbourhood and LCN geographies

2. Organisations & Professions

- (Non-urgent) Physical Disability & Older People's teams will be structured around Local Care Networks geographies covering the north and the south of the borough
- This place-based approach aligns assessment, allocation and case management functions alongside neighbourhood teams; it supports greater integration of social work and OT professional (alongside community services teams)
- The design principles for this work are to: provide a safe service; to deliver on the Care Act obligations; to streamline pathways (avoiding duplication, reduce assessments & handovers); to increase integrated and coordinated working; to ensure skills bases are retained and respected; to align with other partners as part of the two Southwark Local Care Networks

By focusing on improving care coordination, our Local Care Networks are developing pathways that will empower service users and give much greater opportunity for VCS involvement

3. Empowering residents



One in five Londoners are living with one or more complex conditions. Other people go through periods of severe, complicated, health problems which may last months or years before they are resolved.

Changes to the GP contract focus on the over-75s, but in London it is often younger people who live with complex health problems which may be harder to manage because of drug or alcohol dependence, mental health problems or financial and social pressures.

Many Londoners, young and old, will be receiving care from several different services, which can become confusing and frustrating if the services don't work in close collaboration.

Firstly we need to identify the patients who would benefit from this approach. Many will be elderly and suffer from multiple chronic conditions while others may suffer from mental health issues or have a set of social circumstances and lifestyle issues which are best addressed though coordinated care.

Dr. Rebecca Rosen (Greenwhich GP)

The service specification sets out five core processes that define good care coordination

C1 Case Finding	C2 Named Profession	C3 Care Planning	C4 Self-Management	C5 MDT Working
	Supporting continuity and providing a point of contact	Co-developing plans, and setting realistic goals around wellbeing	Working with care navigators and VCS to help people take more control	Care Navigators as part of the core team, offering signposting and support

1. Source: https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/lndn-prim-care-doc.pdf

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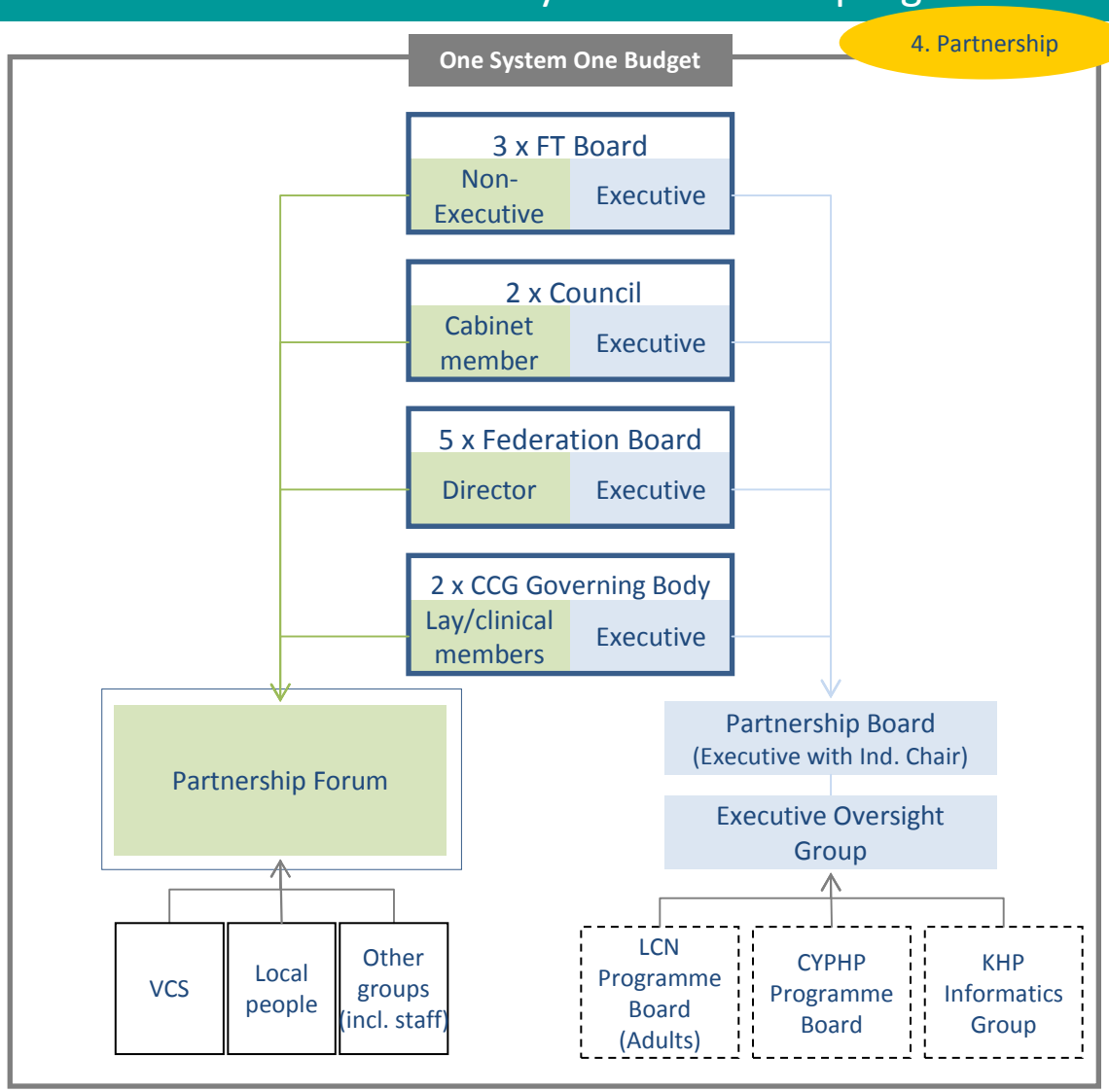
We have established a local Partnership of commissioners, statutory providers and residents to ensure alignment of local strategies and to enable the delivery of our shared programme

- Partners make mutual commitments to align their strategies and policies in agreed work areas, and then coordinate and resolve issues through a Partnership Board
- Organisational boards remain sovereign. They hold their own executive to account for fulfilment of organisational strategies and commitments
- A Partnership Board (Acc Officer) and an Executive Oversight Group will ensure coherence across the partnership and link work plans to the business planning and contracting cycle
- Programme Boards will be established for specified priority areas. Each will have a nominated SRO. The SRO and PB are responsible for establishing the programme and describing resource needs.



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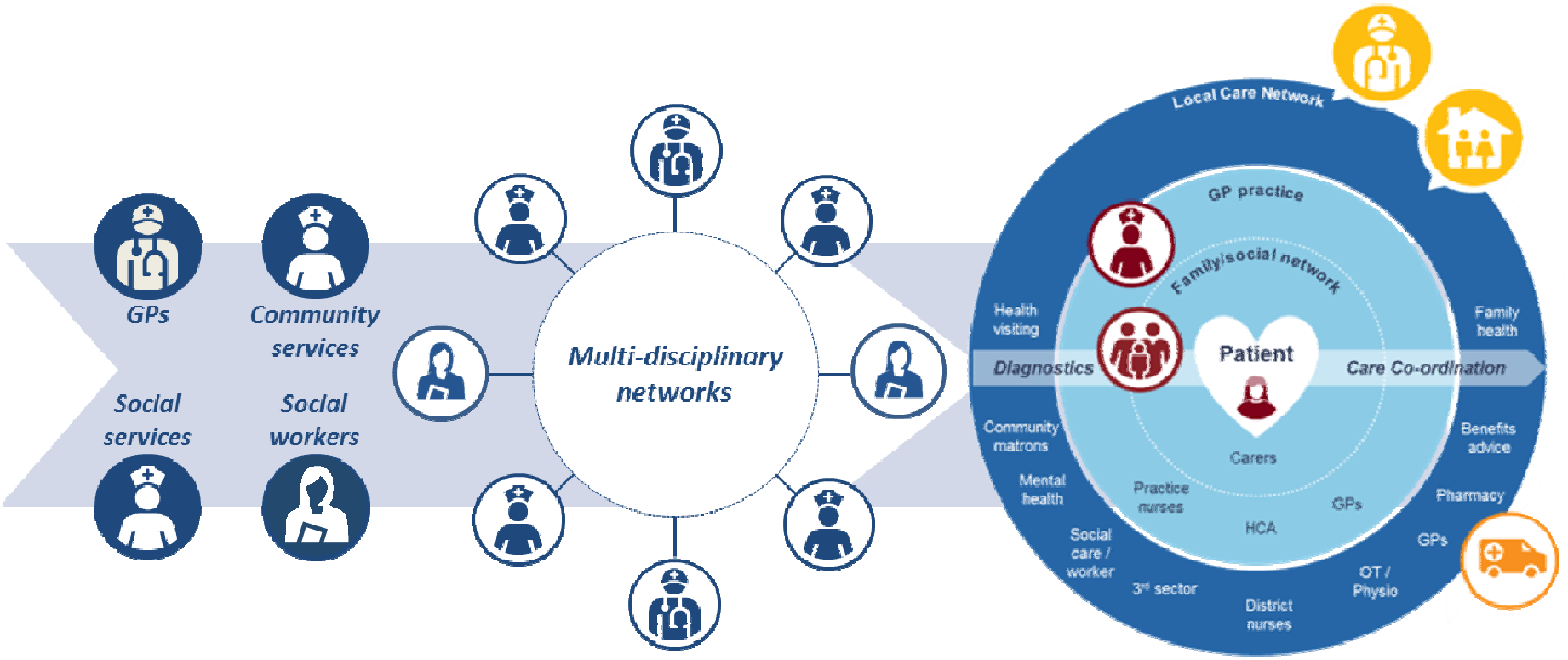
We are continuing to develop our Local Care Networks, and we will need to consider how best to commissioning and contract these networks as we enter the budget planning cycle

What next?



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