

Southwark Five Year Forward View – Delivery Update

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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

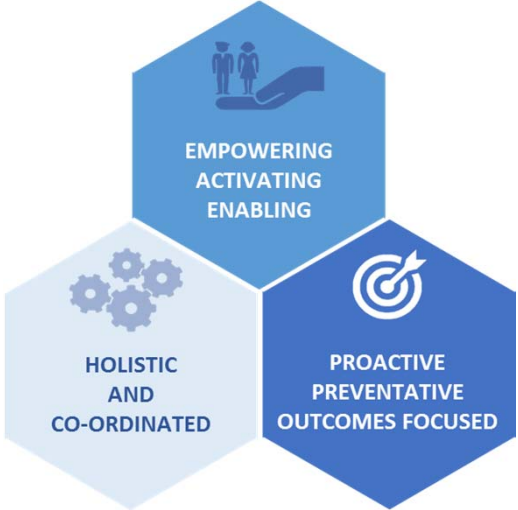
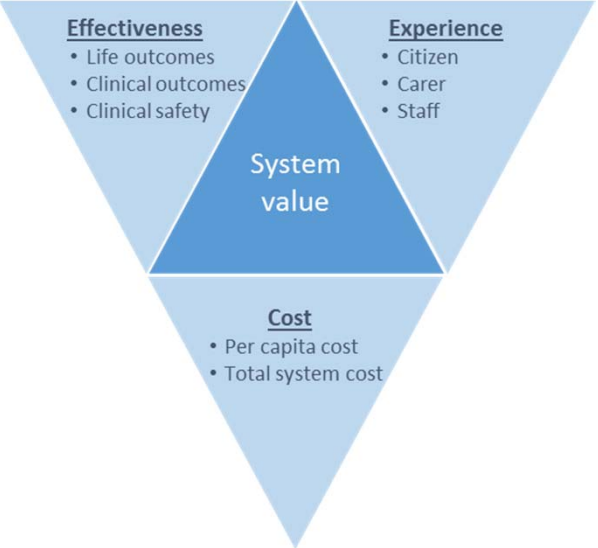
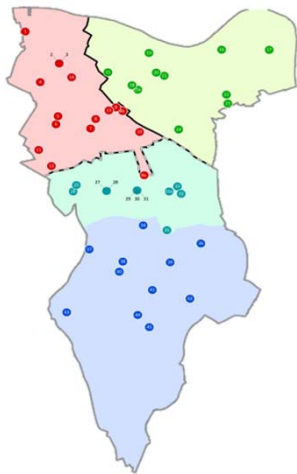
Strategic vision

We are changing the way we work and the ways that we 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**

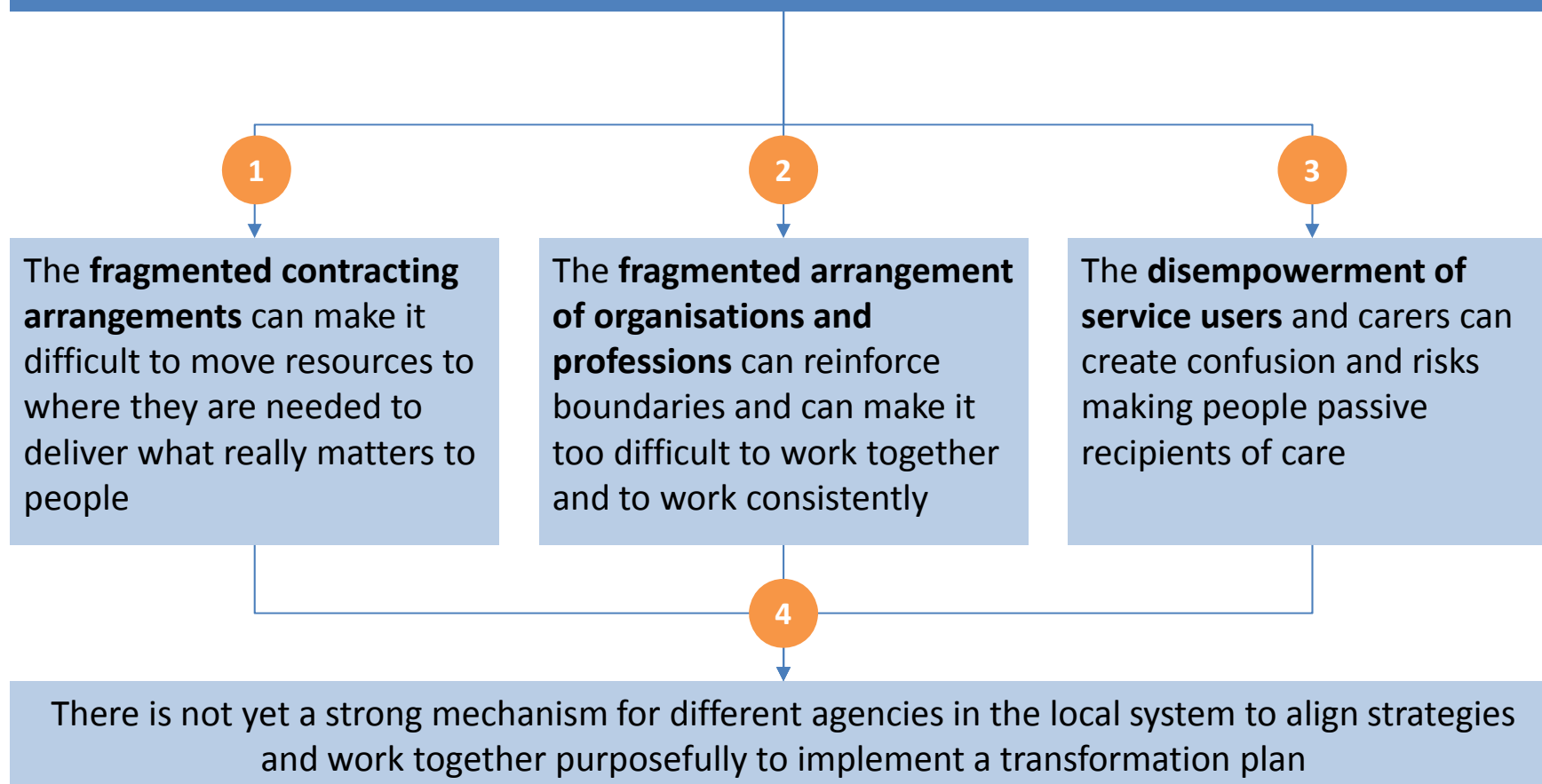
Moving away from lots of separate contracts and **towards population-based contracts that maximize quality outcomes** (effectiveness and experience) for the available resources

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

To fulfil our strategy we must address fragmentation in provision and contracting, and reverse the disempowerment of service users

Strategic challenges

In order to maximize the value of health and care for Southwark people, whilst ensuring commissioned services exhibit positive attributes of care, we will need to address four root causes of complexity within the current system



In 2016/17 we have made progress in all four of these areas

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 (CDGs) and a Joint Committee*
- b) Creating fully assured BCF plans
- c) Recruiting a Associate Director to oversee the implementation of a joint Partnership Commissioning Team for the CCG and the Council*
- 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 empower residents and service users, by

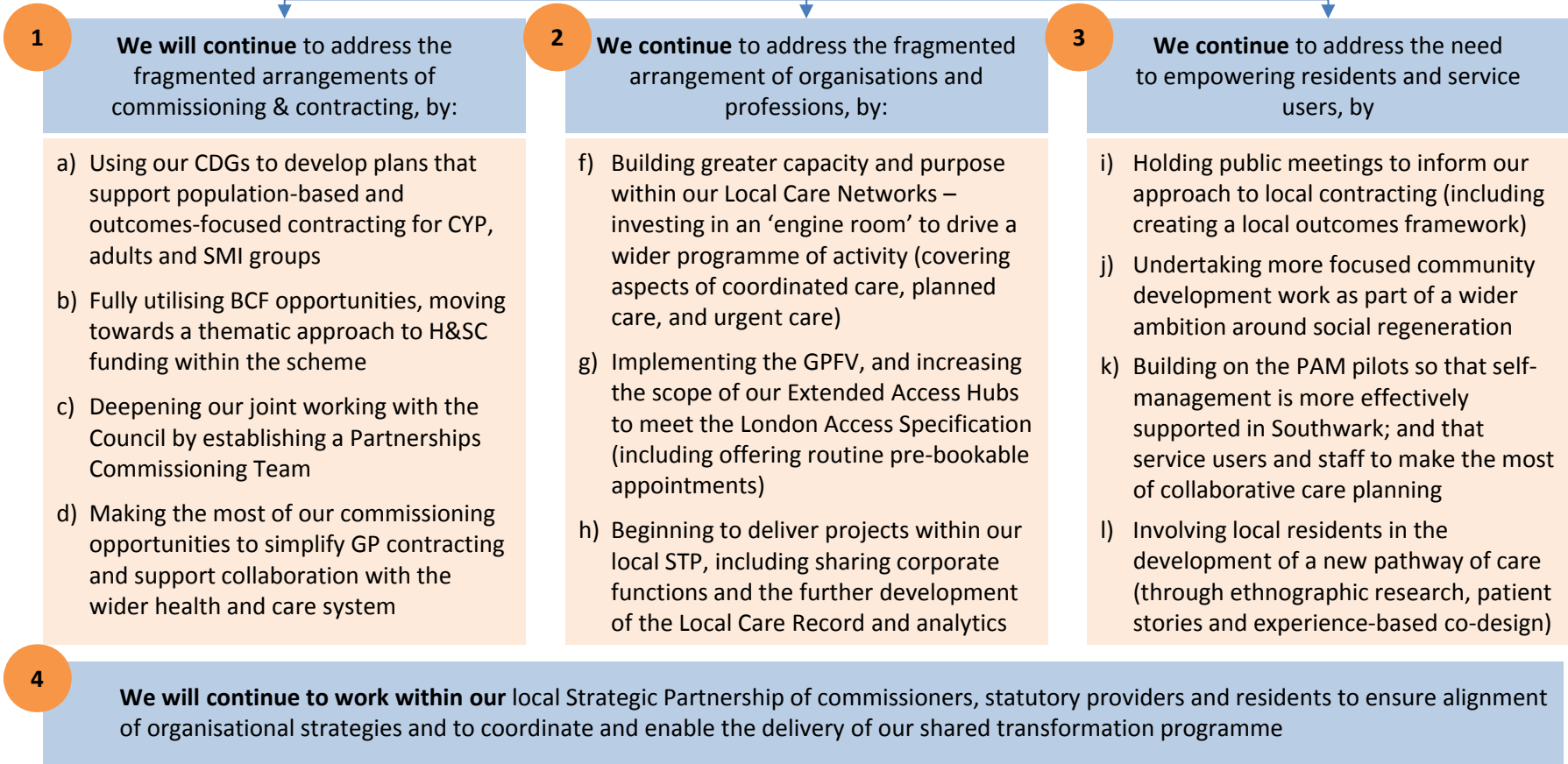
- i) Holding public meetings about our GP contracts, involving local residents in the development of a new pathway of care for people with complex needs, and the incorporation of healthwatch reports into our CDGs
- j) Creating a tripartite VCS Strategy informed by a series of discussion events
- k) Successfully bidding to be a pilot site to embed Patient Activation Measures in our local services
- l) 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

For 2017/18 we have identified further specific objectives that will support the delivery of our shared five year forward view

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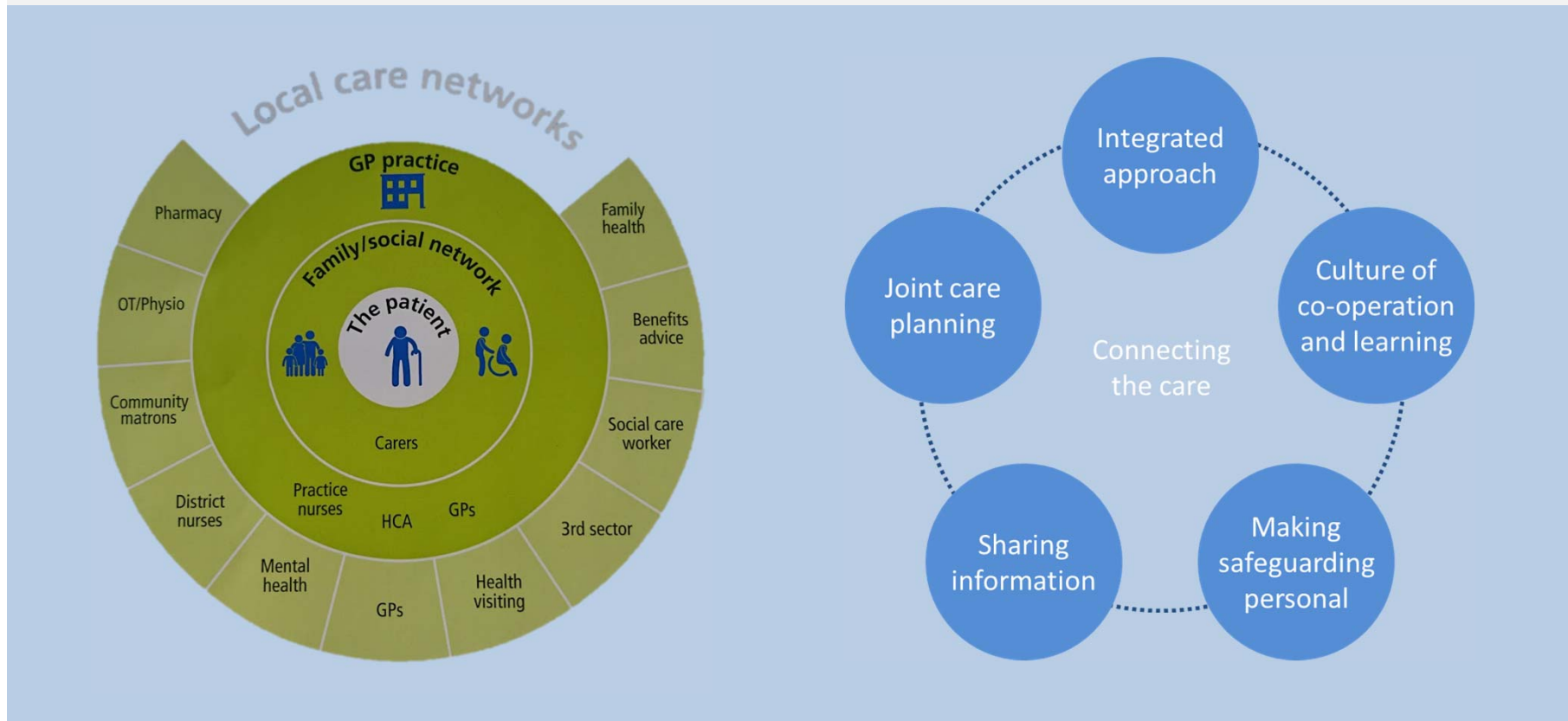


Some adult social care services are being shaped around LCN populations in the north and the south of the borough

Illustrative example

Our vision for adult social care

“To enable people with care and support needs to live healthy, independent and fulfilling lives. We will achieve this by putting their well-being and safety at the centre of our work and doing what we can to prevent, reduce and delay the need for care and support through well-coordinated, personalised health and social care services”



Some services – such as the Contact Adult Social Care (CASC), and Urgent Rehabilitation & Reablement – are provided at a pan-borough level; whereas other services, such as the PD & OP Intake (assessment) and Case Management functions are aligned to LCN populations and geographies.