

<b>Item No.</b> 10.	<b>Classification:</b> Open	<b>Date:</b> 30 July 2018	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Update on Integrated Commissioning	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		David Quirke-Thornton, Strategic Director Children and Adults, Southwark Council  Jonty Heaversedge, Chair of Southwark Clinical Commissioning Group	

## RECOMMENDATION

1. To note the update on Integrated Commissioning.

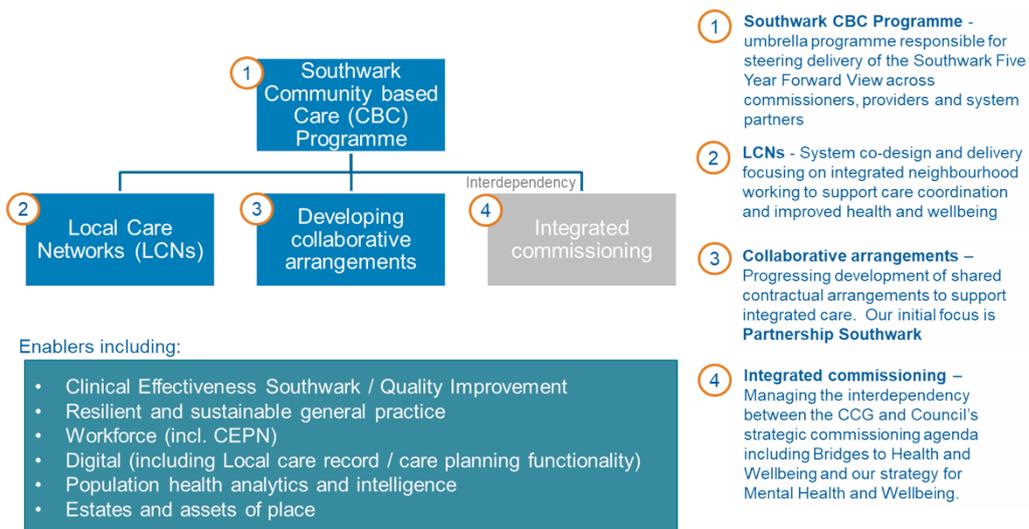
### Population segmentation: "Bridges to Health and Wellbeing"

2. In 2016 the Council and CCG set out a shared "Southwark Five Year Forward View (FYFV)" for health and social care to 2020/21. This was a framework for improving the everyday experience and life outcomes of Southwark residents, which reflected the desire to do things differently: addressing complex and longstanding issues and enabling residents to receive more co-ordinated care and experience better outcomes. Subsequently a report was taken to the Health and Wellbeing Board in March 2018, and the Joint Commissioning Strategy Committee (the JCSC) approved the project initiation in November 2017.
3. To achieve the ambition in the FYFV, NHS Southwark CCG and Southwark Council have been working together to develop a new joined up approach to the commissioning of health and care services, using a *population segmentation* approach. This means instead of commissioning services around existing configurations of providers, services are commissioned on the basis of the needs of pre-defined groups within the population. This approach seeks to match care models to people's holistic needs rather than one size fits all, giving parity to mental, physical and social needs. It brings a focus on outcomes that matter to people (rather than providers of services) and should mean that providers work to common goals in partnership.
4. The Bridges to Health and Wellbeing model is the Southwark tool being used to implement this approach. A workshop was held in May 2018 that brought together commissioners across the Partnership to agree the priority population groups. The JCSC had requested that initially two areas only be chosen as priorities.
5. The two areas chosen from a number of different possible population segments are:
  - Adults: frailty, dementia and end of life; and

- Children & Young People (CYP): maternity, children with generic needs (aged 0 up to 5 years) and preventing the need for children to be looked after (Keeping Families Strong).
6. These are working titles at the moment and refinement is expected as the separate programmes are developed. In particular there is discussion at present about whether children with specialist and complex needs should be included in the second segment.
  7. There was much discussion at the workshop and at the JCSC about whether Mental Health and Wellbeing should be mobilised as a separate programme. However it was noted that there is a comprehensive Mental Health and Wellbeing Strategy in place which covers the whole life course (agreed by Health and Wellbeing Board in January 2018). With this in mind it was agreed that mental health at this point should be included within every population segment rather than being a segment in its own right. Furthermore Serious Mental Illness (SMI) is also a defined element within one of the Long Term Conditions segments.
  8. Other areas that are being worked up in parallel to follow as second and third phases include:
    - Care Leavers
    - Return to Employment for a (to be defined) sub-set of healthy, working age adults
    - Long Term Conditions (including SMI).
  9. Key to this approach is to reinforce the vital importance of getting the environment right by factoring in the wider (social) determinants of health and wellbeing including education, employment and housing with a focus on early intervention, prevention and self-management/ self-care across all segments and acknowledging the voluntary sector's role in this.

**Link between Bridges to Health and Wellbeing and Southwark's Community-based Care (CBC) Programme**

10. The diagram below sets out the relationship of the Bridges to Health and Wellbeing programme to Southwark Community Based Care (CBC). The CBC programme brings together the 'system development' work-streams in Southwark. Bridges to Health and Wellbeing is a key tool to deliver integrated commissioning.



11. There are clear interdependencies between the CBC programme: the Local Care Networks, Partnership Southwark, and the Bridges to Health and Wellbeing programmes, both in relation to delivery and governance. The overlaps and interdependencies will be mapped and aligned to support better system-wide integration. For example the first priority area chosen for the B2HW programme (Adults: frailty, dementia and end of life) will lead to the commissioning of integrated services at a local level which should correspond to the models of integrated care being developed through the Local Care Networks, utilising the collaborative provider-partnership, Partnership Southwark.

### Commissioning Community

12. Key to the delivery of the commissioning part of the CBC programme is the commissioning capacity and capability within the whole system. With this in mind, an independent review was commissioned in April 2018, to look at the progress made within the Council and CCG on the development of integrated commissioning. One of the main recommendations within this review was that the Council and CCG work together to develop a “Commissioning Community” that brings together everyone who “commissions” within the two organisations. This is much wider than health and social care and would include commissioners of public health services, housing, employment, voluntary sector, community safety etc. This reflects the wide scope of the population segmentation approach described above on which Bridges to Health and Wellbeing is based.
13. Discussions are in train currently about how this should be progressed and the aims and objectives of this development. This will include defining who is in this “community”, and how the “community” might work.

### Policy implications

14. In 2016, the CCG and Council agreed the Five Year Forward View for improving health and social care outcomes across Southwark. Over the same period, the Council refreshed its Council Plan to 2018 for a fairer future for all, including renewing specific commitments attached to helping people achieve healthy, active lives, revitalised neighbourhoods and providing the best start in life for young people across Southwark. These themes are reinforced in the recently

published Future Council Plan for 2018/19 -2021/22.

15. Taken together these provide the local policy framework in which the senior leadership of the CCG and Council has agreed, as per this report, to prioritise further integration and the opportunity for better alignment between the two organisations, whilst simultaneously achieving financial sustainability across the health and social care sector. Ultimately the key test of success is that residents achieve better health and social care outcomes through the changes driven forward by this work.

### **Community impact statement**

16. The public sector equality duty requires public bodies to consider all individuals when carrying out their day to day work, in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.
17. This report provides an update on the work undertaken to progress integration across health and care in Southwark. The aim of this joint work is to further improve the everyday experience and life outcomes of Southwark residents, in particular focusing on doing things differently; addressing complex and longstanding issues; and putting in place plans that will support change to happen so local people receive more coordinated care and experience better outcomes. Overall this is about improving quality and value so that people in Southwark have access to the best quality health and social care within the resource envelope available for the borough.
18. As and when specific services change proposals arise from the programme these will be subject to community impact assessments.

### **Resource /Financial implications**

19. Consideration is being given to the resourcing of programme management arrangements to ensure the work described above is properly supported. These will be dealt with through the usual governance arrangements of each partner.

### **Consultation**

20. The Bridges to Health and Wellbeing programme and associated work streams will include a full engagement plan with stakeholders, in particular in relation to the outcomes to be achieved and any changes to the delivery of services that impacts on service users.

### **Legal implications**

21. There are no legal implications as this stage. However, as the work progresses resultant commissioning and procurement will be dealt with through the usual governance arrangements of each partner.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

## APPENDICES

No.	Title
None	

## AUDIT TRAIL

<b>Lead Officer</b>	Genette Laws, Director of Commissioning, Southwark Council Caroline Gilmartin, Director of Integrated Commissioning, Southwark CCG	
<b>Report Author</b>	Deborah Cohen, Assistant Director, Partnership Commissioning Team	
<b>Version</b>	Final	
<b>Dated</b>	17 July 2018	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
<b>Cabinet Member</b>	No	No
<b>Date final report sent to Constitutional Team</b>		19 July 2018