

Item No. 10.	Classification: Open	Date: 18 November 2019	Meeting Name: Health and Wellbeing Board
Report title:		Bridges to Health and Wellbeing	
Ward(s) or groups affected:		All	
From:		Sam Hepplewhite, Director of Integrated Commissioning, NHS Southwark CCG Genette Laws, Director of Commissioning, Southwark Council	

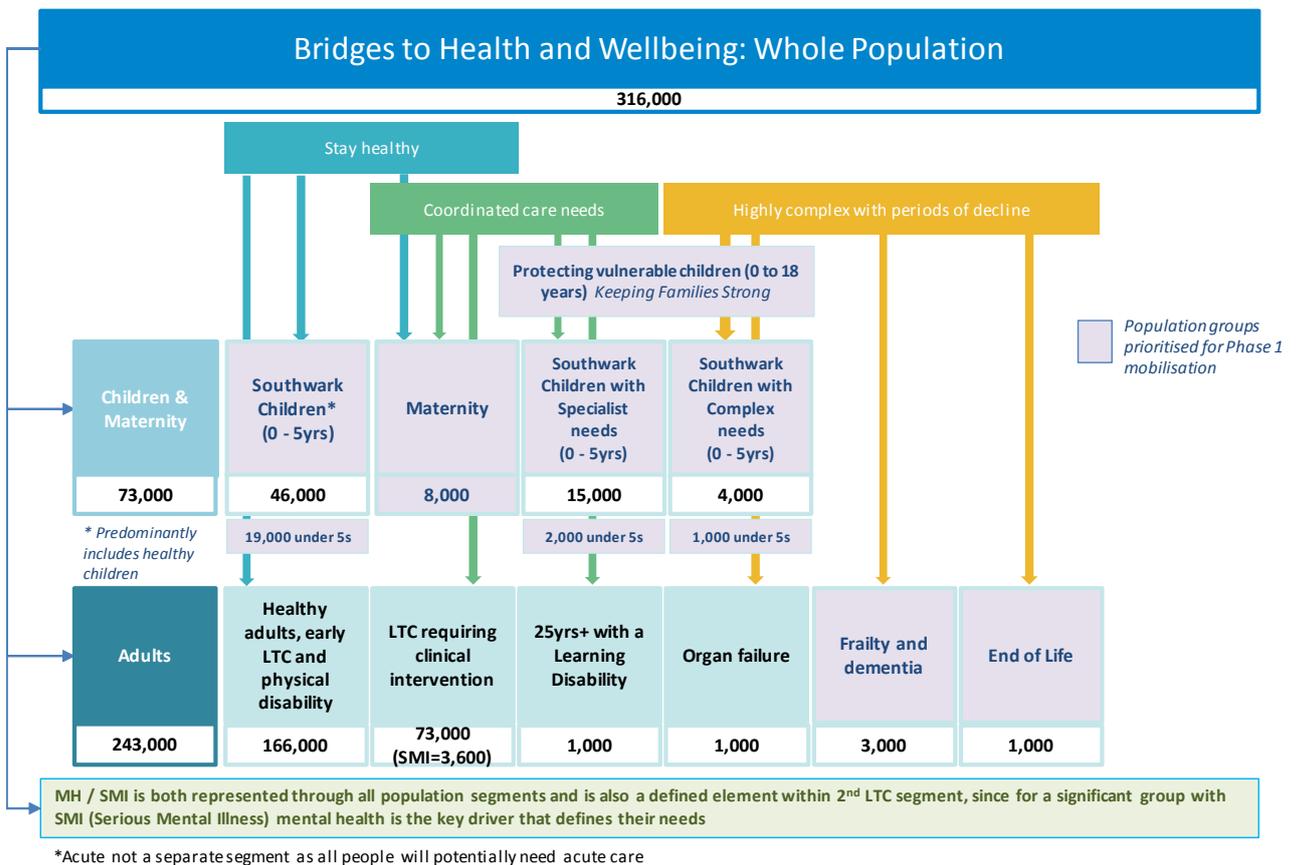
RECOMMENDATION

1. That the Health and Wellbeing Board note this report.

BACKGROUND INFORMATION

2. Southwark Bridges to Health and Wellbeing is the framework that Southwark CCG and Council commissioners have agreed to use to develop their approach to population based commissioning for outcomes. It seeks to address the issues identified in Southwark's Five Year Forward View, which recognised that we tend to have fragmented commissioning arrangements which are focused on services rather than outcomes, and which do not always incentivise providers to collaborate or invest in prevention and early intervention. The approach has been agreed by Partnership Southwark as underpinning the overall approach to place based service integration and the focus on improving outcomes will feed into all workstreams.
3. The Southwark model adapts an established approach to population based commissioning for health outcomes (Bridges to Health) by widening the scope to Health and Wellbeing, reflecting our desire to not just look at health and care but also the wider determinants such as housing, education and employment.
4. The approach involves segmenting the population into groups with similar patterns of needs as set out in figure 1 below. For each population segment an agreed set of outcomes and related proxy measures is produced. Providers and commissioners and other stakeholders then come together to consider how new collaborative approaches can help improve those outcomes, taking into account the collective resources available and opportunities for rationalisation through integration, early intervention and prevention.
5. The methodology is a person centred approach aiming to look at how the whole persons needs and ensuring personal objectives are met, rather than different health, care and social needs being assessed and met separately by agencies acting in a sometimes uncoordinated way.

6. **Figure 1: The population segments to which we will apply the Bridges to Health and Wellbeing approach are set out below:**



7. After careful development of the agreed model - which is recognised as a whole population approach – the Joint Commissioning Strategy Committee selected two key population groups to test the methodology in phase 1:

- **Adults:** Frailty, Dementia and End of Life
- **Children and Young People:** Maternity and all children (up to 5 years) including those with Specialist or Complex needs and, Protecting vulnerable children (0 to 18 years) – Keeping Families Strong

KEY ISSUES FOR CONSIDERATION

Progress on phase 1 priority areas

8. The Bridges to Health and Wellbeing workstream has been incorporated into the overall Partnership Southwark programme and progress is being made in implementing the phase 1 priority areas, although this is still at a developmental stage.
9. The aim is to have developed an agreed set of key outcomes for each population segment by the end of 2019/20. This will be used to provide a foundation for

collaborative work between commissioners, providers and the voluntary sector to make progress on improving those outcomes for the population of Southwark.

Children and Young People (CYP)

10. Within Partnership Southwark there is a specific CYP workstream with an agreed project scope based on taking forward the Bridges to Health and Wellbeing approach.
11. The CYP Commissioning Development Group, which had supported the development of the Bridges to Health and Wellbeing model in a CYP context, was stepped down in July, recognising that a broader group combining front line service providers, commissioners and other stakeholders was required to take forward the implementation. The inaugural meeting of the Southwark Children and Young People Partnership (SCYPP) set up for this purpose was held on 19th September 2019. The meeting was well attended by those involved in the commissioning and provision of services for children, including health, social care and education, and those with a key indirect role such as Housing and Leisure services. The meeting split into facilitated workshop tables focussing on different stages of childhood, identifying what needs to change to improve outcomes. Discussions focussed on outcomes including school readiness, childhood obesity, emotional wellbeing, challenging behaviour and transition to adolescence. A common theme emerging from the groups was the importance of joint working and data sharing to improve targeting of early interventions.
12. A Core Delivery Team has also been established which drives forward the work between bi-monthly SCYPP meetings. The product of the workshop is being processed by the team to articulate priority actions and a work plan that will be discussed and agreed at next SCYPP meeting in November. This will also inform the finalisation of the priority outcomes which are current expressed as:
 - **Connections** – creating effective partnerships, around CYP and families, between public bodies and the community assets that exist in Southwark.
 - **Mental wellbeing** – including maternal mental wellbeing
 - **School readiness/attendance** – focused on reducing inequalities in school readiness and increasing school attainment for vulnerable children
 - **Healthy weight** (in pregnancy, birth weight for babies, child healthy weight).
 - **Families** are supportive units for vulnerable CYP
 - **Feeling safe within the family and within the community**
13. Case studies have been developed as a reference point for testing how proposals may make a real difference to young people.
14. A life course approach will be taken, looking at key issues and transitions from pregnancy and under 5s, primary school, secondary school and young adults.

Adults

15. The initial focus is on improving outcomes for people with dementia, frailty and at the end of life.
16. An outcomes workshop was held on 11 July at which a range of commissioners, service providers and voluntary sector organisations discussed the evolving outcomes framework and helped prioritise particular outcomes and associated

measures. The workshop was facilitated with support from subject matter experts who took on board the workshop findings to develop a shortlist of 20 measures that relate to key outcome domains, and personalised I/we statements that have previously arisen from consultation with the public.

17. Following further discussion and refinement a proposed outcomes scorecard has been developed that was endorsed at the Partnership Southwark Leadership Team in November.

Key measures in the draft adults outcomes framework

Ref	Overarching outcome theme	Outcome	I/We Statement	Outcome proxy measure
1.1	Healthy population	Increase the number of years lived in self-assessed good health (male)	I am able to live the life I want and get the support I need to do that	Healthy Life expectancy at birth (i) male <i>Source: PHOF</i>
1.2	Healthy population	Increase the number of years lived in self-assessed good health (female)	I am able to live the life I want and get the support I need to do that	Healthy Life expectancy at birth (ii) female <i>Source: PHOF</i>
2	Better experience of care	More Older People die in the place of their choice	I can die peacefully and free from pain in my own room without being admitted to hospital, if that is what I choose.	a) Proportion of deaths inside a hospital setting b) Death in usual place of residence <i>(PHE EOL care profiles)</i>
3	Healthy population	Ensure Older People have fewer and less serious falls	We Live Healthier lives	Rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population (age-sex standardised) <i>Source IAF NHSE</i>
4.1	Healthy population	Detect dementia earlier	We Live Healthier lives	Improvement in diagnosis rate for people with dementia <i>Source IAF</i>

Ref	Overarching outcome theme	Outcome	I/We Statement	Outcome proxy measure
4.2	Better experience of care	Improve dementia care	We have quality care	Increase in percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <i>Source QOF (Gpcontract)</i>
5.1	Better experience of care	Improve the care we receive at home and in the community so we can prevent unnecessary hospital stays	I have systems in place to help at an early stage to avoid crisis and as small a disruption as possible if a crisis happens and “I live independently”	Reduction in Emergency readmissions within 30 days of discharge from hospital (<i>source NHSOF 3b</i>)
5.2	Better experience of care	Improve the care we receive at home and in the community so we can prevent unnecessary hospital stays	We have quality care	Reduction in unplanned admissions to hospital from care homes <i>source: extensivist pilot</i>
5.3	Better experience of care	Improve the care we receive at home and in the community so we can prevent unnecessary hospital stays	We have quality care	Reduce length of stay for patients in hospital for 21 days and over (<i>NHSE length of stay dashboard</i>)
6	Empowered and active communities	Improve the care and support we receive at home	We have quality care	Rate of permanent admissions to care homes of people over 65 per 100,000 (<i>ASCOF 2a part 2</i>)
7	Empowered and active communities	Improve the support to maximise independence	We recover and stay well	Increase in percentage of clients completing Rehabilitation and Reablement where the sequel to service was either no ongoing support or support of a lower level (%) <i>(ASCOF 2D)</i>

Ref	Overarching outcome theme	Outcome	I/We Statement	Outcome proxy measure
8	Empowered and active communities	Improve our wellbeing	Our Quality of Life will improve	Enhancing quality of life (QoL) for people with care and support needs. Domains are: control, dignity, personal care, food & nutrition, safety, occupation, social participation, accommodation. (<i>ASCOF (1A) overarching measure from national User Survey</i>).
9	Empowered and active communities	Improve carer wellbeing	We recover and stay well	Enhancing quality of life for people who are carers. Carer reported quality of life over 6 domains. <i>Source: ASCOF 1D national survey</i>
10	Healthy population	Improve the management of medicines for older people	"I had regular, comprehensive reviews of my medicines." "I was as involved as I wanted to be in decisions about my medicines – whether they were needed, and which one to choose."	Structured Medication Reviews. To use approach per PCN specification 2020/21.
11	Empowered and active communities	Reduce isolation and feelings of loneliness and improve our wellbeing and sense of belonging	"I have as much social contact / social support as would like/ I feel part of the community"	To develop Vol Sector Hub access measures with new contract monitoring arrangements 2020/21

Ref	Overarching outcome theme	Outcome	I/We Statement	Outcome proxy measure
12	Empowered and active communities	Improve the achievement of the outcomes that matter to people in their care plan	I have regular reviews of my care and treatment, and of my care and support plan. National Voices (narrative for person centred coordinated care) "I am supported to make decisions as best as I am able about my daily life."	Increase in proportion of people with recorded achievement of All or Some of their personal goals, following their care plan review

18. The final outcomes framework will inform and help align a number of current workstreams impacting on this population segment, which will focus on how these specific outcomes can be improved through collaborative working.
19. A number of the proxy measures will be further refined over time to better align with the outcome. For example, the measure "earlier detection of dementia" that is currently available is the dementia diagnosis rate. This will be refined to better capture early detection.

Policy Implications

20. The Bridges to Health and Wellbeing approach described in this report will inform the place based approach to integrated commissioning and provision of services to be overseen by the Southwark Place Based Board following the formation of the South East London Clinical Commissioning Group in 2020/21.

Community Impact Statement

21. The Bridges to Health and Wellbeing model seeks to improve outcomes for the whole community in Southwark by supporting services to take an integrated approach that meets the "whole" needs of key population segments. The model also includes a particular focus on improving outcomes for those with the worst outcomes and inequalities for whom traditional approaches have had insufficient impact.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Bridges to Health and Wellbeing documentation	160 Tooley Street SE1 2QH	Adrian Ward Programme Manager Partnership Commissioning Team, Southwark Council and CCG 020 7525 3345

AUDIT TRAIL

Lead Officers	Sam Hepplewhite, Director of Integrated Commissioning, NHS Southwark CCG Genette Laws, Director of Commissioning, Southwark Council	
Report Author	Adrian Ward, Partnership Commissioning Team	
Version	Final	
Dated	8 November 2019	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		8 November 2019