

Item No. 10	Classification: Open	Date: 17 November 2022	Meeting Name: Health and Wellbeing Board
Report title:		Development of Partnership Southwark Health and Care Plan	
Ward(s) or groups affected:		All	
From:		James Lowell - Place Executive Lead Martin Wilkinson - Chief Operating Officer, Partnership Southwark	

RECOMMENDATION(S)

1. **The Southwark Health and Wellbeing Board is asked to:**
 - a) Note the update on progress with Partnership Southwark's Health and Care Plan in the context of the Joint Health and Wellbeing Strategy and wider South East London Integrated Care System (SEL ICS) developments.
 - b) Note that an update on progress of the Health and Care Plan will be shared at the March Health and Wellbeing Board.
 - c) Agree that the Health and Wellbeing Board will receive six monthly updates on the delivery of the Health and Care Plan from Partnership Southwark once implementation commences.

BACKGROUND INFORMATION

2. Partnership Southwark's constituent partners are Southwark Council, South East London Integrated Care Board (ICB), Community Southwark, Guy's and St Thomas' NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, Improving Health and Quay Health Solutions (GP Federations representing Primary Care Networks), and King's College Hospital NHS Foundation Trust.
3. Partnership Southwark was established in April 2019 with a view to bringing partners from across health, care and the voluntary community sector to better join up care, improve health and wellbeing outcomes and reduce inequalities for Southwark residents.
4. Partnership Southwark evolved into a formal Local Care Partnership within the South East London Integrated Care System (SEL ICS) in July 2022¹.

¹ [Integrated care systems explained | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/integrated-care-systems-explained)

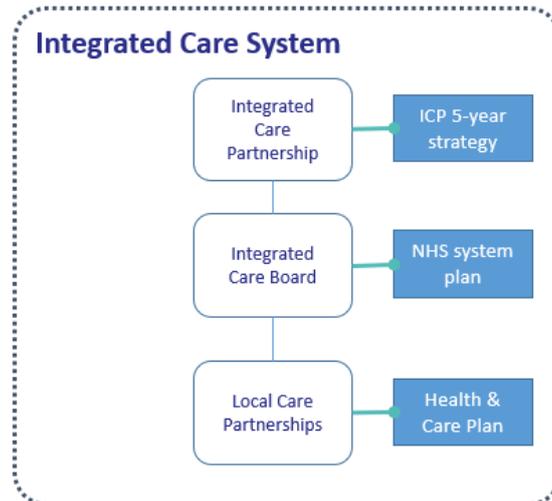
5. SEL ICS is made up of the following:

Integrated Care Partnership (ICP)	Focused on creating equal partnership between NHS and local government. Cllr. Kieron Williams sits on the ICP for Southwark. The ICP sets strategic direction, may lead some key programmes, may help to hold system to account.
Integrated Care Board (ICB)	This is the new statutory body which replaced the South East London Clinical Commissioning Group (CCG). The South East London ICB is responsible for all out of hospital services in South East London including strategic planning, use of NHS resources and overall performance.
Local Care Partnerships (LCP)	LCPs lead integration and innovation in community-based services in boroughs ('place') and neighbourhoods which aim to build community as well as join up care. Partnership Southwark is the LCP in Southwark. James Lowell is the Place Executive Lead who holds the delegation from the ICB to the LCP.
Provider Collaboratives	Groups of providers leading improvement of specific services (acute, mental health and community) inc. planning, quality improvement, use of resources, benchmarking. SEL has the Acute Provide Collaborative and the Community Provider Network.
Primary Care Networks	GP practices working together with community, mental health, social care, pharmacy, hospital, voluntary, community and social enterprise services in their local areas. There are two in Southwark: North Southwark ² and South Southwark ³ .

6. With the establishment of South East London Integrated Care System and Partnership Southwark, there is a range of work underway to understand the priorities within these areas using the following strategies:

² [North Southwark PCN - QHS - Southwark Group Practices \(southwarkgp.co.uk\)](https://southwarkgp.co.uk)

³ [Our Primary Care Network | Improving Health Limited \(ihlsouthwark.co.uk\)](https://ihlsouthwark.co.uk)



DEVELOPMENT OF THE HEALTH AND CARE PLAN

7. Partnership Southwark has four population based ‘Wells’ workstreams which have been used to develop priorities to date:
 - a) Start Well: Children and Young People
 - b) Live Well: Working Age Adults
 - c) Age Well: Older Adults
 - d) Care Well: Care and Residential Settings
8. The ‘Wells’ have multi-agency leadership teams made up of representatives from across partners. The ‘Wells’ have enabled strong relationships to be built between partners and initial delivery to commence. However there is a recognition that a more strategic and collaborate approach across the ‘Wells’ is needed now that Partnership Southwark has formalised and is receiving delegated authority from SEL ICB.
9. Partnership Southwark have committed to delivering the Joint Health and Wellbeing Strategy. The Health and Care Plan will be Partnership Southwark’s delivery commitment to the Joint Health and Wellbeing Strategy.
10. The Plan will lay out a shared set of integrated priorities to start delivering as a partnership – this isn’t about tackling everything at once, but focusing shared energies on areas which would benefit from multi-agency working. The priorities will clearly articulate activity, dependencies and impact on residents.
11. The voice of Southwark residents is crucial to help deliver new ways of working in the health and care system. Development of the Health and Care Plan priorities is informed by the engagement work that underpinned the Joint Health & Wellbeing Strategy. Partnership Southwark workstreams will be running programmes of engagement to bring in people with lived experience as well as voluntary and community organisations to further support design and delivery of these priorities.

12. The Health and Care Plan will also align with existing partner organisational strategies.
13. Existing work and identified priorities will continue while the Plan is developed and will be incorporated into the final version.
14. All engagement will be aligned to the work taking place at an ICS level to develop the ICP Strategy (by December 2022) and System Plan (by March 2023)



15. Development of the Health and Care Plan will be reported into the Partnership Southwark Delivery Executive and Strategic Board. It will return to Health and Wellbeing Board for oversight and ongoing reporting once priorities start to be delivered.

DELIVERING EXISTING WORK PROGRAMMES

16. Alongside delivering the Health and Care Plan, Partnership Southwark will continue to deliver existing activity – underpinned by the 'Wells' workstreams. This includes:
 - a) **Delivery of inequalities projects**
 - i) Using new sources of funding from South East London Integrated Care Board to tackle inequalities within the borough. This includes school nurse support for children educated other than at school, support for local warm hubs and continuing the community health ambassador programmes.
 - b) **Clinical and care professional leads**
 - i) Partnership Southwark have recruited a range of professionals from

across the Partnership Southwark system. They work part time with Partnership Southwark, using their expertise to advise and guide work. This includes local GPs, practice nurses, social prescribers, social workers and geriatricians.

c) **Engagement with residents**

- i) Co-designing future Partnership Southwark governance and continuing to work with local residents and forums

d) **Learning from the Fuller Report⁴ and integrated neighbourhood approach**

- i) Further developing how to use the insight from the Fuller report to drive Southwark's approach to neighbourhood working, including integrated community teams, integrated case management and use of estates, as well as integrating with our local communities.

e) **Developing the health and care system outcomes framework**

- i) Working in collaboration with partners across the system to develop a shared outcomes framework that will underpin the Health & Care Plan and Joint Health & Wellbeing Strategy.

f) **Organisational development**

- i. Based on feedback from our residents, Partnership Southwark knows things need to be done differently. This means moving from a top-down "expert model" approach to **co-production**, where *everyone (residents, service users, VCSE and statutory organisation teams)* works together on an equal basis to create a service or come to a decision which works for them all, and which is based on the principles that those who access a service are best placed to design it*.
- ii. Moving towards this approach is challenging within current organisational structures and culture. However, there is strong evidence in Southwark around the positive impact of this approach - both for service users and for staff.
- iii. If this doesn't happen and changes are simply imposed, the evidence suggests that there's a real risk that efforts to bring about change and improvement fail, and could even make things worse by causing service users and staff to feel disenfranchised, alienated and ignored.
- iv. The key element in moving to this approach, is to be able to create space and time for people to come together as equals, to slow down, and collectively explore what needs to be different. All partners are committed to coming together to understand how this can work, looking across the system to think for the future and what is required in order to change our model of care.

⁴ [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

- v. Slowing down, and honestly examining assumptions and bias together, unlocks a new collective reality of the truth, which enables trustful relationships and shared intent around what is needed and possible.
- vi. Placing equivalent investment in the development of relationship enables the ruthless focus on task that is required.
- vii. This is only possible if the work is based in place, as this is where people's passion and commitment lies.

g) Continuing to deliver currently identified 'drive' priorities

- i. 1001 days
- ii. Adults Community Mental Health Transformation

Policy framework implications

- 17. There is a statutory responsibility for the Board to produce a Joint Health and Wellbeing Strategy that addresses the needs and improves the health of our population.
- 18. Each local place in South East London is required to develop a local Health and Care Plan, as mandated by South East London ICB. In Southwark, it has been agreed by Partnership Southwark Strategic Board that this will align with the Joint Health and Wellbeing Strategy and the action plan.
- 19. On approval, the action plan will be provided to colleagues developing the South East London Integrated Care Strategy to ensure local priorities are fed into these system wide priorities.

Resource implications

- 20. All constituent partners within Partnership Southwark are committing time, leadership and delivery resource to collectively deliver the Partnership Southwark priorities.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

- 21. This report has been based on discussions from across Partnership Southwark including executive officer, clinical, and political input via the Partnership Southwark Wells workstreams, Delivery Executive and Strategic Board.

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	James Lowell & Martin Wilkinson	
Report Author	Josepha Reynolds	
Version	1.0	
Dated	09/11/22	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Governance	No	No
Strategic Director of Finance and Governance	No	No
Place Executive Lead	Yes	Yes
Chief Operating Officer	Yes	Yes
Cabinet Member	No	No
Date final report sent to Constitutional Team	9 November 2022	