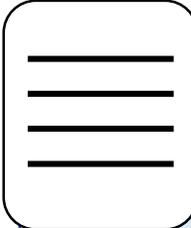


Developing our SEL Integrated Care Strategy

Update for Southwark Health and Wellbeing Board

17 November 2022

Requirements for ICSs to develop an integrated care strategy and a five-year NHS system plan



Integrated care strategy

- National requirement for each ICS to develop an integrated care strategy.
- To be overseen by our Integrated Care Partnership (bringing together health and local authority leaders).
- The strategy might cover the following:
 - Joining up and integrating care
 - Improving outcomes
 - Tackling inequalities
 - Addresses the wider determinants of health and wellbeing
- **For completion by end of 2022**



NHS System plan

- Alongside the strategy, each ICS is also required to develop a five year NHS system plan
- This will be overseen by our Integrated Care Board
- To explain how our system will meet the needs of the population, responding to the Integrated care strategy.
- To include ensuring NHS services and performance are restored following the pandemic, in line with national operational planning requirements, and that Long Term Plan commitments are met.
- **For completion by end March 2023**

Our ambitions and objectives for our integrated care strategy*

Our shared ambitions for our strategy

- Our ambition is to develop a strategy that is different to what has gone before.
- We are not trying to replicate what is happening in each borough or provider in our system.
- Instead, we want our strategy to home in on a small number of major opportunities for cross-system change and deliver real impact
- We want to build on broader engagement with staff and communities on strategic priorities, including engagement in 2019.
- Finally, we want to continue developing our strategy in close dialogue with local authority, VCSE partners and our staff and communities and ensure a joint strategy across bodies in our system.

What we want our strategy to contain and do

1. Provide a vision for the future shape of health and care services in South East London;
2. Identify a small number of major priorities for cross system action, where strategic action at South East London level could deliver a step-change in health and care;
3. Establish an overall strategic approach to addressing these big priorities through SEL wide action with realistic outcomes and metrics;
4. Use this process to build our capabilities in partnership and delivering cross system change.

How we think the ICS strategy should be structured

1

SEL ICS mission statement - 'Our purpose'

Building on the four statutory purposes of an ICS*, "our mission is to help people in south east London to live the healthiest possible lives. We will do this through: i) helping people to stay healthy and well; ii) providing the right treatment when people become ill; iii) caring for people throughout the course of their lives; iv) taking targeted action to address health inequalities; and v) supporting resilient, happy communities."



2

High level ambitions for the ICS strategy - 'Our strategic vision' [in development: from engagement so far]

How we want the nature of care to change, e.g.: Preventing ill-health, particularly by taking a holistic approach to health and care and focusing on wellbeing; integrating services to achieve the best outcomes; working in true partnership with local people



3

Cross-cutting themes for the strategy - 'To take forward across SEL programmes of work' [in develop.]

Themes to take forward across all of our work including flagship programmes and in our enabler strategies. For example: 1) Improve health and care outcomes, address health inequalities; 2) Person-centred, integrated and joined-up services which are inclusive, accessible and trusted; 3) Sustainable services, a green system, and support our communities as Anchor organisations; 4) Transformation (of our workforce, our care, digital and data, estate, investment and funding mechanisms); 5) How we will deliver our ambitions, including our culture, capability and capacity.



4

What challenges or opportunities do we prioritise for system-level action over the next 5 years – 'Our strategic priorities' [in development]

A small no. of big opportunities to improve health and care as a system in the next 5 years - measurable and outcome oriented.

*1) Improve outcomes in population health and healthcare; 2) Tackle inequalities in outcomes, experience and access; 3) Enhance productivity and value for money; 4) Help the NHS support broader social and economic development

Our overarching approach to creating the IC Strategy

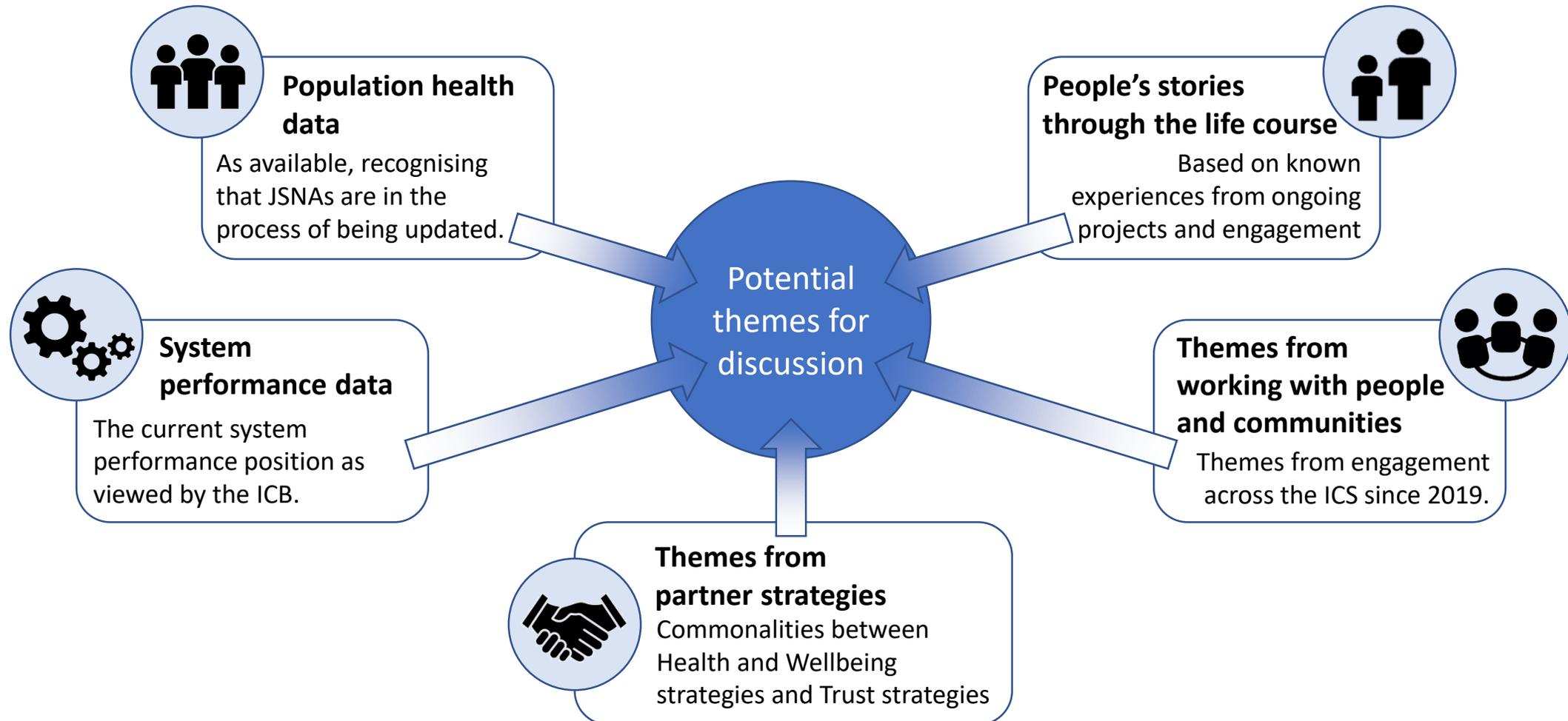


1. Please note that approval by the ICP was not possible due to the cancellation of the 13th September meeting

2. See p. 5

Our starting point – where we are as a system

Five sources of information were initially collated and reviewed:



Our starting point – where we are as a system

Source of information	Overview
People's stories along the life course	People's experiences differ; whilst many receive excellent care, there is room for improvement, particularly regarding addressing known inequalities around protected characteristics including race. Pockets of patient-centred excellent care are evident, including examples of holistic approaches which bridge healthcare, social care and support from the Voluntary, Community and Social Enterprise (VCSE) sector. These provide evidence of the opportunity for improvement.
Population health data	South east London faces significant health inequalities. There is significant variation across the six Boroughs, although all contain areas of high deprivation which is linked to poorer health; life expectancy and healthy life expectancy differ both between and within Boroughs. The five highest risk factors are smoking, high systolic blood pressure, high fasting plasma glucose, high body-mass index and high LDL cholesterol.
System performance data	Our system is facing continued pressure across all areas, which is impacting on key performance indicators (e.g., A&E waiting times, elective RTT). COVID-19 continues to have an ongoing impact as the system looks to manage the backlog. However, opportunities for improvement have been identified and a number of key programmes are underway at system, place and organisational levels.
Themes from working with people and communities	Over the past three years there has been significant work with our people and communities at system, place and organisation levels. A review of outputs from selected processes suggests our people and communities want to see a more joined-up and patient-centred approach to care. There is a push to increase the role of the VCSE and communities in shaping care, and to recognise their contributions to care delivery. Trust and inequalities in access and outcome are critical issues.
Themes from partner strategies	The Borough Health and Wellbeing Strategies and Trust strategies highlight a commitment from across the system to partnership working. Common themes can be seen (for example, four Boroughs have specific priorities around obesity or ensuring a healthy weight). It is noted that many of the Health and Wellbeing Strategies are under review, and remain part of an ongoing process of development, including with our people and communities.

Key engagement points thus far

	Engagement activity	Target Group	Timescales	Output informs
Initial conversation	Review of previous engagement activities, including those which reached seldom-heard communities	Local people in SEL and seldom-heard communities	June – July 2022	Direct feed into the face-to-face event and vision, strategic themes/ potential priorities
	Two online events for service users and partners	Open events for local people and VCSE sector	22 & 25 July 2022	Direct feed into the face-to-face event and vision, strategic themes/ potential priorities
	Face-to-face SEL wide engagement event	100 SEL system leaders (health and care, VCSE and Healthwatch)	28 July 2022	Vision, strategic themes/ potential priorities
	Online engagement through ‘Let’s Talk’ platform	Local people in SEL	July – August 2022	Vision, strategic themes/ potential priorities
Deciding our priorities	Discussion within Local Care Partnerships and Providers	Leaders and staff in Local Care Partnerships and Providers	August – September 2022	Vision, strategic themes/ potential priorities

Challenges (and opportunities) identified for each theme during the July – August engagement

Addressing health inequalities

- **Institutional and medical mistrust in statutory orgs:** i) we need to develop a cross-system 'currency' so we can measure, compare and improve how we rate on this; ii) we need to change how we work with communities by championing **co-production**, **working with community orgs**, and addressing cultural issues
- **We don't know where to focus our efforts because we don't have access to the data we need:** i) we need to reinvigorate work to standardise the collection and **sharing of data** within the ICS; ii) develop a central IG function to provide support to (smaller) orgs within the ICS to share data

Ensuring a sustainable system

- **Workforce capacity** and transparency around capabilities, noting the **anchor agenda** is a key opportunity to address this in part: i) developing a sustainable VCSE workforce; ii) a system virtual education hub (non-clinical); iii) system approach to supporting **carers** (learnings from Greenwich).
- **Increasing funding and resource in the community for social prescribing** and prevention activities
- **Co-produce proactive and responsive services** so these work for local people and they will want to access them e.g. **neighbourhood-based teams**

Prevention, health and wellbeing

- **Poverty, social conditions and environment** (need to target certain areas): i) make every contact count, working with private services who enter people's homes; ii) developing jobs in local communities; iii) social prescribing
- **Supporting people to be healthy and age well:** i) what matters to people and how create behaviour change?; ii) develop **trauma-informed approach**; iii) advocacy and **empowerment** key

Children and young people

- **Children's mental health and emotional wellbeing:** i) provide services CYP and families want, that are **culturally sensitive**; ii) provide services close to home; iii) partner with schools, FE and HE more iv) trauma-informed response
- **Phases of childhood and transitions to adult services:** i) look at providing CYP up to 25yrs old; ii) develop child-focused 'core offer' across SEL for key stages of life

Adult mental health

- **Access to early support and responsive services:** i) co-produce solutions; ii) introduce no-wrong door policy (currently ridged criteria for access) iii) provide more neighbourhood based services iv) review crisis services
- **Trust and experience of care:** i) diverse workforce; ii) more culturally sensitive services, iii) improve transition between services
- **We don't provide holistic person-centred care**

Primary care

- **Current primary care offer doesn't meet/suit needs of people, and they are struggling to access services, particularly deprived groups:** i) Build access around needs; ii) sensitivity training; iii) share data; iv) review access (111)
- **Workforce capacity:** i) Review consistency of GP contract delivery; ii) social prescribing and prevention to reduce demand; iii) cross-system recruitment campaign e.g. care coordinators

People with complex needs

- **Lack of proactive care, or access to additional support in community:** i) move from risk averse culture to trust; ii) asset-based community development (spread best practice in SEL)
- **Our system is complex and difficult to navigate:** i) review access to social prescribing; ii) holistic approach at point of access
- **Empower people to take responsibility for own health**

Other themes identified

- Maternity services
- End of life care
- Social care integration/children's social care
- Cultures and behaviours, and changing incentives in the system
- Working differently: Harnessing our collective power to lobby for national change, and working with businesses
- Systemic racism and racial disparities

Our approach to developing our vision

What we mean by a vision ...

- A high level description of the sort of health and care system we want to have in, say, a decade's time
- What will it look and feel like for our service users, staff and communities. What will be different?
- Providing clarity on the choices and trades-off we will make as a system, which objectives we will prioritize above others?

Why we need one ...

- To ensure broad agreement on how we want to develop our system, where we want to focus, and how we want to develop care.
- And empower our staff to go out and improve things, without waiting for permission, but in ways that are consistent with the sort of system we want to create.



Our draft vision in summary (see Appendix for more detail)

1. Health and wellbeing	We need to develop a system which is as good at protecting health and wellbeing as it is at treating illness. This will mean investing in more coherent and effective preventative health services, developing more proactive services and working with our communities to create healthier environments.
2. Convenient care	We need to make it as easy as possible for people to interact with our services and we need to harness technology and simplify our services to offer more convenient care.
3. Whole person care	We need to continue the process of reorganising small, fragmented services for specific diseases or conditions into more coherent team-based care. Local people should be able to rely on a single small team of staff who they know and trust to provide most of their care.
4. Tailored services	We need to develop more tailored services to better meet the needs of women, minorities and the most disadvantaged people in our society, finding new ways to connect with different service users and developing our services to deliver more convenient and effective care.
5. Partnership with our service users	We want to continue the shift to a model of genuine partnership working between health and care professionals, communities and service users, where professionals work with service users to understand what really matters to them and support them in managing their health and care.
6. Empowering our staff	We want to encourage our staff to go out and improve services, without waiting for permission, but to do so in line with these principles: thinking in particular about how we can improve prevention, offer more convenient, whole person care, tailor services for deprived groups, and harness the power of service users and communities.

Strategic themes: lenses to apply to our strategy

Strategic or cross-cutting themes can be used as a lens to help us identify and develop our strategic priorities and strategy, and to structure further engagement. Below are some examples of the themes that have been identified so far.

Strategic themes could be adapted from the four statutory purposes of an ICS:

- Improving health and care outcomes
- Efficiency, productivity and system sustainability
- Addressing health inequalities
- Supporting the social and economic resilience of our communities

Other strategic themes previously proposed or identified during engagement for consideration:

- Person-centred, integrated and joined-up services which are inclusive, accessible and trusted
- Transformation (of our workforce, our care, digital and data, estate, investment and funding mechanisms)
- Sustainable services, a green system, and support our communities as anchor organisations
- Effective allocation of resources (in the context of a medium term financial strategy)
- Trusted and inclusive services
- Culture (noting need to define this)
- Workforce capability and capacity
- Empowering local people to take control of their own health
- Co-production with local people

Our approach to identifying priorities for cross system action

- In discussions so far, our senior leaders have agreed we want to home in on a very small number of really big opportunities to improve health and care
- We want to focus primarily on significant, concrete problems or opportunities which, if addressed, would deliver major improvements for our service users.
- This will help us ensure that our strategy stays focused on things that really matter to local people and that we can monitor progress against tangible goals
- We need to be as clear and specific as possible about the problem, challenge or opportunity – so we can think through strategic options for addressing it
- We would want to ensure that partners across our system support these priorities, reflect them where needed in their own strategies and plans.

Our approach to identifying priorities for cross system action

<p><u>Test 1:</u> Size of the opportunity</p>	<p>Would addressing this problem or pursuing this opportunity deliver substantial improvements in health and care for our communities?</p>	<p>For example could we significantly improve outcomes, efficiency and address inequalities?</p>
<p><u>Test 2:</u> Need for collaboration</p>	<p>Is this a problem or opportunity where different parts of our system would really benefit from working together?</p>	<p>For example, are there substantial benefits in pooling knowledge and expertise and joint working? Do different parts of our system need to redesign care together? Do we need to build some shared infrastructure?</p>
<p><u>Test 3:</u> Feasibility</p>	<p>Is it realistic to believe we could make tangible progress on this area within the next 3 to 5 years?</p>	<p>For example, can we envisage a strategic approach that would allow us to make significant progress? Could we find the will, capabilities and resources to implement it?</p>
<p><u>Test 4:</u> Strategic coherence</p>	<p>Put together, do our selected priorities add up to coherent consistent, and coordinated approach?</p>	<p>For example, does one priority support another. Do they add up to more than the sum of their parts?</p>

Our longlist of potential priorities

<p>Prevention & wellbeing</p>		<p>How can we become better at preventing ill-health and helping people to live healthy lives?</p>	<p>Ensuring that everyone in SEL receives convenient and effective primary and secondary health prevention services, including children and adults from our most deprived groups.</p> <p>Supporting people in South East London to live the healthiest possible lives, including people from our most deprived communities and groups</p> <p>Using our combined resources to improve people's socio-economic conditions including reducing poverty and deprivation and improving access to good jobs, housing and opportunity.</p>
<p>Children and Young People</p>		<p>How can we ensure that children and young people in South East London get the best possible start in life?</p>	<p>Ensuring that children and young people in SEL can quickly access a broad range of effective early intervention support when facing mental health challenges.</p> <p>Ensuring that mothers, children and families receive effective pre-natal, postnatal and early years support so that all children in South East London have a healthy start in life.</p> <p>Ensuring that young people can access tailored primary and community based services specifically designed to meet their needs</p> <p>Ensuring that children with long term conditions in SEL can access proactive, joined up and effective care to manage their condition</p>
<p>Adult mental health</p>		<p>How can we ensure access to convenient, high quality primary care with our available staff and resources?</p>	<p>Ensuring that adults in SEL have rapid access to a broad range of effective early intervention services for mental health challenges, avoiding long waits and reducing the need for more specialist services.</p> <p>Ensuring that adults across South East London can access effective support to maintain good mental health and wellbeing and avoid suffering mental health problems.</p> <p>Ensuring that people with learning disabilities in SEL receive proactive, holistic and tailored care to support them to protect their physical and mental health and to live good lives in their homes or in the community.</p>
<p>Primary care, long term conditions, complex needs</p>		<p>How can we deliver well-coordinated, joined up and whole person care for people with long term conditions and complex health and social needs?</p>	<p>Ensuring that people across SEL can access easily and conveniently appropriate primary care services in ways that make best use of technology and our workforce.</p> <p>Ensuring that people with long term conditions in South East London receive high quality joined up and convenient care spanning the primary, community and hospital system.</p> <p>Ensuring that people with complex physical health, mental health and social needs in SEL have access to joined-up, person centred and effective care close to home.</p> <p>Ensuring that people from the most deprived groups in SEL can easily access tailored and effective primary care services to support prevention, early intervention and management of conditions.</p>

Upcoming engagement

	Engagement activity	Target Group	Timescales	Output informs
Strategy development (see p.4)	Key stakeholder engagement (1:1s and Health and Wellbeing Boards)	Provider Chairs, Lead Members, Health and Wellbeing Boards	Oct – Nov 2022	Strategic themes and priorities
	Targeted engagement with seldom listened to groups	Seldom-heard communities	November 2022	Strategic themes and priorities
	Strategy development workshops (2 face-to-face & 2 online)	Leaders, experts, VCSE partners, Healthwatch, local people	November 2022	Strategic themes and priorities
	Expert Groups <u>initial</u> discussions	Providers, experts (incl. external), local people	Nov – Dec 2022	Strategic priority development
Bringing the strategy together	ICB Board (1:1s and Board meeting discussion)	ICB Board members	Oct – Dec 2022	Recommend vision, strategic themes/ potential priorities and relationship to FYV
	IC Partnership (1:1s and Board meeting discussion)	ICP Board members	Oct – Dec 2022	Agree vision, strategic themes/ potential priorities
Launch	Launch events (details to be determined)	SEL public and staff	Jan – March 2023	Awareness raising and mobilisation

Appendix: our draft mission and vision statement

Our draft mission and vision statement in full (1)

Our mission is to help people in South East London to live the healthiest possible lives. We will do this through helping people to stay healthy and well, providing the right treatment when people become ill, caring for people throughout their lives, taking targeted action to address health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.

If we are to deliver this mission, we know that we will need to make far reaching changes to our current system. These are our most important principles for developing our services:

1. Health and wellbeing

Like other local health and care systems, we have inherited a set of services focused primarily on treating people when sick rather than supporting health. We need to develop a system which is as good at protecting health and wellbeing as it is at treating illness. This will mean investing in more coherent and effective preventative health services, more proactive services that go out and find people and intervene earlier to avoid serious illness, working in partnership to create healthier environments, and harnessing the power of our voluntary sector and communities to support healthier living and happier lives.

2. Convenient care

Local people continue to tell us how difficult it is to communicate with us, access our services and navigate our system. We need to make it as easy as possible for people to interact with our services, tackle the long waiting times for some services, and offer convenient care, including high quality online consultations for people who want them and care in or close to people's homes. We need to dismantle models of care that consume service users' time and impose avoidable travel or other costs, while increasing carbon emissions. We will need to harness the power of technology and simplify our services so that they are easier for people to understand and navigate.

3. Whole person care

In our system, people rely on separate, disconnected teams for support with different physical health, mental health and social needs, rather than joined up, responsive services that can address all the issues that matter to them at the right time. We need to continue the process of reorganising small, fragmented services for specific diseases or conditions into more coherent team-based care. Local people should be able to rely on a single small team of staff who they know and trust to provide most of their care. Wherever possible, those teams should draw in specialist expertise when needed, rather than automatically asking service users to go to separate services for aspects of their care. In making these changes, we will also lay the foundation for stronger relationships between service users and their core teams of care givers and more compassionate, trusting and person-centred care.

Our draft mission and vision statement in full (3)

4. Tailored services

In our health and care system, we have traditionally developed general services for the whole population rather than bespoke services for specific communities or social groups. We know that some minorities and people from deprived communities are less likely to be enrolled with a GP practice, find it harder to access services, suffer poorer overall health and have worse outcomes from care. We need to develop more tailored services to better meet the needs of women, minorities and the most disadvantaged people in our society, for example finding new ways to connect with these service users, focusing resources on those most in need, adapting our existing services and developing different services where required to deliver convenient and effective care.

5. Partnership with our service users

During the Covid 19 pandemic, we demonstrated the power of partnership working between health services, social services, the voluntary sector and our communities to improve people's health and care. We want to continue the shift to a model of genuine partnership working between health and care professionals, communities and service users, where professionals work with service users to understand what really matters to them and support them in managing their health and care. As in the pandemic, we want to harness the strengths of our service users and communities to improve health and wellbeing.

6. Empowering our staff

As in the pandemic, we will rely on the creativity and commitment of our brilliant, diverse staff to continue adapting and improving care. While we plan a small number of programmes of work across our system, we will depend on our 100,000 staff to deliver most of the changes. We want to encourage our staff to go out and improve services, without waiting for permission, but to do so in line with these principles: thinking in particular about how we can improve prevention, offer more convenient, whole person care, tailor services for deprived groups, and harness the power of service users and communities.

