Strategic Framework of Enquiry – 2014+ Joint Health and Wellbeing Strategy:

Southwark partners working together for....		
...Better health and wellbeing	**...Better communities and life chances**	**...Better care, better quality of life**
This priority is focused on providing effective population-based healthy lifestyle promotion (primary prevention) and includes action on wider determinants of ill health and poor wellbeing	This priority is focused on services for residents with multiple conditions, vulnerabilities or disadvantage; this includes the full spectrum of mental health provision	This priority is focused on ensuring services for those with health or care diagnoses are accessible over 7 days, equitable, personalised and well-coordinated, underpinned by a model of delivery that is proactive, preventative, and focused on out-of-hospital care
What do we want to achieve? - More people leading healthier lifestyles as result of accessing information, advice and support - Reduce key health inequalities experienced by residents of Southwark - More community 'health lifestyle' programmes and greater use of community 'networks' including voluntary and community sector, and pharmacies - Targeted action on and improved outcomes around key health and wellbeing priorities (obesity, smoking, alcohol, drugs, teenage conceptions)	**What do we want to achieve?** - Multi-agency locality working encompassing housing, community, health, social care and early help provision (focus on early intervention, and residents who are vulnerable or disadvantaged) - Improved self-management of physical and mental long term conditions, including community pathways - Enhanced risk stratification, improved diagnostic capacity and pre-emptive management of patients at risk of developing a long term condition - An integrated 'troubled families' service across health, education and social care	**What do we want to achieve?** - 7-day, accessible services, effective risk stratification of high risk patients, and proactive management support few emergency admissions and more out-of-hospital care - Well-integrated service for frail elderly and people with long term conditions - Integrated service for children and adults with SEND across health, housing, education and care - Social work models and transformation including multi-agency child protection and prevention services
How could we measure success? - Better take-up and reach of health checks and public health promotion/information - Wider use of every contact counts approach - Improved outcomes around key lifestyle concerns, eg obesity levels, number of smoking quitters, incidence of alcohol-related illness and attendance at A+E, and teenage conception rates - Reduction in potential years of life lost to causes amendable to healthcare - Improved education, employment and crime rates, including for vulnerable groups	**How could we measure success?** - Improved access to primary and community care - Improved quality and patient outcomes in primary care (including reduced variation) - Earlier diagnosis, with reduced waiting time for diagnosis, and referral to treatment, including improved rate of early dementia diagnosis - More people reporting feeling supported to manage their long term conditions; and better outcomes around long term conditions - Improved access, choice and quality for maternity and under 5 services - Improved outcomes for at-risk, safeguarding and looked after children (including early help cohorts) - Better outcomes around mental health, including access to community mental health services for vulnerable groups	**How could we measure success?** - Fewer emergency admissions, including fewer avoidable emergency admissions, and hospital admissions for residential/nursing home residents - A reduction in discharge delays out of hours, and increased effectiveness of reablement services - Fewer admissions to residential/nursing homes - More patients with ongoing health and care needs use personal budgets to achieve outcomes they want - User experience of integration - Increased proportion of patients on end of life care pathways supported to die in place of their choosing - More vulnerable children and adults live in a safe and stable home - More carers report satisfaction with services; and more people reporting they have as much social contact as they would like - Improved outcomes for those with dementia