Partnership Southwark (1/7)

South East London Integrated Care System

Vision

Our vision is to enable every part of the health and care system in Southwark to make the borough an amazing place to be born, live a full healthy life, and spend one's final years
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Deliverables / Improvements since 2023/24

Start Well: 1001 days project completed, and learning being taken forward in Family Hubs programme. Improvements in CYP Mental Health access and support for patients on waiting lists.

Live well: Vital 5 hypertension targets and health checks improvements, including via health promotion van. Community Mental Health Transformation programme complete and mainstreamed.

Age Well: Lower Limb Wound Care pilot successfully implemented - to be mainstreamed in 2025/26. Frailty workstream initiated focusing on an integrated pathway.

Clinical Care and Professional Leads recruited across all priorities.

Partnership Southwark plans refreshed and rationalised to focus on 5 key priorities by the newly established partnership team.

Integrated Neighbourhood Teams programme established to further develop integrated MDT working in line with expected government plans.

Key Challenges / Opportunities Remaining

Embedding system sustainability, prevention and health inequalities: Budget pressures impact significantly on the potential to invest in community based preventative care models and address health inequalities.

Mental health: Too many children and adults are still waiting far too long to access mental health services. Escalating costs in the provision of complex adult mental placements remains a barrier to the joint commissioning of more appropriate local services.

Capacity for change: The capacity of partners to fully engage in transformation workstreams due to immediate delivery pressures remains a barrier to progress towards integrated solutions. System complexity adds to the challenge.

Data: there remain challenges with lack of robust data and analytics capacity impacting on development of comprehensive outcomes frameworks and population health approaches including Core20Plus5. Shared care records also perceived as too limited for efficient integrated working.

Integrated Neighbourhood Teams: the local and national drive towards the development of more integrated neighbourhood teams provides a key opportunity for addressing system challenges.

Financial challenge: significant shortfall in the budget means that there is limited scope for investment in growth and development opportunities.

Partnership Southwark (2/7)

South East London Integrated Care System

	What are our priority areas for 2025/26	Why has this been identified as a priority areas?
1	**Children and young people's mental health**	The growing, local and national, mental health crisis for children and young people, with demands for mental health services continuing to exceed availability. Unacceptable long waits for Children and Adolescent Mental Health services (CAMHS), including for diagnostics of neurodevelopment disorders such as hyperkinetic disorders and attention deficit hyperactivity disorder (ADHD).
2	**Adult Mental Health**	Waiting times for community mental health services are a challenge, with over one third of adults waiting over a year to receive treatment in 2024. We know that a significant proportion of these are referrals for neurodevelopmental problems.
3	**Frailty**	Almost half of Southwark's residents over 65 report that they are not in good health, with this cohort of residents having poorer healthy life expectancy than the national average. Frailty is not an inevitable part of ageing, but it is highly prevalent and frailty healthcare costs an estimated £5.8 billion a year. The ageing population in Southwark amplifies these pressures and highlights the need for coordinated care.
4	**Integrated Neighbourhood Teams**	The development of integrated care at a local level has long been recognised as a key priority for improving outcomes. However, the complexity of systems has limited progress in establishing a consistent agreed neighbourhood model. Partners have agreed that now is the time to prioritise this in the wider context of system level programmes for neighbourhood team development in line with national priorities.
5	**Prevention and health inequalities**	Prevention and health inequality forms a critical part of national and local policy, with the NHS calling for systems to update plans for the prevention of ill-health and incorporate them within Joint Forward Plans, with a particular focus on improving outcomes for the Core20Plus5 populations and NHS England's high impact interventions for secondary prevention.

Partnership Southwark (3/7)

South East London Integrated Care System

Priority Area:

Children and young people's mental health

What are the actions we will deliver in 2025/26

- Work with the Nest to identify what investment is needed to reduce waiting times.
- Use recommendations from the evaluations of the Nest and the Well Centre in Lambeth to inform how to make services easier to navigate and to improve access for less engaged groups.
- Carry out focused engagement and co-design with adolescents and early adulthood to inform future service developments.
- Work with SEL to develop the pathway for Neuro Developmental Disorders.

Population Health and Inequalities Impact

- An aim to improve the equity of access through an integrated community offer and to reduce long waits for CYP, especially for Neurodevelopment disorders, will help to tackle health inequalities.

System Sustainability Impact

- Likely to include a shift in investment from acute, intensive and costly health and social care, to preventative strategies through modernised pathways, co-location of services, improved navigation, and improving the use of resources such as staffing, training, facilities, and estates.

Priority Area:

Adult Mental Health

What are the actions we will deliver in 2025/26

- Improve access to community mental health services by developing a coordinated, easy-access mental health service, with input from primary care, VCSE organisations, SLaM and social care.
- Reduce waiting time for Neuro Developmental Disorders (NDD) and develop support to those whilst waiting.
- Enhance the mental health offer in neighbourhoods.

Population Health and Inequalities Impact

- An aim to improve the equity of access through an integrated community offer and the enhancement of mental health offering at neighbourhood level will help to tackle health inequalities.

System Sustainability Impact

- Moving to a neighbourhood approach likely to lead to improvement in system to sustainability.

Partnership Southwark (4/7)

South East London Integrated Care System

Priority Area:

Frailty

What are the actions we will deliver in 2025/26

- Pilot an integrated neighbourhood team for the frailty pathway in the Walworth Triangle. This will involve:
  - Identifying and developing datasets to define frailty groups
  - Testing case finding tools
  - Developing mild, moderate and severe frailty pathways at local level
  - Ongoing evaluation and monitoring of success
- Use the learning from the pilot to inform spread and scaling to other neighbourhoods.

Population Health and Inequalities Impact

- Using a population health based approach and a range of different data sources to support identification of mild, moderate and sever frailty will allow inequalities to be tackled.

System Sustainability Impact

- Promoting healthy living and a focus on preventing frailty through moving care closer to home and earlier identification of frailty.

Priority Area:

Prevention and health Inequalities

What are the actions we will deliver in 2025/26

- Identify opportunities to increase number of Vital 5 checks for residents from Core20Plus5 groups
- Co-design with residents and health and social care partners interventions for people from Core20PLus5 groups with risk factors identified through a vital 5 check
- Pilot the intervention(s) in targeted areas based on population health data.
- Apply iterative learning for future scaling and spread.
- Align with and support the SEL Vital 5 initiative

Population Health and Inequalities Impact

- Using a population health-based approach and a range of different data sources to support hard-to-reach communities

System Sustainability Impact

- Early detection and management of high-risk residents closer to home, will reduce demand on high-cost acute sector services.

Partnership Southwark (5/7)

South East London Integrated Care System

Priority Area:
Integrated Neighbourhood Teams

What are the actions we will deliver in 2025/26
• Define population needs and services to include in Core INT • Agreed Southwark INT model and defined neighbourhood footprints • Agree INT Integrator Function within the Southwark lens • Gap analysis from current working and shape high level 12 to18 month Implementation Plan • Engagement and socialisation of INT model and implementation plan to build momentum and engagement and further refine and shape a detailed implementation plan, building on existing examples of neighbourhood working and lessons learnt • Organisational Development to organise existing staff and services into Teams and build joint visions and ways of working • Recruitment of team managers to support each INT • INTs launch, under a programme of iterative testing and learning

Population Health and Inequalities Impact
Working in Southeast London to agree a population health management (PHM) approach and PHM functions and tools to address health inequalities through neighborhood working.

System Sustainability Impact
Shifting the balance of care from acute to community and from treatment to prevention through an efficient model of integrated neighbourhood care.

Partnership Southwark (6/7)

South East London Integrated Care System

Priority Area	What are the outcomes we are aiming to achieve?	How are we measuring our impact?
Children and young people's mental health	For CYP who need help with their mental health to not have to wait for so long. Support will be easy to access and co-ordinated around their needs.	• Increase in % achievement of the 4 week wait standard
Adult mental health	For adults who need help with their mental health to not have to wait for so long. Support will be easy to access and co-ordinated around their needs.	• Increase in % achievement of a system wide 4 week wait standard • Reduction in number of patients waiting 72 hours in ED
Frailty	For older people living with frailty to have their needs identified sooner, to receive treatment and support at a neighbourhood level tailored to their individual needs.	• Reduce the rate of avoidable hospital and care home admissions from identified at risk cohorts. • Reduction in unplanned / emergency appointments (GP) • Reduction in ambulance conveyances • Reduction in outpatient appointments • Patient experience – quality of life
Prevention and health inequalities	Core20Plus5 communities to have easier access to support for the five leading causes of poor health.	• Increase in uptake of Vital 5 checks by people from Core20Plus5 communities • Increase in uptake of people from Core20Plus5 communities taking up interventions
Integrated Neighbourhood Teams	To implement an agreed model of Integrated Neighbourhood Teams that helps improve outcomes across a range of outcome metrics linked to improved prevention and management of long term conditions.	• Reduce the rate of avoidable hospital and care home admissions from identified at risk cohorts.

Partnership Southwark (7/7)

South East London Integrated Care System

What do we need from enablers and partners to deliver?

- **Data and digital:** improved access to timely data in accessible formats which supports the development of the neighbourhood model and our population health management approach, including Core20Plus5. Solutions to data sharing to support multi agency working and the development of innovative digital approaches to support efficient health and care provision.
- **Workforce**: development of an ICS workforce strategy that supports integrated team models and improves recruitment and retention in key front-line roles.
- **Estates:** further develop our collaborative estates strategy to support integration, including the development of neighbourhood team facilities options.
- **Finance:** development of the system sustainability work to enable a shift to investment in neighbourhoods and preventative services.
- **Communications & Engagement**: support in developing our comms strategy to support the five priority workstreams.

How will we work in collaboration with our system?

- **Wells Leadership:** develop diverse and proactive groups, impactful collaboration.
- **Community Networks:** grow these networks around each priority.
- **Professional Networks:** grow these networks around each priority.
- **Planning and delivery:** establish robust communications and engagement plans, influential working groups, and fully co-designed approaches.

We will also seek to obtain input from Health Innovation Network, Applied Research Collaborations, Kings Health Partners.

How will we engage with our population?

- **Engagement:** build on recent community engagement (including Southwark 2030) and agree next steps as we scope and develop delivery plans.
- **Lived-experience and community panels:** establish fully co-designed approaches, embedding lived-experience and community voices in design and delivery.
- **Partnership:** work with Community Southwark and voluntary sector organisations as key partners in engaging with residents.

How will we monitor and share progress?

- **Governance and reporting:** regular monitoring and reporting via governance structures and wider stakeholders, around a timeline and a set of agreed quantitative and qualitative measures, evidencing codesign approaches, and short-term and long-term outcomes (including for example community surveys and feedback mechanisms).
- **Communications and engagement:** establish robust plans to promote and communicate ambitions and achievements.