

# Overview of our people and communities

- Southwark is ranked amongst the 15% most deprived local authority areas in the country
- Southwark has the third largest lesbian, gay and bisexual communities in the country
- 46% of Southwark's population are from a Black and Minority Ethnic background

- Lambeth is ranked amongst the 15% most deprived local authority areas in the country
- Lambeth has the second largest lesbian, gay and bisexual communities in the country
- 60% of Lambeth's population are from a Black and Minority Ethnic background

- Lewisham is ranked amongst the 15% most deprived local authority areas in the country
- 22.6% of children in Lewisham live in low-income families
- 47% of Lewisham's population are from a Black and Minority Ethnic background



- Greenwich is ranked amongst the 15% most deprived local authority areas in the country
- 21.8% of children in Greenwich live in low-income families
- 38% of Greenwich's population are from a Black and Minority Ethnic background

- 16% of Bexley's population are aged 65 and over
- 16.3% of children in Bexley live in low-income families
- Life expectancy is 7.9 years lower for men and 6.7 years lower for women in most deprived areas of Bexley, compared to the least deprived areas

- 18% of Bromley's population are aged 65 and over
- 13.2% of children in Bromley live in low-income families
- Life expectancy is 8.1 years lower for men and 6.1 years lower for women in most deprived areas of Bromley, compared to the least deprived areas

# Overview of our integrated care system

## About our Integrated Care System

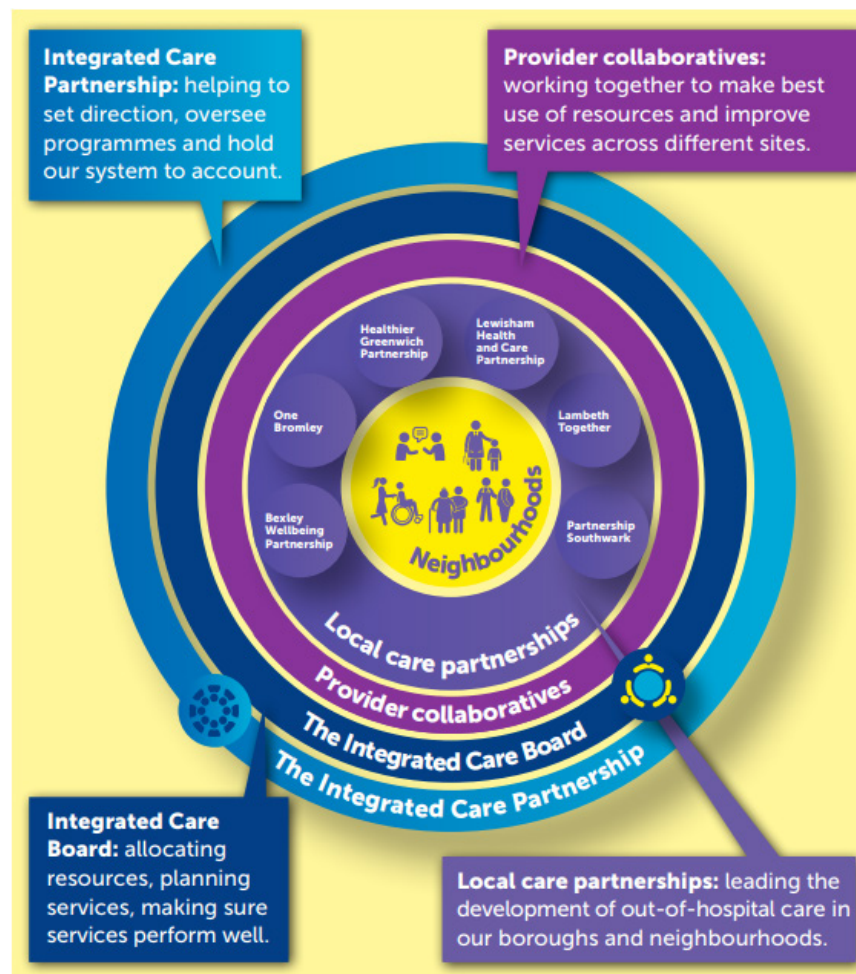
On 1 July 2022, we set up a new Integrated Care Board and a new Integrated Care Partnership, bringing together the leaders of health and care organisations across south east London to plan services and improve care for our population of almost two million.

Our new board and partnership are responsible for supporting the many organisations delivering health and care services in south east London, which we call the South East London Integrated Care System (ICS). We have four overarching objectives.

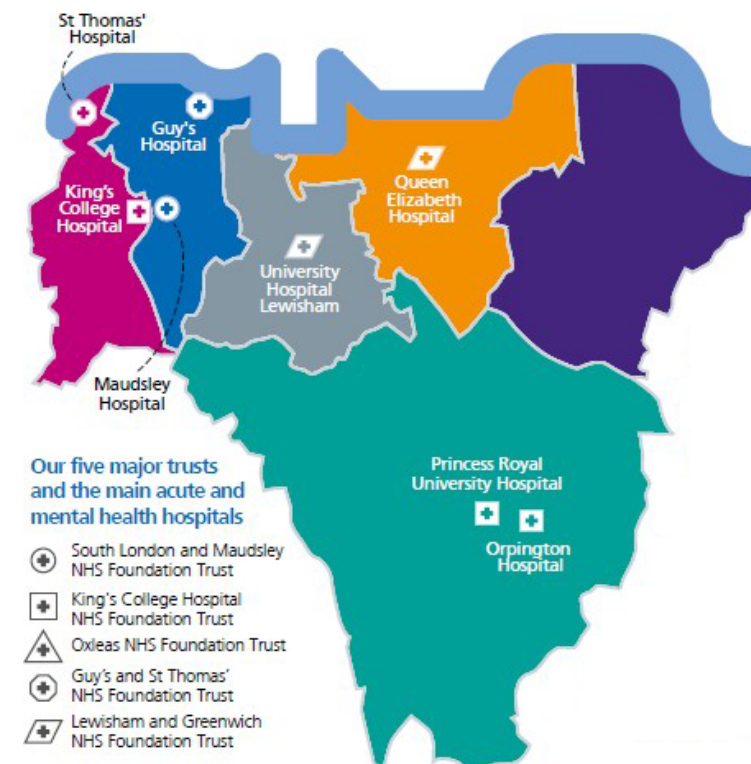
1. Improving outcomes in population health and healthcare;
2. Tackling inequalities in outcomes, experience and access;
3. Enhancing productivity and value for money; and
4. Helping the NHS support broader social and economic development.

Our new arrangements are based on partnership working, bringing together the range of skills and resources in our public services and our communities. They are also based on the principles of trust, taking decisions at the right level in our system, giving partnerships and organisations within our system the power to lead and improve their services and working in partnership with our service users.

The diagrams on this slide give an overview of our partnership working within our system, and an overview of NHS provider provision within south east London.



Note: NHS England is expected to ask integrated care boards to commission some specialised services in the future



*NHS provider landscape in South East London*

# Joint Forward Plan – challenges & opportunities

## System challenges



## Opportunities through our Joint Forward Plan

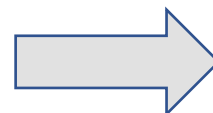
### Population Health and Inequalities

- High levels of health need, with a clear link across to the relatively high levels of deprivation and population diversity found in south east London.
- Life expectancy for south east Londoners is below the London average for all boroughs except Bromley.
- Differences in life expectancy are more marked for those born in the least and most deprived areas across south east London.
- These factors drive significant inequalities, with a variance across boroughs including higher levels of need, challenge and opportunity across our inner south east London boroughs, but with clear inequalities and an inequalities gap evident within each of our six boroughs.
- Known risk factors that drive poor health outcomes plus drive inequalities.
- Inequalities evident in terms of access, experience and outcomes.
- Cost of living crisis has further exacerbated inequalities.

- Each of our **borough based and care pathway plans** have been part driven by an understanding of population health and inequalities – we are building our PHM approach through an inequalities framework, to support a systematic approach to population health and inequalities driven actions and outcomes in our planning and delivery.
- Our Medium Term Financial Strategy ringfences funding to support **targeted investment in inequalities** over the next five years – this funding is focused on prevention and early intervention (see below), ensuring parity for mental health and children and young people, and delivery of our strategic priorities. We recognise that if we are to **tackle the underlying causes of poor population health, outcomes and inequalities** we will need to secure a genuinely collaborative effort across the NHS, Local Authorities and our communities, given the interplay of health and socio-economic risk factors.
- Our **focussed work on prevention**, in terms of both our overarching prevention priorities but also embedding a prevention, early detection and intervention focus in all our programmes of work will enable us to start tackling SEL's key underlying population risk factors.

# Joint Forward Plan – Challenges & Opportunities

## System challenges



## Opportunities through our Joint Forward Plan

### Sustainable, high quality services that meet national performance standards

- Historically south east London has struggled to meet national performance targets, particularly those associated with access and waiting times.
- These issues were exacerbated by the Covid-19 pandemic, which saw a significant increase in waiting list backlogs and waiting times compounded by pent up demand across many services, plus a deterioration in our underlying productivity and efficiency.
- We have also struggled to secure the operational bandwidth and workforce required to drive forward key care pathway changes and improvements on an embedded and sustainable basis, with the focus, driven nationally, regionally and locally, on a multiplicity of initiatives over the last few years adding to the bandwidth challenge.
- Our service offer demonstrates significant variation - in the offer itself for the same service and in access, experience and outcomes, including variable quality and performance and productivity and efficiency.
- Our performance and quality challenges are driven by a range of complex and interrelated drivers, including workforce, demand and capacity imbalances, the impact of constrained growth or investment across estate, infrastructure and revenue funding, plus bandwidth to drive and secure sustainable change and productivity and efficiency improvement – our context is one of on-going challenge and minimal sustainable improvement.

- Our JFP sets out our vision and objectives for services, and the **key actions we will take to address the drivers of our challenges and deliver on the opportunities identified** to secure our objective of sustainable, high quality services that meet national performance standards. This includes taking due account of 2023/24 outturn plus the national planning guidance and delivery expectations for 2024/25, in the context of the NHS Long Term Plan. There is therefore a direct read across the ambition set out in our JFP and the **detailed planning contained within our operational plan** and constituent performance trajectories.
- As we take forward our medium-term actions we will:
  - Take action to **systematically understand demand and capacity** with a commitment to right sizing our capacity to meet current and forecast demand, after taking account of the productivity and efficiency opportunities available to us.
  - Invest in our **population health management infrastructure and expertise** to ensure our approaches tackle the underlying drivers of our demand, quality and performance challenges and that as we improve our quality and performance outcomes we are also demonstrably improving equity of access, experience and outcome and a focus as much on prevention as treatment.
  - Ensure that we identify and understand the **productivity and efficiency** opportunities available to us and that our plans focus on demonstrably securing these as we tackle our underlying challenges.
  - Ensure that our care pathway redesign work is founded upon **evidence based best practice**, a collective understanding of a **'core service offer'** to address unwarranted variation and an understanding of and ability to secure the **transformation and enabler resource** required to drive and embed delivery.
  - Ensuring a focus on **culture and behaviour** as key to driving change alongside ensuring that we enable and **incentivise change** through our planning and contracting processes

# Joint Forward Plan – Challenges & Opportunities

## System challenges



## Opportunities through our Joint Forward Plan

### Reducing our deficit to secure financial health sustainability

- The NHS financial position in south east London, which includes the entire financial health of providers located in south east London, is one of overall recurrent underlying deficit.
- Some of these deficits are long standing, but with an underlying and forecast position that is deteriorating.
- Financial challenge has increased over the last couple of years:
  - Funding increases during the covid pandemic have been reducing.
  - An overall loss of cost containment and loss of pre pandemic productivity and efficiency.
  - Increased cost drivers including inflation and excess energy costs, meeting demand and diagnostic and treatment backlogs, workforce bank and agency costs, plus over 2023/24 the cost impact of Industrial Action.
- Challenges in securing recurrent cost out, clear and sustainable productivity and efficiency improvement and a demonstrable return on investment.
- A historic funding approach that has been driven by expenditure and financial bottom lines and cost pressures rather than population driven investment and outcomes.
- Future national allocation formula changes, which will increase these underlying challenges, with shifts to population based budgets for specialised services, more fragmented funding flows for specialised services and cost and volume funding arrangements for elective services.

- Our Medium Term Financial Strategy provides clarity as to planned investment for the next five years, including an **allocative approach aligned to our strategic objectives** that **targets inequalities and prevention**, mental health, children and young people and community-based care.
- Care pathway plans that seek to ensure that we are optimising the opportunities associated with care pathway transformation and strategic commissioning across health and care, to improve **productivity and efficiency**, reduce duplication, ensure patients access the right service first time, and have clearly specified outcomes to enable us to collectively assess and secure a return on investment.
- The implementation of our south east London review of **savings opportunities** over the next 2-3 years, with the establishment of associated **efficiency programmes** and the baking in of identified savings in our plans.
- Demonstrable year on year progress, including **delivery of our 2024/25 operational plan** commitments and associated efficiency targets (at 4% for 2024/25).
- Further work during 2024/25 to assess and **identify the scope for further savings**, including a focus on more fundamental system and collaborative savings opportunities, alongside further productivity and tactical savings.
- An MTFS ambition around **a break even position by end 2027/28**.
- **Risk identification and mitigation for specialised services** delegation.

# Joint Forward Plan – Challenges & Opportunities

## Thinking, behaving and acting differently

- South east London is thinking differently about the **sustainable solutions** to the underlying challenges we face across **population health and inequalities** and our ambition around securing **high quality, high performing sustainable services and finances**.
- In many areas, there will only be so much partners can do through individual action to improve the productivity and efficiency of existing care pathways.
- Sustainability will also require us to take a **population approach** that understands the drivers of demand and tackles these in new ways, for example through risk-based approaches founded on **prevention, early detection and intervention** that, over time, would help us manage demand, improve population health and reduce inequalities.
- A different approach is needed, one that focusses less on marginal changes across care pathways and more on starting and finishing with an understanding of population health and a **proactive approach to population health management**. In doing so we need to frame a new and different **relationship with our population and communities** so our solutions are co-produced and responsive and bring in a range of different views and providers, such as the **voluntary and community sector**.
- We also need to take collective and concerted **action to tackle the underlying drivers of our position**, to right size capacity, develop and retain the workforce required to meet demand, improve our estate and wider infrastructure and develop our digital offer, whilst also doubling down on ensuring value for money and the best use of the resource available to us on a system basis.

### Integration

- *Development of integrated neighbourhood teams*
- *Integration across health and care*
- *Integrated and joined up care pathways, from prevention through to specialist care*
- *Holistic service offer*

### Collaboration

- *Collective commitments and delivery around a shared purpose/goal*
- *Collaborative networked approaches across providers*
- *A collaborative coproduction approach with our communities*

### Transformation

- *Evidence based best practice*
- *Outcomes driven focus on prevention, early detection and intervention*
- *Continuous quality improvement approaches*
- *Enabling infrastructure*