

## Our cross-system priorities for improving health and care

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# 1 Foreword

**It is with great pleasure that, on behalf of our partnership, we share this first statement of our strategic priorities for transforming health and care for local people in South East London.**

This has been a joint effort by health, local authority, voluntary sector and other leaders who make up the Integrated Care Partnership. The priorities in this document reflect a new way of working in South East London, where we combine forces across public and voluntary sector services to understand and address complex challenges and respond to the needs of our residents.

Over the last six months, we have held extensive discussions with a broad range of our stakeholders on the state of our services, residents' experience of them and the most important things we need to change. We have heard from local people, service users, voluntary and community sector organisations, Healthwatch, and staff from all our services. Our engagement has been extensive (see page 8) and has included surveys, focus groups, online discussions and face-to-face workshops.

These discussions have led to a statement of our mission and our vision for how we want to reshape health and care together in South East London (see page 13). We want to focus on helping people stay healthy and well, delivering more joined-up, convenient care, and better supporting marginalised or disadvantaged

groups. It has also led to five immediate strategic priorities to improve our preventative services, support for children and families in early years, children's and adults' mental health and our primary care system (see page 16).

We have not tried to describe everything that we will do over the next five years as partners, individually or together, to improve health and care. We have focused on a small number of things which require work across our system and which we believe can make a major difference. Our strategy will sit alongside a much more detailed joint forward plan for the next five years and an operating plan which sets out how we will deliver our services in the next one to two years.

We understand how difficult things are right now for many of our residents and the staff in our services. People's health and wellbeing worsened during the pandemic, demand for services has increased, and waiting lists have grown. We know how frustrated people are about some aspects of care. Our staff are working hard to meet people's needs with the resources available to them and significant workforce shortages.

One conclusion from our work on our strategy over the last six months is that we cannot continue with 'business as usual'. We can only meet local people's needs and address current challenges through making better use of our resources, working together to transform our services, and working in effective partnership with our communities.

These strategic priorities provide a solid foundation for action, but they are just the start. We now need to organise our whole system to start delivering our vision. We are moving quickly into action to set plans and milestones for our five strategic priorities.

Our Integrated Care Partnership has agreed to be responsible for making sure we deliver on these commitments, holding our Integrated Care Board and the partner organisations that make up our Integrated Care System to account for doing so. We want to do this in partnership with our communities, and will report on our progress as we meet in public throughout each year.



**Kieron Williams**  
Leader, Southwark Council



**Richard Douglas**  
Chair, NHS South East London

**Co-chairs of the South East London Integrated Care Partnership**

## 2 Overview

**This document sets out our mission and vision for improving health and care in the South East London Integrated Care System (ICS) and the strategic priorities we will focus on to improve health and care for our residents.**

It is the first milestone in developing and introducing our strategy for the next five years, 2023/2024 to 2027/2028. It provides a starting point for deciding how we allocate our resources, set up change programmes for

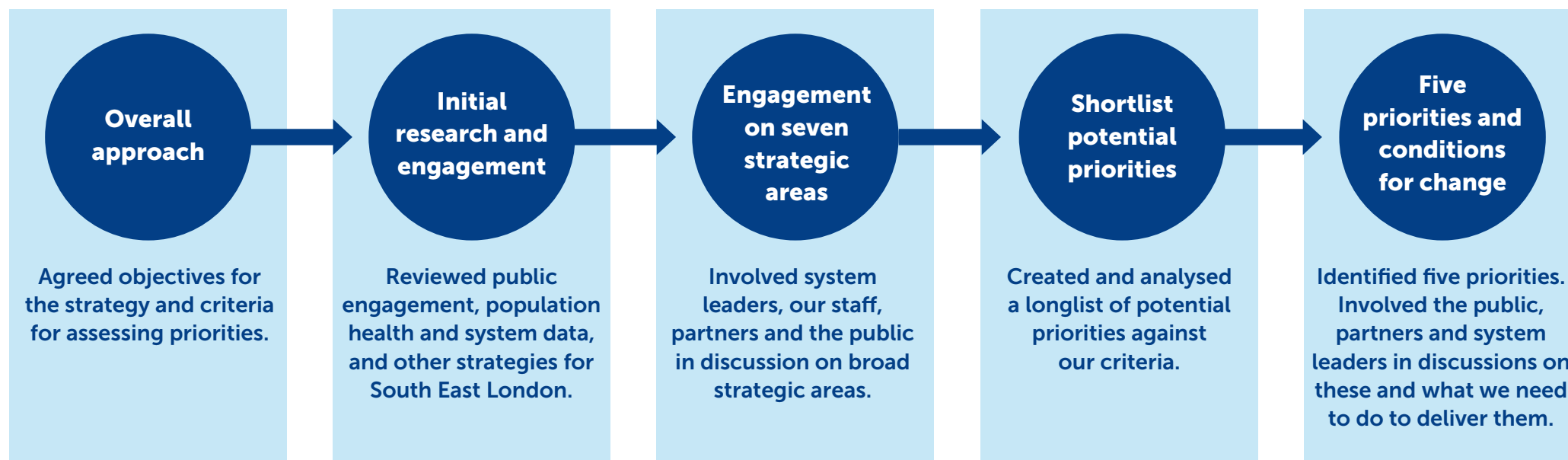
specific services, and for developing our change capabilities, workforce, and our infrastructure (for example, our digital resources and our buildings).

These strategic priorities have been developed by South East London's Integrated Care Partnership (see Figure 2), which brings together NHS leaders and the elected leaders of our six local authorities as well as other key leaders from across our system. This is the first time that health leaders, our local authorities and our voluntary and community sector have come together as a partnership to develop a strategy for our health and care system as a whole. It has been a team

effort involving extensive discussions with local people, communities and our staff.

South East London has a large and complex health and care system with many different organisations and partnerships. We haven't tried to list here all the important work happening across our system to improve health and care. Instead, we have focused on our overall approach to developing our services and improving health and care, and a small number of major strategic priorities where working together across our system could deliver significant benefits for local people.

**Figure 1: An overview of our process**



## About our Integrated Care System

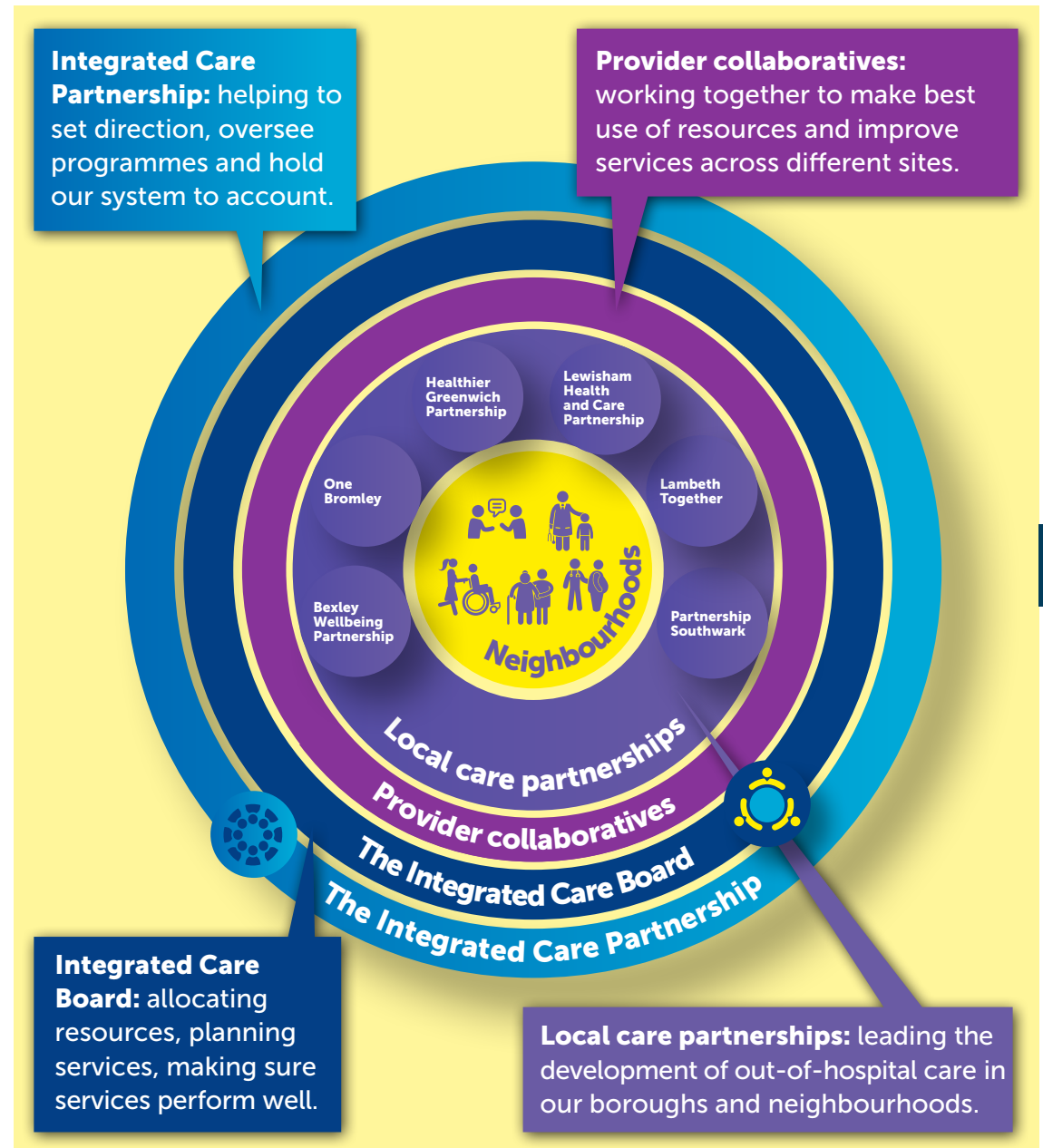
On 1 July 2022, we set up a new Integrated Care Board (ICB) and a new Integrated Care Partnership, bringing together the leaders of health and care organisations across South East London to plan services and improve care for our population of almost two million.

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 (or 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.

Figure 2: Our system of systems



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

## Our communities after the pandemic

The truth is that local people and our staff are struggling following three years of the pandemic and now a cost-of-living crisis. There are pockets of significant deprivation across South East London. Four of our local authorities are within the 20% most deprived in England, with 12 neighbourhoods in the most deprived 10% of all areas in England (source: English Indices of Deprivation, 2019. Ministry of Housing, Communities and Local Government).

Our local authorities' and partners' assessments of health and wellbeing in our various communities, as set out in their health and wellbeing strategies, highlight the growing challenges parents and carers face in supporting young families. The assessments also highlight the large numbers of children, young people and adults struggling with mental health problems, and people across our communities struggling to live healthy lives. We have a growing population, particularly older people who are coping with poor physical and mental health, frailty and challenges in daily living.

People from some communities have suffered more than others over the last few years, further increasing the differences in levels of health and wellbeing within our communities. During the pandemic, people living in the most deprived areas of England were around twice as likely to die after contracting COVID-19 (source: Unequal pandemic, fairer recovery: The COVID-19 impact inquiry report. The Health Foundation, July 2021). The pandemic and the cost-of-living crisis have further increased social and economic inequalities, which are known to affect long-term health and wellbeing.

**4**

of our local authorities  
are within the  
**20%**  
most deprived  
in England

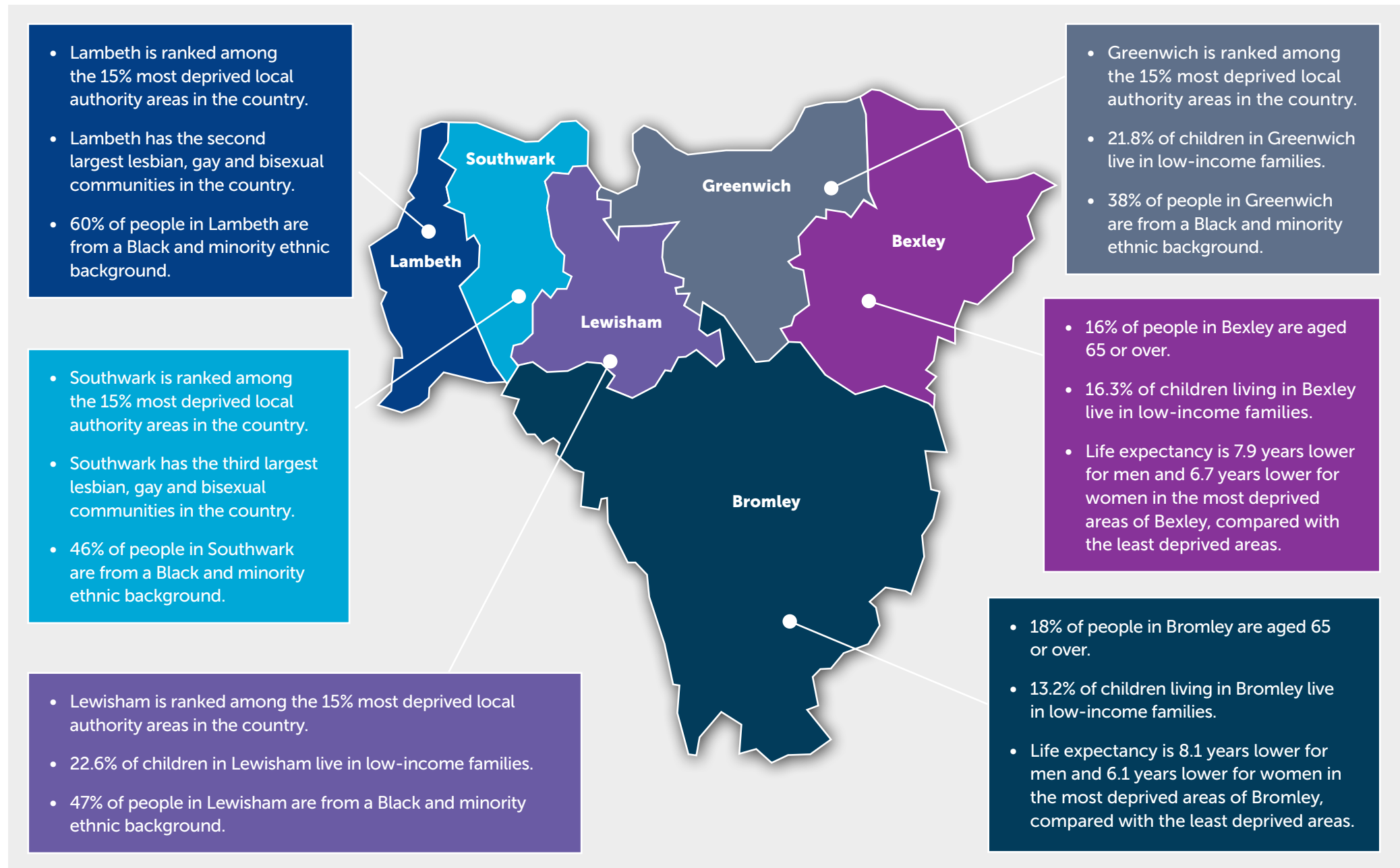
**12**

of our neighbourhoods  
are in the most deprived  
**10%**  
of all areas in  
England

During the pandemic  
people living in the  
most deprived areas of  
England were around  
**twice as likely**  
to die after  
contracting  
COVID-19

Young people  
aged 16-24 are  
**twice as likely**  
to have been  
employed in those  
industries hit hardest  
by the pandemic,  
such as hospitality  
and retail

Figure 3: Our people and communities





## The performance of our services

When people turn to the health and care system for help, they are often faced with services that are also struggling. In South East London, we have access to some of the most advanced health and care services in the world. Despite this, many services, including GP surgeries, accident and emergency (A&E) departments and urgent care services are facing increasing pressure and are seeing people with more complex needs, who often have to wait longer for care.

Many people have now been waiting too long for planned operations or specialist care, with staff working hard to reduce the waiting lists that built up during the pandemic. In October 2022, 34% of people needing non-urgent operations or other planned care waited over 18 weeks from referral to treatment. Many people with long-term conditions have not received appropriate reviews to manage their health effectively. Many people are also struggling to access joined-up care from health and social services so that they can live well at home, and this can lead to poorer quality of life.

Our staff are also struggling to deliver the care people need with limited resources. We face severe workforce shortages in many services. Across our hospitals alone, we have nearly 5,000 vacancies. Our NHS and social care staff and voluntary and community sector colleagues are working hard to deliver high-quality care despite growing demand and significant pressure on our finances.

## What local people are telling us

From July to December 2022, we held extensive discussions with local people, colleagues from the voluntary, community and social enterprise (VCSE) sector and staff on the future of our system. We also invited people to share their views online. We have heard from hundreds of local people (including service users and carers), people in the VCSE sector who support marginalised or disadvantaged communities, and staff across our services on what they want to change. Marginalised communities are groups that have less power within institutions and experience discrimination and exclusion. For more information on how we developed our strategy, please see our background document at [www.selondonics.org/priorities](http://www.selondonics.org/priorities).

Local people want us to get the basics right. They want convenient access to primary care and urgent care services, earlier help for mental health problems, rapid diagnostic tests, and reasonable waiting times for specialist treatment. They want to access convenient routine care close to home where possible. They want more joined-up care from staff who can access their records, know them and their conditions, and can deliver flexible support for their health and social care needs.

None of this is a surprise. We rely on public health and care services for ourselves and our families. We know how difficult it can be to communicate with services, access care and navigate our system. However, we realise that some people's experience of care is much worse than for others. In our discussions with the public, we were saddened to hear stories of people struggling to get effective care and support.

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**“A lot of the care we received has been excellent. The problem is that things aren't joined together. It would have made such a difference if I could have been treated locally by a single team.”**

– South East London resident, member of the South East London Healthwatch Patient Group

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**“The system is currently set up to firefight, with a focus on [hospital] discharge and reactive care. We need to move to a more proactive system.”**

– VCSE sector organisation, public engagement sessions July 2022

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**“I want there to be equitable, high-quality health and care services, no matter where you live...no one should get left behind.”**

– South East London resident, public engagement sessions July 2022

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## A call to action

One clear message from six months of discussion is that continuing with our existing ways of organising and delivering care is not an option. We cannot provide the care people need by asking our staff to work even harder. We cannot bridge the gap just by making gradual improvements to our services or by expanding the capacity of our services (for example, by employing more staff). Even if we had the financial resources, we would struggle to recruit the numbers of extra staff needed to rapidly expand our services.

Instead, the only realistic way of meeting people's needs and dealing with our current challenges is to make significant changes in how we organise and deliver care. The consistent theme from our discussions with staff and local people was the need to be bold and radical. If we harness the fantastic range of resources in our health, local authority and VCSE sectors and our communities, and grasp all the opportunities to do things better as a partnership, we have a chance of meeting people's needs while living within our means, maintaining good finances and generating savings that can be invested in innovation and new services.

We see the creation of our new Integrated Care Board and the strength of our partnership across services as a huge opportunity to make more effective use of our resources and to find new and better ways of supporting local people. In particular, we believe the new arrangements will create opportunities to do the following:

- **Work together more effectively** – supporting effective team working and use of resources across health and care services to improve co-ordination and avoid inefficiency.
- **Pool our insight and expertise to develop new and creative ways of delivering care and support** – for example, working more closely with our outstanding VCSE sector to combine clinical and community-led approaches to health and wellbeing.
- **Harness the power of our communities** – drawing on the expertise and resources of local people to support and help each other, building on the partnerships we developed during the pandemic.
- **Allocate funding differently** – shifting resources to areas where they could have the greatest effect and provide the best value, where even a small amount of additional funding could lead to major improvements.

## About this priorities document

Given these challenges, it would be easy for us to write a long document setting out all the important work that needs to happen across our system over the next five years. We have avoided doing this because we believe a more targeted approach will better support our system at this stage.

We are a large system with hundreds of separate organisations and partnerships. Each one is responsible for delivering its own services and each has its own strategy and plans for improving them. If we listed all their priorities in detail here, we would simply be duplicating their work.

Instead, this document provides an overall vision of how we want to develop health and care services in South East London and gives details of a set of cross-system priorities where we need to work together to improve health and care. It also describes the ways of working and capabilities we will need to develop and deliver our vision and priorities. (See Figure 4 for a summary.) By taking this approach, we believe we will have a better chance of delivering major improvements. It will be easier for our Integrated Care Partnership, our Integrated Care Board and local people to bring about change. It should also be possible to find the resources to support effective transformation programmes.

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**“We have been talking about integration for a while but not yet succeeded in achieving it. Different teams need to work together more and communicate better.”**

– System leader, strategy development workshops November 2022

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This document will sit alongside an NHS operating plan and a joint forward plan for 2023/2024 to 2027/2028, which will be finalised before the end of June 2023. These will take account of our strategy and explain how organisations in our system will deliver a wider range of national and local objectives for improving services and health outcomes and maintaining good finances.

## Our mission and vision

Following discussions with partners and local people over the summer, we have defined our mission as **'helping people in South East London to live the healthiest possible lives'**. We have also agreed on a vision highlighting the most important characteristics of our future system. We need to inspire leaders, local people and staff across our system to help build these features into our services. We want to become as effective as possible at preventing ill health and supporting wellbeing, to deliver more convenient, responsive and 'whole-person care' and to reduce health inequalities. We want to offer access to good work and support resilient communities. We also need to protect our finances and the environment. There are more details on each of these in section 2.

## Our five cross-system strategic priorities

In light of our discussions, we are focusing on five initial cross-system strategic priorities to help us deliver our vision and improve care. These relate to prevention and wellbeing, children and young people, mental health, and primary care and care for people with long-term conditions. These are all areas where we have significant opportunities to work together to improve health outcomes, reduce health inequalities and join up care. They are all important opportunities identified by local people, our local authorities and the local care partnerships responsible for community-based care in our boroughs (see section 3).

### Prevention and wellbeing



We need to become much better at helping people to stay healthy and well. We plan to focus our initial cross-system action on prevention and early detection of health conditions. We plan to focus on groups that are currently least likely to get access to or receive appropriate care. We will also focus on prevention across other priority areas.

### Early years



We know that making sure children get a good start in life has a huge impact on their health and life chances. We plan to focus our initial action on providing effective support for mothers, babies and families both before birth and in the first few years of life.

### Children's and young people's mental health



Children and young people in South East London are experiencing worsening mental health following the pandemic, with high levels of anxiety, depression, eating disorders and self-harm, and long waiting times for mental health services. We plan to focus our initial action on making sure that children and young people can quickly access effective support, when they need it, for common mental health challenges.

### Adults' mental health



Adults in South East London are also experiencing a wide range of mental health challenges. Again, there are often long waiting times to access limited support. We plan to focus our initial cross-system action on making sure that adults can quickly access effective early support for common and more serious mental health problems, with the aim of preventing their conditions from getting worse.

### Primary care and people with long-term conditions



We know that across South East London people are struggling to access primary care and urgent care services. Some are also having difficulty accessing convenient, effective and joined-up care for ongoing health needs. We plan to focus our initial cross-system action on providing convenient access to high-quality primary care and developing a more proactive and joined-up approach to care for people with long-term conditions.

Figure 4: Summary of our mission, vision and strategic priorities

## Our mission and vision

### 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 effective treatment when people become ill, caring for people throughout their lives, taking targeted action to reduce health inequalities, and supporting resilient, happy communities as well as the workforce that serves them.

### The principles set out in our vision:



## Our priorities

### Prevention and wellbeing



Improving prevention of ill health and helping people in South East London to stay healthy and well.

### Early years



Making sure that children get a good start in life and there is effective support for mothers, babies and families before birth and in the early years of life.

### Children's and young people's mental health



Improving children's and young people's mental health, making sure they have quick access to effective support for common mental health challenges.

### Adults' mental health



Making sure adults have quick access to early support, to prevent mental health challenges from worsening.

### Primary care and people with long-term conditions



Making sure people have convenient access to high-quality primary care, and improving support and care for people with long-term conditions.

## Creating the conditions for change

How we plan to work together as a system

How we plan to allocate our resources

Innovation and service transformation

Working in partnership with our communities

Developing our leadership and our workforce

Developing our digital capability and our buildings

## How we plan to bring about change

One recurring theme is that we have promised action in these areas before. Like other local health and care systems, we have committed in the past to improve preventative health care, invest in our primary, community and mental health services, and join up fragmented care. While there is significant work happening in all these areas, it has not yet led to the transformational change we need.

In the next phase, we will focus on our overall approach to these priorities. This will provide the starting point for transformation programmes for each of our priorities, with a clear system of measurement to monitor progress. As we deliver our priorities, we want to develop our capabilities in partnership working and making improvements across our system.

In section 4, we outline what we will do to establish effective ways of working, allocate resources more effectively, develop and support our workforce, and put in place the necessary skills or capabilities to deliver our vision and priorities.

As we are working with limited financial resources, we will only be able to invest in putting our vision into practice, delivering our strategic priorities and developing our capabilities if we continue to achieve efficiencies in delivering the full range of health and care services. As we develop our plans, we will assess the costs and benefits of proposed investments to make sure we get value for money.

## What happens next

This document marks the first stage in developing and putting into practice an effective cross-system strategy for health and care in South East London. The next stage will be even more important, as we define clear outcome targets for our selected priorities and turn our strategy into action. During this next phase, we will continue to work closely with colleagues, partners and local people, as well as learning from best practice outside our system. Later in 2023, we will publish a more detailed document setting out how we will turn our priorities into action.

# 3 Our mission and vision for health and care in South East London

Our mission is to **help people in South East London live the healthiest possible lives**. We will do this through:

- helping people to stay healthy and well;
- providing effective treatment when people become ill;
- caring for people throughout their lives;
- taking targeted action to reduce health inequalities (the differences in access to and quality of care, and in health and wellbeing, between population groups); and
- supporting happy, resilient 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 across our services. Following engagement with our staff, local people and colleagues in the VCSE sector in 2022, our vision highlights principles of particular importance for developing an effective health and care system. We are relying on staff and organisations across our system to apply these principles in their day-to-day work and in their approach to improving and redesigning care.

## Our vision for future health and care



# 1

## Health and wellbeing



We want to become a system that is excellent at protecting health and wellbeing as well as treating illness. At present, we have a set of services focused more on treating people when they become sick rather than supporting them to stay healthy. We will invest in more joined-up and effective preventative health services that go out to find people who need help and intervene earlier to avoid serious illness. We will work in partnership to create healthier environments and use the power of our voluntary sector and communities to support healthier living and happier lives.

**“[There needs to be] a greater and earlier focus on improving and maintaining health and fitness, right through life.”**

– Let’s Talk Health and Care public chat forum participant 2022



# 2

## Convenient and responsive care



We want to make it as easy as possible for people to interact with our services, tackle long waiting times and offer more convenient and responsive care. Local people continue to tell us how difficult it is to communicate with us, access care and navigate our health and care system.

We will develop high-quality online consultations for people who want them, without excluding people who want face-to-face care. We will deliver more care in or close to people’s homes. We will dismantle models of care that take up people’s time and lead to travel or other costs that could be avoided. We will use the power of technology and simplify our services to make them easier for people to understand and use.

**“I want details of my treatment to be communicated swiftly and accurately to all concerned in my care.”**

– Let’s Talk Health and Care public chat forum participant 2022



# 3

## Whole-person care



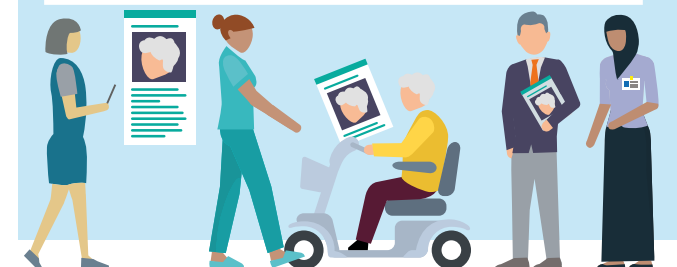
We will bring together professions and services to deliver joined-up, team-based care. In our system, people rely on separate, disconnected teams for support with different physical health, mental health and social needs, rather than joined-up, responsive services that can help with all the issues that matter to them at the right time.

Local people should be able to rely on a single small team who they know and trust to provide most of their care. Wherever possible, those teams should draw on specialist expertise from across our system, including the voluntary and community sector when needed, rather than automatically asking people to go elsewhere for parts of their care.

We will lay the foundation for stronger relationships between local people and their caregivers, with more compassionate, trusting and person-centred care. We want to make sure that core teams of staff make shared decisions with people and their carers and deal with the issues that matter most to them.

**“People need to feel heard, and there should be a focus on great outcomes that matter to local people.”**

– VCSE sector organisation, public engagement sessions July 2022





4

## Reducing health inequalities



We know that people from marginalised, disadvantaged or deprived communities are less likely to be registered with a GP practice, find it harder to access services, suffer poorer overall health and have worse outcomes from care. We will target resources at those most in need to tackle gaps in access, quality of care and health outcomes for different social groups.

We will work with local people to develop more tailored and culturally appropriate services to better meet the needs of women, marginalised and disadvantaged communities in our society, for example finding new ways to connect with people, adapting our existing services and developing different types of services where needed to deliver convenient and effective care.

**“I want a future where services are inclusive and there is no more discrimination, where people trust services, and we have addressed systemic racism.”**

– South East London resident, public engagement sessions July 2022



5

## Partnership with our staff and communities



We rely on the creativity and commitment of our brilliant, diverse staff. We will support staff in our system to improve services and join up care. We will work in close partnership with local people, patients and service users as we design and deliver care, so we focus on the issues that really matter to them, making full use of the strengths of our communities to improve health and wellbeing. We will use our economic power as an employer, a buyer of goods and services and an investor to make South East London an even better place to live and work.

**“We need to empower local people and treat them as equal partners.”**

– System leader, system leader engagement sessions July 2022



6

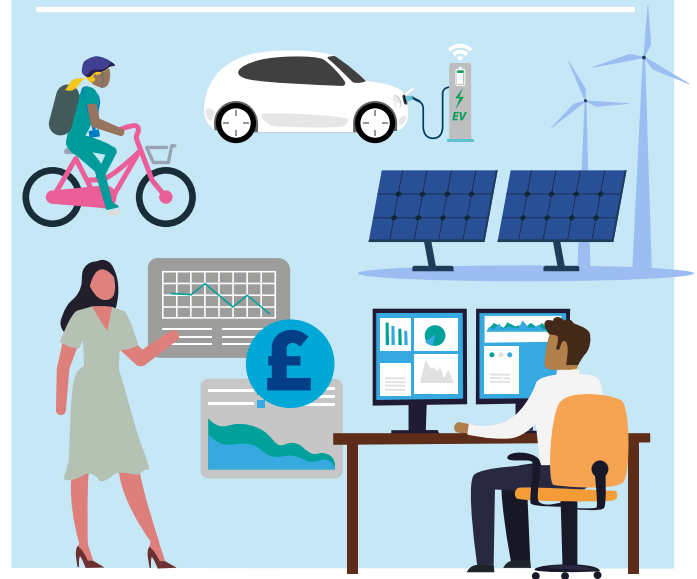
## Protecting our finances and the environment



We need to deliver effective support for the health and wellbeing of the residents of South East London while staying within our financial means and reducing our environmental impact. We need to deliver more efficient care, work together to avoid duplication, and rapidly reduce our carbon emissions in our work to become ‘net zero’ by 2045. (Net zero means achieving a balance between the amount of greenhouse gas produced and the amount removed from the atmosphere.)

**“I want to see a future where funding is transparent, resource is shared, and there is a shift to sustainable funding for prevention.”**

– System leader, system leader engagement sessions July 2022





# 4 Our five cross-system strategic priorities

Following our discussions with leaders, partners and local people in 2022, we identified five strategic priorities for action across our system. These priorities cover prevention and wellbeing, children and young people, adult mental health, primary care and care for people with long-term health conditions.

We have focused specifically on areas where we believe we need to work together to deliver significant improvements. These are areas where we believe working in partnership across health, social services and the voluntary sector and with our communities could help us deliver a step change in the quality of care we provide, improve outcomes for marginalised communities, and be more efficient. For more information on how we identified these priorities, please see our background document at [www.selondonics.org/priorities](http://www.selondonics.org/priorities). We will now develop our overall strategic approach and plans for each of our five priorities, as well as clear targets for improvement.

## Prevention and wellbeing:



### Avoiding ill health and helping people in South East London to live healthier lives

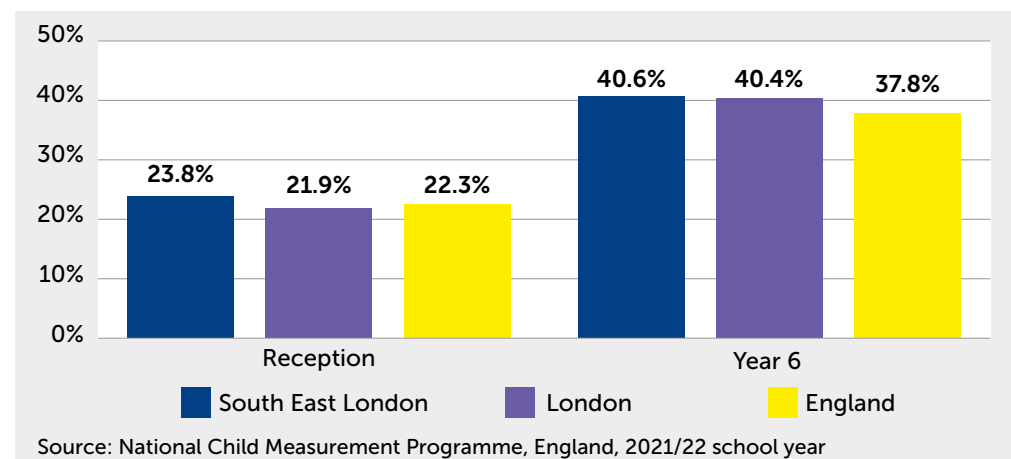
Our most important priority to support a healthy and happy population in South East London is to get better at preventing ill health and helping people to live healthier lives. If we achieve this, we can help people to avoid many physical and mental health problems entirely, delay the onset of long-term health conditions, and slow the progression of many diseases, with the greatest effect in our most marginalised or disadvantaged communities. We know that taking early action on things like mental health, healthy weight, use of alcohol, smoking and blood pressure can have a significant effect.

Right now, we are some way from achieving these aims. Many people do not take enough exercise or maintain healthy diets. Over 40% of children in South East London are overweight when they leave primary school (see Figure 5). Nationally, approximately 50% of Black children are overweight in Year 6. For all groups this increases with deprivation.

“Good quality care should be based on prevention is better than cure. It should support the national health care system to bring down numbers of people going to hospitals with conditions that could be managed at home...Health education is lacking greatly in this regard.”

– Let’s Talk Health and Care public chat forum participant 2022

Figure 5: Prevalence of children who are overweight or obese



Despite hard work, many children and adults in South East London do not receive essential vaccinations to safely prevent serious diseases. There are particularly low rates of immunisation in our Black and Caribbean communities and some of our Asian communities, with one reason being a lack of trust in public sector organisations. Nearly one in 10 of our children do not take up their routine vaccinations by the age of five. During the COVID-19 pandemic, there was low uptake of COVID-19 vaccines in some of our communities. We have low uptake of breast cancer screening across our boroughs (62% of those eligible for screening).

We have agreed to focus our initial cross-system action on making sure that people receive convenient and effective care to prevent disease and detect it at an earlier stage, including in children and adults from marginalised communities. We have chosen this as a priority because of the vital importance of increasing rates of vaccinations, health checks, screening and monitoring in order to save and improve lives. There is a particular opportunity to improve health and wellbeing for our most marginalised communities, who either do not always trust our preventative services or cannot access them effectively given the ways they are currently delivered.



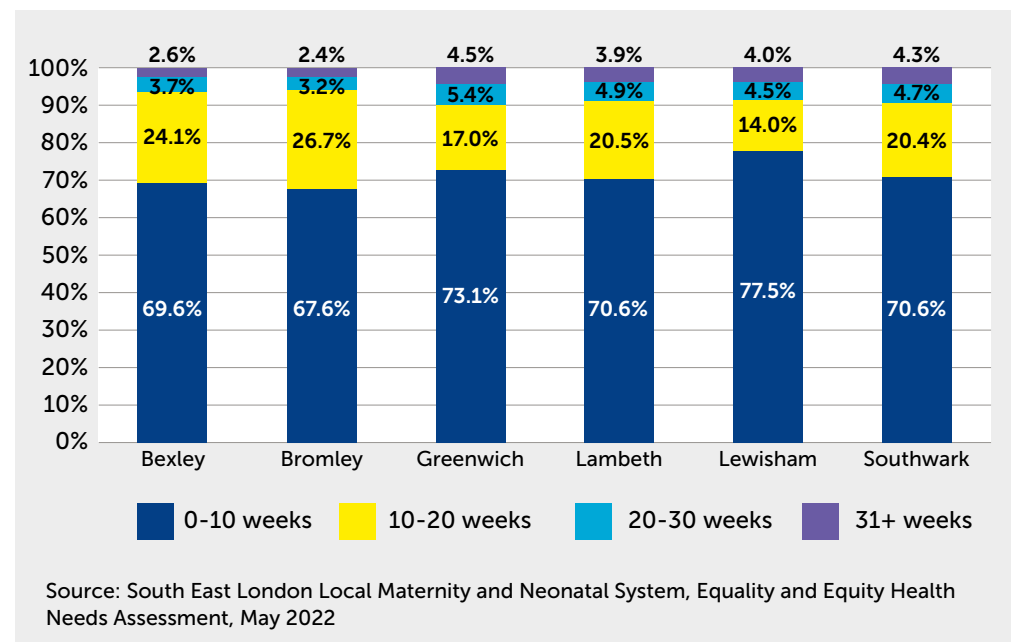
## Early years:

### Making sure that parents, children and families receive the most effective support before and during childbirth and in each child's early years

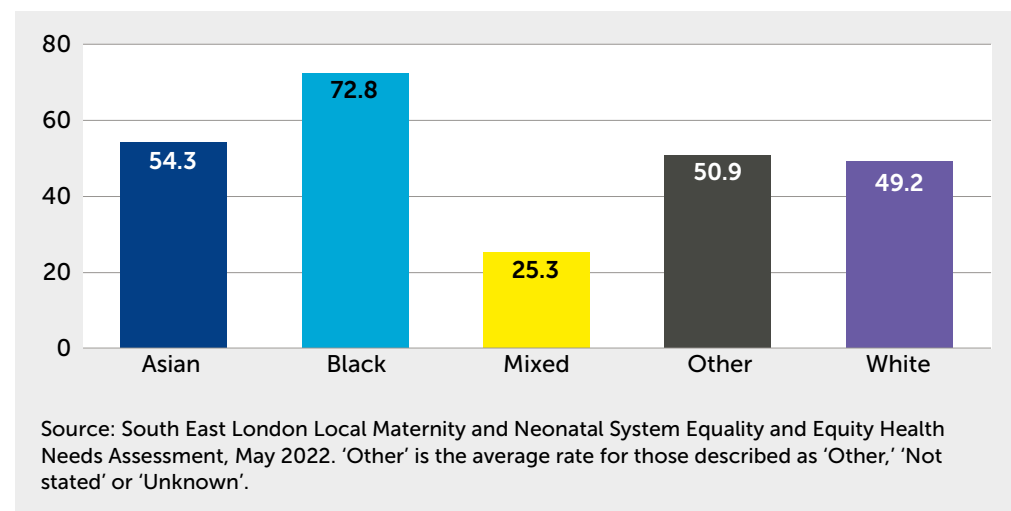
We know that the first thousand days of a child's life, from conception to the age of two, are of vital importance for their health, wellbeing and life chances. Before pregnancy and in these early years, there is a unique opportunity to support parents, partners and families to avoid harmful behaviours, eat well to get good nutrition and adopt healthier lifestyles, so that they protect their unborn babies' health, increase the likelihood of a safe birth and healthy weight at birth, and lay good foundations for their children's physical and cognitive development (how they think and work things out).

We also know that we need to do a lot more to support parents and caregivers, babies and families. Some people do not receive enough support for healthy living during pregnancy or more specialist support where needed. For example, an estimated 5% of mothers in South East London smoke at the time of giving birth, despite strong evidence showing that smoking can be harmful to their babies. Nearly 40% of mothers in South East London are overweight or obese. Guidance is that an initial antenatal appointment should be given within the first 10 weeks of pregnancy, but in many cases this is not happening until much later (see Figure 6). Meanwhile, Black and Asian mothers, and mothers from some other communities, are much more likely to experience complications, including pre-term births (see Figure 7) or to die during or after childbirth. National reports highlight a lack of trust between some communities and maternity and neonatal services (source: Ethnic Inequalities in Healthcare: A Rapid Evidence Review. NHS Race and Health Observatory).

**Figure 6: Gestation at time of booking a first antenatal appointment. NICE guidance recommends booking within 0-10 weeks to ensure appropriate care**



**Figure 7: Pre-term births per 1000 by ethnicity, South East London**



We also know that a significant number of children in South East London experience potentially traumatic events in childhood. These are also known as adverse childhood experiences (ACE), and are linked to worse long-term mental and physical health and a range of social issues. Lambeth and Southwark are among the 21 local authorities in England with the highest levels of ACE (source: Adverse Childhood Experiences in London. GLA, 2019).

**“There are significant variances in experience and outcomes depending on where you live in South East London. It is often those who are most vulnerable who need the support who don’t get it.”**

– VCSE sector organisation, public engagement sessions November 2022

We chose this area as a priority partly because of the scale of the opportunity to deliver dramatic improvements in health and wellbeing for the whole of people’s lives. If we can better support children (and their parents and caregivers) during the early years of life, over time this should lead to significant, measurable reductions in common physical and mental health conditions, as well as higher numbers of children being ready for school at their starting age, better outcomes at school and better outcomes over the rest of children’s lives. There is also a significant opportunity to improve the health, wellbeing and life chances of children in our most marginalised communities.

We also selected this area as a priority because of the significant opportunity to work together across services to put in place effective, proven models of care. In our conversations with local people, community members and people who work in our system, people highlighted the differences in resourcing and access to antenatal, postnatal and early years support across South East London, as well as differences in the quality and effectiveness of health visiting and other services.

Our discussions also highlighted the need to join up support across health, local authority and voluntary, community and social enterprise services. Parents and caregivers, babies and families may have fleeting interactions with many different services, rather than with core teams of staff who can

build strong relationships with families and make the best use of different skillsets. Serious case reviews carried out when babies or children suffer serious harm routinely point to poor communication and lack of joined-up working across services as some of the reasons why problems are not identified sooner or dealt with effectively.

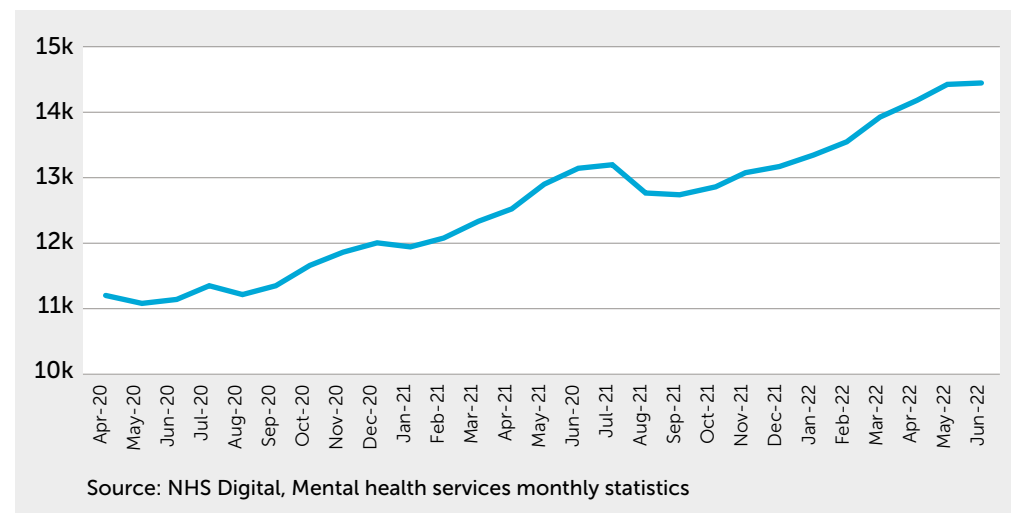


## Children’s and young people’s mental health:

### Making sure that children and young people receive early and effective support for common mental health challenges

Children and young people in South East London are struggling with worsening mental health following the COVID-19 pandemic and during the cost-of-living crisis. We have increasing numbers of children and young people struggling with common mental health problems such as anxiety, depression, eating disorders, anger and aggression, as well as self-harming and alcohol or drug misuse (see Figures 8 and 9). We also know that children and young people with a physical health problem, including a disability, are more likely to experience a mental health problem.

**Figure 8: Number of people in contact with children’s and young people’s mental health services in South East London**

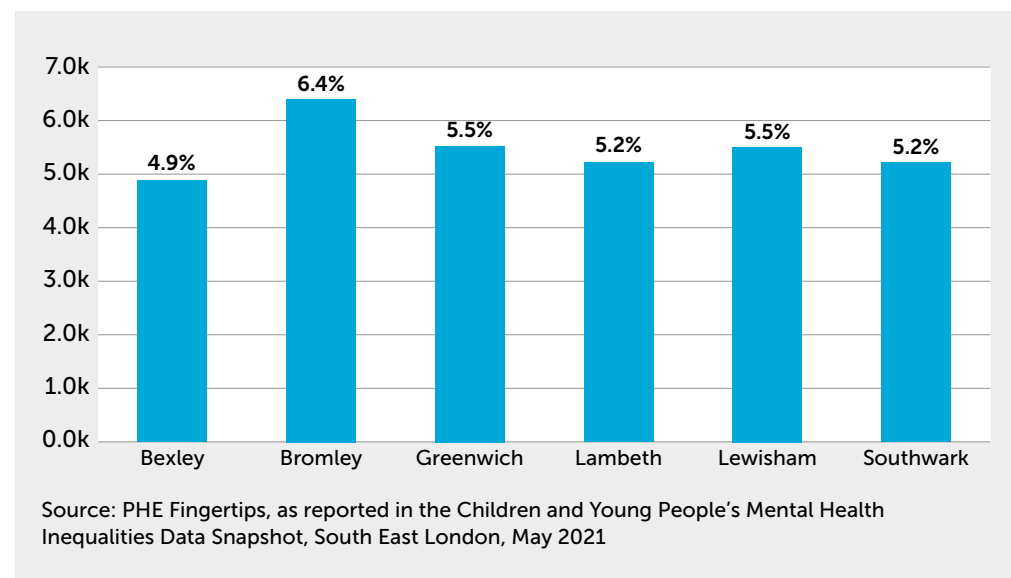


While most children and young people recover, those who develop more serious mental health issues are more likely to struggle in school and with poor health later in life. For example, we know that half of all mental health problems have started by the age of 14, rising to 75% by the age of 24.

When children and young people face mental health challenges, we know that they and their families are sometimes unsure where to go for help. Some are waiting a long time to access counselling services, with the risk that their conditions worsen while they are waiting or that they give up trying to get support. Approximately 65% of children and young people with a routine referral for eating disorders wait over four weeks to be seen. Across South East London, there is a limited range of support for common mental health issues, mainly 'talking therapies' such as cognitive behavioural therapy (CBT). Some children and young people might benefit from other types of support.

Alongside work to improve existing services, we have agreed to focus our initial cross-system action on improving children's access to early and effective support for common mental health conditions. We have chosen this priority because of the opportunity to help many children and young people avoid more severe mental health problems, and the significant longer-term effect these can have on their health, wellbeing and life chances.

**Figure 9: Estimated number of children and young people with mental health difficulties (age 5 to 17)**



Like our other priorities, we have also chosen this priority because of the potential to share understanding and learning across South East London, as well as for partnership working across public services and the voluntary sector. There are opportunities for health, local authorities, the VCSE sector and schools to work together on different approaches that could help to break the cycle of high demand and long waits for traditional counselling services. If we are successful, we could also help to reduce demand and speed up access to more specialist services.

**“We need to increase partnership working with education partners, social services, the voluntary sector and families to build a support structure around the child and young person.”**

– System leader, strategy development workshops November 2022

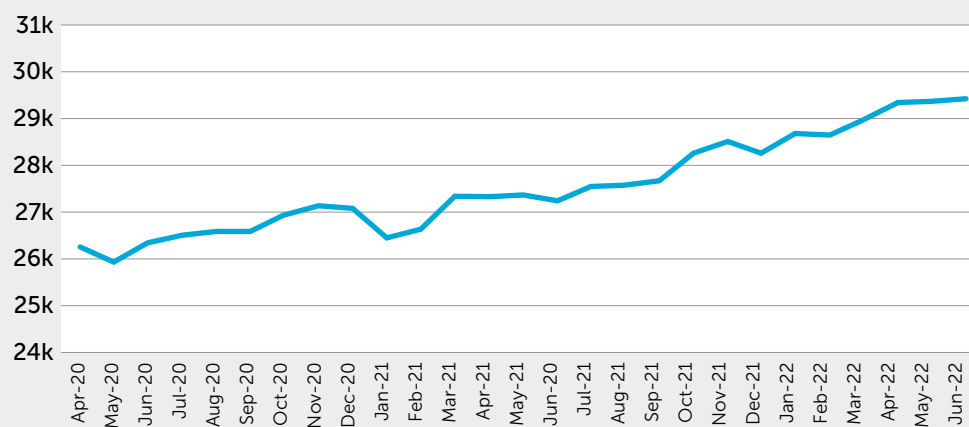
## Adults' mental health:



### Making sure that adults in South East London receive early and effective support for common mental health challenges

There are large and growing numbers of adults in South East London who are struggling with common and more serious mental health issues (see Figure 10). For 2021/2022, South East London had the third highest rate of detentions under the Mental Health Act of any area in England, suggesting a high number of people reaching crisis point. We know that people from our most deprived communities are more likely to be diagnosed with serious mental illnesses as well as learning disabilities.

**Figure 10: Number of people in contact with adult mental health services in South East London**



Source: NHS Digital, Mental health services monthly statistics

**“There is a real gap in services at the moment. There is a big jump between what a GP offers and specialist mental health services.”**

– Local resident, public engagement sessions November 2022

Unless people receive fast and effective support, both for early mental health problems and broader social challenges, they are more likely to develop more serious and lasting mental health problems. We also know that people who are struggling with more common mental health difficulties and social challenges can quickly find themselves in significant distress. This can quickly lead to further social challenges such as their relationships breaking down, losing their jobs or becoming homeless.

Like children and young people, adults in some parts of South East London can face long waiting times for support, and there is a risk that they may get worse while waiting or give up trying to access care. Traditionally, we have focused on helping people once their mental health has deteriorated, through support such as one-to-one counselling or hospital-based services. Local people tell us that access to ‘early intervention’ services varies across South East London, and that we need to create a more ‘holistic’ approach to care which recognises broader social challenges such as family relationships, unemployment, debt and housing.

We have decided to focus on improving early mental health support for adults because of the opportunity to prevent people’s problems from getting worse and to avoid serious illness. We expect to work on these two priorities (for children and young people and adults) together, looking at similar opportunities to expand and link up different forms of support. There will of course be differences in the partners we will need to bring together and the possible solutions for children and young people and for adults.

## Primary care and people with long-term conditions:



### **Making sure that people can conveniently access high-quality primary care services and proactive, joined-up care for continuing health needs**

Local people have highlighted the challenges they face in accessing convenient primary care services. People in some parts of South East London are finding it particularly difficult to get appointments when they need them. For example, an increasing percentage of GP appointments are for two weeks or more after the time of booking. We know from listening to our communities that the most vulnerable people can find it harder to access the care they need. Meanwhile, our primary care practices are working hard in difficult circumstances, with serious challenges recruiting and retaining staff.

We also know, from our discussions and information from patient surveys, about the challenges many people face in accessing effective and joined-up care for their continuing health needs. We have a growing proportion of people diagnosed with common long-term health conditions. For example, over 220,000 people in South East London have been diagnosed with high blood pressure (up from approximately 215,000 in April 2019). Many people are struggling to access support at the right time to monitor and manage their conditions effectively. These problems worsened during the COVID-19 pandemic. In response to the 2022 patient survey, 39% of those with long-term conditions, disabilities or illnesses felt that they had not had enough support over the past 12 months to manage their condition or conditions (up from 27% in 2020).

A significant number of people in South East London, particularly older people, have more complex physical health, mental health and social challenges. We have heard that people often spend a lot of time communicating with and travelling to different services, rather than receiving convenient joined-up care close to home. Frail older people may be trying to cope with health problems, loneliness and challenges to daily living, but not getting the higher level of support they need from our health and social services to live well at home and prevent avoidable stays in hospital, or in intermediate or residential care.

We already have teams working to provide better access to primary care appointments and more joined-up, team-based primary and community care for people with continuous health needs. This work includes acting on the recommendations in the Fuller Stocktake Report ([www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/](http://www.england.nhs.uk/publication/next-steps-for-integrating-primary-care-fuller-stocktake-report/)) on joining up primary care in England. We now have clinical effectiveness teams working with primary care practices across South East London to help improve preventative care and improve detection and management of long-term conditions.

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**“For many people going to hospital urgent care centres works better [for them] than going to their GP.”**

– Let’s Talk Health and Care public chat forum participant 2022

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**“You need to prioritise the continuity of care for patients with complex needs and easy access to services for those who are in the greatest need of help. The system is difficult to navigate for people with lots of needs or who have dementia, there is very little help to do so.”**

– Local resident, public engagement sessions November 2022

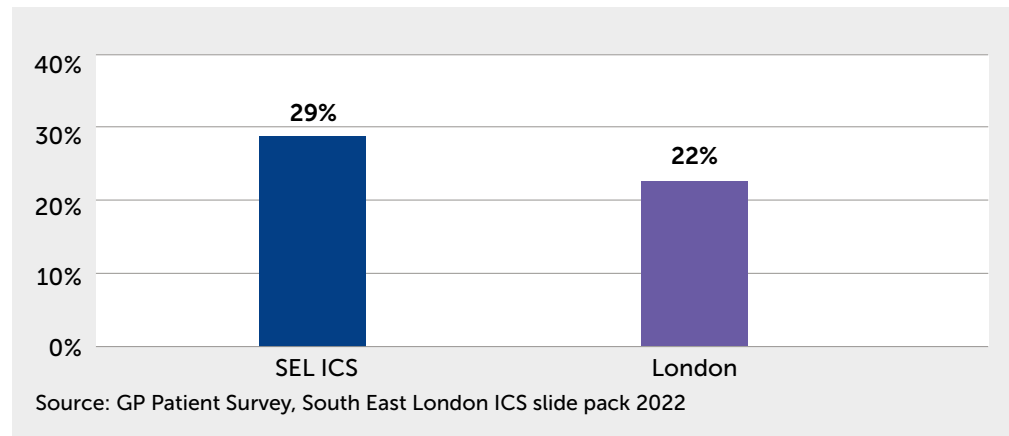
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A higher proportion of patients in South East London report taking an online GP consultation or appointment than across London (see Figure 11). We also know that the percentage of people who are internet users is increasing, suggesting an opportunity to reach more people through digital services (see Figure 12).



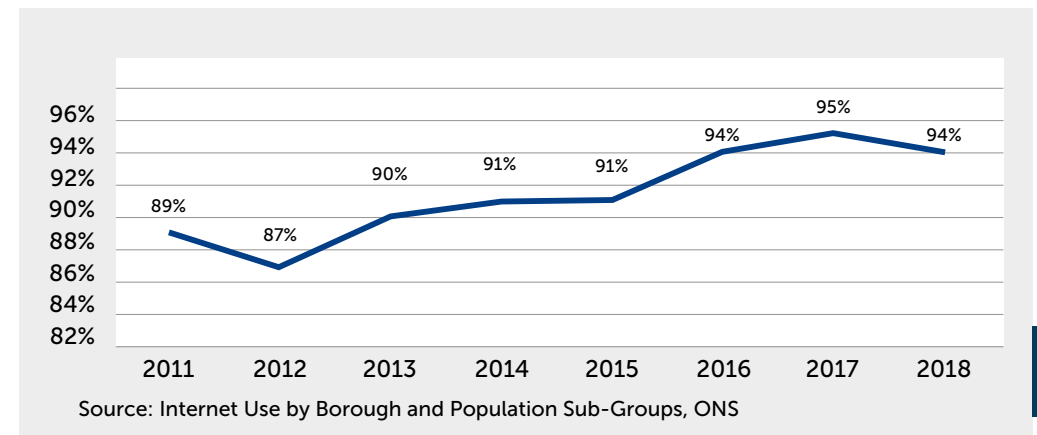
By choosing this priority, we are aiming to speed up and develop this work, in particular by supporting people to share learning across our system. In the next phase, we will work together to develop measurable targets for providing appropriate access to primary care and improving the quality of care for people with continuing health needs. We will work together to design team-based primary, community and social care services, effective approaches to planning and delivering care for people with long-term health conditions, and effective joint working between these teams, specialists and other public and voluntary sector services.

**Figure 11: Percentage of patients who have had an online consultation or appointment within the past 12 months**



We will also work with partners on options for reducing severe workforce shortages across many of our primary, community and social care services and for making better use of digital technology, while protecting people's right to face-to-face appointments and avoiding excluding people who can't or prefer not to use digital technology.

**Figure 12: Percentage of people aged over 16 who have ever used the internet (averaged across the six boroughs), 2011-2018**





# 5 Creating the conditions for change

**Since setting up our Integrated Care Board on 1 July 2022, we are introducing far-reaching changes to how we work as a system.**

The aim is to improve how we use our resources and speed up progress in improving and redesigning services. This section summarises some of the key changes we are making in how we work together and the investments we are making in the skills, capabilities and infrastructure needed to transform care.

## How we plan to work together as a system

Our Integrated Care Board and Integrated Care Partnership bring together leaders from across health services, our local authorities and the VCSE sector to oversee local services. We have the opportunity to introduce more effective ways of overseeing our health and care system. We expect our Integrated Care Board and its staff to spend more time overseeing the effectiveness of our system as a whole, bringing partners together to tackle cross-system challenges, and supporting the redesign of services across organisational boundaries.

As part of these new arrangements, we have also introduced significant broader changes in operating our Integrated Care System. We are focusing on partnership working and combining our skills to tackle major challenges and making the most effective use of funding, staff and other resources across our system.

We have also focused on sharing responsibilities appropriately within our system, with activities carried out at the right level. The local care partnerships in our six boroughs will play an important role in overseeing and leading improvement in our out-of-hospital services in the community, while working with our trusts to join up care across primary, community and more specialist services. Our Primary Care Leadership Group is supporting work to improve our primary care services.

Meanwhile, our three 'provider collaboratives' (groups of local organisations that deliver the same types of care) are working together to improve acute, mental health and community services. We have established networks across South London to improve the delivery of highly specialised services, such as cardiac, stroke and cancer care.

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**“It is vital that we build a system based on collective decision-making, working together rather than in silos, focused on collaboration rather than competition between services, empowering staff and partnerships in our system to lead change and improve care.”**

**– Andrew Bland, Chief Executive, NHS South East London**

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## How we plan to allocate our resources

Under the new arrangements, our Integrated Care Board will have greater flexibility to decide how to allocate resources across our system. In June 2023, we will be publishing our medium-term financial strategy, setting out our approach to allocating resources, reflecting national and local strategic priorities and the overall allocation of resources for our system. We will continue to focus on efficiencies, so that we protect our system's finances and release funding to support innovation and improvement. We will look at how we can reallocate resources to deliver our vision, providing resources to areas where they are likely to deliver significant benefits, for example prevention services, primary and community care, mental health and care for marginalised or disadvantaged groups. We will also need to find resources to fund transformation programmes for the five cross-system strategic priorities set out above.

## Developing our leadership and workforce

Over the last few decades, health and care leaders have been encouraged to focus on the performance of individual organisations rather than our system as a whole. We are making sure that our leaders can provide effective cross-system leadership and deliver improvement across organisational boundaries. Our South East London System Leadership Academy is investing in system leaders, supporting innovation, and helping staff to connect across services and sectors.

We are committed to making sure staff across our services can bring about change, work with other services and deliver care in well-functioning multi-disciplinary teams. We also need to make sure that our staff feel fully valued and that we provide a supportive environment for people to work and develop their careers. Our People Strategy focuses on planning our workforce, developing skills and recruiting and retaining staff so that we build a strong workforce for the future. It also focuses on developing a culture of inclusion and wellbeing across our services. In 2023, we will be reviewing the next steps in putting partnership and teamworking at the heart of our system.

## Working in partnership with our communities

We want to continue the shift to a model of genuine partnership working between health and care professionals, our communities and our service users. We want to work in partnership with service users to understand what really matters to them, and to support them in managing and improving their health and care. Like we did during the pandemic, we want to use the strengths of our service users and communities to improve health and wellbeing. Our 'working with people and communities' strategy sets out our overall approach and the investments we are making to work in strong partnership with local people on designing and overseeing our services.

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**“We will know we are successful when staff and services across our system can access support and rapidly improve their own services in line with our overall system objectives, without waiting for permission.”**

– Toby Garrood, Joint Medical Director NHS South East London and Consultant Rheumatologist Guy's and St Thomas' NHS Foundation Trust

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**“At Healthwatch, we are excited about the transition to a new integrated system. This is a real chance to reach out to and work with our communities to improve care.”**

– Folake Segun, Director, South East London Healthwatch

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## Innovation and service transformation

We need to develop our capabilities in bringing about improvement, innovation and transformation across our system. Some of our larger providers have teams of staff to support this. However, this is not true of all our partners, and we have limited capability and capacity to support improvement, innovation and service redesign across different services and sectors. We will be using the process of delivering of our five strategic priorities to develop and test our overall approach to working together as a system on major projects.

As we do this, we will be considering the skills we need to lead these cross-system projects effectively, including in appraising the existing evidence, carrying out rigorous processes to redesign services, and leading large improvement programmes. We will be drawing on the expertise of key partners in our system, including the Health Innovation Network (the Academic Health Science Network for south London), King's Health Partners (our Academic Health Sciences Centre) and the VCSE sector.

## Developing our analytical and digital capability and our buildings

We will be developing our skills and technology in order to make better use of our resources and improve the quality of our services. For example, as part of our 'population health management programme' we are developing our data systems to generate more detailed information on the health of the people of South East London so we can target services more effectively. We are also developing our data systems to allow us to measure performance more accurately across services and deliver effective quality-improvement programmes.

We will also be building our digital systems to help us deliver more effective services. We will invest in digital technology to allow effective communication between professionals and with service users, carers and families, to support team-based models of care, and to support effective care planning. We will use digital technology to deliver more convenient online care. However, we will make sure that we do not exclude people who prefer face-to-face appointments. We will invest in digital technology to allow remote monitoring for people in their homes.

At the same time, we will continue to develop our buildings and facilities so that we can provide joined-up, person-centred and team-based care, and support joint working across services. This will include taking advantage of opportunities to bring together physical health, mental health and social care staff, and voluntary sector services, so that people receive joined-up services in a single place close to home. We will also be working to reduce our carbon emissions. We will be reviewing our digital and estates strategies in 2023.

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**"The voluntary, community and social enterprise sector is a key source of innovation and inspiration. By working in partnership with VCSE organisations we will be able to create new ways to better meet the diverse needs of the people of South East London"**

– Tal Rosenzweig, Director of VCSE Collaboration and Partnerships, SEL ICS

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**"If we are going to address the disparities in health outcomes that exist within our population then we have to make better use of data. Drawing on the insights generated about our population we can better target our resources to where they will make most difference, and in future we will be able to anticipate problems before they arise"**

– Jonty Heaversedge, Joint Medical Director, NHS South East London

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## 6 Next steps

**This document has set out our immediate priorities for action across South East London to improve care for our communities following extensive discussion with local people, staff and partners, including VCSE sector organisations, in 2022.**

Our objective has been to focus on a small number of areas where action across our system can deliver rapid and clear improvements for local people.

We are now eager to move forward to the next phase of defining ambitious and measurable targets for improving care, defining our overall strategic approach to tackling these priorities, and turning our strategy into rapid change in our services.

From early 2023, we will bring together leaders and experts from across South East London,

including from our health services, local authority services, voluntary and community organisations and our communities, to help us complete this next phase in developing our strategy and putting it into practice. Their role will be to thoroughly assess the evidence, be ambitious and innovative in their thinking, and be practical and focused, so we develop plans that lead to action.

We will make sure that the vision and priorities set out in this strategy are reflected in our operational planning for 2023/2024 and our joint forward plan for 2023/2024 to 2027/2028 (to be finalised by end of June 2023).

Alongside this work, our Medium Term Financial Strategy for 2023/2024 to 2027/2028 (to be published by June 2023) will set out more information on how we plan to allocate resources to deliver this strategy and other national and local priorities. Meanwhile our

system plan for 2023/2024 to 2027/2028 will set out detailed information on our approach to improving a wide range of NHS services.

Later in 2023, we will publish a more detailed strategy document setting out our:

- targets for improvement;
- overall strategic approach to our five priorities;
- high-level delivery plans; and
- approach to monitoring progress with support from our people and communities.

We will also update you on how we are building the skills, capabilities, workforce and infrastructure to deliver our vision and these priorities.



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