Partnership Southwark Newsletter – June 2021

Welcome to the first of our Partnership Southwark newsletters, published to keep you informed on our work to better join up health and care services and close the gap on inequalities within the borough. If you are interested in hearing more or being involved in this work, please contact our programme team here here.

Partnership Southwark is our **Local Care Partnership for the borough, part of the Our Healthier South East London Integrated Care System**. As a partnership we work closely with local communities, service users and their families and carers, and providers of health, care and wider public services in the borough.

Our constituent partners are Southwark Council, South East London Clinical Commissioning Group, South London and Maudsley NHS Foundation Trust, King's College Hospital NHS Foundation Trust, Guys and St Thomas' NHS Foundation Trust, Community Southwark, and the borough's two GP federations Quay Health Solutions and Improving Health Limited.

People in Southwark have told us they want services to be **more person-centred, more joined-up and easier to access**. The gaps and disconnects that people encounter can lead to poorer health and wellbeing outcomes, but we are bringing together the partners and engaging with the borough's communities to design and deliver services that are easier to access and navigate for everyone.

We are **committed to listening to service users and their carers, families and communities, as well as front line staff**, to understand their experiences and help us to improve how services and support are provided. We also seek to empower people to look after their own wellbeing and live longer, healthier lives, by focusing on prevention and self-management of conditions.

This first edition of our newsletter provides an introduction to our work programme and members of the programme team helping to deliver the changes. There is also a case study on a key project we have been working on, and a longer read from the Partnership's chair on the current "reset moment" under which the Partnership is seeking to deepen collaborative working. We end with calendar of upcoming events and news from around the Partnership.

I hope you find the content interesting and engaging. If you have any comments or suggestions we would be delighted to hear from you here.

Kind regards

Hayley Ormandy, Programme Director

Our work

The work of Partnership Southwark is based around four workstreams which seek to deliver on the following aims:

Improving population health outcomes and reducing inequalities	Enhancing people's experience of care services and reducing unwarranted variation
Securing a financially sustainable health and care economy	Enabling compassionate care and supporting the health and wellbeing of our staff

Start Well

The Start Well Leadership Team are:

- **Genette Laws**, Director of Commissioning Children's and Adults', Southwark Council
- **Dr Rob Davidson**, GP Clinical Lead for Southwark, SEL CCG Governing Body
- **Bidisha Lahoti**, Consultant, Lead for Neurodisability and Clinical Director for Children's Services, GSTT Evelina London

The Start Well workstream is focussed on addressing the needs and inequalities that are present for children, young people and families in Southwark, which have been amplified by the COVID crisis. We do this using a 'Think family; whole family' philosophy.

We want to be able to evidence positive change and enriched lives for children, young people, expectant mothers, and families, through effective leadership and system collaboration.

With an emphasis on multi-agency working and early identification of issues, the Start Well workstream is ambitious about transformative change and keen to seek opportunities to re-visit traditional referral routes into services and support new ways of working to achieve new alternative pathways. The contribution of the voluntary sector is an integral part of the system to support the workstream so there is a commitment to strengthen the representation and position of the voluntary sector within the partnership, and being able to appropriately resource this.

Start Well have recently undertaken a stocktake, looking for opportunities to refresh their approach and workplans, taking into account the learning from the pandemic in order to inform the work going forward. We will share more about this in future editions of the newsletter.

Live Well

The Live Well Leadership Team are:

- **Dr Claire Thomas**, Neighbourhood Lead, Improving Health GP Federation
- **Dr Emily Finch**, Clinical Director for Southwark and Addictions, SLaM
- **Mathew Griffiths**, Associate Borough Director – Southwark, SEL CCG
- **Nick Dunne**, Executive Director, Bede House
- **Paran Govender**, Director of Operations and Partnerships, GSTT

The Live Well workstream is focussed on addressing the needs and inequalities faced by working age adults in Southwark which have been amplified by the COVID crisis. It aims to optimise the care and support for this population, taking a more preventative approach to the management of long-term physical and mental health conditions, focusing on the wider determinants of health and care and building community resilience.

A strength based approach and person-centred, proactive care is at the heart of the ambitions for Live Well. We are supporting an integrated approach to mental and physical health, improving outcomes for people with physical and learning disabilities, and driving the development of a range of interventions to support adults and carers in Southwark to reduce their disease risk factors and improve their overall health and well-being, for example supporting people to quit smoking, move more, manage their weight and eat and drink more healthily.

The focus of current projects are:

- **The ability to access a range of support through a multi-agency "hub and spoke" approach –** including economic, employment and benefits advice, food delivery, peer support, onward referral to the voluntary and community sector, health and social care services for those requiring further support
- **Embedding our approach to the Vital 5 – blood pressure, obesity, mental health, smoking and alcohol -** with a focus on populations known to be more at risk, supported through shared data and more targeted interventions
- **Transforming community-based services for people with mental health needs,** including low-level mental health and serious mental illness

Age Well

The Age Well Leadership Team are:

- **Brenda Donnelly**, PCN Clinical Director, South Southwark
- **Pauline O'Hare**, Director of Adult Social Care, Southwark Council
- **Kate Gregory**, Chief of Therapies, Rehabilitation and Allied Clinical Services, KCH
- **Sophie Wellings**, Director, Link Age Southwark

The Age Well workstream is focused on keeping older people and their carers as healthy and independent as possible in their home and the community through:

- Joining and connecting neighbourhood services and teams to ensure access to the right support is easy and as fast as it can be
- Proactive health and care, reducing the need to reach crisis responding to deterioration early
- Focusing on social determinants (social, economic, and environmental factors) which impact health and wellbeing
- Providing a holistic offer of support working collaboratively with the person and their carer
- Ensuring support is accessible, appropriate, and acceptable for the person, received in the home and/or in their neighbourhood

Current partnership projects for 2021/22 include:

- **Systemwide prevention and management of falls** in the borough
- Meeting the needs of **people and their carers affected by dementia**
- **Supporting our carers in Southwark to care** including establishing a new Carers Partnership Forum

Care Well

The Care Well Leadership Team are:

- **Rebecca Dallmeyer**, Executive Director, Quay Health Solutions GP Federation
- **Tania Kalsi**, Consultant Geriatrician, GSTT Integrated Care
- **Simon Rayner**, Deputy Director of Adult Social Care, Southwark Council

The Care Well workstream is safeguarding and supporting people in care homes and residential settings providing personalised and proactive care through:

- A consistent and equitable model of care across all care homes, which is tailored to the population, size, and nature of homes
- Rapid support to care homes, managing COVID-19 outbreaks, prevention, and infection control
- An efficient infrastructure that has clear access points for different services/support and advice enabling timely responses
- Dedicated clinical and managerial support and a wraparound multidisciplinary team combining skills to prevent and manage resident deterioration and improve quality of life
- Working with residents and families to improve the model of care for people in care and residential settings

Current partnership projects for 2021/22 include:

- **Continued support and matrix working to roll out COVID 19 vaccinations,** preparing and planning delivery of booster jabs in the Autumn
- **Pilot of the 'Extensivist', a nursing role that coordinates care for the older people and physical disabilities care home population and** works as part of a multi-disciplinary team to ensure the care provided matters to the person and their families
- **Further development of multi-disciplinary working** to ensure every care home resident is supported through a person-centred approach with systematic and standardised processes underpinning this support across the borough
- **Shifting support into the community where possible**, allowing continuity of care in a familiar setting and avoiding unnecessary hospital outpatient activity, delayed discharges and long stays for older people in hospital

Case Study: A Coordinated Covid-19 Response For Our Care Home Population

The issue

1 in 4 COVID-19 deaths occurred in Care Homes during wave 1 of the pandemic (DPH 2021).

The care home sector has been majorly impacted by COVID-19 due to the early and rapid spread of virus amongst high risk and vulnerable residents and a fragile and pressurised workforce.

To respond to this challenge, Southwark health, care and wider Council services worked together in a whole system approach through the emergency period.

Headlines

- Partnership working at a strategic and operational level during the pandemic has led to improved outcomes for both Care home residents and staff.
- Live data shared by the Multi-disciplinary team supported proactive tracking and monitoring of patients throughout and prevented outbreaks.
- Leadership from all partners unblocked issues and risks in real time (PPE, Equipment, testing) enabling seamless care and quick results for both patients and staff.
- Training and development in 17 CQC homes upskilled staff skills and confidence to support our population.

Measuring Impact

Experience of the MDT Team

- *90% felt they were doing their best together for the residents*
- *68% felt part of one team*
- *68% felt they now understand colleagues from other organisations.*

Effect of Live WhatsApp messaging

- *84% rapidly accessed the professionals they needed*
- *62% believe they prevented inappropriate hospital admissions as care was more proactively delivered in the care home.*

Tracking System

- *Delivery of a tracking system used to identify COVID outbreaks using a combination of the Local authority ADASS tracker, feedback from the care home network and a weekly review of admissions to KCH and GSTT.*

Improved and Streamlined Pathways

- *An improved pathway for acutely unwell residents in care homes has been co-developed with the @home service*
- *Delivery of an in- and out- of hours access pathway set up to ensure provision of rapid access to medications in End of Life (EOL) patients in care homes.*

Partnership Clinical Network

- *Clinical network delivered to ensure effective partnership problem-solving took place, e.g., sourcing PPE urgently for care homes, urgent medication access, finding a specialist to speak to immediately.*

Solutions for Change

- **A Partnership Clinical Network** was operationalised comprising representatives from care homes, GPs, secondary care professionals (palliative care, geriatricians, psychiatrists) and community professionals (e.g., pharmacists, Clinical Nurse Specialists).
- **Strong resilient leadership** across providers provided a focus on delivering the best, person-centred care.
- **A tracking system was developed to identify care homes with potential COVID outbreaks** to co-ordinate/advocate additional clinical support.
- **Extended 7-day service support launched** alongside **proactive offers** of services and support, innovative and compassionate working.
- **Infection Prevention Control (IPC) training delivered** to care home staff with 17 CQC registered homes.
- **PPE equipment provided by Southwark Council.**
- **KCH lab utilised for care home testing (ahead of the national roll out for care home testing)** which enabled mobilisation of on the ground support, minimising the spread of infection.
- **Daily touchpoints and check ins** via the joint CCG and Council older people's and complex needs team, newsletters to provide information and key guidance, and fortnightly provider forums. Weekly care home specific partnership check ins to problem solve within the partnership guided by health and care staff on the ground.
- A WhatsApp group set up with the multi-disciplinary team to enable live communication and virtual working.

Our Learning

- The key to the success of this work has been the strong, mutually productive professional relationships developed across different organisations for the benefit of patients.
- This work has provided an opportunity to strengthen our engagement with care homes as we move forward, and for the team to work in the person's best interest.
- Monitoring residents to identify early signs of deterioration is important – this can be supported via digital and workforce capability/training.
- The ease of communication/cooperation made a massive difference. The use of technology enabled quick and decisive communications and a virtual support network (E.g., WhatsApp groups) for professionals.
- Based on our learning we are planning for the next stage with a robust and consistent approach to testing and continue to celebrate our successes recognising that working across boundaries is difficult and requires relentless enthusiasm.

Our “reset moment”: a view from the Chair

For those who don’t know me, I am Anu Singh, the Chair of Partnership Southwark.

Since I joined the Partnership, much has happened. Our borough recovery plan focused on learning and responding to the pandemic, tackling underlying health, social, economic and racial inequalities, through new ways of listening, engaging and working, and through more integrated commissioning and delivery.

We now find ourselves at a critical juncture. As Southwark’s local care partnership, we need to further develop placed-base integrated working and the maturity of our partnership as as we move towards formalised integrated care systems (ICSs) next year.

To support this I am particularly keen that we all have the opportunities to live our partnership values. Working collaboratively is central to everything we do, and everything we want to achieve. I'm so pleased to hear the phrase 'we are Partnership Southwark' repeated in conversations I have with colleagues right across our partnership. Our reset will strengthen our focus on empowering service users and carers, strengthen our focus on delivery, and close those inequalities gaps that we know are unacceptable.

We know we need to empower service users and carers, be delivery oriented rather than a talking shop, and ensure that all our partners “think Partnership Southwark”, seeing the Partnership as “us” and not “them”.

At our April board meeting our Partners agreed to embark on a “reset moment” looking at our priorities, partnership behaviours and ways of working, and building the right governance and delivery architecture across health and care in the borough.

We are on a journey of significant change, and we all know that learning to do things differently – even when the advantages are clear – can be difficult. However, I hope that you share my enthusiasm for and commitment to making these positive changes that will ultimately deliver the Partnership’s vision - 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.

Our team

Partnership Southwark has a small core programme team who work closely with staff from across our partner organisations and our stakeholders. You can access our programme team profiles here.

Events

Below are details of upcoming Partnership Southwark events. If you would like your event featured please contact us here.

- Partnership Southwark Lunch & Learn #2: Delivering Personalised Care, presented by Simon Cross, Personal Health Budget and Personalisation Lead in South East London, and guests. Click here to find out more and reserve your place.