

Partnership Southwark Recovery Plan - Summary Overview

DRAFT v2.2 August 2020

Partnership
Southwark



Working together to improve health and
wellbeing for the people of Southwark

OUR
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.



Partnership Southwark includes Southwark Council, NHS, and a range of local health, care and voluntary, education & community organisations with service users, carers and local communities. Our focus is on making Southwark an amazing place to be born, live a full healthy life, and spend one's final years.

The following pages describe our shared priorities and how we will work together with local communities to ensure these commitments are fulfilled, delivering better services and better outcomes for all the people of Southwark.

We recognise that whilst the pandemic has affected everyone's lives in Southwark, the impact has disproportionately affected certain communities including those from Black, Asian and Minority Ethnic groups; older people; people living with multiple underlying health conditions; living in areas of deprivation; working in public facing roles (including in a health and care-giving capacity); and living in care homes.

Five months on from the start of the pandemic, this plan sets out learning and how we will respond, to prevent and manage any further outbreaks, to confront pre-existing, new and worsening inequalities, and to deliver better health and wellbeing for everyone in Southwark.

We recognise that this journey will not be quick or easy.

- **In some areas this plan describes the steps we are taking now to re-open services and provide additional support** as we continue to manage the effects of COVID-19 in our communities;
- **in other areas, it describes our proposals for developing new models of neighbourhood support** to better meet the needs of all of our population;
- **and it sets out how we will engage and work with you to shape and deliver** on these priorities.



Tackling inequalities and securing good outcomes We will re-focus our efforts on those groups who have been most affected by COVID-19, recognising that many of the inequalities faced by these groups are long-standing and deeply embedded.



Working with the community We will work closely with all of our communities including those most impacted by COVID-19. We will respond to the issues raised by the death of George Floyd and the Black Lives Matter movement, and strengthen support and communications around the services and support for all those who need it.



Workforce We will invest in, and support, our workforce (including unpaid carers and foster carers); building on our approach during the pandemic, supporting their emotional wellbeing and tackling discrimination.



Prevention We will increase our focus on prevention of ill-health and support for individuals manage their own conditions, enabling people to feel in control of their own physical and mental health and wellbeing.



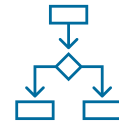
Joined-up care A 'No Wrong Door' approach to accessing advice and support, with better and more responsive help for service users and carers living in Southwark.



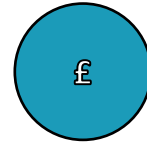
Neighbourhood-focused We will co-ordinate and develop services in communities and neighbourhoods: aligning teams and services wherever possible to deliver care closer-to-home.



Partnership working We will work in an inclusive partnership, including working with local health, care and voluntary, education & community organisations with service users, carers and local communities.



Clear decision-making We will make our partnership clear and transparent: enabling partners to hold each other and be held to account, in delivering better for our population.



Finance We will align our budgets where possible to so that we can make the best use of the "Southwark pound" to improve health and wellbeing.



Data-driven We will be data, quality and intelligence driven; this means providing neighbourhood teams with the information they need to meet the needs and priorities of the communities they serve and to measure and evidence the impact of what we do.



Sharing resources We will work with communities to decide how we best to allocate and share resources in improving the way we work, in the service of local people.

These are the "golden threads" that will help guide us as we move from planning to delivery.

Addressing Inequalities

actively listening and responding to partners and residents
in support of Southwark Stands Together and in building broader community engagement

Safeguarding our communities and those who support them

mitigating and managing any second wave of COVID-19
with dedicated support to those who are vulnerable or at risk

Start Well

supporting children and young people - “keeping families strong”

Live Well

supporting working age adults with joined up services that tackle the causes of ill-health and promote wellbeing

Age Well

neighbourhood-based networks to keep people as healthy and independent as possible in their home

Care Well

supporting those in care and residential settings for older people and physical disabilities, mental health and learning disabilities

Historically the way we have worked has led to gaps and dis-connects in how individuals and communities have been supported, and have experienced health and care services in Southwark. And it has not always been clear about how people can influence the things that matter to them most.

These issues will not disappear overnight but our response to COVID-19 has reinforced the importance of bringing together experience, including the “lived experience” of people across Southwark, to target support and deliver on our commitments.

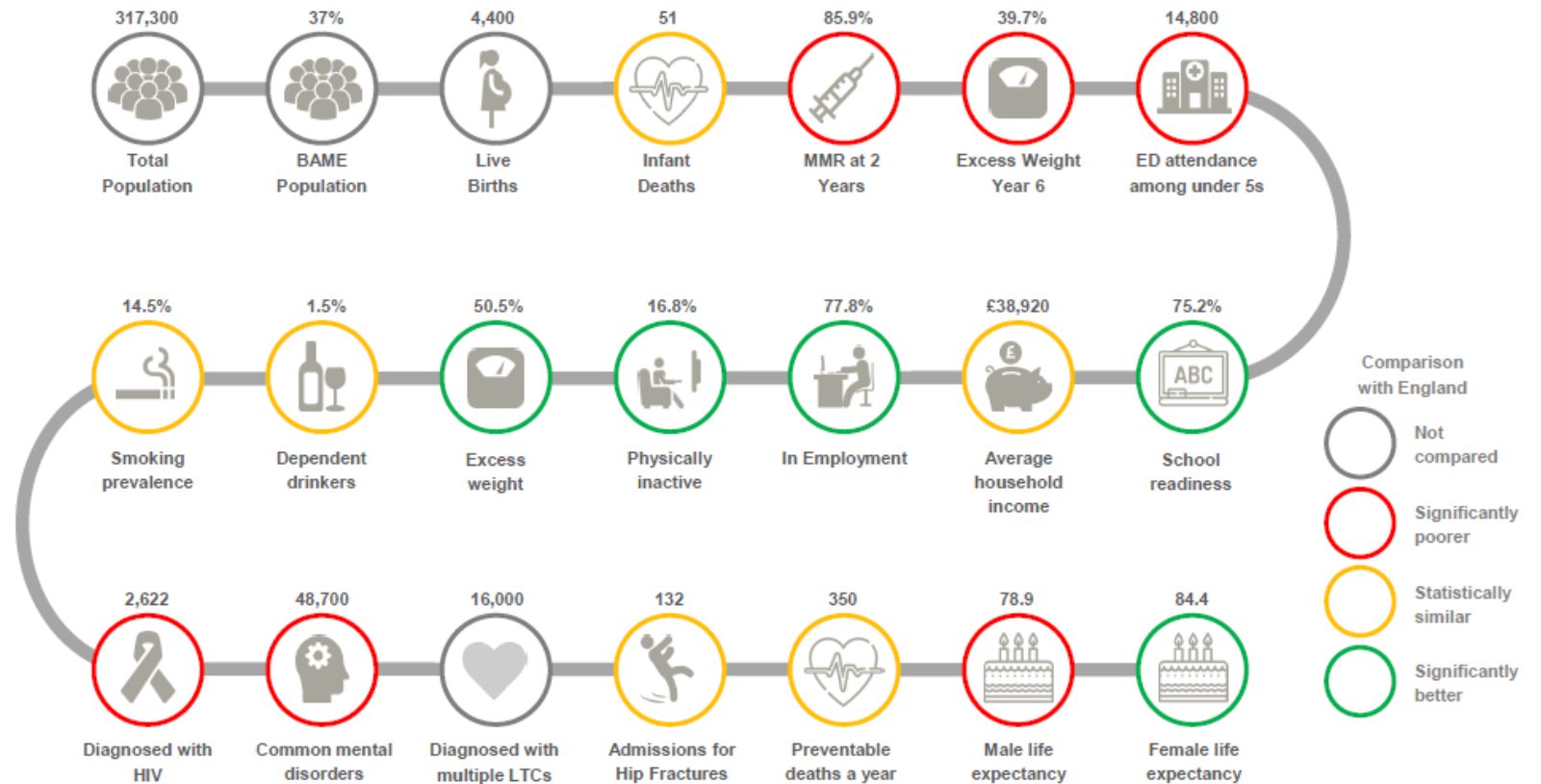
Addressing Inequalities

actively listening and responding to partners and residents including as part of Southwark Stands Together

Significant health inequalities remain within the borough, with over a fifth of residents living in communities ranked as the most deprived 20% in England. Estimates suggest that around 21% of Southwark residents are at increased risk of severe illness if they contract COVID-19.

Southwark is an ethnically diverse borough, with over 120 languages spoken, with 36% of the population from a Black, Asian or Minority Ethnic group including the one of the largest Latin American communities in the country.

Southwark Council has committed to responding to the inequalities exposed by COVID-19 and Black Lives Matter, recognising how far we all still need to go before we live in a world that values every life equally, and treats every person with the same respect, love and compassion.



Actively engaging local people to understand and address inequality in all of its forms, including the impact of COVID and the ongoing challenges highlighted by the Black Lives Matter movement, and targeting our resources in response, will be central to the success of this plan.

Safeguarding our communities and those who support them (1/3)

mitigating and managing any second wave of COVID-19
with dedicated support to those who are vulnerable or at risk

Winter 2020/21 will bring a number of additional pressures on our health and social care systems including the potential for a resurgence of COVID-19, knock-on effects of disruption to health and social care systems during COVID-19, and for an increase in respiratory infections and influenza. As a local care partnership, we are working to target support to the most vulnerable and protect our broader population, including:

- **Comprehensive Infection Prevention and Control** with the “track and trace” capacity to stop outbreaks before there is widespread community transmission, with support and training, including for all home care staff.
- **Being able to “stand-up” at short notice services and support** developed to respond to the crisis so far.
- **Joining up arrangements and plans with broader planning for winter and seasonal influenza** ensuring flu vaccine take-up.
- **Ensuring safe hospital discharge** including understanding the impact on other care settings and outcomes for service users and their families.
- **Using testing and quarantined “step-down” accommodation** to ensure that COVID-19 does not spread between care settings.
- **Working together to respond to national guidance** across health and care services and the voluntary and community sector.
- **Comprehensive Personal Protective Equipment (PPE) in place to ensure all people who need it, get it** – ensuring sufficient stock and a robust supply chain with a consistent Southwark approach.
- **If we need to pause services, ensuring we do so in a joined-up way** that reflects capacity and demand and learns from “wave one” of COVID-19.
- **A system-wide approach to supporting staff in all settings to be safe, resilient and healthy** recognising that a significant proportion of our staff are from a Black Asian and Minority Ethnic background or have vulnerabilities that increase the risks associated with exposure to COVID-19.
- **Early and more accurate modelling to help predict and respond to any potential outbreaks / local community transmission** and inform our responses: updating and adapting these as the situation evolves.
- **Joint planning for implementing local lockdowns** wherever needed including how we will safeguard and support our communities.

Safeguarding our communities and those who support them (2/3)

mitigating and managing any second wave of COVID-19
with dedicated support to those who are vulnerable or at risk

Early in the pandemic, we recognised the need to support shielded and vulnerable residents with their health, social and wellbeing needs.

- **We quickly established the COVID community hub jointly across the Council, voluntary sector, CCG and Primary Care Networks** for people who were shielded or otherwise vulnerable due to the pandemic, including food delivery, medications, loneliness support, and details of local food hubs.
- **This involved a call function which identified the support people needed** led by the council; an extensive food supply and distribution network developed in partnership with the voluntary and community sector (VCS) at both borough and neighbourhood level; and support for volunteers and VCS organisations through Community Southwark.
- **With GP surgeries we developed support for the management of underlying health conditions**, giving tailored information and advanced care planning.
- **Broader social needs were referred or signposted on** to Primary Care Network (PCN) social prescribing link workers, the COVID community hub, GoodSAM and other sources of support.
- **The PCN link workers have had a significant impact in the provision of practical and emotional support**; particularly to those with more complex needs.
- **Effective use of data has helped us to succeed**, by making it easy to identify responsibilities, target proactive support, reduce duplication of effort, and identify gaps.
- **More joined-up working has developed a better picture of the borough's vulnerable population**, and enabled us to meet a wider range of needs in these populations to improve outcomes and reduce inequalities. It has also proved effective in delivering and enabling proactive and practical help, in particular more joined up-care and support better aligned to need.
- **Key reasons for referrals included:** vulnerability due to COVID-19 (age / health conditions), short-term lack of funds, loss of work and long-term food insecurity. Referrals were higher in more deprived areas (Nunhead and Queens Road, Newington, Old Kent Road and Peckham) and those aged 40 – 79.

Safeguarding our communities and those who support them (3/3)

mitigating and managing any second wave of COVID-19
with dedicated support to those who are vulnerable or at risk

Our care homes in particular have 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 and Southwark health, care and wider Council services worked together in a whole system approach through the emergency period.

- **An integrated approach** to supporting older people's homes was put in place through joint working between primary care, GSTT and the Care Homes Intervention Team.
- **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.
- **Strong leadership** as services extended support to the system (e.g. 7 day support from primary care), alongside proactive offers of services and support, innovative and compassionate working.
- **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.
- **We coordinated and delivered Infection Prevention Control (IPC) training** to care home staff with 17 CQC registered homes.
- **Regular contact** in the form of daily (now weekly) touch-points 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.
- We know that we now need to reset our approach based on our learning, harness new ways of working, plan for the next surge 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.

When we talk about a “population health approach” this means an approach that brings together all of the key public services, voluntary & community sector groups and the people of Southwark, working together in neighbourhoods and communities to support each other not just by joining up our health and care offer, but by working to improve the wider social and economic factors which contribute to health and wellbeing. This will be done whilst focusing on those who have been particularly affected by the pandemic and so their needs and outcomes contribute to how we define our approach.

As part of our response to Covid-19, we have been able to develop new levels of co-ordination for example:

- **Family members, Southwark Children & Young People’s teams, GPs, Child & Adolescent Mental Health Services, local voluntary & community groups and other local agencies working together**, including virtually, so the right advice and support could be put in place quickly for those in need of help.
- **King’s, Guy’s & St Thomas’, Southwark Council and Intermediate Care Southwark supporting people to leave hospital safely** providing improved capacity and access to rehabilitation and reablement support to help patients regain their health and independence.
- **“Social Prescribers”, individuals working with our Primary Care Networks, have supported local people to access a range of non-clinical support and services** including social support (44%), food delivery (21%) and mental health (21%), referring to over 30 different services and organisations.
- **The South London & Maudsley (SLAM) memory service and Southwark’s Adult Social Care services working with Alzheimer’s Society to help people with dementia and their families** following a diagnosis, including a Dementia Advisor to advocate and navigate the available support.
- **Joint working between GPs, Guy’s & St Thomas’, the Care Homes Intervention Team and care homes staff to respond to issues identified early-on during the pandemic**, including 7 day-a-week support from primary care, Infection Prevention Control (IPC) training, provision of Personal Protective Equipment (PPE) by the council, and testing by King’s. Moving forward, we recognise the need to put in place “wrap-around” support not just to older people’s care homes, but also smaller mental health and learning disability homes and supported living, focussing on specific needs in those settings.

The following sections describe what this will mean in practice, as we build on partnership-working and lessons to-date; and how we will seek to engage and involve local people in our approach.

Start Well

- **Children and families are more visible so that their needs are identified earlier** and where necessary they are safeguarded
- **More children having access to immunisation** including take-up of MMR.
- **Improved access** to support.
- **Networks of support and services for children and young people living with long-term conditions**, based in the community.
- **Enabling families with children & young people to access different forms of support** through our Social Prescribing services.
- **Young people feeling more connected to their neighbourhood through the voluntary & community sector which is supported** to meet local needs.
- **A smooth transition as children return** to schools and colleges.
- **Access to support and services needed** in any second-wave of COVID-19.

Live Well

- **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 VCS, health and social care services for those requiring further support
- **No wrong door**, simplified referral and communication systems to ensure people get the support they need in the most accessible and timely way
- **Access to some services being improved by services using digital support, sharing of data, and targeted assistance** in order to reduce risk of disease and improve physical and mental health and wellbeing.
- **Going for a physical assessment incorporates mental health risk and vice versa**
- **Safe transition of rough sleepers** from homeless hostels set up as during COVID-19.

Age Well

- **A single care plan** that takes a “strengths-based” approach with input from carers and the voluntary & community sector.
- **Integrated, neighbourhood-based networks of services and support** that keep people as healthy, safe and independent as possible, in their home.
- **Elderly residents feeling more connected to their local voluntary & community sector** via joined up ‘hubs’.
- **Integrated care available at convenient times** due to equipment, mental health input and out-of-hours provision
- **Social care reablement beds** to enable people to return home.
- **Emergency department frailty “pathways”** to support people to return home safely and quickly
- **Proactive support to shielded and vulnerable people** living with long-term conditions.

Care Well

- **Ensuring every resident in a care setting is supported** by multi-disciplinary team centred on them as a person.
- **Targeted support to the most vulnerable** care home, extra care and supported-living residents.
- **Timely access to medicines support**, medicines management and safe medicines re-use
- **Ensuring joined-up health and care** is offered in all care settings including Learning Disabilities, Mental Health and Substance Misuse.
- **Ongoing training for care home staff** in infection control and prevention.
- **Clear protocol for testing of care home residents and staff**, across all care settings.
- **Support in managing localised outbreaks**, with mutual support between locations.
- **A residential care charter** that formalises valuing and protecting our workforce.

Addressing inequalities

understanding the experiences and expectations of local people within our communities

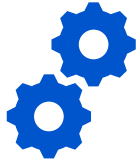
It is essential that we understand the experiences and expectations of local people and work with our communities to put in place services and ways of working for the future. During August and September, we will:

- build on our conversations and intelligence to inform the further development of our recovery plans.
- work closely with our partners to test and shape the recovery plan and ensure meaningful engagement with local people to influence and shape priorities for recovery.

We will build on this engagement through involvement and collaboration with our local communities and frontline staff as we begin delivery of the recovery plan post-September. To support this we will be:

- Reflecting on what we know from previous engagement
- Hearing, understanding and learning from individual experiences in the pandemic; especially those disproportionately affected
- Using information and intelligence already gathered and ensuring it reflects the lived experience of the Southwark community
- Working as a partnership to improve our shared understanding
- Understanding the impacts of Covid-19 on different communities and supporting those most affected to help them shape improvements
- Sharing public information and updates in a way which is relevant and meaningful to our communities
- Encouraging people in Southwark to participate in bringing the recovery plan to life and ensuring their involvement throughout.

If you are interested in hearing more about our work or getting involved please contact Partnershipsouthwark@nhs.net



Ensuring local capacity

We are working as Southwark and with partners across South East London to understand likely demand on our services and to ensure the capacity is there: supporting the restoration of routine services and ensuring we cope with any “second wave”. This includes work across health and care to ensure our care home sector can, in partnership, facilitate quick and timely access to care in a personalised way.

Workforce



Our priorities of valuing and investing in our people and working collaboratively to improve working lives, workloads and wellbeing are more critical than ever. This includes supporting staff physical and mental health and wellbeing, clear risk assessments and support for Black, Asian And Ethnic Minority staff, and building multi-disciplinary teams to enable integrated working, the development of the broader workforce and volunteering models.

Digital



We are building on progress during Covid-19 in using digital technologies to improve access and health outcomes, including in our ability to securely share information and data and match services to needs, whilst ensuring that we continue to provide an inclusive set of services which support our overall goal of tackling inequality and do not create new barriers to accessing care. We understand that a digital solution may not always be appropriate however we want to use it when possible to enable good service delivery.

Market development



We will support people to live in their own homes for as long as possible through the provision of reablement, home care and extra care. Where people do need to be in a residential setting, we are working to ensure we have sufficient nursing home capacity by developing two new nursing homes. In parallel, we are working to promote quality of care, safety, and the importance of a valued and caring workforce through both care in the community and residential and care settings.



One Public Estate

Our objective is a joint approach to the improvement of the estate across the borough, linking Regeneration, Public Health and the NHS to create the infrastructure requirements for our population and our workforce.

These are the “enablers” that will support us in delivering our local priorities.

We recognise that delivering on this plan will not be easy.

Key risks which affect all of our partnership and have the potential to stand in the way of delivery include:

- 1. Achieving the required level of change:** involving every part of our system, including health, care, and education and already under-pressure voluntary and community organisations (which, whilst planning for recovery, are still engaged in the daily fight against the risks and impact of COVID-19).
- 2. Establishing how we organise ourselves to deliver services:** that is, how we can best plan and deliver outcomes, balance the benefits of local flexibility and neighbourhood-based working with ensuring equality of access and standards, and achieve appropriate join-up with hospital and other key services which operate across borough boundaries.
- 3. Addressing underlying financial pressures:** how we will work together towards a borough-wide sustainable position for the NHS, the council, our service and care providers, our voluntary and community sector and the local population, in the face of existing and new financial challenges affecting us all.

These are some of the “elephants in the room” which we need to face up to if we are to succeed.



However, we believe our best chance of success is to be honest about the challenges, working together and with the communities we serve to overcome barriers standing in the way of better health and wellbeing for all.