

# Southend on Sea Pioneer Programme – Profile

## 1.1 What is your area like?

Southend is best known as a seaside resort and is located on the north side of the Thames estuary, 40 miles east of central London. With 174,000 residents, it's one of the UK's more densely populated areas and there are two aspects of the borough's demographics which pose challenges to the local health system. We have a higher than average number of frail older people over 80 (9.8% of the population against a regional average of 7%). We also have a high level of deprivation which, again, is higher than average. About 7,900 children are living in poverty and overall life expectancy is around nine years lower in the most deprived areas when compared with the least deprived areas.

While there are challenges, Southend has a number of factors in its favour as a pioneer site; we are a single unitary authority, a single clinical commissioning group (CCG) and a significant amount of our attention is focused on the performance of acute care, and the community care that supports it. We also have a system culture of innovation and making things happen.

## 1.2 What are you aiming to achieve?

We want Southend to have a truly integrated health and social care system, where information is shared between professionals enabling them to create a single, comprehensive care package encapsulating all of a patient's needs. By working in a more joined-up fashion, and promoting the prevention agenda, we can reduce unnecessary hospital admissions and keep patients independent in their own home for longer. We also aim to increase community resilience, helping people take more responsibility for their own health and wellbeing.

## 1.3 What have been the highlights of your first year?

Our focus has been on finding innovative ways to overcome local barriers which have historically prevented truly integrated health and social care in Southend.

The key features of our work have been on developing an integrated commissioning model, Better Care Fund planning for 15/16 and beyond and information sharing. We are developing innovative solutions which will change the way we work within our area, benefit Southend's residents and patients and provide leadership for other pioneer areas.

## 1.4 Details of the year

In the first year of our programme there have been a number of significant developments:

- **Building relationships** We brought together the collective resources of Southend's statutory, voluntary and third sector organisations. This has allowed key relationships to be developed at the senior, system and

operational level. These relationships have proved to be an enabler to the planning and implementation of integration.

- **Agreement to integrate commissioning** We have developed a number of joint initiatives to transform services. This has included the signing of a memorandum of understanding through which we will design and deliver an integrated commissioning function spanning Southend Council and Southend CCG. See case study: [Developing an integrated commissioning service](#).
- **Developing a single point of referral** See case study: [Developing a single point of referral \(SPoR\)](#).
- **Promotion and prevention agenda** We have developed a project plan for social prescribing that engages the voluntary sector and has begun to engage with primary care providers. We have commissioned the voluntary sector to deliver a 'Talking Health' project that engages communities and encourages prevention and independence. Talking Health has engaged over 1,600 households since mid-November 2014.
- **Government approval to share data** In December 2014 we made progress with our application to the Confidentiality Advisory Group to share data across social care and health enabling risk stratification and predictive modelling. Our plan was provisionally approved with conditions, which is a step forward and we are now reviewing those conditions in order to take this project to the next stage.
- **Opened a two-way conversation** Our communications workstream has opened a two-way conversation with those who design and commission services as well as those who use them.

### 1.5 What has been the most exciting aspect?

In Southend, we have worked on several aspects of the pioneer programme where successful outcomes will help all pioneer areas. We have led on the application to the Confidentiality Advisory Group where the development of an innovative solution to data share will deliver major benefits to all pioneers. The development and successful implementation of our integrated commissioning model will also provide a valuable model of best practice.

### 1.6 What has been the most challenging aspect?

We are resourcing a number of large projects simultaneously. We did initially find it a challenge to deliver work relating to the pioneer programme in parallel with other work, such as the Better Care Fund (BCF). However, by working on the BCF we were able to speed up our planning and decision-making for our integration work, as it forced us to make a number of necessary and realistic decisions in a very short period of time.

### 1.7 What are you planning to do next year?

For 2015, we are planning to implement huge changes to the way we commission and deliver integrated services in Southend. These are:

- **Fully integrated commissioning function** Under the memorandum of understanding we plan to address issues about new accountabilities, sovereignty and resource sharing, leading to a formal agreement about how to implement a fully integrated commissioning service. The agreement will specify those service and budget areas to be included in pooled arrangements.
- **Primary care hub** To develop the target model we plan to implement a pilot primary care hub which will integrate health, social care and voluntary services at community level.
- **Promote prevention and independent living** Through our prevention and engagement workstream we will be rolling out a number of projects that support residents and address issues that impact negatively on their own health and wellbeing, for example social prescribing, patient activation measures and a 'Talking Health' project.
- **Risk stratification and predictive care pathway modelling** Following the government's conditional approval for data sharing, we plan to work with our private sector partners to further develop our understanding of our residents' needs which will enable us to create and model innovative care pathways.

## 1.8 What is your advice for areas starting on their own integration journey?

In Southend, we got the right people round the table from the start and ensured all organisations involved in the delivery of health and social care had a voice through the pioneer programme. We made sure system leaders were engaged and that we had a firm idea of the direction we needed to go from the start. Ensuring buy-in from all partners and involving them in the journey is essential.

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