

Health and Wellbeing Board

Thursday 18 June 2015

2.00 pm

Ground Floor Meeting Room G02C - 160 Tooley Street, London
SE1 2QH

Supplemental Agenda No.1

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Contact

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Date: 15 June 2015

| | | | |
|----------------------------------|--------------------------------|--|--|
| Item No. 7. | Classification: Open | Date: 18 June 2015 | Meeting Name: Health and Wellbeing Board |
| Report title: | | Key priorities for Children and Young People in Southwark | |
| Wards or groups affected: | | All | |
| From: | | Jean Young, Head of Primary, Community and Children's Commissioning, NHS Southwark Clinical Commissioning Group Kerry Crichlow - Director Strategy and Commissioning, Children's and Adults' Services Southwark Local Authority | |

RECOMMENDATIONS

1. The board is requested to:
 - a) Note, comment on and endorse the Joint Southwark CCG and Council Strategic Framework Proposal and timeframe in line with the Joint Strategic Needs Assessment work
 - b) Comment on and endorse the priority areas for the joint Children's and Young People's strategy which are:
 1. Early Years/Better Start 0-5/School ready
 2. Emotional wellbeing and Mental health
 3. Long Term Physical Conditions (diabetes/asthma/epilepsy/sickle cell)
 4. Emergency Admission avoidance
 5. Young People's Health 10-25 (sexual health/drugs/self-harm/gangs)
 6. Vulnerable children and young people (LAC/SEND/CIP)
 7. Childhood Obesity
 8. Neglect
 - c) Agree the focus of the joint strategy, which will be for children and young people, families, perinatal mental health and maternity.

EXECUTIVE SUMMARY

2. The Council and the CCG is developing a joint strategy for Children and Young People and is seeking the Health and Wellbeing Board's views on a high level proposal for the strategy, including the priority areas and the timeframes.

KEY ISSUES FOR CONSIDERATION

3. Local Children and Young People's Services are commissioned by NHS Southwark CCG, NHS England and Southwark Council.

4. In order to improve outcomes for children and young people, we want to align services and improve access to holistic early intervention and prevention for children, young people and their families.
5. Therefore, we are developing a joint Children and Young People's Strategy across the CCG and the Local Authority, underpinned by joint commissioning intentions.
6. The enclosed presentation sets out a high level proposal, including priority areas of focus, and timeframes.
7. The priority areas of focus will be supported by a robust Joint Strategic Needs Assessment and Engagement plan using information and data already held by partners and testing strategic development with our local families and providers.
8. We intend to commission services that, as far as possible, enable children and their families to access support through universal settings within their local community from 0-25 years of age.
9. The proposals in Appendix 1 were considered by the Clinical Commissioning Group's Commissioning Strategy Committee on 11 June and by the Children's Commissioning Board on 12 June. Feedback has been incorporated.

APPENDICES

| No. | Title |
|------------|--|
| Appendix 1 | Presentation - Southwark Children and Young People's Local Commissioning |

AUDIT TRAIL

| | | | |
|---|--|------------------------|--------------------------|
| Lead Officer | Jean Young, Head of Primary, Community and Children's Commissioning, NHS Southwark Clinical Commissioning Group Kerry Crichlow - Director Strategy and Commissioning, Children's and Adults' Services Southwark Local Authority | | |
| Report Author | Jean Young Kerry Crichlow | | |
| Version | Final | | |
| Dated | 15 June 2015 | | |
| Key Decision? | No | | |
| CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER | | | |
| Officer Title | | Comments Sought | Comments Included |
| Director of Legal Services | | No | No |
| Strategic Director of Finance and Corporate Services | | No | No |
| Date final report sent to Constitutional Team | | | 15 June 2015 |

Southwark Children and Young People's (CYP) Local Commissioning

Southwark Health and Wellbeing Board
18 June 2015

Kerry Crichlow - Director Strategy and Commissioning
Children's and Adults' Services

Jean Young – Head of Primary, Community and
Children's Commissioning

Introduction and Purpose

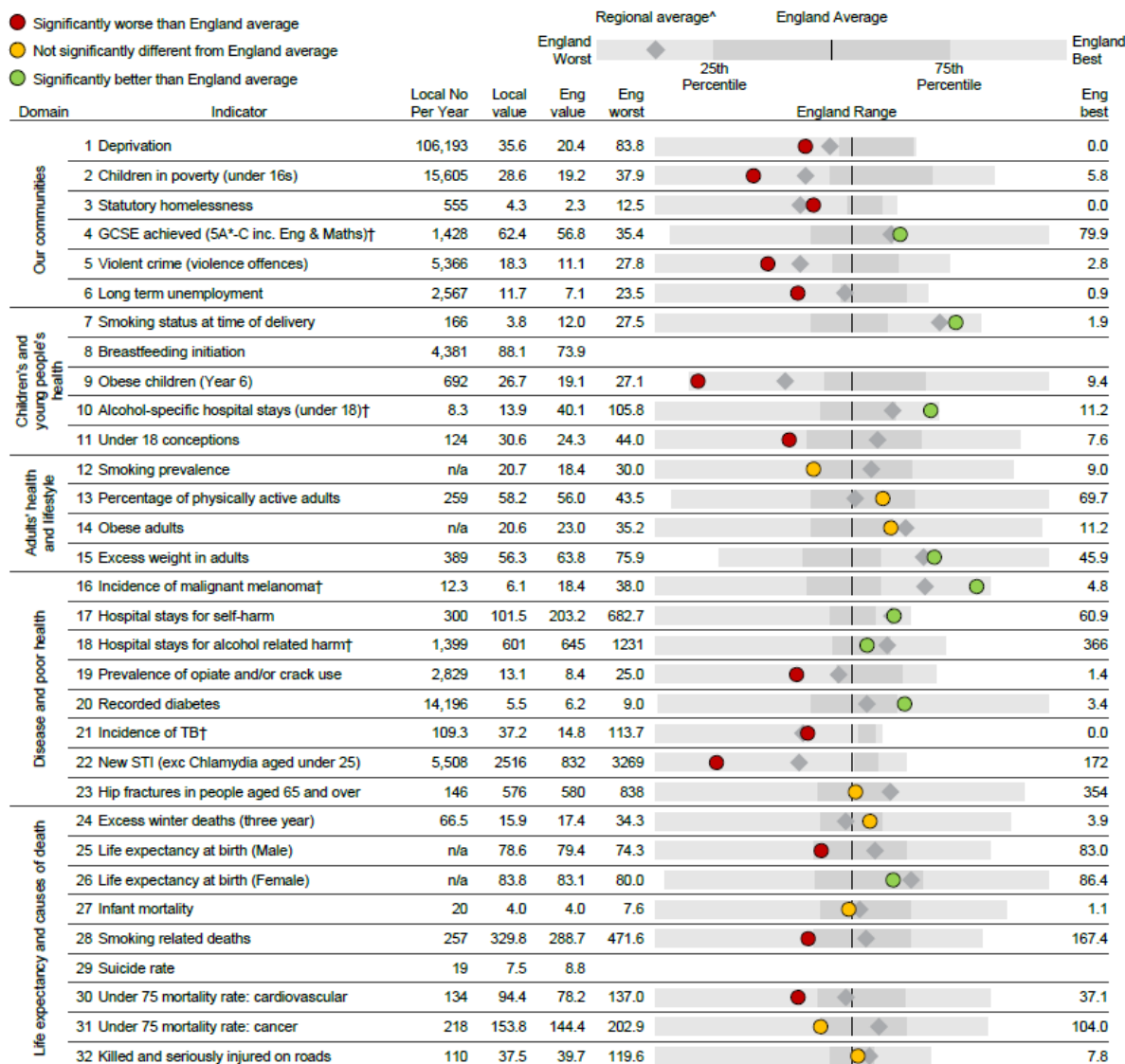


1. Children and Young People's (CYP) Public Health Profile
2. Strategic Shared Aims:
 - Our Healthier South East London
 - Giving London's children the best start in life Transformation Programme
3. Local Commissioning
4. Southwark Council Families Matter Approach
5. Local Challenges and Opportunities
6. What difference are we hoping to make for our local children?
7. What could this look like?
8. Strategic Framework Proposal



Health summary for Southwark

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.



Child health

- In Year 6, 26.7% (692) of children are classified as obese, worse than the average for England
- The rate of alcohol specific hospital stays among those under 18 was 13.9*, better than the average for England.
- Levels of teenage pregnancy and new STI are worse than the England average.
- Levels of GCSE attainment, breastfeeding and smoking at time of delivery are better than the England average

Our Healthier South East London and London

Strategies Shared Aims

1. Developing population-based networks to promote health/wellbeing and co-ordinate care
2. Reduce variation in quality of services
3. Develop commissioning of children and young people services to enable the effective commissioning of pathways of care
4. Integrating care across public health and primary and secondary services
5. Develop innovative access models e.g. Local Care Networks

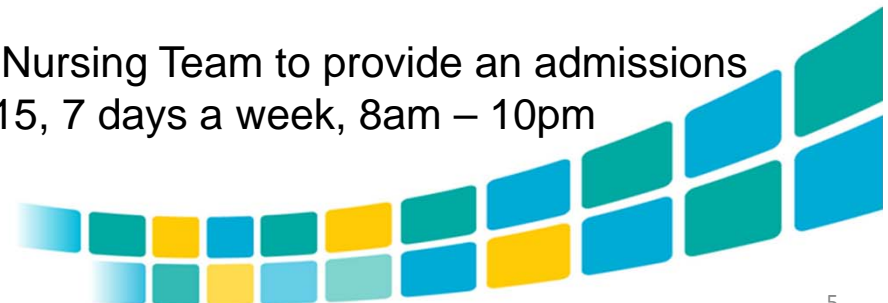


Local Commissioning



Good partnership working exists between Local Authority and CCG with Public Health formalised through monthly meetings of the Children's Commissioning Board. Current projects includes:

- Vitamin D programme expanding universal coverage from pregnancy to four years through community pharmacies
- School Nursing and Health Visiting Service improvements and monitoring, including commissioning responsibility moving to the Local Authority
- Tackling Childhood Obesity Workstream, e.g. a follow up programme that GPs can refer families to, following up the child measurement programme in years R and 6
- Early Start Service, e.g. child health development workers who can closely link to early help services, GPs and community pharmacists (see Appendix 2)
- Planned extension of the Children's Community Nursing Team to provide an admissions avoidance service for local children from Oct 2015, 7 days a week, 8am – 10pm



Families Matter – The Model



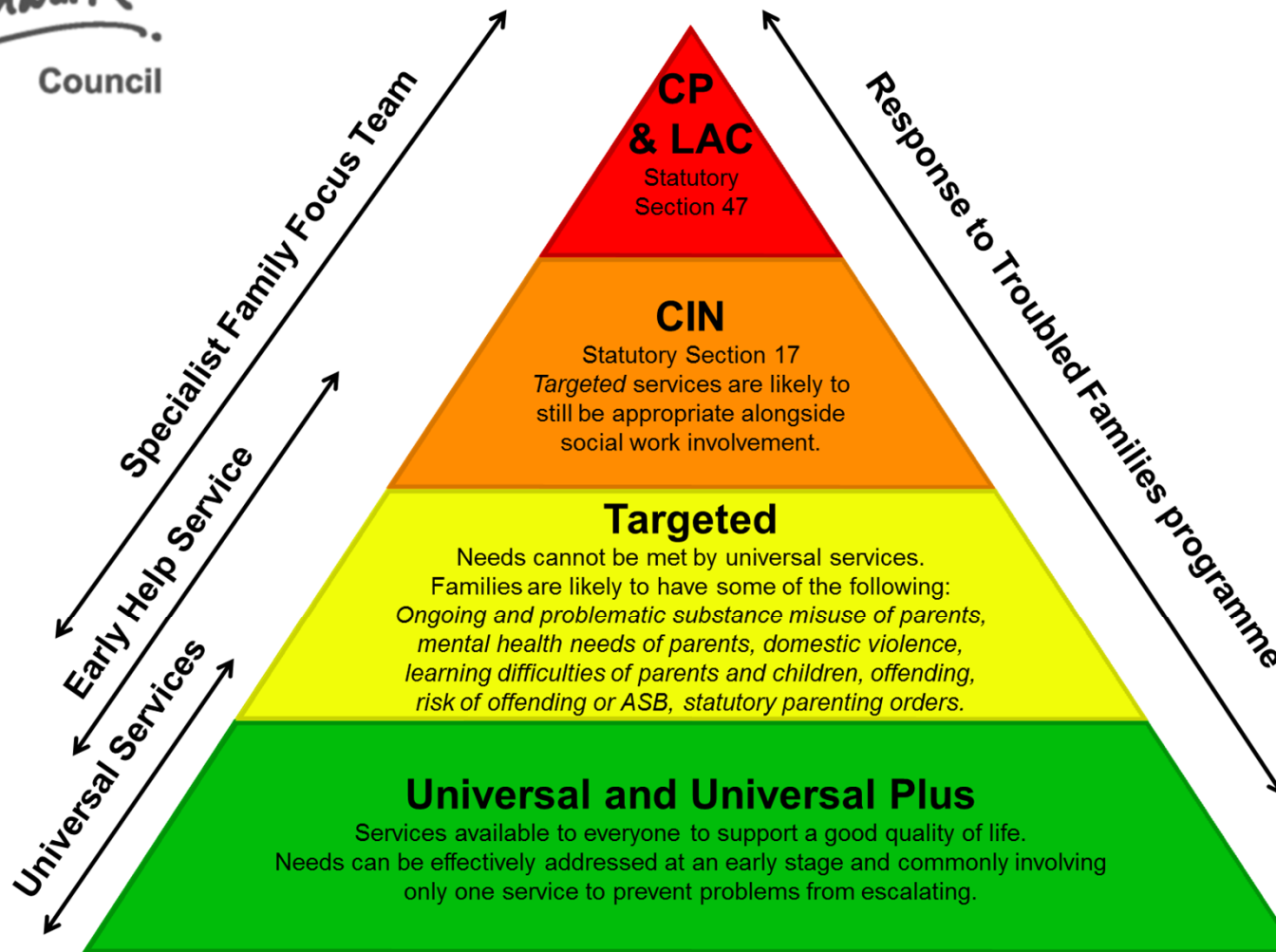
- Effective and accessible universal services from 0-19 years including strengthening links with providers of early years' learning, primary and secondary education, health services, youth services and children's centres to enhance resilience and develop protective factors in children, young people and families.
- Services which provide prompt support when problems first emerge where early resolution decreases the risk of the problem escalating to a higher, more serious level of need, or becomes entrenched, and thus more difficult to resolve.
- More intensive services which reduce the number of children and young people who are risk of significant harm and / or being taken into care, enabling more children and young people to live at home with their families.
- Statutory Children's Social Care services for children and young people at risk of or experiencing serious harm.
- A continuum of care that ensures that those who require support at varying levels of intensity receive a seamless service and that support continues to be provided for those leaving care or other statutory interventions.



Southwark Council Families Matters Tiered Approach (see Appendix 3 for definition)



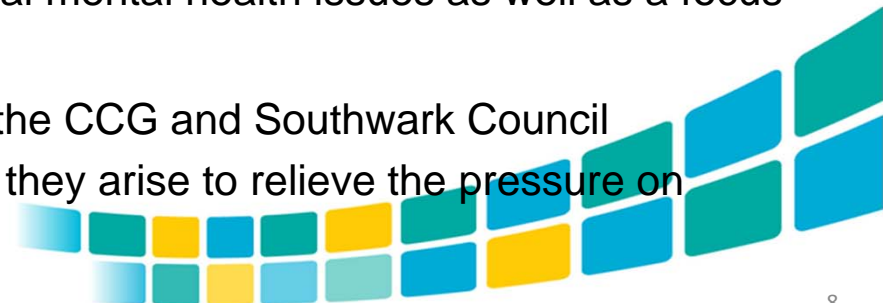
Southwark
Clinical Commissioning Group



Local Challenges and Opportunities



- Developing a joint Children and Young People's Strategy across the CCG and the Council, underpinned by joint commissioning intentions, for example:
 - ✓ We will commission services that, as far as possible, enable children and their families to access support through universal settings within their local community from 0-25 years of age
- Transfer of Health Visiting Services from NHS England to the Council in October 2015
- Partnership working across health and the Council to better meet emerging needs at a local level by looking for alignment between Families Matter and Local Care Networks
- Children and Young People's Health Partnership funded by the Guy's and St Thomas' Charity is leading an integration project for children's health focusing on improving children and young people's outcomes across the system.
- Further development of partnership working across commissioners and providers especially schools
- Build capacity across system to early identify and address triggers and behaviours of emotional wellbeing, poor mental health or potential mental health issues as well as a focus on prevention
- Financial challenges across public services, both the CCG and Southwark Council
- Shifting the balance to preventing problems when they arise to relieve the pressure on specialist services e.g. A&E, specialist clinics



What difference do we hope to make?



- Commission for and improve outcomes for children and young people across a range of domains including physical health, mental health, social and emotional development and reduce health inequalities.
- Jointly deliver a holistic local offer for children and young people across a range of health and local authority services.
- Strive for true integration of health, social care, housing, education and other partners as required.
- Reduce the demand on acute services across health and social care through moving away from a culture of onward referral and towards a culture of holistic support that enables earlier intervention to resolve issues as soon as they emerge.
- Ensure a clear focus on safeguarding, preventing and reducing the impact of abuse and neglect.
- Work with children, young people and families as equal partners in their services to meet their needs in the most appropriate way.



Local Care Networks + Families Focus

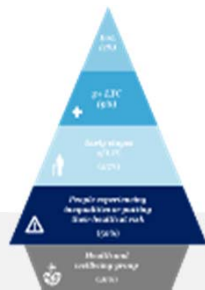


Southwark

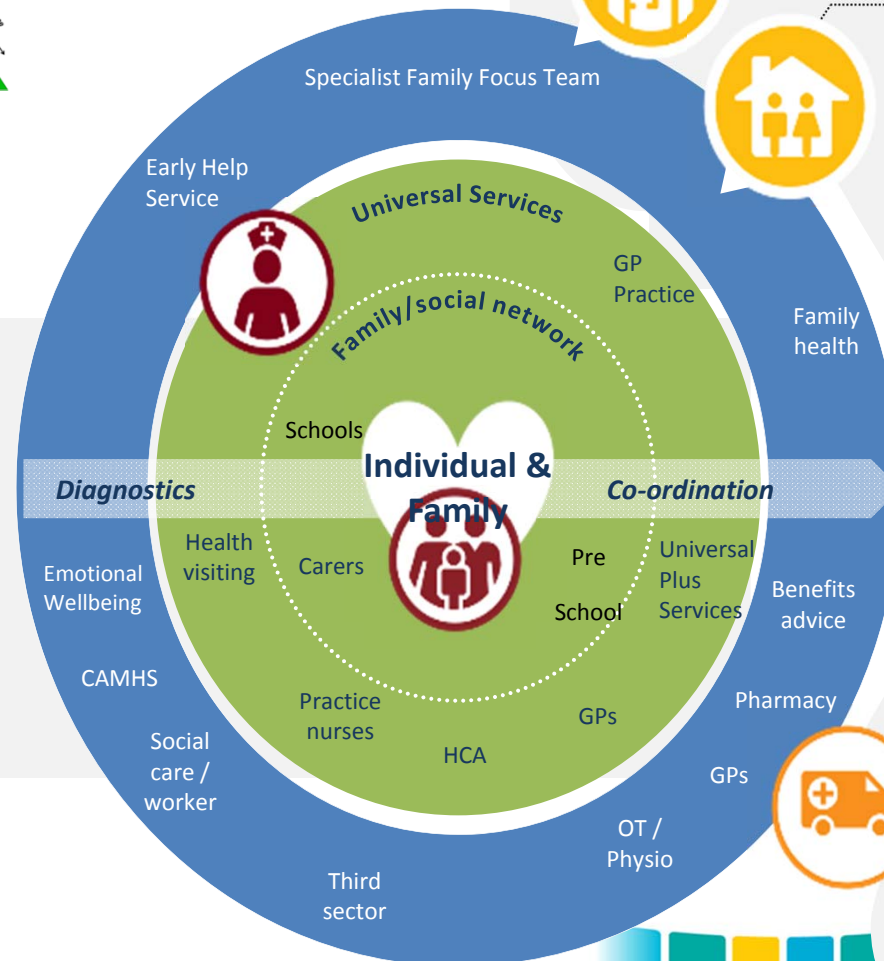
Group

Resilient communities

Proactive, Accessible, Coordinated, Continuous Care



Population needs and budget



Specialist and High Needs (including CIN, CP and LAC) input shared with LCNs – Specialist Health and Social Care support with multi-agency oversight

Targeted input per LCN:

Early Help and Specialist Family Focus Team - Educational Welfare Officers, Educational Psychologists; CAMHS Specialists; Family Support Officers; Early Years Support Officers and a social worker. School nurses are aligned with the locality teams.

Affordable high quality outcomes



Urgent and emergency

Local Care Networks will operate beyond usual hours in order to reduce referrals to emergency care

Strategic Framework and Timeframe



| Actions | Timeframe |
|---|----------------|
| <ul style="list-style-type: none">• Develop a high level strategic framework focusing on the following priorities:<ul style="list-style-type: none">- Early Years/Better Start 0-5/School ready- Emotional Wellbeing and Mental Health- Long Term Physical Conditions (diabetes/asthma/epilepsy/sickle cell)- Emergency Admission Avoidance- Young Peoples Health 10-25 (sexual health/drugs/self harm/gangs)- Vulnerable Children and Young People (LAC/SEND/CIP/Learning Disabilities)- Childhood Obesity- Neglect• Focus - children and young people, families, perinatal mental health and maternity• Stakeholder Mapping and Engagement | Jun - Jul 2015 |

Strategic Framework and Timeframe



| Actions | Timeframe |
|---|------------------------------|
| Review all CYP services - delivery against quality outcomes and patient experience supporting the transformation to delivery from Local Care Networks with outcomes focused care | Jun – Aug 15 |
| CYP (including maternity) Joint Strategic Needs Assessment <ul style="list-style-type: none"> - Stage 1 Needs Assessment - Stage 2 JSNA report completed | May – Aug 15 Aug – Nov 15 |
| Review of JSNA against Service Outcomes to inform Strategy development including contract notification/provider development discussions with high level service outcome focused changes (Sept) in line with overall direction for Local Care Networks | Aug – Dec 15 |
| Finalise Joint Southwark CCG and Council Strategy (up to 5 years) | Dec 2015 |
| Mobilise changes | Jan 16 – Apr 17 |



Engagement



| Actions | Timeframe |
|---|--------------|
| <p>Test Strategic Framework Process and Priorities with CCG and Southwark Council:</p> <ul style="list-style-type: none"> - CCG Commissioning Strategy Committee - 11 June 2015 - Joint Children's Commissioning Board (proposed working group) – 12 June 2015 - Southwark Health and Wellbeing Board - 18 June 2015 - Children and Young People Health Partnership – June 2015 - Integration and Neighbourhood Models of Care CCG Board (LA representation) – 9 July 2015 - Engagement and Patient Experience Committee (CCG) – July 2015 - Southwark Council Young People and Family Engagement Network June/July 2015 | Jun – Aug 15 |
| Family and CYP Engagement Plan to engage on Strategy | Jul – Oct 15 |



Appendix 1

Locally Commissioned Services and Commissioner Responsible



CCG Commissioned Services

Core Commissioned targeted and specialist mental health services

- The Children's team (0-12 years)
- Adolescent Service (12-18 years)
- Neurodevelopmental Service (NDS)
- Carelink (Looked after Children)
- CAMHS Early Help Team (within Early Health Locality Teams)
- Specialist Outpatient CAMHS services e.g. Forensic Psychology, OCD treatment

Acute and Community services

- Emergency care within hospitals (Evelina and King's College NHS Foundation Trust)
- Outpatient care including paediatric diabetes services
- GP services in a co-commissioning arrangement with NHS England from April 2015
- Child protection
- Nutrition and Dietetics services (within Children's Centres in partnership with Local Authority)
- Speech and Language Therapy
- Occupational therapy
- Community Paediatricians
- Special Nurse Nursing
- Continuing Care



Other Health Services and Commissioners



Southwark

Clinical Commissioning Group

NHS England

- Public health services for children from pregnancy to age 5 (Healthy Child Programme 0-5), including health visiting, responsibility for Child Health Information Systems. (Responsibility for children's public health 0-5 due to transfer to local authorities in October 2015)
- Specialist CAMHS inpatient services
- General Practice GMS/PMS/APMS Core Contract in co-commissioning arrangement with CCG from April 15
- Specialist services including cancer and rehabilitation
- Immunisation programmes including childhood immunisation programme under 5 and in schools
- National screening programmes
- Dental services

Local Authority Public Health Transfer , commissioned by CCG on the LAs behalf

- School nursing services
- National Measurement Health Programme
- Healthy eating, activity and obesity services
- Accident prevention
- Nutrition
- Dental public health
- Prevention/advice e.g. smoking, sexual health
- Infant mortality
- Families Matters – early help
- Functional Family Therapy
- Parental Mental Health Team



Appendix 2 - Early Start Service

Early Start is a 2 year test and learn programme aimed at the promotion of health literacy and well-being for children aged 0-5 years and their families. The service will be expected to evolve during these 2 years and the commissioners will be keen to work closely with the provider during this pilot.

Health literacy is reported as being essential to make the best decisions regarding your health. Poor or limited health literacy is associated with:

- reduced use of preventive services such as screening, immunisation
- Reduced ability to seek out treatment and management of long term conditions such as diabetes or asthma
- Inability to interpret food nutrition labels, complete insurance forms, or understand directions on prescriptions and other medicines
- Inability to locate health care providers and services

Health literacy can be defined as the ability to understand and have access to basic health information and services to make informed health decisions.

Key Outputs include:

- Developing, supporting and promoting engagement with a programme of information to be provided by the relevant clinician
- Providing direct `named` link to specific GP practices and pharmacy offering advice re non clinical matters such as access to voluntary sector support, benefits, housing etc.
- Improving achievement of key health targets e.g. immunisation, dental check-ups, smoking cessation
- Improved school readiness
- Increased equitable access to appropriate services and confident management of their health by `vulnerable` families
- Provide/ facilitate behaviour awareness and support sessions for parents of children



Appendix 3 - Families Matters

Families Matter is Southwark's approach to ensuring we have the right pathways and range of services to ensure that children, young people and families are provided with the right support at the right time to prevent problems from escalating to higher levels of intervention at greater detriment to their wellbeing and at greater cost to the public. We want to ensure that children, young people and families receive the best possible support at times of need in order to address and resolve issues rapidly and effectively. The



What is the Tiered Approach?

Families Matter is being delivered through a tiered approach ranging from children, young people and families with no additional needs to those requiring support at the acute end of Children's Social Care. The visual representation indicates broadly the different levels of support that are available to respond to the needs of children, young people and families for a range of reasons. It is acknowledged that families may move between these levels of support and it is not suggested that the levels are finite. This is key reason for ensuring that all parties working with families are joined up in the service delivery process, that communication is transparent, thresholds and pathways clear, and information is shared in a professional and informed environment. The model builds upon the strengths of the existing Multi-Agency Safeguarding Hub (MASH) and Team Around the Child & Family approach. The Southwark Safeguarding Children Board is responsible for publishing a multi-agency thresholds document that outlines the criteria for each of the thresholds and the pathways for accessing support and these thresholds are fully integrated with the Families Matter approach.

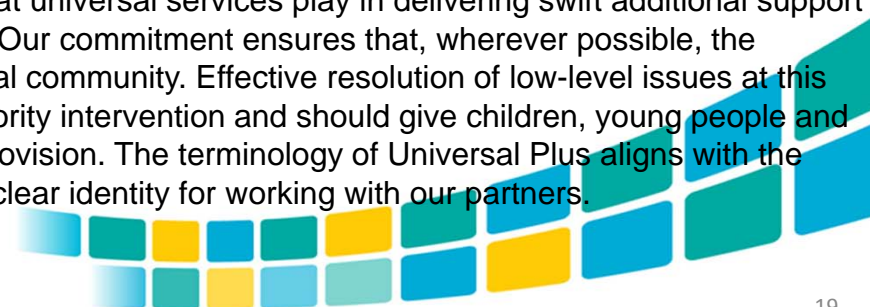
What is the Families Matter Offer?

Families Matter ensures that there is a range of service availability at every tier of support as follows:

Level One: Universal and Universal Plus

The Universal level of the model acknowledges our commitment to deliver high quality services for all residents of Southwark regardless of their level of need and reflects the aims of the Council's Fairer Future vision. These services are provided through open access and are the platform for all of Southwark's children, young people and families to enjoy their entitlement to a safe, happy and fulfilling life experience. The services provided at this level help children, young people and families to develop resilience and the protective factors which enable them to manage their own needs within the community.

The Universal Plus element of this tier recognises the crucial role that universal services play in delivering swift additional support to children, young people and families as soon as a need emerges. Our commitment ensures that, wherever possible, the optimum place for additional support to be provided is within the local community. Effective resolution of low-level issues at this stage can prevent them from escalating to more complex local authority intervention and should give children, young people and families the best possible chance to return to accessing universal provision. The terminology of Universal Plus aligns with the tiers of support used within health services and therefore creates a clear identity for working with our partners.



What is the Tiered Approach

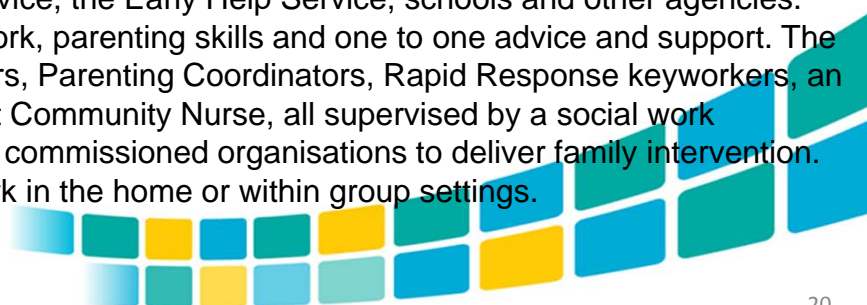
Level Two: Targeted (Early Help Service and Specialist Family Focus Team)

Where needs escalate beyond the level that universal services can address then we are committed to providing a range of targeted local authority services in partnership with others to continue to address problems as soon as they emerge and prevent them from escalating to requiring statutory intervention from Children's Social Care.

The local authority services that operate at this level are the Early Help Service and Specialist Family Focus Team working collaboratively with a range of partners both within the Council and including schools, early years' settings, children's centres, health professionals, criminal justice professionals and the voluntary sector.

The Early Help Service operates four locality-based teams comprising Educational Welfare Officers, Educational Psychologists; CAMHS Specialists; Family Support Officers; Early Years Support Officers and a social worker. School nurses are also aligned with the locality teams. The teams link directly into Children's Centres for early years' intervention and support, and to primary and secondary schools providing support to families on matters including attendance, exclusions, SEN advice and support, and behaviour support. All cases are referred through CAFs and are recorded in case files, monitored and followed through to resolution. Early Help Teams predominately work with Children's Centres, PVI settings, the voluntary sector and schools. Early Help sits within the Education arm of Children's and Adults' Services.

The Specialist Family Focus Team (SFFT) focuses on the more complex cases which require more intensive specialist support. It sits within the Children's Social Care arm of Children's and Adults' Services and works intensively with families at severe risk of breakdown, providing alternatives to care and solutions to resolve family crisis. Referrals for this team are received from a range of sources including Children's Social Care, the Youth Offending Service, the Early Help Service, schools and other agencies. SFFT provides a number of intensive interventions such as family work, parenting skills and one to one advice and support. The team comprises Outreach and Family Intervention Project keyworkers, Parenting Coordinators, Rapid Response keyworkers, an Adult Mental Health / Substance Misuse practitioner and a Specialist Community Nurse, all supervised by a social work management team. There are also three co-located voluntary sector commissioned organisations to deliver family intervention. The team provides intervention and intensive parenting or family work in the home or within group settings.



What is the Tiered Approach

Level 3: Children in Need

Services at the Children in Need level of the model focus predominantly on the delivery of services to children, young people and their families where risks are even greater and where longer term support may be necessary.

A child in need (CIN) is a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired without the provision of services; or a child who is disabled. Children who are privately fostered, who are seeking asylum or whose parents are in prison are also classed as children in need. The majority of cases allocated to Children's Social Care are at Child in Need level and social work intervention at this level is carried out in agreement with the child's parents/carers.

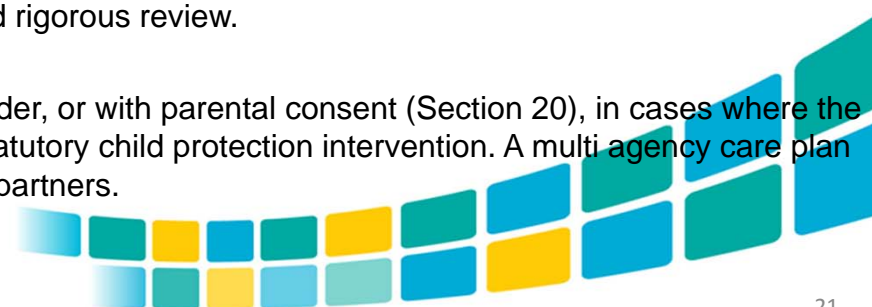
The service provided at CIN level includes an allocated social worker, a full social work Single Assessment, a multi-agency Child in Need network and a child in need plan support plan with outcomes and goals. The support plan involves a number of agencies and specific interventions. Services at this level are designed to prevent escalation into tier 4.

Level 4: Child Protection and Looked After Children

The Child Protection and Looked After Children level of support encompasses statutory Child Protection, and services for children looked after by the local authority.

A child in need of protection is a child that is suffering, or is likely to suffer, significant harm. The local authority investigates under Section 47 of the Children Act 1989. If the significant harm or the risk of significant harm is evident, a child protection conference takes place and a Core Group is established. Child Protection Conferences are chaired independently. The conference agrees a multi-agency child protection strategy which is subject to regular and rigorous review.

A child will be taken into local authority care either following court order, or with parental consent (Section 20), in cases where the child's safety cannot be maintained in the family home, even with statutory child protection intervention. A multi agency care plan is agreed and closely monitored, with specific contributions from all partners.



| | | | |
|-----------------------|--------------------------------|---|--|
| Item No. 8. | Classification: Open | Date: 18 June 2015 | Meeting Name: Health and Wellbeing Board |
| Report title: | | Children and Young People's Health Partnership (CYPHP) – report for the Health and Wellbeing board. | |
| From: | | Janet Lailey, Programme Manager, CYPHP | |

RECOMMENDATIONS

1. The board is requested to:
 - a) Note progress (Appendix 1 of the report)
 - b) Provide any guidance particularly regarding the young peoples project.

EXECUTIVE SUMMARY

2. The CYPHP is a partnership of health providers, commissioners, borough councils, schools, voluntary sector and children and families.
3. It is a Programme sponsored by the GSTT charity.
4. It has developed a vision for improving the health of children with Partner and the details of the Programme are being finalised.
5. A further bid for funding to support the proposal has been put forward.

BACKGROUND INFORMATION

6. The focus is on:
 - Preventing ill health
 - Helping children and families to better manage their health
 - Building on existing services and strategies
 - Supporting staff to develop skills and approaches to better help families and children.

KEY ISSUES FOR CONSIDERATION

7. Improving the care of children in general practice.
8. Improving the care of children with chronic conditions.
9. Improving access to health services to young people.
10. Supporting an academic resilience approach in schools.

Policy implications

11. The approaches taken can inform the development of strategies around improving the health and well being of children.

Community and equalities impact statement

12. The CYHPH is undertaking an equality impact assessment.

Legal implications

13. None

Financial implications

14. The Programme is funded by the GSTT charity. A cost benefit analysis has been undertaken. Further work will need to be undertaken with commissioners and providers to release any cost savings in to sustaining the models in the longer term.

BACKGROUND PAPERS

| Background Papers | Held At | Contact |
|-------------------|---------|---------|
| None | | |

APPENDICES

| No | Title |
|------------|--|
| Appendix 1 | Children and Young People's Health Partnership – Report for the Health and Wellbeing Board |

AUDIT TRAIL

| | |
|--|--|
| Lead Officer | Janet Lailer, Programme Manager, Guys and St Thomas NHS Foundation Trust |
| Report Author | Janet Lailer |
| Version | Final |
| Dated | 3 June 2015 |
| Key Decision? | No |
| Date final report sent to Constitutional Team | 9 June 2015 |

Children and Young People's Health Partnership

Report for the Health and Well Being Board

The aim of this action focused Partnership is to improve round the clock children's health care by:

Improving primary care access to paediatric advice and skills

- ✓ To have faster & easier access to specialist advice & care: making a real difference to over 180,000 children and young people living in Lambeth and Southwark.

Supporting children, young people and families to live the lives they choose, by helping them to fully manage their condition physically and mentally

- ✓ Improving the management of long term conditions and mental health, starting with asthma and epilepsy. In the short term this will impact the 8,500 children with asthma and epilepsy in Lambeth and Southwark. In the long term this could benefit all the children and young people living with a long term condition in the two boroughs.

Reviewing the needs of young people and seeing how services could better meet their needs

- ✓ Building on young person centric models and co-designing with young people a service that meets their health needs. Better young people's services will benefit 100,000 young people living in Lambeth and Southwark, particularly vulnerable young people who may not be accessing existing healthcare.

Creating a virtual academy

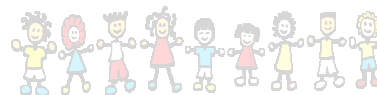
- ✓ Supporting education, self management and accessible information for children, young people and families; supporting a whole school approach to health and well being. This will drive transformative changes in professional education and training, and support children, young people, and families to improve their own health and wellbeing.

The focus is on -

- Preventing ill health
- Helping children and families to better manage their health
- Building on existing services and strategies
- Supporting staff to develop skills and approaches
To better help families and children.



The Children and Young People's Health Partnership is made up of Lambeth and Southwark CCGs, Southwark GPs, Lambeth GPs, King's College Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, Evelina London Children's Hospital, South London and Maudsley NHS Foundation Trust, Lambeth Council, Southwark Council, King's College London and children and families. It is sponsored by the Guy's and St Thomas' Charity.



The Issue

There are over 180,000 children and young people living in Southwark and Lambeth whose every day children's health services face significant problems.

- Between 2011 and 2021, the population of children is projected to increase by 8.5%.
- There is an increasing use of acute services: A&E has seen a 10% rise in attendances by some paediatric age groups in the last two years, a 10% rise in emergency admissions in the under 18s since 2010 and a 13% rise in paediatric outpatients. Most recent data shows that these trends are continuing and are unsustainable both clinically and financially.
- Growing numbers of children and young people live with a long term condition whose needs are often poorly met; by introducing for example, best practice management for children with asthma or epilepsy, including addressing their mental health needs, we could reduce hospital admissions in these groups by over 20%.
- Young people's services are poorly co-ordinated and are often configured in ways that they tell us make it hard for them to access care. This is particularly the case for vulnerable young people who have the greatest health needs.
- Overall, the current health care model for children and young people is unsustainable and is struggling to meet the needs of children effectively.

The Children and Young People's Health Partnership will be testing and piloting several different health care models underpinned by public health research, across the two boroughs over the next three years, with the aim to mainstream the successful ones by the end of the third year.



Progress Made and Next Steps

- Overall needs assessment completed for children and also separately for young people.
- Mapping of services completed.
- Data analysis of key areas completed using available data.
- Evaluation proposal and approach developed.

Improving primary care access to paediatric advice and skills

- Five practices have been working with paediatricians to deliver joint GP and paediatric clinics – the in-reach model
- Practices involved with in-reach have had paediatric education sessions to spread learning across the practice work force.
- CYPHP is working with partners in Lambeth North to deliver in-reach in a co-ordinated format across the locality. In Southwark, Bermondsey and Rotherhithe are considering how to scale up in reach to their neighbourhood. All practices will have access by year 3 of the Programme.
- Ten paediatric guidelines have been developed and will shortly be on DSX.
- Ten more paediatric guidelines will be developed over the next three months for DSX.
- GP Hotlines for accessing paediatric advice and rapid access outpatient care have been developed in King's and the Evelina, and the focus is now on working to increase the use of these services.
- Work is ongoing on approaches around improving access to primary care and reducing the use of ED.

Holistic Approach to Children with a Long Term Condition

- Supporting children to live well with their chronic condition is a key aim.
- Models to meet the needs of children with asthma and epilepsy through:
 - Improving prevention and chronic disease management in primary, community and school settings.
 - Meeting mental health and well being needs of children and their parents in managing their conditions.
 - Increasing skills around self management.
- Work around developing models of provision, service specification and options appraisals on providers are being progressed.
- Inhaler training is being planned for staff across secondary and primary care.

Young People's Project

- Young people's services have been mapped, providing detailed local information to clinicians and commissioners. A large scale workshop has taken place, bringing

providers, commissioners and young people together to review increasing accessibility and integration.

- Extensive engagement with children, parents and young people on their needs and views of services has been undertaken and is on going.
- The result of the needs assessment and the views of young people have focused the project on five priority areas:
 - Improving information. The CYPHP is working with existing service information websites in both boroughs to improve the provision of health and health service information on them.
 - Improving access to primary care for young people – a ‘Your Welcome’ type approach to improving access to primary care is being piloted in two practices and we aim to cascade this further. Exploring how mainstream services can be more young people friendly.
 - A holistic hub to support the needs of young people who find accessing primary care difficult is being explored in Southwark. Options on providers and locations are currently being explored. The service will be a drop in provision with a GP, youth work and mental health support worker. There will also be additional pop up clinics else where in the community. Discussions continue with Partners on this.
 - Looked after children have been prioritised as a group where health service access should be improved, potentially through outreach services. This model is still being developed.
 - A young people’s pathway will be developed.

Academy

The focus of the academy is as follows:

- Working with schools to develop wellbeing or academic resilience. All Southwark schools have been contacted to see if they are interested in working with the Partnership and a meeting with schools to discuss the way forward is being scheduled.
- Working with youth workers and social workers around training needs around health and well being.
- Working with families and children to identify how they want to be supported to manage their long term condition. This is being co-produced with children.

Discussion:

The Health and Wellbeing Board are asked to note progress and make any comments to strengthen the over all approach, and particularly that of the Young People’s project which is in its formative stages.

| | | | |
|------------------------------------|--------------------------------|---|--|
| Item No. 11. | Classification: Open | Date: 18 June 2015 | Meeting Name: Health and Wellbeing Board |
| Report title: | | Better Care Fund (BCF) progress report: January – March 2015 | |
| Ward(s) or groups affected: | | All | |
| From: | | Paul Jenkins, Interim Director of Integrated Commissioning, NHS Southwark Clinical Commissioning Group Jay Stickland, Director of Adult Social Care, Southwark Council | |

RECOMMENDATION

1. The Board note the progress on the Better Care Fund set out in the national quarterly return for January – March 2015, and the latest analysis of progress on key outcomes metrics as set out in this report.

BACKGROUND INFORMATION

2. The Better Care Fund (BCF) plan sets out a range of community based health and social care schemes to be funded from a pooled budget of £21.967m in 2015/16 to help deliver the local vision for integrated services. A key objective of the plan is to shift the balance of investment to community based care and health services that are more focussed on supporting people in a co-ordinated and effective way, preventing the need for more intensive support. The resources pooled under the BCF are not new to the health and care system overall, but the approach has enabled increased investment in community based services.
3. In March 2014 the Health and Wellbeing Board agreed the original BCF plan and the associated vision for integration “Better Care, Better Quality of Life”, and requested a regular update on progress. In July 2014 the Board received an early update on implementation. In October 2014 a further report was received including the final BCF plan, incorporating national changes that required all plans to be strengthened and resubmitted. These revised plans were subject to a more rigorous national approval process. Southwark’s plan was one of only 6 nationally to receive immediate approval, whilst all other areas were required to provide additional assurances that plans were robust. A summary of the plan is set out in Appendix 1.

KEY ISSUES FOR CONSIDERATION

Progress on BCF conditions – first national quarterly return for January to March 2015

4. The BCF is a national scheme designed to increase the pace of integration and has associated conditions and targets, including a national quarterly reporting regime to confirm progress is being made. It is expected that Health and

Wellbeing Boards receive the national quarterly reports as part of the assurance process. The first of these reports covering January to March 2015 is attached in Appendix 2.

Points to highlight to the Board include:

5. The first question asked is *"Has the authority received its DFG allocation?"*. This question requires some explanation. DFG stands for Disabled Facilities Grant, which is received by the council to contribute to the cost of funding housing adaptations for people in non-council accommodation. From 2015/16 this becomes part of the BCF pooled budget. The funding must however continue to be ringfenced for statutory DFG purposes, and the question appears to reflect a concern that this may not always be the case. In Southwark DFG has been received for both 2014/15 and 2015/16 (£614,000) and under the BCF it will continue to be used for DFG purposes. As part of the BCF programme the DFG system is being reviewed to ensure it is effective and well integrated with the wider system of support for disabled people in order to better achieve BCF goals.
6. The second question is on whether budgets are being pooled under a Section 75 agreement between the council and the CCG in line with the original plan. In Southwark the start date of the Section 75 agreement was 1/4/2015 and this is in place.
7. The section on national conditions reflect the fact that Southwark is broadly on course per the original BCF plan with regards to these conditions. The response highlights that data sharing and use of NHS number are being advanced through the implementation of social care IT systems over the summer, and that community based integrated care models will be further developed through the Local Care Networks approach to neighbourhood working.
8. The narrative section of the return highlights a number of areas of BCF related progress, including the development of weekend hospital discharge social work teams, expansion of overnight homecare support, the roll out of self-management support course for people with long term conditions, expansion of mental health reablement and expanded capacity in community healthcare enhanced rapid response and intensive home based support as an alternative to hospital.

Progress on BCF outcomes metrics

9. To evaluate Southwark's performance the national team will combine information from the return above with performance data on BCF metrics drawn from national data returns. This section sets out the local view of that performance data:

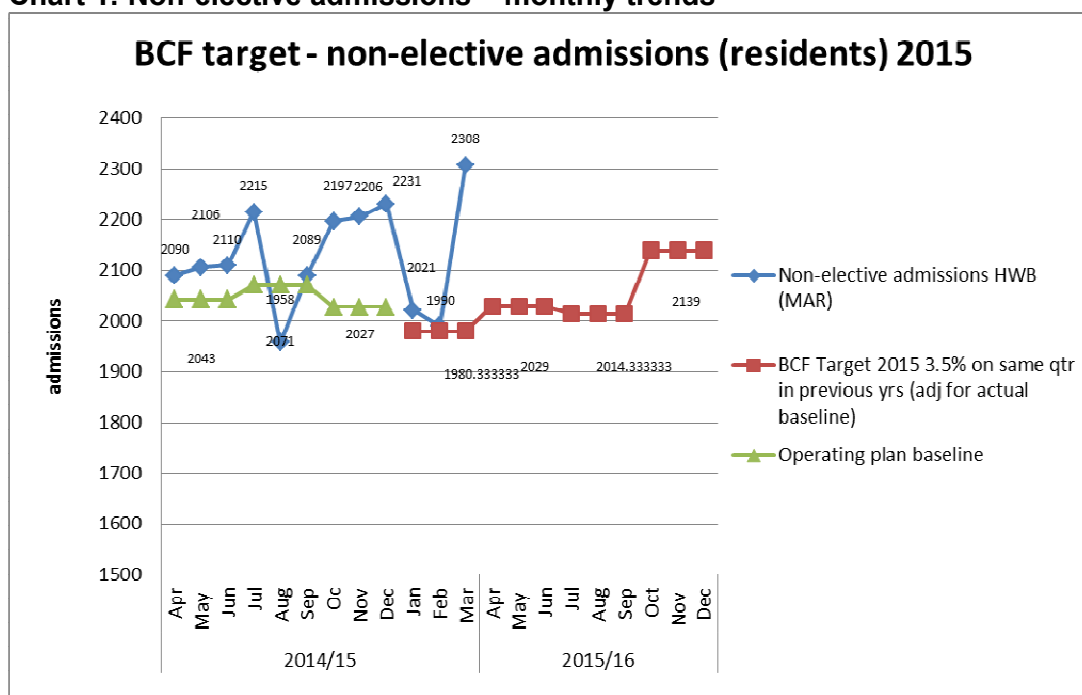
Non-elective admissions

10. The key target for the BCF is to reduce non-elective admissions by 3.5% in the calendar year 2015 compared to 2014. Performance on this target is linked to a payment for performance system potentially impacting on £1.3m of payments into the Better Care Fund. The target regime comes into force in the quarter, Jan- March 15, which requires a reduction of 3.5% on the same quarter in 2014:

| Date | Non-elective admissions |
|---------------------------|--------------------------------|
| Baseline: | |
| Jan 2014 | 2094 |
| Feb 2014 | 1958 |
| Mar 2014 | 2109 |
| Jan to March 2014 | 6161 |
| | |
| Target Jan to March 2015 | 5945 (3.5% decrease) |
| | |
| Actual: | |
| Jan 2015 | 2021 |
| Feb 2015 | 1990 |
| Mar 2015 | 2308 |
| Jan to March 2015 | 6319 |
| | |
| Actual decrease/ increase | 158 (2.6% increase) |

11. As can be see the first quarterly admissions target has not been met, primarily due to a very high figure in March 2015, the highest for over 2 years. However the accuracy of this figure has been called into question. The data for the BCF target definition is taken from one national hospital activity return which is not the main source of data used locally for contract monitoring. The local data used shows that whilst there was an increase in March it was not so pronounced and overall there is a downward trend is evident over 2014/15. A reconciliation of the data provided has been requested from the Commissioning Support Unit to check this, together with an analysis of particular growth areas within the March figure.
12. If the data is confirmed the performance related payment to the BCF for Quarter 1 will be zero, rather than the maximum of £333,000. In the case of Southwark however a local risk reserve was established to cover this eventuality, which can be drawn upon if necessary at year end. Alternatively the sum can be clawed back by “catching up” on the target before year end by doing better than the target in future quarters.
13. The chart below shows that January and February had relatively low non-elective admissions, following on from an increase in the winter quarter which analysis shows was strongly linked to respiratory illness and ‘flu’.

Chart 1: Non-elective admissions – monthly trends

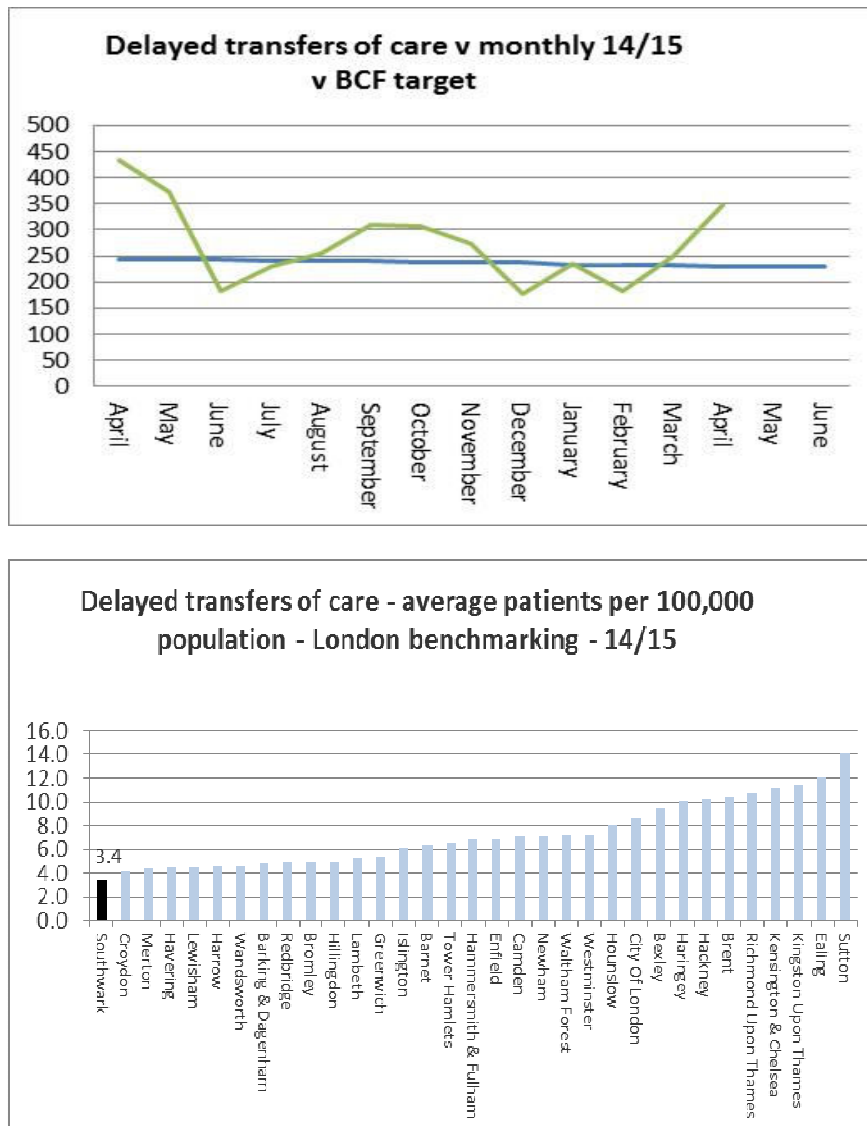


Delayed Transfers of Care from Hospital

14. Ensuring people are supported in an integrated way to enable them to be safely discharged from hospital is a key BCF priority. Data for delayed transfers of care shows that Southwark remains a top performer in 2014/15. On the Adult Social Care Outcomes Framework measure, based on the average number of patients delayed per 100,000 population, Southwark was lowest in London in 2014/15. (See chart 2), and within that total delays attributed to social care were very low. However the BCF measure relates to the total number of bed days delayed, and on this measure whilst performance is comparatively good the target to further improve on 2013/14 was not met, as there was an increase of 128 days on the previous year. Whilst regrettable that the target was not met this needs to be considered in the context of the high performance.

| Date | Delayed transfers of care (days) |
|--------------------|----------------------------------|
| Baseline 2013/14 | 3,084 |
| BCF Target 2014/15 | 2,860 |
| Actual 2014/15 | 3,212 |
| Variance | 352 |

15. Further analysis of underlying data shows that the main area for improvement in Southwark is that of lengthy non-elective mental health delays from South London and Maudsley Hospital.

Chart 2: Delayed discharges – monthly trends and benchmarking:

Care home admissions

16. In 2013/14 Southwark had one of the highest rates of permanent care home admissions in London. The BCF target was set to reduce this by 3% to 160 despite upward demographic pressures, by ensuring improved integrated support and alternatives to care home admission in the community. This target has been met and in fact exceeded by a considerable degree with 120 admissions in the year. This success is attributable to a wide range of possible reasons, with the increased numbers benefitting from over-night home care visits and enhanced rapid response services being seen as a key factor.

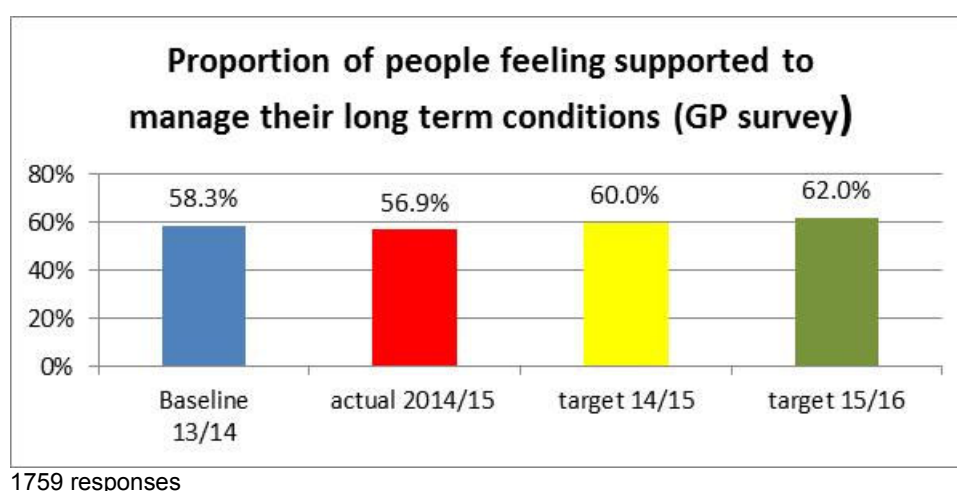
Re-ablement effectiveness

17. The proportion of people still at home 91 days after hospital discharge into a re-ablement or other rehabilitative intermediate care setting was 86.2%. This was lower than the 88% achieved in 2013/14 and below the 90% target for the year.

Further analysis of performance, including the reason for individuals not meeting the target, is to be undertaken.

GP user survey – people feeling supported by services to manage their long term conditions

18. Performance has declined slightly on the baseline for this local metric, and is slightly below the London average of 58.4%. This will be further considered as results build up over time.



User reported outcome measure – update

19. The BCF is required to adopt one further service user reported measure that reflects the success of integrated services. Originally Southwark, like many areas, elected to wait to use a new national survey measure that was at the time being designed for this purpose. However this national measure has not been produced. A new local measure based on previous user consultation on outcomes will be selected to cover this.

Summary of BCF spending - 2014/15

20. During 2014/15 some transitional grant funding was provided to prepare for 2015/16 when the pooled budget arrangements formally came into place. This has been delivered in line with the BCF plan:

| Scheme | 2014/15 budget | Outturn | Notes |
|--|-----------------------|----------------|--|
| Scheme 1: existing NHS transfers within social care budget | £5,621,000 | £5,621,000 | Contribution to total social care costs. Including hospital discharge, intermediate care packages, telecare, community equipment and adaptations, reablement, mental health and learning disability personal budgets and carers support. |

| Scheme | 2014/15 budget | Outturn | Notes |
|--|-----------------------|-------------------|--|
| Scheme 2: Winter Pressures services | £1,048,000 | £1,048,000 | Services previously funded by Winter Pressures grant that was lost in 13/14. Includes the Nightowls intensive homecare services, Intermediate care 7 day working and enhanced rapid response, physiotherapy, mental health reablement. |
| Scheme 3: Re-ablement grant | £1,813,000 | £1,813,000 | Re-ablement services operating within overall growth targets – this is contribution to total cost of £2.8m. |
| Scheme 4: change management capacity | £100,000 | £100,000 | Costs include joint BCF manager post recruited to CCG to drive through BCF plans. Balance used for other change management support. |
| Scheme 5: self management programme | £107,000 | £107,000 | Pilot funding for CCG self-management courses which are being developed at a larger scale in 2015/16. |
| Scheme 7: psychiatric liaison | £54,000 | £54,000 | Seed funding 2015/16 mental health schemes in the BCF. |
| Scheme 11: Admission avoidance – enhanced rapid response | £214,000 | £214,00 | Funds Enhanced Rapid Response social work team working with community health. |
| Total | £8,957,000 | £8,957,000 | |

21. The 2015/16 expenditure plans are shown in Appendix 3.

Governance update

22. A section 75 agreement has been drafted of which the key features are:

- The pooled budget is hosted by the council who will be responsible for monitoring spend, accounting and audit arrangements, and the allocation of resources to lead commissioners for particular schemes. The CCG will transfer its contribution to the BCF fund on a quarterly basis.

- Quarterly reporting on finance and performance up to the Integrated Working Group, Health and Social Care Partnership Board, and the Health and Wellbeing Board co-ordinated by the BCF programme manager.
- Partners are required to invest resources allocated from the BCF in line with the purposes set out in the plan, and report any changes including potential underspends or overspends to the Integrated Working Group for partners to consider.
- The lead commissioning organisation for a scheme is responsible for any overspend risk unless otherwise agreed by the Integration Working Group, for example via reallocation of resources.
- Partners are accountable for all BCF through their own existing governance arrangements
- A joint risk reserve has been established for the purposes of protecting the BCF from the financial risk of the national payment for performance regime as set out in paragraph 12.

Financial implications

23. The BCF totals £21.967m in 2015/16. The majority of the BCF funding represents existing budgets transferred directly from the NHS. The impact of the BCF has been fully taken into account in both NHS and council 2015/16 budget plans.

BACKGROUND DOCUMENTS

| Background Documents | Held At | Contact |
|---|----------------|------------------------------|
| Better Care Fund – supporting documents | 160 Tooley St | Adrian Ward 020 7525 3345 |

APPENDICES

| No | Title |
|------------|---|
| Appendix 1 | Better Care Fund – summary - Plan on a page |
| Appendix 2 | BCF - national quarterly return for January to March 2015 |
| Appendix 3 | 2015/16 BCF expenditure plans |

AUDIT TRAIL

| | |
|--|--|
| Lead Officer | Paul Jenkins, Interim Director of Integrated Commissioning, NHS Southwark Clinical Commissioning Group Jay Stickland, Director of Adult Social Care, Southwark Council |
| Report Author | Adrian Ward, Programme Manager – Integration and Better Care Fund |
| Version | Final |
| Dated | 9 June 2015 |
| Key Decision? | No |
| Previous relevant reports | Better Care Fund Plan to HWB 24/3/14, BCF update report 24/07/14, and 2/10/14 |
| Date final report sent to Constitutional Team | 12 June 2015 |

| Better Care Fund Plan The Council and NHS are required to agree a pooled budget of £22m in 2015/16 that integrates services and shifts the balance of care from hospitals to the community, improving access and outcomes, protecting adult social care and achieving financial stability in the face of increased demand and reduced resources. In 2014/15 there is an additional resource of £1.3m to make prepare and make early progress on objectives. | |
|--|---|
| <p style="text-align: center;">National aims</p> <ul style="list-style-type: none"> ▪ Transform local services - better integrated care and support ▪ Help local areas manage pressures and improve sustainability ▪ Take forward integration agenda at scale and pace ▪ Right care, right place, right time - more care in community settings ▪ Place people at the centre of their own care and support ▪ Improve quality of life | <p style="text-align: center;">National conditions</p> <ul style="list-style-type: none"> ▪ Plans jointly agreed by Health and Wellbeing Boards ▪ Protects social care services ▪ Information sharing ▪ 7 day working ▪ Joint health and social care assessments and single 'accountable professional' co-ordinating care of individuals ▪ Agreement on impact on acute sector |
| <p style="text-align: center;">Local vision and priorities</p> <ul style="list-style-type: none"> • More care in people's homes and in their local neighbourhoods • Person-centred care, organised in collaboration with the individual and their carers through multi disciplinary teams • Better experience of care for people and their carers • Population based care that is pro-active and preventative • Better value care at home, with less reliance on care homes and hospital based care • Less duplication and 'hand-offs' and a more efficient system overall • Improvements to key outcomes for people's health and wellbeing • Southwark a great place to live and work | <p style="text-align: center;">Performance targets</p> <ul style="list-style-type: none"> • Reducing avoidable emergency admissions to hospital by 3.5%— performance payment related £1.3m • Reducing care home admissions • Increasing the effectiveness of re-ablement • Minimising delayed transfers of care • Improving service user experience of health and care services through integration • People supported to manage long term conditions <p>+ local measures will be developed to support these</p> <p style="text-align: center;">Who benefits?</p> <ul style="list-style-type: none"> ▪ Older people and people with long term conditions who are at risk of hospital admission, or who need support to be discharged from hospital back into the community ▪ Carers of people needing health and care services |
| <p style="text-align: center;">Plans 2014/15 - £1.309m</p> <ul style="list-style-type: none"> • Preparatory year for making early progress on priorities - £1.3m additional NHS transfer: • New transfer picks up non-recurrent funding for Winter Pressures schemes that fell out in 12/13 (£1.05m) • Some new investment in self management (£107k) and service development of multi-disciplinary team model (£100k) • Investment in psychiatric liaison services to reduce demand on A&E (£54k) • Existing discharge support, re-ablement and related services funded by NHS transfers added top the pot and reviewed in context of BCF aims and objectives (£7.9m) | <p style="text-align: center;">Plans 2015/16 - £21.967m – not new money!</p> <ul style="list-style-type: none"> • Full implementation with money paid into a pooled budget of £22m: • Rolling forward and implementing the redesign of the 2014/15 discharge support, re-ablement and related schemes (£8.957m) • Integrated admissions avoidance and hospital at home services into the pooled budget (£3.3m) • Home care quality transformation (£1.9m) • 7 day working (£1.493m) • Expand psychiatric liaison services in A&E (£300k) and community mental health services to reduce crisis admissions (£870k) • Care Bill implementation (£1m) • Voluntary sector prevention (£910k) • Expand the use of telecare (£566k) • Protecting adult care – eligibility for personal budgets (£500k) • Carers Strategy (£450k) • Expand the self management programme (£307k) • Further developing the neighbourhood multi-disciplinary model (£100k) • Social services capital (£875k) and council Disabled Facilities Grant (£614k) • End of Life Care (£200k) <p>Schemes that are clearly social care total £15m (75%),</p> |
| <p style="text-align: center;">Next steps</p> <ul style="list-style-type: none"> ▪ Implement 2015/16 programme ensuring various strands are well integrated ▪ Agree Section 75 pooled budgets clarifying role and responsibilities, accountability arrangements through Health and Wellbeing Board for April 15 | |

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics from the Health & Wellbeing Board plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 29th May 2015

This initial Q4 Excel data collection template focuses on the allocation, budget arrangements and national conditions. Details on future data collection requirements and mechanisms (including possible use of Unify 2) will be announced ahead of the Q1 2015/16 data collection.

To accompany the quarterly data collection we will require the Health & Wellbeing Board to submit a written narrative that contains any additional information you feel is appropriate including explanation of any material variances against the plan and associated performance trajectory that was approved.

Content

The data collection template consists of 4 sheets:

- 1) Cover Sheet** - this includes basic details and question completion
 - 2) A&B** - this tracks through the funding and spend for the Health & Wellbeing Board and the expected level of benefits
 - 3) National Conditions** - checklist against the national conditions as set out in the Spending Review.
 - 4) Narrative** - please provide a written narrative
- To note - Yellow cells require input, blue cells do not.

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board

Who has completed the report, email and contact number in case any queries arise

Please detail who has signed off the report on behalf of the Health and Well Being Board.

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 4 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) A&B

This requires 4 questions to be answered. Please answer as at the time of completion.

Has the Local Authority received their share of the Disabled Facilities Grant (DFG)?

If the answer to the above is 'No' please indicate when this will happen.

Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?

If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance are still on track for delivery (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' and 'No - In Progress' that these are on track. If 'No' or 'No - In Progress' is selected please detail in the comments box what the issues are and the actions that are being taken to meet the condition.

'No - In Progress' should be used when a condition has not been fully met but work is underway to achieve it by 31 March 2016.

Full details of the conditions are detailed at the bottom of the page.

Cover and Basic Details

Q4 2014/15

| | |
|-----------------------------|-----------|
| Health and Well Being Board | Southwark |
|-----------------------------|-----------|

| | |
|---------------|---|
| completed by: | Adrian Ward, Programme Manager, Integration and Better Care |
|---------------|---|

| | |
|---------|------------------------------|
| e-mail: | adrian.ward@southwark.gov.uk |
|---------|------------------------------|

| | |
|-----------------|-------------|
| contact number: | 02075253345 |
|-----------------|-------------|

| | |
|---|--|
| Who has signed off the report on behalf of the Health and Well Being Board: | Director of Adult Care (LA) and Director of Integrated Commissioning |
|---|--|

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB.xls' for example 'County Durham HWB.xls'

| | No. of questions answered |
|------------------------|---------------------------|
| 1. Cover | 5 |
| 2. A&B | 4 |
| 3. National Conditions | 16 |
| 4. Narrative | 1 |

Selected Health and Well Being Board:

Southwark

Data Submission Period:

Q4 2014/15

Allocation and budget arrangements

Has the housing authority received its DFG allocation?

Yes

If the answer to the above is 'No' please indicate when this will happen

dd/mm/yy

Have the funds been pooled via a s.75 pooled budget arrangement in line with the agreed plan?

Yes

If the answer to the above is 'No' please indicate when this will happen

Selected Health and Well Being Board:

Southwark

Data Submission Period:

Q4 2014/15

National Conditions

The Spending Round established six national conditions for access to the Fund.

Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these are on track as per your final BCF plan.

Further details on the conditions are specified below.

If 'No' or 'No - In Progress' is selected for any of the conditions please include a comment in the box to the right

| Condition | Please Select (Yes, No or No - In Progress) | Comment |
|---|---|--|
| 1) Are the plans still jointly agreed? | Yes | |
| 2) Are Social Care Services (not spending) being protected? | Yes | £1.5m of Section 256 grant directly contributed to offset budget reductions. |
| 3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering? | Yes | Weekend discharge service put in place during the winter in advance of BCF timetable using winter funding. |
| 4) In respect of data sharing - confirm that: | | |
| i) Is the NHS Number being used as the primary identifier for health and care services? | Yes | Full NHS number recording not yet achieved in social care. The social care IT system is in the process of being replaced and will meet the requirements for NHS number recording via live N3 link updating. |
| ii) Are you pursuing open APIs (i.e. systems that speak to each other)? | Yes | New social care and community health systems being implemented. |
| iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2? | Yes | Includes new data sharing agreements for hospital staff to view online read only social care records. |
| 5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional? | Yes | More joined up approaches to assessment and care planning are being developed through our integration programme and good progress is being made e.g. holistic assessment, care co-ordination, CMDT working is in place for specific cohorts. Further whole system change is underway to achieve a more comprehensive integrated care model in line with our vision, linked to the development of Local Care Networks underway. |
| 6) Is an agreement on the consequential impact of changes in the acute sector in place? | Yes | |

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)

Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number

The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care.

Local areas should:

- confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
- confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
- ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.

NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector

Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Selected Health and Well Being Board:

Southwark

Appendix 2 BCF

Data Submission Period:

Q4 2014/15

Narrative

remaining characters

30,285

Please provide any additional information you feel is appropriate to support the return including explanation of any material variances against the plan and associated performance trajectory that was approved by NHS England.

Overall progress on the BCF has been good during Quarter 4, and arrangements are in place to ensure that the BCF has maximum impact in 2015/16.

- Significant seed funding from winter pressures and other non-recurrent sources has been applied to accelerate a number of schemes. For example, a weekend discharge team has been fully established since December, the success of which is reflected in very low numbers of delayed transfers relating to social care.

- Our “Nightowl” overnight home care service for high needs users has been expanded and deemed very successful, contributing to strong care home admissions reductions and comparatively good performance on non-elective admissions.

- A number of self-management initiatives have been started, including well attended self-management courses.

- Mental health reablement services have been extended into the acute setting to reduce admissions and facilitate discharges.

- Our admissions avoidance “@ home” and Enhanced Rapid Response teams providing integrated community health support at home have significantly expanded their referrals.

- Preparatory joint work to expand the provision of telecare in 15/16 through BCF well underway.

- Market development work in preparation for the recommissioning of voluntary sector community support services including carers with a sharper focus on preventative outcomes.

The above areas will all be expanded from the BCF in 2015/16. Other key enablers are also developing well, for example;

- Holistic Assessment, integrated care management, care co-ordination and CMDT working are already well established and will be further developed through our Local Care Network model which is in the process of implementation.

- The Social Care data system is in the process of being replaced with the Core Logic Mosaic system which will have higher levels of functionality and enable full usage of NHS number in all care records and facilitate improved data sharing and interoperability.

- A Section 75 agreement is in place to underpin the governance arrangement for the pooled budget. This includes a risk sharing agreement which mitigates the risk of resources being lost through the performance related payment regime.

- Work undertaken through our integration programme (including Southwark and Lambeth Integrated Care) has developed our strategic thinking about the development of more integrated care pathways and outcomes focussed capitated budgets and alliance contracting.

APPENDIX 3

Better Care Fund schemes agreed for 15/16

| Ref no. | Scheme | £000 |
|---------|---|---------------|
| 1 | Existing NHS transfers: range of social care services that support health care, with a focus on discharge support, includes ICT, HDT, mental health personal budgets, equipment, carers, reablement, protection of social care | 5,621 |
| 2 | Winter pressure grant funded services: misc additional social care discharge support/ admissions avoidance | 1,048 |
| 3 | Re-ablement: existing grant | 1,813 |
| 4 | Service development: (programme mgt) | 100 |
| 5 | Self management including expert patient programme: enhance quality of life and independence of people with long term conditions. | 307 |
| 6 | Home care quality improvement: improving quality and effectiveness of home care to help support people to remain at home | 1,900 |
| 7 | Psychiatric liaison and related services: aimed at responding to people with mental health problems in the acute hospital sector including A &E | 300 |
| 8 | Mental health: strengthen multi-disciplinary working in the community to Includes enhanced psychological support for people with learning disabilities in line with Winterbourne View programme. | 870 |
| 9 | Telecare expansion: supporting people to live at home through assistive technology. | 566 |
| 10 | Carers: investment to support implementing the agreed multi-agency joint carers strategy to help people continue in their caring roles. | 450 |
| 11 | Admissions avoidance services: existing programme including enhanced rapid response services. | 2,200 |
| 12 | @home - Hospital at home service: full year effect of extension to home ward | 1,200 |
| 13 | Care Act Implementation: amount of BCF identified by government as contributing to implementation of Care Bill, including additional assessments, safeguarding and Care Accounts for the care cost cap system. | 1,000 |
| 14 | Social Services Capital: grant rolled into BCF. Includes centre of excellence for dementia & supported accommodation for people with learning disability. | 875 |
| 15 | Disabled Facilities Grant: existing grant for residents not in council housing, enabling disabled people to live at home. | 614 |
| 16 | Protecting Adult Social Care of benefit to health services: further support in line with BCF conditions to maintain key service levels in context of council funding cuts. | 500 |
| 17 | Seven day working: programme to support seven day hospital discharge across primary, community and social care. | 1,493 |
| 18 | Voluntary sector preventative services: existing grants, to be reviewed as part of an integrated approach to prevention. | 910 |
| 19 | End of life care: additional spend relating to end of life care co-ordination to integrate and improve overall approach, to include medicines management. | 200 |
| | Total | 21,967 |

| | | | |
|----------------------------------|--------------------------------|---|--|
| Item No. 12. | Classification: Open | Date: 18 June 2015 | Meeting Name: Health and Wellbeing Board |
| Report title: | | Health and Wellbeing Board work plan | |
| Wards or groups affected: | | All | |
| From: | | Kerry Crichlow, Director of Strategy and Commissioning, Children's and Adults' Services | |

RECOMMENDATION

- The Board is requested to:
 - Note the draft work plan for the Health and Wellbeing Board 2015/16;
 - Feed in items for consideration by the Board, according to the work plans of member organisations;
 - Agree that the work plan as amended by partners be brought back to the next Board meeting, following a meeting of the planning sub-group and liaison with other strategic partnerships.

BACKGROUND INFORMATION

- This is the first meeting of the Health and Wellbeing Board of the new administrative year and the first opportunity to consider a forward work plan for the Board for 2015/16.

KEY ISSUES FOR CONSIDERATION

- Attached at Appendix 1 is draft work plan for the Health and Wellbeing Board. Partners are asked to feed in items for consideration by the Board, according to the work plans of their own organisations.
- Agreeing a published forward work plan was a priority action recommended in the Health and Wellbeing Board review of governance, agreed by the Board at its meeting in October 2014.
- A planning sub-group has been set up to drive the forward work plan. This will hold its next meeting in early September and will further refine the Board's work plan ahead of the Health and Wellbeing Board in October.
- In advance of this meeting, liaison will take place with partners and with other strategic partnerships, including the Safer Southwark Partnership and the Safeguarding Boards, to ensure alignment in work plans, so that strategic links are made and duplication is avoided.
- The work plan should be driven by the priorities agreed by the Board and underpinned by the Health and Wellbeing Strategy, in the context of the Health and Wellbeing Board's statutory duties.

8. The statutory responsibilities of the Health and Wellbeing Board are to:
- a) Encourage health and social care to work in an integrated manner
 - b) Provide assistance for the making of arrangements for pooled budgets/integrated management of provision
 - c) Produce the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy
 - d) Produce the Pharmaceutical Needs Assessment
 - e) Sign off the Better Care Fund plans
 - f) Approve governance arrangements for holding the pooled budget

9. **BACKGROUND PAPERS**

| Background Papers | Held At | Contact |
|---|----------------|-------------------------------|
| Health and Wellbeing Board report on review of governance | See link below | Rachel.flagg@southwark.gov.uk |
| Link: http://moderngov.southwark.gov.uk/documents/s48969/Report%20Health%20and%20Wellbeing%20Board%20Governance%20Review.pdf | | |

APPENDICES

| No. | Title |
|------------|--|
| Appendix 1 | Southwark Health and Wellbeing Board draft work plan 2015/16 |

AUDIT TRAIL

| | | | |
|---|--|------------------------|--------------------------|
| Lead Officer | Kerry Crichlow, Director of Strategy and Commissioning Children's and Adults' Services | | |
| Report Author | Rachel Flagg, Principal Strategy Officer, Children's and Adults' Services | | |
| Version | Final | | |
| Dated | 9 June 2015 | | |
| Key Decision? | No | | |
| CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER | | | |
| Officer Title | | Comments Sought | Comments Included |
| Director of Legal Services | | No | No |
| Strategic Director of Finance and Corporate Services | | No | No |
| Strategic Director of Children's and Adults' Services | | No | No |
| Date final report sent to Constitutional Team | | | 15 June 2015 |

APPENDIX 1

Southwark Health and Wellbeing Board draft work plan 2015/16

18 June 2015 – Board meeting**Health and wellbeing of children and young people in Southwark**

Local Care Networks and Southwark's vision for commissioning for outcomes

Health and Wellbeing Strategy

BCF update

Board work programme

22 July 2015 – Informal seminar

Early Action Commission

23 July 2015 - Community engagementFeedback event for *1,000 Lives* - board members to meet volunteers and community groups**September 2015 – informal seminar**

Developing and Empowering Resources in Communities

21 October 2015 – Board meeting

Age friendly borough

Personalisation

Working Capital (supporting people on health related benefits into jobs)

Integration update

Update on Primary Care Co-commissioning

Our Healthier South East London

Health and wellbeing strategy – outcome framework

JSNA update

November/December – informal seminar

Alcohol/substance misuse tbc (possibly a joint session with Safer Southwark Partnership)

28 January 2016 – Board meeting

Update on Public Health Annual report
 Safeguarding Boards' annual reports
 Alcohol and substance misuse – report back from informal seminar
 Our Healthier South East London
 Community engagement update

Feb/March 2016 – Informal Seminar

Topic tbc

April 2016 – Board meeting

Wider determinants of health
 Integration update
 Health and Wellbeing Strategy

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NOTE: Amendments/queries to Everton Roberts, Constitutional Team, Tel: 020 7525 7221

| Name | No of copies | Name | No of copies |
|---|--------------|--------------------------------------|--------------|
| Health and Wellbeing Board Members | | Officers | |
| Andrew Bland | 1 | Kerry Crichlow | 1 |
| Councillor Stephanie Cryan | 1 | Rachel Flagg | 1 |
| Aarti Gandesha | 1 | Sarah Feasey | 1 |
| Councillor Barrie Hargrove | 1 | | |
| Dr Jonty Heaversedge | 1 | Others | |
| Councillor Peter John | 1 | Louise Neilan, Press Office | 1 |
| Eleanor Kelly | 1 | Everton Roberts, Constitutional Team | 10 |
| Gordon McCullough | 1 | | |
| Professor John Moxham | 1 | | |
| David Quirke-Thornton | 1 | | |
| Dr Yvonneke Roe | 1 | | |
| Dr Ruth Wallis | 1 | | |
| | | Total: | 38 |
| Others | | | |
| Councillor Rebecca Lury | 1 | | |
| Councillor David Noakes | 1 | | |
| Group Offices | | | |
| Chris Page, Cabinet Office | 1 | | |
| Niko Baar, Opposition Group Office | 1 | | |
| Press | | | |
| Southwark News | 1 | | |
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| Members of Parliament | | | |
| Harriet Harman, MP | 1 | | |
| Helen Hayes, MP | 1 | | |
| Neil Coyle, MP | 1 | | |
| Corporate Management Team | | | |
| Deborah Collins | 1 | | |
| Gerri Scott | 1 | | |
| Duncan Whitfield | 1 | | |
| | | Dated: June 2015 | |