Open Agenda

Healthy Communities Scrutiny Sub-Committee

Tuesday 28 November 2017
7.00 pm
Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

Supplemental Agenda

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Contact

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Date: 26 November 2017

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HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE

MINUTES of the Healthy Communities Scrutiny Sub-Committee held on Wednesday 13 September 2017 at 7.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT:
Councillor Rebecca Lury (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Helen Dennis
Councillor Sunny Lambe
Councillor Maria Linforth-Hall

OTHER MEMBERS PRESENT:

OFFICER SUPPORT:
Genette Laws, Director of Commissioning, Children's and Adults' Services , Southwark Council

Harvey McEnroe, Deputy Director of Operations, Acute and Emergency Care

Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG]

Rod Booth, Head of Mental Health and Wellbeing, NHS Southwark Clinical Commissioning Group and Southwark Council

Sean Cross , emergency consultant psychiatrist , SlaM based at King's Denmark Hill

1. APOLOGIES

1.1 There were apologies for absence from Cllr Williams and Pollak; both sent substitutes Cllr Lamb and Rhule.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were no urgent items of business.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 Cllr Sunny Lambe declared that his wife worked for the NHS. Cllr Helen Dennis declared that she previously worked in an executive position on the Joint Mental Health & Well-being Strategy in her deputy cabinet role, and so she would withdraw from the committee at this item and sit in the audience.

4. MINUTES

RESOLVED:

The minutes of the meeting held on 11 April 2017 were agreed as a correct record.

VIDEO - OPENING OF THE MEETING

https://bambuser.com/v/6894178

5. KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST (KCH) UPDATE

The chair invited the following presenters to introduce themselves:

- Harvey McEnroe, Deputy Director of Operations, Acute and Emergency Care
- Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG
- Rod Booth, Head of Mental Health and Wellbeing, NHS Southwark Clinical Commissioning Group and Southwark Council
- Sean Cross, emergency consultant psychiatrist , Slam based at King's Denmark Hill

The Deputy Director explained that the work on recruitment would come to a following meeting. The chair invited speakers to address the first two items on the agenda:

a) The mental health crisis care upgrade plan for King's Denmark Hill Hospital - including 6 million capital spend (paper enclosed)

b) Mental Health Crisis pathway meeting, led by the CCG, with a focus on King's Denmark Hill emergency department (paper in first

supplemental agenda)

The Emergency Consultant Psychiatrist explained that the upgrade at King's emergency department at Denmark Hills for people experiencing Mental Health distress is a result of several years of planning and a significant step change in providing better provision. Patients will come through with a combination of physical and mental health problems, as well as only mental health problems; it is a place for people with both issues, with two dedicate suites. In minors there are three suites.

The Head of Mental Health and Wellbeing said that the regular crisis pathway meetings are very useful. This group is now termed the Mental Health Taskforce. The Deputy Director of Operations said the Mental Health Board is there for senior oversight.

The chair invited questions:

Members asked how SLaM and King's work together. The Emergency Consultant Psychiatrist said the national policy position is to move mental health crisis care to emergency departments and now we are seeing mental health care being taken up by acute settings and hospitals; this is a welcome shift. He said as well as delivering his clinical role he also leads the partnership on mental health, physical health and wellbeing across the Academic Health Partners (including King's College Hospital Foundation Trust, Slam, and Guy's & St Thomas' Hospital Foundation Trust).

Members asked if the emergency department is are looking to improve the 4 hour target to make it more person focused and asked what happened to people? The NHS staff responded that there is a liaison team of Mental Heath nurses who offer rapid assessments and offer the offer best care dependent on need. There are a range of mental health crisis and appropriate responses: some people are psychotic and need impatient care, other needs include non - toxic overdose. About 10-15% of people presenting need admittance. Some will go to out-patient GP care and IAAPT.

Will people be triaged and sent to a GP if crisis care is not needed? If people make it to emergency then significant mental health barriers have to be overcome so all people get an assessment. People are more likely to minimise problems on presentation.

Members asked when and where people will be seen. Rapid assessment means 30 minutes. We are looking to meet that throughout the week, 24 hours a day. When we are up to capacity with all the suites then we will be on the pathway for consistently delivering rapid assessments. The problem that really arises for people who need inpatient care as there is not enough provision and flow.

Member asked what happens to people who need a bed but have to wait? A member commented that when she visited there were no mental health beds available. She asked if there has there been an improvement in provision of beds? The consultant psychiatrist said this is a continuing

difficulty. People are kept with care while we try to find a bed. The solution is really located in providing better mental health provision; but while we are running at 100% capacity plus, we will not have those beds. We need 85% capacity to cope with surges. The average wait is 14 hours, but finding a bed can take one and a half days. It is not uncommon to come across up to 3 people waiting for places - though not all in King's emergency department.

The Director of Integrated Commissioning said that delivering more bed provision is not ideal; rather we would like to see more flow and less care in acute settings. This is not an easy problem to solve. There will be a pilot project looking at 24 hour access to home treatment; this is about preventing crisis. The council are working with police and ambulance services. She would like to come back to committee to report on this. If it works we would like to make that the norm.

The committee asked about meeting the needs of patients who are presenting in mental health patients crisis. The consultant said many of the crisis's happen out of emergency department. We have a bleeping arrangement, and crisis arise in many situations. The rate of need is huge: many people now have long term health conditions which raises the risk of mental health needs: about 30% of people will experience depression, anxiety etc. A member commented that she knew a person who had an acute health need and then developed anxiety. It's was very challenging. The consultant said that this is a typical problem where someone needs both types of care and there needs to be an assessment of priority and care need.

A member asked how the 6 million been spent? The Deputy Director of Operations said he would ask the chief officer to provide a briefing on this.

RESOLVED

KCH chief financial officer will provide a breakdown on the 6 million spend and provide a briefing and presentation at a following committee meeting.

VIDEO - KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST (KCH) UPDATE

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https://bambuser.com/v/6894214

6. DRAFT JOINT MENTAL HEALTH & WELLBEING STRATEGY

The chair invited the following officers to introduce themselves and provide a brief presentation on the Draft Joint Mental Health & Well-being Strategy:

- Genette Laws, Director of Commissioning | Children's and Adults'

Services | Southwark Council

- Rod Booth, Head of Mental Health and Wellbeing, NHS Southwark Clinical Commissioning Group and Southwark Council

The Director of Commissioning gave a brief overview of the history of the strategy's development and the role of scrutiny in this process. The Head of Mental Health and Wellbeing spoke about recent compelling engagement, which included online engagement and two large scale open events.

The chair asked if there will time to incorporate the feedback from the consultation into the strategy? Officers said that the plan is going to the CCG and Cabinet in November and December and the Health & Wellbeing Board in January. The ongoing engagement will particularly feed into the action and delivery plans.

A member said he had some concerns that the strategy was reactive rather than proactive. He asked what work was been done of the causes of mental health; referencing scrutiny recommendations 20 and 25 and BME communities. The Director of Commissioning referred to the importance of early years in providing a foundation for good mental health and physical health and that this also links to the wider determinants of health such as housing. There is also a continuum between Mental Heath and Well being.

Members asked if there are figures on BME and age. Officers confirmed that data is available. Members asked if the plan can start to identify the populations and causes so service can start to address these issues and do preventative work. He asked if the council and CCG are commissioning services for those most at risk or if there was a more holistic approach? The Director of Commissioning said Public Health colleagues do have data on the at risk groups, which include high prevalence among black men and also LGBTQ+. She said that we do need to offer both universal services and to address causes and prevent crisis in particular communities. The Director of Commissioning offered to come back with Public Health providing data on the population risks, and also evidence on the causes.

A member asked if the planned reduction of 10% in the suicide rate is ambitious enough. Is it possible to aim to eliminate? Officers said that they could start with zero as an ambition and that this was a good question. They would not want to duplicate work of the suicide prevention strategy.

A member asked if there is a question around access to IAPT and the possibility of a Southwark commitment to wait times. The Head of Mental Health and Wellbeing said access ought to be front and centre in action plan. Access timeline targets will be led by national targets. He commented that access to Housing and step down care are local priority issues to address. The member asked for clarification and if there will be local or national targets? Officers said targets would be national ones as these are ambitious to meet consistently.

A member spoke about a common experience of immigrants: ‘Ulysses syndrome'. This looks like mental health but is really a reaction to pressures of immigration. She asked if this could be picked up. The Director of Commissioning this is a very specific question that would need to be taken up offline with SLaM to look at then evidence , then this can considered and to see if we need something in the strategy about the needs of migrants .

A member asked about the issues of the older community, such as social isolation and depression. The Director of Commissioning said that we need to look at a range of services and use of all the assets of Southwark to address issues such as this. Members agreed with this and suggested multi- agency and faith communities , that given the council has limited resources.

A member commented that lots of clinical care in the strategy talks about section 136 and Place of Safety, however there is little on the crisis pathway that the committee discussed earlier, or links with suicide prevention. The Head of Mental Health and Wellbeing agreed that services do need to reflect the work done on crisis care of recent. There was a query about the use of scrutiny to facilitate this and user involvement going forward. The Head of Mental Health and Wellbeing said there is a reference group with a list of 300 people. In addition on Monday there was a call for a reference group specific to work with the BME community, which officers will be looking into.

The chair asked about the body that takes a formal decision on the strategy and if this is the Cabinet, CCG board of Health & Wellbeing (HWB) Board. Officers explained that the HWB is final but not a decision making body, whereas the CCG and Cabinet will formally approve as they have the governance decisions on resources.

Healthwatch provided feedback commenting that they are pleased with the development of the strategy. In addition they would like to see more focus on a range of issues including prevention, education, and promotion of recovery and also a review of CAMHS. They would like to see better discharge, a better link with Drug and Alcohol services as duel diagnosis is a problem with links between addiction and mental health. They also noted problems identified by CQC with SLaM and that the move to community support needs evidence and not be the withdrawal of professional support. The paper they tabled provided more details.

RESOLVED

Healthwatch will provide their submission to the consultation for the committee .(Enclosed with minutes).

This item will return to the committee for further discussion on the points raised.

Officers will provide the JSNA data on Mental Health Inequalities (enclosed with minutes).

VIDEO - DRAFT JOINT MENTAL HEALTH & WELLBEING STRATEGY

https://bambuser.com/v/6894262

7. WORK-PLAN

The Cabinet interview dates will be finalised as soon as possible.

Domestic violence will be discussed during the Leaders interview on the Health & Wellbeing Board.

Changes to health visitors due to re-organisations and reductions in budgets was raised.

VIDEO - WORK-PLAN

https://bambuser.com/v/6894248

HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE

MINUTES of the Healthy Communities Scrutiny Sub-Committee held on Tuesday 17 October 2017 at 7.00 pm at Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Rebecca Lury (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Sunny Lambe
Councillor Leo Pollak
Councillor Maria Linforth-Hall
Councillor Bill Williams

OTHER MEMBERS PRESENT:

OFFICER SUPPORT: Jay Stickland, Director of Adult Social Care, Children's and Adults' Services
Kerry Rabey, Service Manager Learning Disabilities and Transitions, Children's and Adults' Services
Bill Wright, Social Worker, Children's and Adults' Services
Genette Laws, Director of Commissioning, Children's and Adults' Services
James Postgate, Commissioning Manager, Children's and Adults' Services
Layla Davidson , Senior Commissioning Officer
Sarah Bullman, Contract Monitoring Support Officer
Julie Timbrell, Scrutiny Project Manager

1. APOLOGIES

1.1 There were apologies for absence from Councillor Helen Dennis; Councillor Martin Seaton attended as a substitute.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were no urgent items of business.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 Cllr Sunny Lambe declared that his wife worked for the NHS. Councillor Bill Williams declared that he was a governor at Guy's and St Thomas'. Cllr David Noakes declared that he is member of the Health & Well-being Board.

4. MINUTES

RESOLVED The decisions of the meeting held on 13 September 2017 were agreed as a correct record.

5. CHANGES TO LEARNING DISABILITIES SERVICES

The chair invited the following officers to give a practitioner & operational viewpoint:

- Jay Stickland, Director of Adult Social Care, Children's and Adults' Services
- Kerry Rabey, Service Manager Learning Disabilities and Transitions, Children's and Adults' Services
- Bill Wright, Social Worker, Children's and Adults' Services

This was followed by a presentation from commissioners providing an overview of provision:

- Genette Laws, Director of Commissioning, Children's and Adults' Services
- James Postgate, Commissioning Manager, Children's and Adults' Services

(with Layla Davidson , Senior Commissioning Officer, & Sarah Bullman, Contract Monitoring Support Officer)

Next the meeting heard from services users :

- Alex's key worker, with Alex present, discussed Alex's new day opportunities, with reference to the presentation tabled.

- Santiago, a service user, shared his journey with us, by showing a video of with questions answered by his key worker, Aurora: https://www.youtube.com/watch?v=jtm0KksoEyk
  Since the time of the video Santiago has moved into independent accommodation .

- Tony & Faye - brother & sister of Debbie Howard, service user, with input from Bill Wright, social work manager spoke about her new care arrangements following her move out of Queens Road. Debbie has a bespoke day care arrangement . Her brother and sister considered this a better arrangement and also that it would provide long term continuity and security as her main carers,

Debbie's parents, age and become less able to look after her. There is capacity for Debbie to be joined by someone else which would reduce costs.

The meeting then heard from a provider:

- Optima Care Shine London, Lynsey Robertson, Director of Development. www.optimacare.co.uk spoke to a presentation tabled.

The meeting then moved onto tables to discuss the following points in World Café style , facilitated by committee members :

- what is important to service users? (outcomes, support need)
- What people like about the present services?
- What could be better? (what challenges are people facing in services and in peoples lives)

RESOLVED

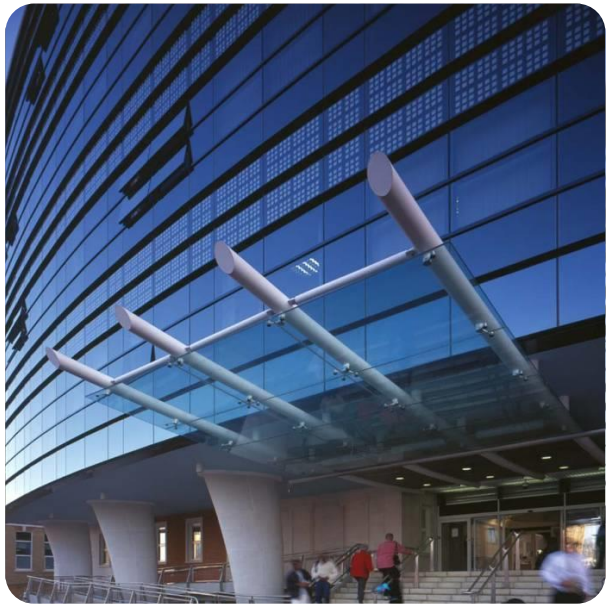
It was agreed that the chair would write a letter summarising the session deliberations (enclosed with the minutes) and send this to the lead cabinet members and directors.

6. WORKPLAN

The work-plan was noted.

Recruitment & Retention Strategy update to Southwark HOSC

28 November 2017



The National & Local Position

- National NHS vacancies increased substantially between 2013 to 2016 from 6% to 11.1%
- Candidates have a wide choice of organisations with vacancies, particularly in clinical areas.
    - 86,000 adverts placed between January 1 and 31 March 2017 in England
- Royal College of Nursing reported 12,719 Nursing vacancies in London in May 2017 (0215: 10,140)
    - 15% vacancy rate for Nurses in South London

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Our Latest Position

King's College Hospital NHS Foundation Trust

Recruitment

- Trust vacancy rate
  - 11.18% (best since 2015)
  - Band 5 nursing vacancy rate 9.14% (Oct 2017); reduced from 16.39% (April 2017)
  - Denmark Hill & Associated Sites vacancy rate is 10.34%
  - Networked Care vacancy rate is 7.02%
  - Urgent Care, Planned Care & Allied Clinical Services vacancy rate is 8.49%
  - Staffing – Highest permanent fill rate ever at 11,155 staff

Temporary Staffing

- Agency spend – £55m (2014/15); £47m (2015/16); £36.5m (2016/17)
- £30m forecast for 2017/18 – a 43% total reduction

Retention

- Denmark Hill & associated sites voluntary turnover reduction – 17.11% (October 2016) to 14.46% (October 2017);
- Sickness reduction – Rolling 12 months reduction from 3.64% to 3.29%;

Recruitment Activity & Planning 2017/18

Key Insights between 1 April 2017 and 31 October 2017

- Recruitment Target: 2500 (c.1950 Non-Medical and c.550 Medical & Dental*)
- Adverts placed on NHS Jobs: 1736
- Increased volume of non-medical starters comparatively (between January and October 2016 and 2017) from 1667 to 1732
- MTI scheme and International Medical Recruitment being expanded
- Recruitment Hotspot project aimed at reducing medical agency expenditure
- International Recruitment of Nurses: Target 400 in 2017/18 (on target to achieve this number by 31 March 2018)
- Activity is a mixture of centralised-led campaigns and supported recruitment within Divisions
- 11 films made to assist Divisional specialisms with their recruitment
- Nurse Recruitment Plan through to March 2018 covering HCA's, Band 5 and Band 6
  - Monthly assessments at Denmark Hill and the PRUH
  - Monthly events

Nurses Recruitment Activity Highlights for 2017/18

King's College Hospital NHS Foundation Trust

- **April**
  - RCN London careers fair, Recruitment in Ireland (PRUH)
- **May**
  - 'Keep in touch event' for host students and new qualifying nurses (Denmark Hill and the PRUH)
  - Health Jobs Sector Careers (Cardiff) and Nursing Times Careers (Leeds) fairs
  - International Recruitment
    - British Council Job Fair (Greece); Philippines (164 successful candidates); Dubai (58 successful candidates)
- **June**
  - RCN Careers Fair in Glasgow
- **July**
  - PRUH Open Day
  - Denmark Hill Keep in touch events for Child Health,
  - International Recruitment in India (94 successful candidates)
- **August:**
  - University of Salford Careers Fair (Manchester)
  - International Recruitment in Philippines (150 successful candidates)
- **September:**
  - Nurses Open Day at King's
  - International Recruitment in Dubai

Nurses Recruitment Activity highlights for 2017/18

King's College Hospital NHS Foundation Trust

- International Recruitment Campaign in Australia
- Nursing Times publications
- International starters
- Open Days across both Trust sites
- Multiple general and speciality specific assessment centres
- Further international and national recruitment campaigns and fairs
- Significant university engagement and NQN attraction
- Increased partnership working with agencies both in the national and international markets

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Retention: Improving the Employment Experience

- Following the publication of the Trust staff survey results six key work streams – each with an Executive lead - have been established to improve staff engagement across the organisation.
- These directly link to the areas of lowest performance in the survey and focus on the following areas:
  - Health and Wellbeing
  - Improving support for line managers
  - Senior leadership visibility and communication across the organisation
  - Valuing and recognising staff
  - Diversity and Inclusion
  - Career and Talent Development

- In addition, a Nursing and Midwifery Recruitment & Retention Steering Group has been in place for 12 months to address specific issues in these staff groups.

- Reviewing Exit Questionnaires and developing action plans

- The Trust is participating in a London-wide capital nurse programme for recruitment and retention

- All plans signed off by NHS Improvement

Looking ahead to 2018/19

- Developing our employer Brand
  - Social Media increase to generate interest
  - Digital recruitment strategy
  - Traditional and new media advertising
  - Bespoke branding exercise (Positively Proud) for PRUH and Orpington

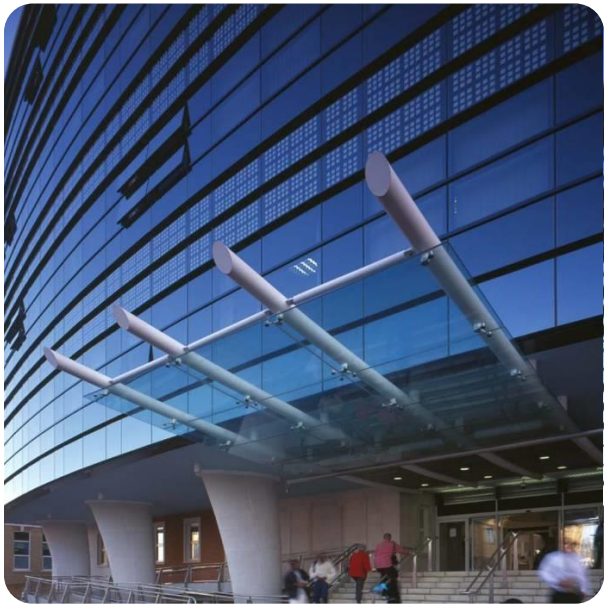
- International recruitment for 2018/19 deployment
  - Campaigns agreed for remainder of 2017/18 in Australia, India, Philippines, Dubai
  - On-going work with Chief Nurse and Directors of Nursing on workforce plans
  - Medical recruitment including MTI scheme (India campaign currently being planned from PRUH)

- Staff Engagement activities and plans progressed to improve retention

- Launch new Recruitment Applicant and Tracking System

- On-going service development work to decrease time to hire and improve the new hire experience

Appendices



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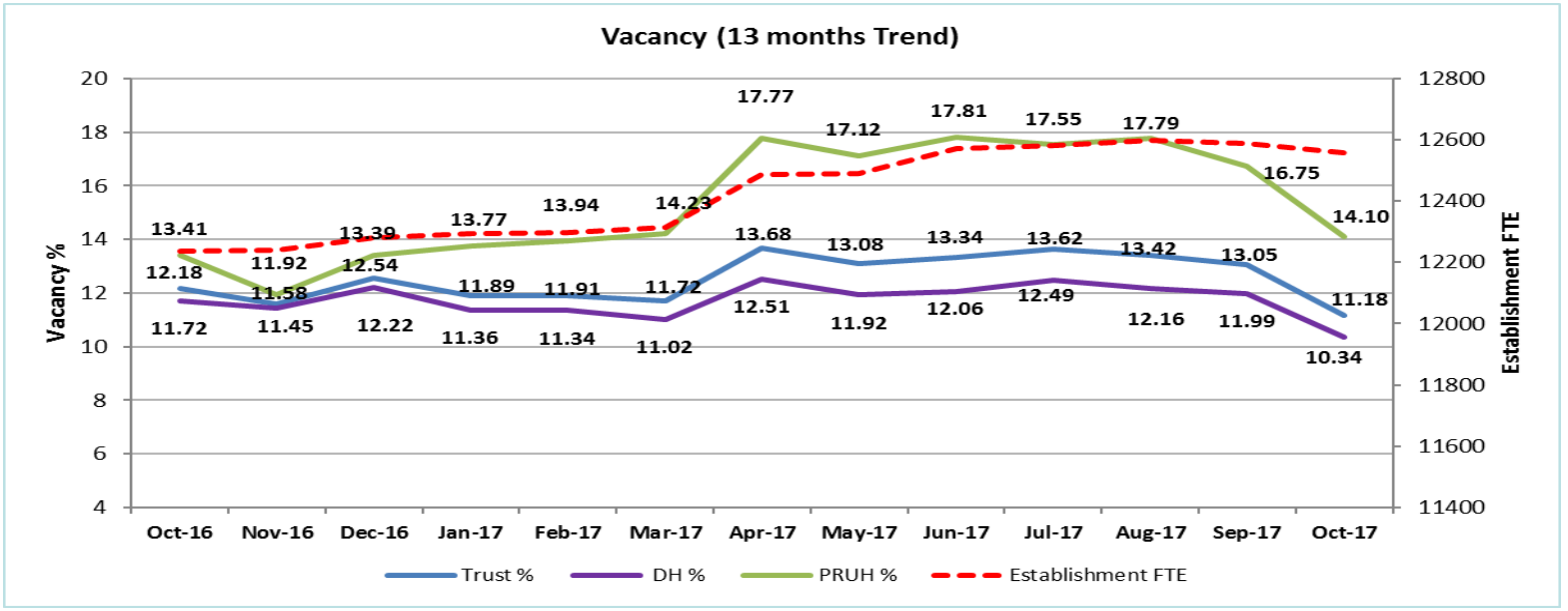
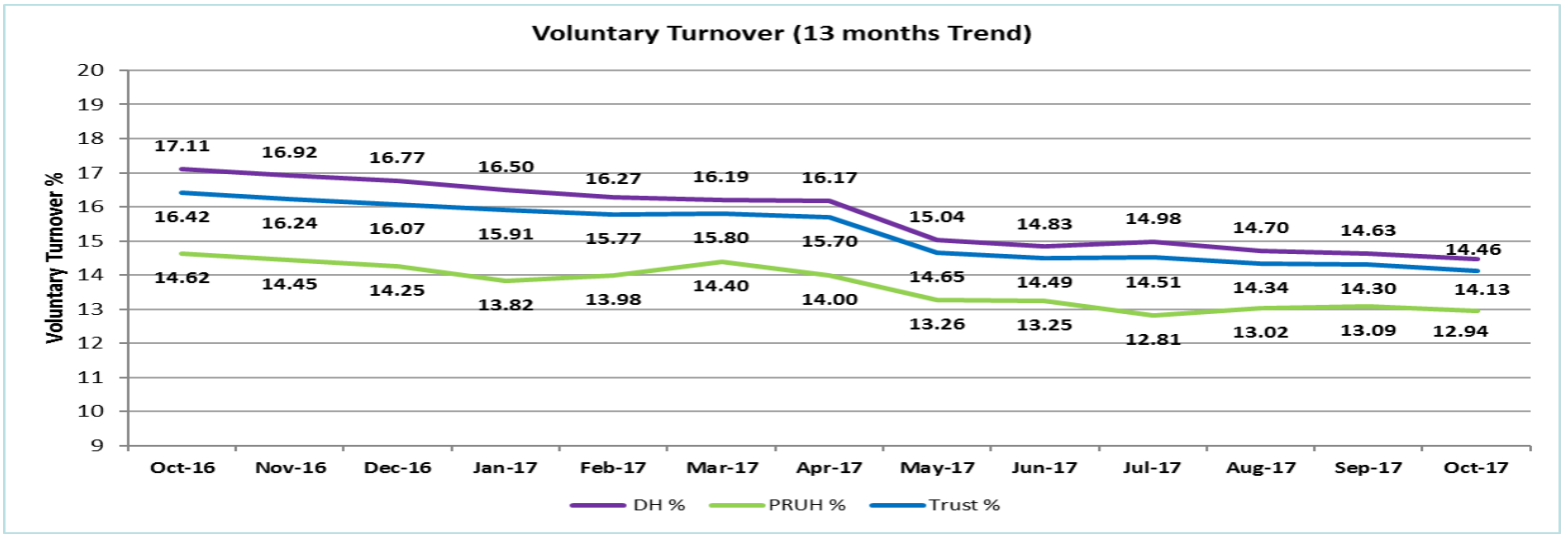
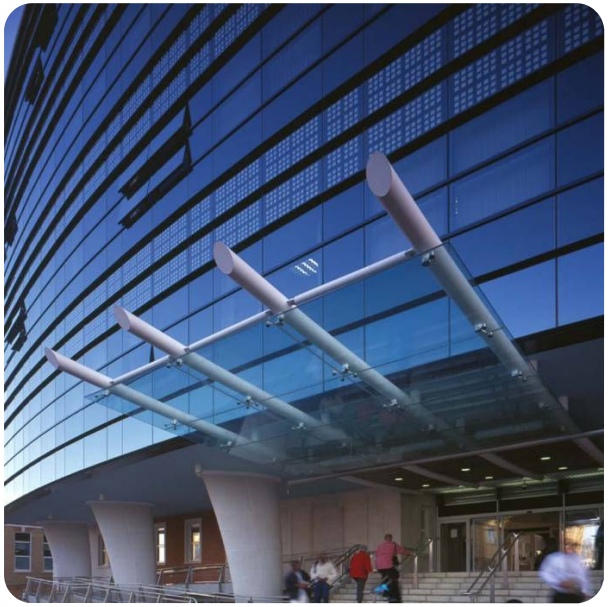
Vacancy & Turnover – 13 Months





Trust Update
Healthy Communities Scrutiny Sub-Committee

Harvey McEnroe
Deputy Director of Operations



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1. Trust strategy
2. Emergency performance
3. Emergency Department redevelopment Plan (including Mental Health crisis care facilities)

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Our BEST Strategy

Our Trust strategy is based around BEST principles

Best quality of care
Excellent teaching and research
Skilled 'can do' teams
Top productivity

Trust Performance

Emergency Department four hour standard

- Emergency performance across the Trust against the NHSI trajectory continues to improve supported by clinically-led transformation. Current performance is 88% against a 90% September trajectory. Ongoing improvement remains challenging but there is evidence of significant improvement when compared with the same period last year.

- We are continuing to work hard on delivering our planned improvement programme to reach 95% by the end of March 2018.

Emergency Department

King's College Hospital NHS Foundation Trust

- The Emergency Department at King's College Hospital, Denmark Hill
  - 450-550 attendances every day
  - Over 130,000 attendance per annum
  - 75% are adult attendances; 25% paediatric attendances
  - A dedicated paediatric ED ensures that children and parents receive focused care and support

- The KCH ED forms a key part of our status as a major trauma centre and is part of the South East London Kent and Medway Major Trauma Network (SELKaM), serving a trauma population of 4.5 million people across south east London and Kent.

- In partnership with South London and Maudsley (SLaM) NHS Foundation Trust we provide an integrated mental health service including a dedicated 24/7 SLAM psychiatric liaison team

- KCH hosts King's Health Partners Homeless Pathways Team (HPT), working with homeless patients attending or admitted to the hospital. The multi-disciplinary team provides a "one stop shop" including advice about all local voluntary and statutory services, assisting with Homeless Persons Unit presentations and ensuring good ongoing coordinated healthcare.

- In 2011, the Trust established the first youth violence intervention project based within an ED in partnership with youth work charity, Redthread. Following the success of the scheme, it was expanded to other London trauma centres in 2015.

Latest Developments

King's College Hospital NHS Foundation Trust

- **A new 10 cubicle Urgent Care Centre (UCC)**
  - Opened in June 2017 to provide 24-hour urgent care access on the hospital site.
  - An increase in cubicles spaces and opening hours, moving from 14 hours to 24 hours a day, 7 day a week.
  - The new UCC is equipped with a dedicated assessment space, GP consulting rooms, a dedicated ambulatory assessment area and a suite of mental health rooms.
  - The mental health area offers a state of the art environment, providing psychiatric care in a safe, calming and separate environment from the rest of the UCC and the ED.

- **Two new CODE 10 rooms in Majors**
  - Opened in June 2017 to provide a safe and calm environment for the most challenging mental health patients requiring acute and psychiatric care.
  - Staffed from the ED majors team, on average the hospital receives 8 complex psychiatric patients every day, each needing over 10 hours of care in ED.

Future Developments

King's College Hospital NHS Foundation Trust

- **Paediactric Clinical Decision Unit**
  Due to open in October 2017, the unit will have four beds for children who need care over a greater period of time than 4 hours, but who do not need formal admission to a hospital ward.

  The unit will provide a safe and caring environment for children and their families out of the busy ED, in a calm and quiet space.

  This unit will support better patient outcomes and will reduce avoidable admissions and breaches in our paediatric emergency care pathway.

- **Paediatric Majors Area (Children's ED)**
  Making improvements to the paediatric majors' six-bedded area providing both beds and trollies for patients. The new area will be brighter and more state of the art, allowing for an observation space post resus for our more acute patients.

- **Additional Developments**
  Ongoing plans to develop ED main reception area and ambulance (LAS) handover station. LAS will be able to deliver patients directly into a dedicated Rapid Assessment and Treatment (RAT) area enabling a reduction in handover times, get crews back on the road quicker and supporting early decision making in our ED and across the emergency care pathway.

  This work is currently at the business case stage and is subject to capital plans being signed off; we do not currently have a start date.

Agenda Item 6

Item No.	Classification: Open	Date: 28th November 2017	Meeting Name: Healthy Communities Scrutiny sub-Committee
Report title:		Better Care planning 2017-19 and managing effective hospital discharge	
Ward(s) or groups affected:		All	
Report author:		Genette Laws Director of Commissioning, Council Caroline Gilmartin Director of Integrated Commissioning, CCG	

SUMMARY OF THE REPORT

The BCF was first set up in 2014 with the purpose of driving the transformation of local health and social care services to ensure that people receive better and more integrated care and support in the community. The fund brought together a range of existing resources for community based health and social care into pooled budget arrangements.

Since that time, and following NHSE/Department of Health (DoH) guidance, the council and the CCG have annually submitted Better Care Fund (BCF) plans setting out how the pooled fund, which now stands at approximately £22m, will be used. This year, guidance set out a requirement for a two year plan detailing the expenditure and plans for 2017/18/19. This year a significant addition was made to the allocation to ensure stability of social care the Improved Better Care Fund (iBCF). Nationally this sum was approximately £2 billion, for Southwark this equates to £9.1m in 2017/18 rising to £12.5m in 2018/19. Plans for BCF and iBCF were submitted, with specific conditions attached to both funds.

The two year plan for Southwark was agreed by the Health and Well Being Board on the 11th September, and submitted to NHSE on the same day. Approval of the plans was received on 30th October – Southwark's plans were approved with no conditions, making Southwark one of the few boroughs nationally who have had each of its plans fully assured since the BCF was established in 2015/16

A key significant change in the targets for the BCF has put a primary focus on meeting Delayed Transfers of Care (DTOC) targets designed to ensure people are discharged from hospital in a timely and appropriate way. The report focusses on how the BCF and iBCF facilitate the meeting of the target and ensuring good quality community services are in place to enable safe and timely discharge and to enable residents to remain at home and retain their independence for as long as possible.

This report sets out the following:

- A summary of our BCF and iBCF plan:
- Governance and monitoring arrangements for BCF and iBCF
- Plans for improved our DTOC targets, performance against the key BCF metrics
- Winter planning arrangements for 2017/18

RECOMMENDATION(S)

That the Healthier Communities Scrutiny sub committee consider and endorse the contents of the report.

BACKGROUND INFORMATION

1. Councils and CCG have been required to submit BCF plans since 2015/16 the first financial year from when the fund was established. The fund brought together a range of existing resources for community based health and social care into pooled budget arrangements. Since that time BCF plans in Southwark have supported community services for adults to ensure effective reablement, discharge from hospital, 7 day working and home based services to support independence in the community.

2. Each year, guidance for the BCF is revised, guidance for 2017/18 and 2018/19 planning purposes was expected from NHSE/DoH in November 2016. Due to challenges across the national health and care system, final guidance was issued in July 2017 with a submission date for a final plan for 2017-2019 of 11th September 2017.

3. There were some significant changes to the BCF, including an additional allocation of the Improved Better Care Fund (iBCF). This was national recognition of the need to stabilise social care and had specific conditions attached, which were to minimise cost pressures in social care, stabilise the care market including home care and nursing care. The fund is £9.1m for 2017/18 and £12.5m in 2018/19. This is in addition to the current BCF allocation of approximately £22m.

4. There have been changes to some of the BCF targets with a much greater emphasis on ensuring people are discharged quickly and appropriately from hospital through improved integration of health and social care.

5. For 2017/18 it was proposed and agreed that plans for core BCF (£22.3m) were rolled forward from 2016/17 into 2017/18, providing stability for council and health services currently funded. During the remainder of 2017/18 this will be reviewed with a view to making some changes to plans for 2018/19 to align more closely with strategic priorities, such as the High Impact Changes Plan (HICP) and the budget process for the council and the CCG.

6. The plans for the iBCF grant of £9.1m in 2017/18 set out within the BCF plan will be applied in a way that reduces current budget pressures on homecare and expansion of nursing care, supporting current levels of activity. The plans for the iBCF are compliant with the grant conditions to spend all the funding on supporting social care services. The additional £3.4m iBCF grant allocation for 2018/19 will be applied to home care and nursing care.

7. Nationally there has been a level of uncertainty around the new iBCF monies. Both the planning guidance published by the DOH and the Secretary of State's address to the House on 3rd July 2017 linked the national iBCF increase of £2bn to delayed transfers of care (DTOC). Councils and CCGs have since received targets and metrics for monitoring and reporting DTOCs and whilst to date there has been no explicit threat of penalties for under-achievement, there have been challenges in other parts of the country where DTOC have not been performing against target. Southwark signed up to local targets in July which are considered to be achievable and to date Southwark have performed well against target.

8. The BCF was approved by NHSE on 30th October 2017 without any additional conditions or changes required. Southwark has to date had all of its BCF plans

signed off with no conditions since the BCF was first introduced in 2015/16. The existing Section 75 will be revised to take into account some of the changes to the BCF and IBCF plans, by end of November.

9. Oversight of the plan is with the Health and Well Being Board and is delegated to the Joint Commissioning and Strategy Committee (JCSC) for regular monitoring.

PERFORMANCE MANAGEMENT AND MONITORING OF THE PLANS

10. Quarterly returns are required on how we are managing the BCF and iBCF plans. Quarter 2 (Q2) returns have just been submitted (please see Appendix 1 for attached Q2 returns for NHSE and DoH).

11. In Southwark targets against DTOC to date have been met and exceeded. The key date against which DTOC targets will be compared against target will be November. The target for health and social care was agreed in July of this year and performance is measured on a combined social care and NHS target. The monthly target changes and is an average 454 days across both organisations.

12. Since that date Southwark has met and exceeded its targets. In September, the last date for which there are figures – there were 254 delays against a monthly target of 450 (appendix 2). Reasons for delays include lack of suitable and affordable nursing placements, patient choice and awaiting assessments. Winter will place additional pressure on the system and it is the predicted there will be pressure on nursing home capacity across South East London. Winter plans are in place and summarised later in this report.

13. The trajectory for Southwark is improving against target, and schemes and service in place for hospital discharge continue to keep the DTOC figures down.

14. The current Better Care Fund programme will be evaluated in December and this will help to inform any potential changes to plans for 2018/19.

PLANS TO SUPPORT SAFE AND EFFECTIVE HOSPITAL DISCHARGE

15. There are a number of schemes across health and social care which support safe and effective hospital discharge including BCF schemes, Discharge to Assess, intermediate step down and nursing care, the High Impact Changes plan and winter planning.

BCF PLANS

16. The BCF continues to fund seven days services including the weekend hospital discharge teams, funding for enhanced rapid response and 7 day primary care services. This complements the many services that already operate 7 days per week, including home care and residential and nursing care homes.

17. The 2 Hospital Discharge Teams, based at King's College and St. Thomas hospitals, offer a vital frontline service facilitating safe discharge for residents who are eligible for social care and are inpatients within a hospital ward. They provide multidisciplinary assessment screenings for adults requiring support on discharge from hospital including Supported Discharge Teams (SDTs), Reablement and Care home placements, Continuing Health Care (CHC) and advice and information regarding universal and voluntary sector services and undertake safeguarding alerts and investigations. As well as their assessment role they also manage the practical side of transferring vulnerable people out of an acute hospital setting.

18. As well as ensuring continued low rates of delayed discharge the service plays a key role in managing emergency re-admissions by supporting safe discharge processes, and managing the need for care home placements.

19. Success of the team is not to be underestimated, the hospital teams have achieved DTOC targets for a number of years for the same hospitals that Lambeth service, who have not achieved target.

DISCHARGE TO ASSESS (D2A)

20. The CCG is working in partnership with Lambeth CCG as well as social care, community health services and acute partners to transfer CHC assessment activity from acute settings to the community. The programme is overseen by the CHC D2A Board which reports to the Southwark and Lambeth A&E Delivery Board.

21. Since establishment of the programme in March 2017 the board has:

    - Developed agreed pathways for Discharge to Assess with all partners
    - Commissioned additional community assessment activity
    - Secured beds at Tower Bridge Care Centre for people requiring assessment who are not able to return home

22. CHC Discharge to Assess is a current assurance priority for NHS England. The CCG's plans for achieving the target of less than 15% of CHC assessment activity in acute settings by March 2018 were assured by NHS England in September 2017. As an area reporting more than 25% of assessments in acute in Q2 of 2017/18 the CCG has been asked to provide additional assurance of its plans to reduce this figure. The CCG met its trajectory for September and October. The CCG is currently focussing its efforts on reinforcing senior clinical engagement in the acute setting for the pathway in order to meet the increasingly challenging targets as the year progresses.

NURSING CARE, INTERMEDIATE CARE AND INTERIM CARE

23. The issue of limited nursing beds in Southwark is well known and we are working with the sector to look for opportunities to increase our nursing care beds and ensure that we have sufficient local provision for those people who could be discharged from hospital. For those that are ready to go home but require adaptation or some other adjustment, then the BCF is funding two beds in Lime Tree Court. Southwark does not currently have intermediate care or intensive bed based reablement, for those that need further intervention in a hospital bed but would benefit from support to regain motor skills for independent living.

HIGH IMPACT CHANGE PLAN (HICP)

24. A further change to the BCF planning for this year has been the inclusion of a HICP which has a specific focus on DTOC. The plan is monitored on a regular basis through the Lambeth and Southward A and E delivery board. (Appendix 3 for full plan). The plan includes assessment against 8 key themes to improve DTOC these include, BCF schemes, enhanced health care in care homes, D2A and Trusted assessors

25. The CCG have piloted enhanced health care in care homes and are looking to scale this up across the Borough, this provides enhanced GP access to residents in nursing and residential homes including, Multi Disciplinary Teams. This results in GP being able to respond more quickly to residents within the home, reducing the need to GP and hospital visits and unnecessary admissions.

WINTER PLANNING SUMMARY OF ARRANGEMENTS

26. Through the Lambeth and Southwark A&E Delivery Board for winter planning, allocations have been made to local providers to:

- Increase resilience within the urgent and emergency care system
- Fund additional capacity within the system to support patient flow and delivery of the 4 hour performance target, and
- Support the local system to deliver national 'must-do's' and embed best practice

27. Key schemes supported by winter monies for Southwark and Lambeth include:

Scheme	Description
Southwark & Lambeth Social Services	Provide additional support for social work assessment, advice and input to discharge planning 7 days a week across KCH and GSTT.
Southwark & Lambeth CHC Discharge to Assess	Provide increased investment to support the required shift from acute to community based assessment in line with national targets / local improvement. Also provides funding to support post-acute discharge out of hospital care costs.
SLaM	Expanding the Acute Referral Centre by operating an out of hour's crisis assessment service that responds to individuals in crisis whether at home, in the community, with the police or London Ambulance Service.
Redirection to GP practices from ED / Increase hub capacity	Provide additional primary care appointment slots for Waterloo Health Centre for GSTT and set up a similar scheme to a local GP practice for KCH to redirect. Also in Southwark, increase the number of EPCS sessions during peak times to alleviate pressure on general practice and ensure sufficient capacity to allow re-direction from ED.
SAIL / Warm and Well in Winter	Supporting SAIL to help older, vulnerable residents by providing social inclusion, handymen and wellbeing support. In addition, funding of the Warm and Well in Winter campaign in Southwark and Lambeth which includes ensuring that vulnerable patients receive advice and practical support during cold weather, including neighbour drop in support and advice on hydration and keeping warm.
Frequent A&E attenders service - Southwark	Funding a psychologist from SLaM to support an existing MDT team with frequent attenders of urgent and emergency care services at KCH and frequent callers to LAS with the objective of reducing unnecessary attendances and improving

	the experience of those who frequently attend by supporting them in accessing more appropriate care.
GSTT Community	Pharmacy support for ERR and SDT - Pharmacy support for out-of -hospital transition / admission avoidance to increase capacity for staff. Care home pathway for @home – Increase nursing support to help with new care home pathway for @home services. Community phlebotomy service - Community phlebotomy service to improve capacity of the district nursing team.
Communication campaigns	National campaign targeting the use of Integrated Urgent Care (formally 111). The Stay Well This Winter campaign will aim to ease seasonal pressure on NHS services. It is designed to reduce the number of people, who become so ill that they require admission to hospital.

SUMMARY

28. The BCF and the IBCF plans for Southwark have facilitated an integrated health and social care response to ensure that effective community services are in place which facilitate effective hospital discharge and that integration within hospital settings ensure fast and effective discharge processes. Other services across the system support and compliment those plans and have to date resulted in enabling Southwark to meet DTOC targets.

END REPORT

QUARTERLY REPORTING FROM LOCAL AUTHORITIES TO DCLG IN RELATION TO THE IMPROVED BETTER CARE FUND

IMPORTANT: Please DO NOT alter the format of this spreadsheet by inserting, deleting or merging any cells, rows or columns. The data from this spreadsheet are transferred directly into a DCLG database using a macro and your return may flag as an error if you attempt to alter the format. You can, however, resize the height and width of rows and columns if you need more space.

Instructions:
1. Select your local authority from the drop-down menu in Cell C11.
2. Enter the password provided in your email from DCLG into Cell C13
2. Complete Sections A to D below by filling in the pink boxes as instructed. If copying and pasting in content from another document please paste your text directly into the formula bar.
3. Save the completed form in the original MS Excel macro-enabled workbook format. Do not convert this spreadsheet to another file format or provide any information in additional attachments.
4. Once completed and saved, please e-mail this MS Excel file by 20 October 2017 to: CareandReform2@communities.gsi.gov.uk

Local authority: (Select from drop-down menu)	**Southwark**
Enter password (as provided in email from DCLG)	YLQJ61
E-code	**E5019**
Period	**Quarter 2 (July 2017 – September 2017)**

Section A

A1. Provide a narrative summary for Quarter 2 which follows up the information you provided in Section A at Quarter 1. What are the key successes experienced? What are the challenges encountered?

Southwark is proud to be an age friendly borough, supporting our elders and family carers so that later life is enjoyable and that Southwark benefits from their contribution to community life. Older people are well supported to be able to stay in their homes (or in extra care housing) with flexible care and support rather than in residential care homes. Treating people with dignity and respect is at the heart of our approach. At a time of unprecedented pressures on adult social care budgets the additional funding is helping us to continue to be able to deliver these objectives and values.

The plan for spending the IBCF was discussed and agreed with NHS Southwark CCG and the Health and Wellbeing Board as part of the Better Care Fund planning process. The plan is fully compliant with IBCF grant conditions to support adult social care, in particular the provider market in home care and nursing care where market fragility and intense expenditure pressures are key risks for the overall health and care system. The IBCF is now helping address these pressures and will support the delivery of our wider BCF objectives, in particular around delayed transfers of care, and care home and hospital admissions avoidance. Delayed transfers data published so far this year (to August) confirms that Southwark is within the target range set by NHSE and the system is gearing up to maintain good performance over the winter. This is expected to be challenging given the funding and demand pressures facing the acute and community care system.

The IBCF is supporting core nursing care provision and home care activity for mainly frail older people and working age adults living with a disability to continue to live in their own homes. This target cohort is made up of people who are already heavy users of NHS care (particularly primary care and unplanned care within an acute setting among the most frail segment) as well as those who are eligible for local authority funded care under the Care Act 2014. The strategic outcome is to enable people with complex care needs to remain in the community and to avoid hospital bed-based care.

Within the overall IBCF plan we have also identified funding specifically for transforming the way services are commissioned to help deliver our objectives within available whole-system resources.

A2. Provide progress updates on the individual initiatives/projects you identified in Section A3 at Quarter 1. You can provide information on any additional initiatives/projects not cited at Quarter 1 to the right of the boxes below.

	Initiative/Project 1	Initiative/Project 2	Initiative/Project 3	Initiative/Project 4	Initiative/Project 5
A2a. Individual title for each initiative/project (Automatically populated based on information provided in Quarter 1. Please ensure your password is entered correctly in cell C13).	Improving and investing in home care	Improving and investing in nursing care			
A2b. Use the drop-down options provided to report on progress since Quarter 1.	3. In progress: showing results	2. In progress: no results yet			
A2c. You can add some brief commentary on the progress to date if you think this will be helpful (in general no more than 2 to 3 lines).	We will introduce new home care contracts from December 2017. These will be aligned to the Local Care Networks to facilitate timely discharge through seven day working, medication adherence, double handed care as well as improved working conditons for staff (to improve retention and continuity of care).	There is a significant undersupply of nursing care beds in Southwark. The investment has supported the local market as a result of inflationary pressures as well as enabling a new commissioning approach to increase the supply and range of nursing beds (general, EMI and sub-acute intermediate care).			

Section B

Report the actual impact of the additional funding on:

	a) The total number of home care packages provided for the whole of 2017/18:	b) The total number of hours of home care provided for the whole of 2017/18:	c) The total number of care home placements for the whole of 2017/18:
B1. Provide figures to illustrate your plans for the whole of 2017/18 prior to the announcement of the additional funding for adult social care at Spring Budget 2017. PLEASE USE WHOLE NUMBERS ONLY WITH NO TEXT. Use question B4 below if you wish to provide any text/commentary.	1,500	1,000,000	400
B2. Provide figures to illustrate your current plans for the whole of 2017/18 (i.e. after the announcement of the additional funding for adult social care at Spring Budget 2017). PLEASE USE WHOLE NUMBERS ONLY WITH NO TEXT. Use question B4 below if you wish to provide any text/commentary.	1,900	1,300,000	450
B3. Difference between pre- and post-Spring Budget announcement plans: B2 - B1 (automatically calculated).	400	300,000	50
B4. You can add some brief commentary on the figures provided above if you wish.	There were 1,908 service users in receipt of home care on 30 September (end Q2) which is in line with the planned total for 2017-18.		The figures given are for the total number of people aged 65 or over living permananently in residential care or nursing care homes (including those already in placements at the start of the year). We expect to place 125 people aged 65 or over in residential or nursing care during the course of 2017-18.

Section C

	Metric 1	Metric 2	Metric 3	Metric 4	Metric 5
C1a. List up to 10 additional metrics you are measuring yourself against, as mentioned in Section C of the Q1 returns.	Delayed transfers per day per 100,000 adult population attributable to adult social care	Delayed transfers of care from hospital per 100,000 adult population attributable to NHS, adult social care and jointlty attributable to NHS and ASC. Note: This is the nationally agreed target for Southwark.			
C1b. Use the drop-down options to report if you have seen any change in this metric in Quarter 2.	1. Improvement	1. Improvement			

C1c. Provide any additional commentary on the metric above, if you wish.	Q2 data is currently only available for July and August. The total delays attributable to adult social care during this period was 114. This equates to 0.7 delays per day per 100,000 population. The equivalent Q1 figure was 5.5 delays per day per 100,000 population and the benchmark (for the period Feb-Apr 2017) was 6.9 delays per day per 100,000 population.	The latest figure Q2 (August 2017) was 119. This is a significant improvement on the pre-IBCF levels and is well below the nationally-set target.			

Section D

These questions cover average fees paid to external care providers. We are interested only in the average fees actually received by external care providers for local authorities' fully supported clients. The averages should therefore exclude:
-Any amounts that you usually include in fee rates but are not paid to care providers e.g. the local authorities' own staff costs in managing the commissioning of places
-Any amounts that are paid from sources other than the local authorities' funding i.e. third party top-ups, NHS funded Nursing Care and full cost paying clients

The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.
This single average should include fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.

If you only have average care home fees at a more detailed breakdown level than home care, residential and nursing (e.g. residential without dementia, residential with dementia) please calculate an average weighted by the proportion of clients that receive each type of care in the following way:
1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category by the total number of clients receiving the service.
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

	2016/17	2017/18	If rates not yet known, please provide the estimated uplift as a percentage change between 2016/17 and 2017/18
D1. Please provide the average amount that you paid to external providers for home care in 2016/17, and on the same basis, the average amount that you expect to pay in 2017/18. (£ per contact hour, following the exclusions as in the instruction above)	£15.26	£15.60	2.2%
D2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+ in 2016/17, and on the same basis, the average amount that you expect to pay in 2017/18. (£ per client per week, following the exclusions as in the instructions above)	£587	£608	
D3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+ in 2016/17, and on the same basis, the average amount that you expect to pay in 2017/18. (£ per client per week, following the exclusions in the instructions above)	£610	£621	
D4. If you would like to provide any additional commentary on the fee information provided please do so.			

Better Care Fund Template Q2 2017/18

1. Cover

Version 1

Please Note:
- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Southwark
Completed by:	Adrian Ward
E-mail:	adrian.ward3@nhs.net
Contact number:	2075253345
Who signed off the report on behalf of the Health and Wellbeing Board:	tbc

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' for example 'County Durham HWB'

Complete

	Pending Fields
1. Cover	0
2. National Conditions & s75 Pooled Budget	0
3. National Metrics	0
4. High Impact Change Model	0
5. Narrative	0

Delayed Transfers of Care, September 2017

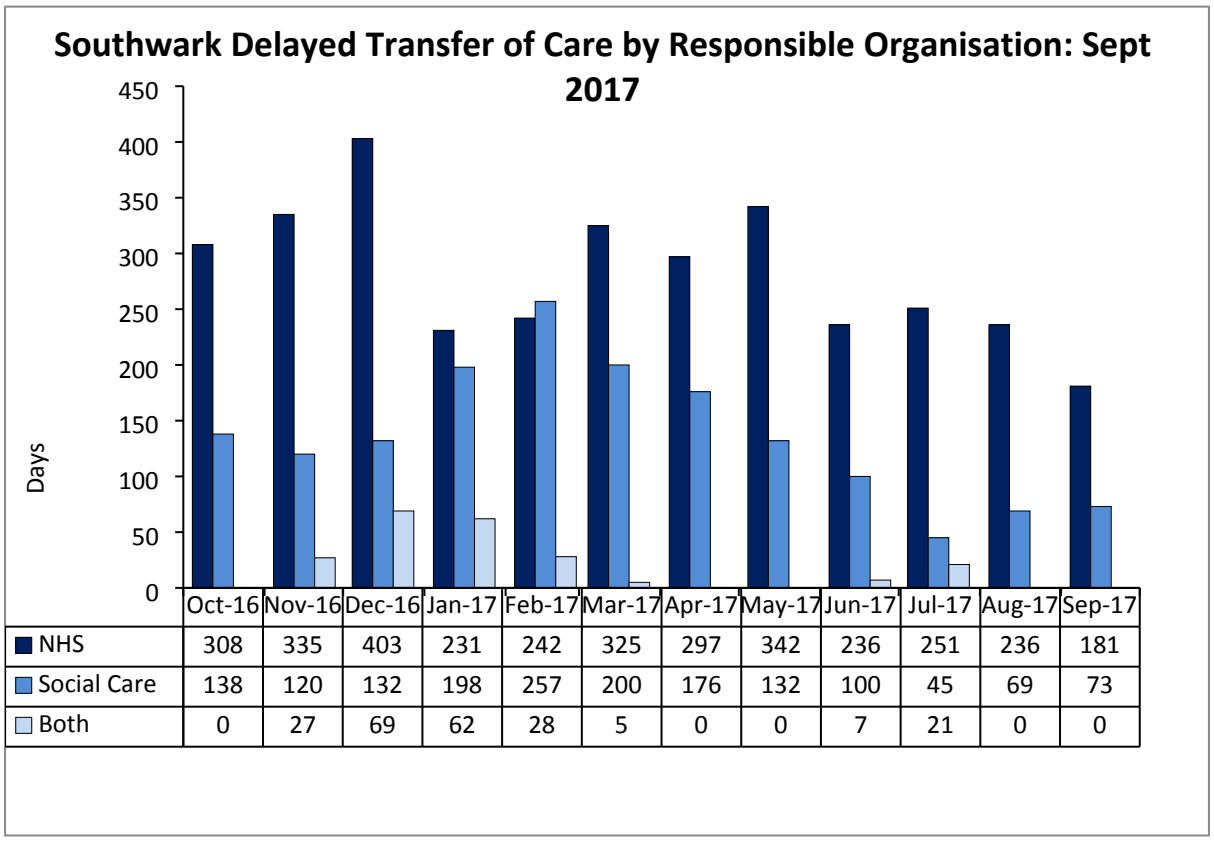
Data on delays occurring in September 2017 was published on 9th November, 2017 by NHS Digital. The October data will be published in December.

Delayed transfers are now reported by NHS Digital in two ways:

i) "Days" is the number of delayed bed-days during the course of each month
ii) "Beds" is the equivalent number of beds that are occupied due to delayed discharges during the coursed of each whole month. It is Days divided by 30.

- Delayed discharges in Southwark continue to decrease. The total number of delayed bed-days 254 days in September, down from 305 days in August.
- The number of delayed bed-days for which social care is responsible increased slightly from 69 in August to 73 in September. Delays to NHS reduced from 236 in August to 181 in September. Delays for which both NHS and social care were responsible stayed at 0.
- Delays due to social care have been stable since June 2017.
- Total delays peaked in December 16 at 604 days. The September delays (254 days) is a reduction of nearly 60% on this peak.
- The proportion of bed-days for which social care is responsible has fell each month from 49% in Feb this year to 28% in May, and has remained almost static in Sept (29%), counting bed-days where both are responsible.

The following chart shows total delayed bed-days due to NHS (dark blue) and adult social care (mid blue). Delays due to both are in pale blue.



	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NHS	308	335	403	231	242	325	297	342	236	251	236	181
Social Care	138	120	132	198	257	200	176	132	100	45	69	73
Both	0	27	69	62	28	5	0	0	7	21	0	0

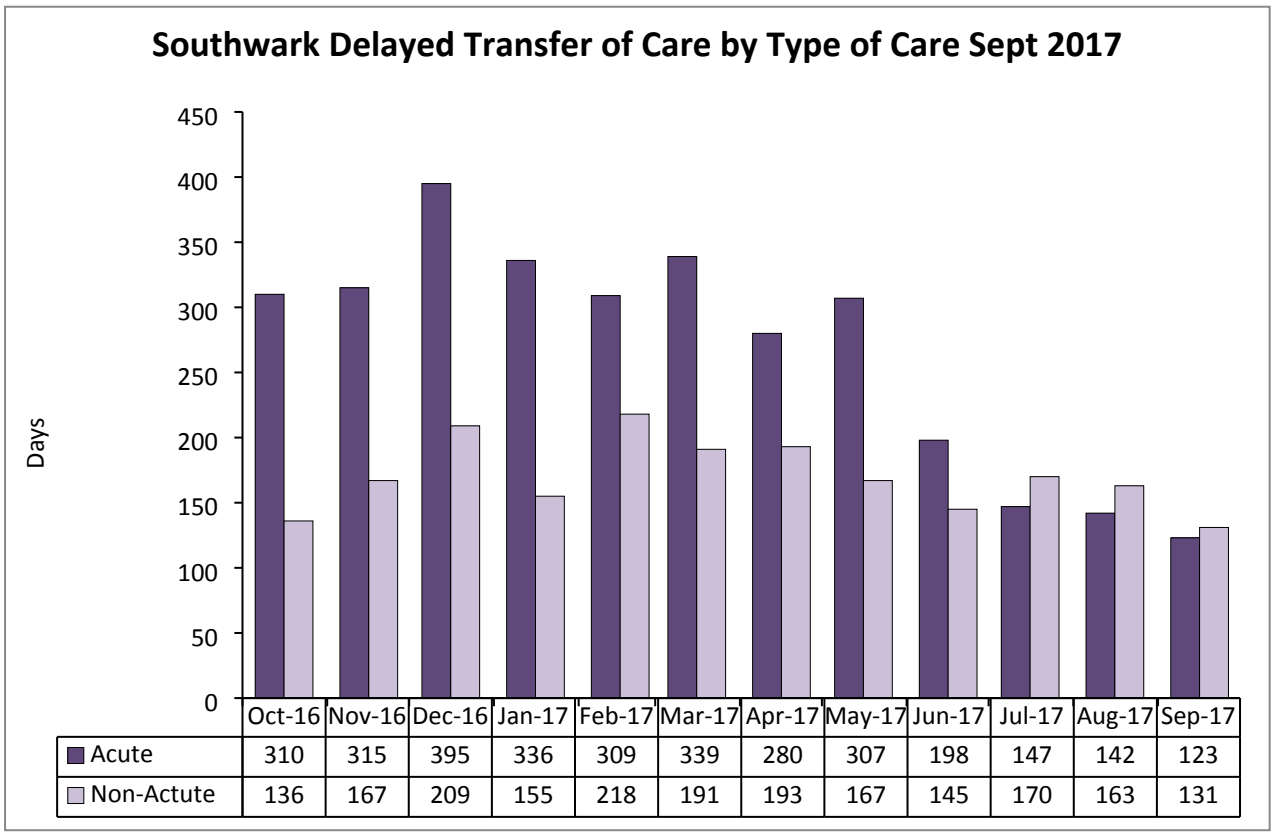
Reasons for delay

90% of delays in September were for the following reasons

- A) Awaiting completion of assessment (25%)
- B) Awaiting public funding (18%)
- G) Patient or family choice (18%)
- Di) Awaiting residential home placement or availability (14%)
- Dii) Awaiting nursing home placement or availability (14%)

Type of care

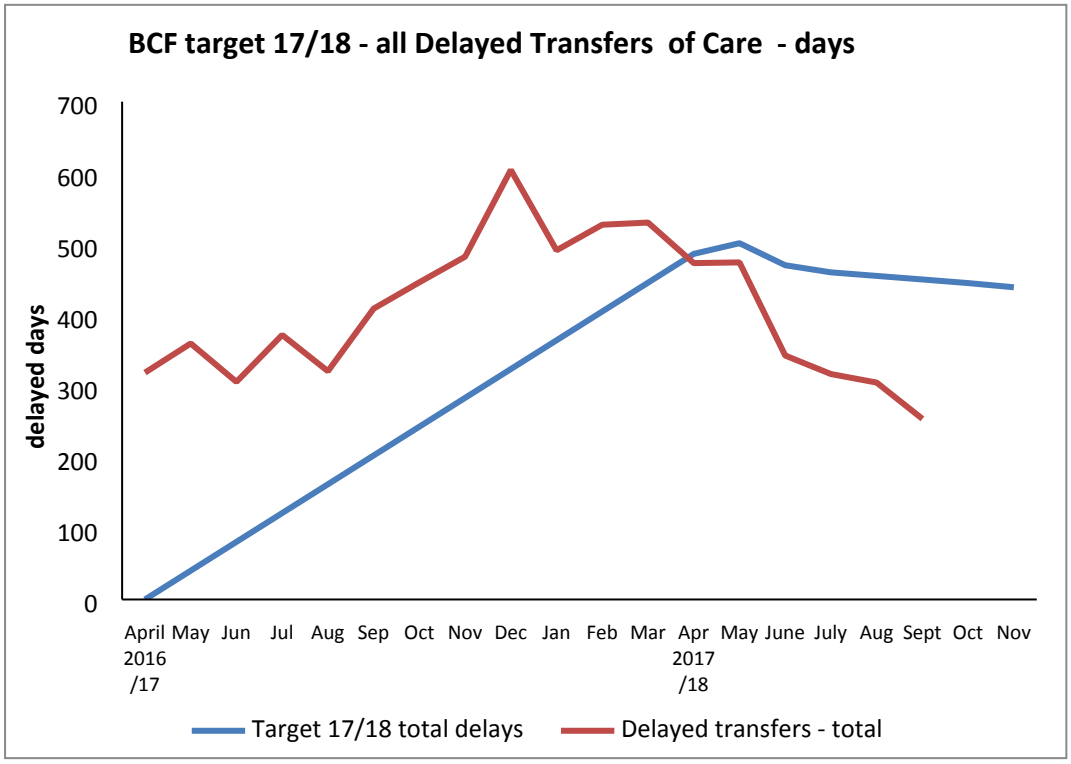
- In September 2017, 48% of delays were from acute care and 52% from non-acute care, similar to July and August.
- Non acute delays have remained largely stable in the last 12 months, whilst acute delays have been decreasing in the last nine months.



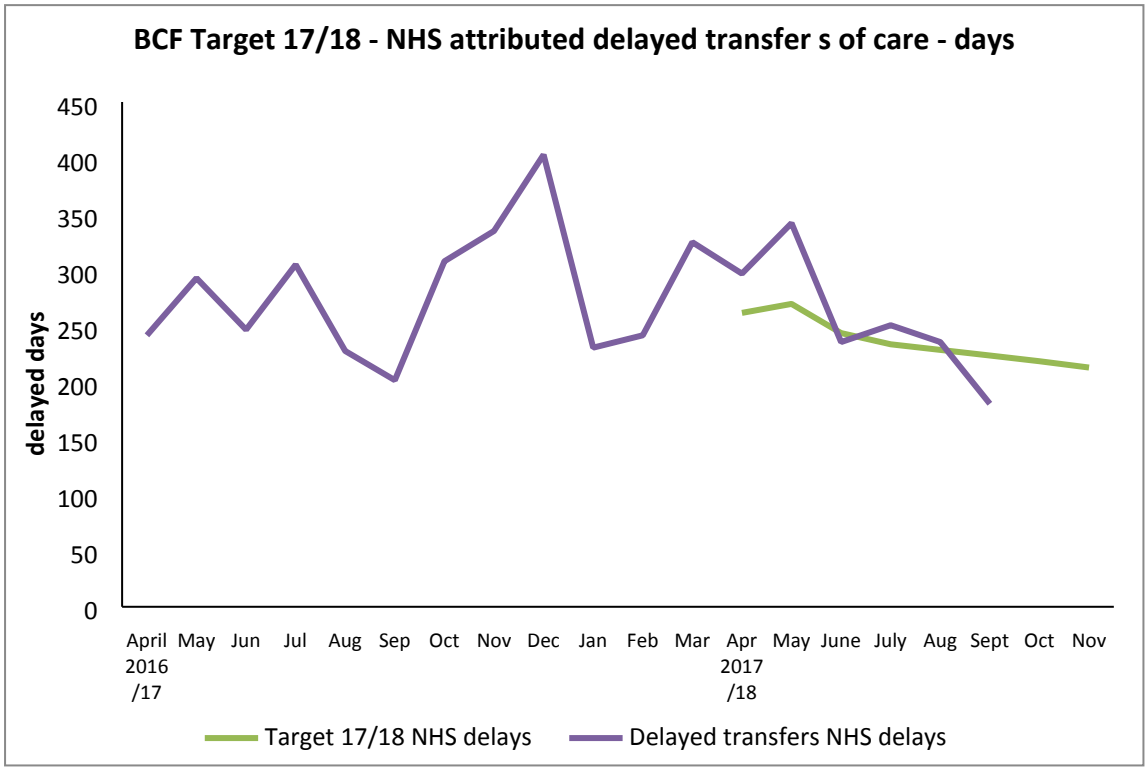
	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Acute	310	315	395	336	309	339	280	307	198	147	142	123
Non-Actute	136	167	209	155	218	191	193	167	145	170	163	131

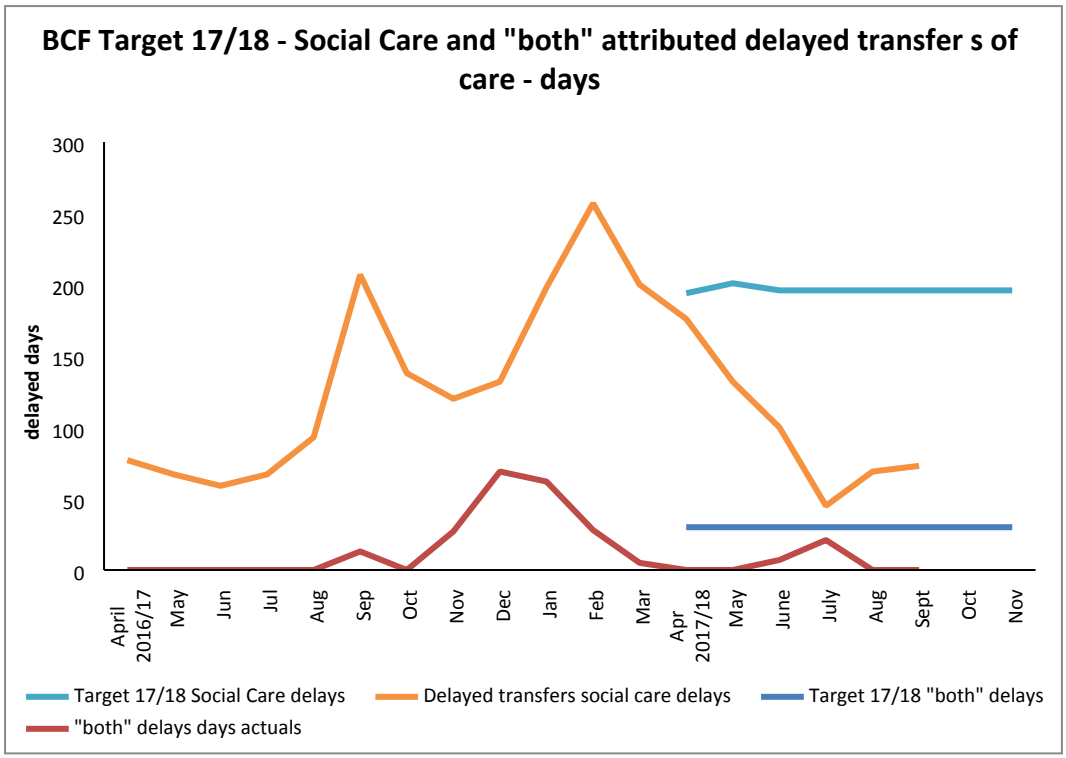
Better Care Fund performance

Total bed-days delays in September (254) were well within target (450).



Delays in September attributable to NHS (181) decreased and were within the target (224).





Delays in September attributable to social care (6 days) and 'both' (0 days) are both within BCF targets (196 and 30 respectively).

High Impact Changes Plan

Impact Change	Where are you now?	What do you need to do?	When will it be done by?	How will you know if it has been successful?	**Input of BCF investments**
Early discharge planning	Considerable work has gone into discharge planning between partners, with efforts made to ensure that all patients have an expected discharge date (EDD) set within 48 hours, or that patients are transferred to community provision early on in stay or straight from ED.	Setting of EDDs which help map out discharge plan has high compliance with 48 hour standard, but more work is planned at KCH to increase yet further. GSTT have 99% compliance, but both Trusts have work to do to ensure that Clinical Utilisation Review systems are fully in place so that EDD compliance can be monitored Further work also needs to be done across the system to ensure robust processes are in place for early discharge of elective patients.	Rollout of CUR is underway at KCH but full benefits will not be realised until end of March 2018. GSTT are currently reviewing options for similar system.	All patients have an EDD within 48 hours Monitoring of EDDs is systematicall y undertaken using the 'Red and Green Day' approach Elective patients who are likely to need social/comm unity care support have provisional discharge plans in place prior to admission.	Although the focus of this work is on clinical systems in hospitals, the BCF indirectly supports the objectives of early discharge planning through extensive investments in hospital discharge related services (£5.456m) and enhanced community health care services (£3.9m). The iBCF is focussed on supporting provision of home and nursing care sufficiency which enables earlier discharge.
System to monitor patient flow	Organisations work flexibly to ensure that staff and capacity is flexed as far as possible during peaks in activity. Whilst individual services	Consideration needs to be given to having improved data flows between organisations to strengthen demand and capacity planning.	The SE London Surge Hub is currently reviewing options for improved data feeds and predictive tools – such as those	Data sharing arrangement s in place which support development of whole system demand and capacity planning tool	This is not directly relevant to the BCF investment plan. However data sharing plans are a key enabler of integration and the council systems are being linked to the local care record.

Impact Change	Where are you now?	What do you need to do?	When will it be done by?	How will you know if it has been successful?	**Input of BCF investments**
	undertake demand and capacity modelling, this is not yet done as a whole system.		used in East Kent – with a funding application likely to follow. Unlikely to be in place prior to 18/19 given complexity of the system.		
Multi-disciplinary, multi-agency discharge teams (including voluntary and community sector)	Excellent joint working is in place, with hospital based social workers from each borough attending MDTs. Voluntary sector services are not systematically included within MDTs but attend where appropriate and are embedded within discharge planning pathways	Single Universal Assessment and Referral Form is shortly to be piloted with the aim of there being one form for hospital based staff to complete when referring to the majority of community/social care teams.	Form due to be piloted in Q1 with roll-out thereafter if successful.	Form is now used as default referral form, enabling all hospital, community and social care teams to be using same criteria and documentation.	The BCF provides extensive investments in hospital discharge related services (£5.5) and enhanced community health care services (£3.9m) and voluntary sector services (£0.9m). The overall Integration and BCF plan is predicated on enhanced MDT working around local care networks.
Home First Discharge to Assess	Whilst people are still often assessed for ongoing care whilst on acute wards, a number of Discharge to	A CHC Discharge to Assess Board for Lambeth and Southwark has been established with the ambition to move CHC and complex	Outputs of CHC group intended to impact by March 2018. Reablement teams moving to	Achievement of 90% of patients who are suitable to receive CHC assessments outside of hospital.	The BCF provides investment for the intermediate care, reablement and community health teams that will support the discharge to assess model.

Impact Change	Where are you now?	What do you need to do?	When will it be done by?	How will you know if it has been successful?	**Input of BCF investments**
	Assess arrangements are operational across Lambeth and Southwark, including for example Enhanced Rapid Response teams (will support patients home from hospital with bridging care, and has social workers embedded within the team to complete SW assessments outside of the hospital) and local authority commissioned Discharge to Assess 'step down' flats	assessments out of the hospital and into a more appropriate setting closer to home. Work is ongoing to establish joint Reablement teams across health and social care in Lambeth and Southwark with the GSTT Community service team	new arrangements in Q1 2017/18	Implementation of new model of reablement services is in place.	Reconfiguration of these services within the BCF, including the development of more accommodation based step down provision.
Seven-day services	Core 7 day services in place, with social care presence on site at acute Trusts across the weekend, and community able to accept new	Adult Social Care have a 7 day presence in both acute hospitals, however not all hospital teams/community services operate 7 days which can limit discharge profiles at weekends.	Work to look at providers ability to start new packages of care and undertake weekend assessments will be reviewed as part of	Levels of weekend discharges increases.	The costs of the weekend discharge service are funded from the BCF (£400k) and specific funding for enhanced rapid response at weekends (£400k) is provided. The service funds care

Impact Change	Where are you now?	What do you need to do?	When will it be done by?	How will you know if it has been successful?	**Input of BCF investments**
	patients 7 days	Also, there is variation between some care agencies and care homes as to whether they will undertake assessments or commence new packages of care at weekends.	contracts over the next 24 months.		packages that cover weekends aimed at supporting discharge. e.g. Nightowls service
Trusted Assessors	In place for @home team and reablement teams which are key discharge routes for local health and social care economy	Need to embed Trusted Assessors across the SE London system, noting that the most significant delays are from non-local boroughs.	Single Assessment and Referral Form being piloted in Q1 17/18. Trusted Assessor protocols for SE London aim to be piloted by October 2017.	Local professionals are able to assessments on behalf of other organisations.	The BCF funds services in which trusted assessor models are in place; @home community health services.
Focus on choice	Choice Protocol jointly developed by all local health and social care organisations and is in in place. Voluntary sector provision also integrated into discharge teams to support people home from hospital	Work is ongoing to review and refresh information packs provided to non-elective patients, including expectations regarding discharge planning	Review of discharge materials in Q1 and Q2 17/18. Choice protocol review in Summer 2017	Reduction in DTOCs and MFFDs attributable to patient or family choice.	This workstream is focussed on improving hospital procedures around operation of choice policy. However the BCF funds the hospital discharge teams. The availability of an adequate supply of nursing care has an impact on choice delays and the iBCF provides £2.15m additional funding for this provision.

Impact Change	Where are you now?	What do you need to do?	When will it be done by?	How will you know if it has been successful?	**Input of BCF investments**
Enhancing health in care homes	Community service and primary care support is in place for all care homes in Lambeth and Southwark. As part of a winter initiative, Care Homes have also been visited and reminded of the value of 111 to support decision making	Working with the London team who are looking at 111 support to Care Homes to ensure that additionality augments existing GP support to care homes rather than causes confusion or destablisation	Q1 and Q2 17/18	Fewer ambulance call-outs to Care Homes and thus fewer admissions to hospitals for care home residents.	The BCF funds a community pharmacist to work in care homes to ensure safe management of mediations. Medicine reconciliation and medication review are core functions. The pharmacist also attends the monthly MDTs for each home. The BCF also funds end of life care co-ordinators working across care homes. The iBCF provides additional £2.15m funding to support the provision of Nursing Care.

13 September 2017	1. **Draft Joint Mental Health & Wellbeing Strategy** 2. **Kings update** a) KCH update on mental health crisis care upgrade plan - including 6 million capital spend b) CCG / KCH provide update on Mental Health Crisis pathway meeting, with a focus on Kings College Hospital emergency department , with SLaM and Healthwatch invited to contribute d) KCH provide an a brief overview of some of the early recruitment work KCH doing ahead of the current strategy development to address staffing retention and recruitment.
Briefing at KCH	KCH financial briefing with committee members
17 October 2017	**Learning Disability Spend** 1. Introduction from DQT/Providers 2. Roundtable inc. service users, charity providers, Healthwatch etc
28 November 2017	**Better Care Fund overview by Social Care and CCG , with focus on discharge** **Public Health Priorities/Strategy for the Year** • Suicide Plan • Sexual Health Services • Drug services

	Kings College Hospital update **i)** Trust plans to improve financial position (with CCG in attendance) **ii)** staffing retention and recruitment plans **iii)** A & E Denmark Hill update , including Emergency Recovery Plan
25 January 2018	**Update Joint Mental Health & Wellbeing Strategy Delivery Plan** **1 GP Surgeries** • Update on provision at E&C, Canada Water and OKR regeneration area **2 Review of Care Homes report** • Update on care home position in the Borough
20 February 2017	**Cabinet Member interviews (confirmed)** • Richard Livingstone • Peter John • Maisie Anderson

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HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE
MUNICIPAL YEAR 2017-18

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