Open Agenda

Health and Wellbeing Board

Monday 4 March 2019
11.30 am
Ground Floor Meeting Room G02C - 160 Tooley Street, London
SE1 2QH

Supplemental Agenda No.1

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Date: 27 February 2019

Agenda Item 6

Item No. 6.	Classification: Open	Date: 4 March 2019	Meeting Name: Health and Wellbeing Board
Report title:		System wide approaches to tackling inequalities in Southwark	
Ward(s) or groups affected:		All wards and groups	
From:		Ross Graves, Managing Director Southwark CCG	

RECOMMENDATIONS

1. Note the content of the report, in particular the next steps for progressing work as we move into 2019/20.

BACKGROUND INFORMATION

2. This report provides the Health and Wellbeing Board with an overview of how the CCG, Council and system partners are addressing inequalities through our work programme to deliver Southwark's Five Year Forward View and our broader work as part of Our Healthier South East London (OHSEL), our STP. It outlines our work across three main areas:

   - As part of a health and care 'system of systems' supporting the 1.9m residents of south east London
   - At 'place' level supporting the 319k residents in Southwark and at a 'neighbourhood' level supporting local communities or 30 to 50k residents
   - Through our developing approach to commissioning based on populations and outcomes across Southwark.

KEY ISSUES FOR CONSIDERATION

3. Members of the Southwark Health and Wellbeing Board are asked to consider the following points in addition to any general feedback:

   - Do our strategic priorities need to be further augmented in order to ensure these are addressing inequalities – and if so how?
   - Where are the most significant opportunities to ensure greater join up between local teams and resources as part of the neighbourhood model?
   - How can we ensure effective system oversight and ownership through the Health and Wellbeing Board and other local arrangements.

APPENDICES

No.	Title
Appendix 1	System wide approaches to tackling inequalities in Southwark

AUDIT TRAIL

Lead Officer	Ross Graves, Managing Director, NHS Southwark CCG	
Report Author	Ross Graves, Managing Director, NHS Southwark CCG	
Version	Final report	
Dated	February 2019	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	N/A	
Strategic Director of Finance and Governance	N/A	
Cabinet Member	N/A	
Date final report sent to Constitutional Team/Community Council/Scrutiny Team		27 February 2019

NHS
Southwark
Clinical Commissioning Group

System wide approaches to tackling inequalities in Southwark

1. Context

The vision of our community-based care programme in Southwark is to enable every part of the health and care system in Southwark to make the borough an amazing place to be born, live a full healthy life, and spend one's final years.

Our population is looked after by world-class hospitals, and skilled and dedicated health and care teams and voluntary and community sector (VCS) organisations. Everyone who works in health and care in the borough is committed to helping people live longer healthier lives, where they exercise choice and control, and giving them the best possible care and support when they need it.

However, we are facing greater challenges than ever before. The population is ageing, more people are living with several long-term conditions, and we have significant inequality gaps within the borough. People's expectations of, and need for, health and care services continue to rise but funding remains constrained and we need to build on positive work to date but to do so at greater pace and scale and in a more joined up way.

The health and care landscape in Southwark is huge, complex and fragmented. Our population is diverse, which sometimes makes it difficult to focus resources on an individual's needs and for people to access the right care and support when they need it. We know that our current workforce is challenged, and we don't always make the right thing the easy thing to do; particularly for those people that interface with several different professionals or organisations. This can lead to poor outcomes for some people and inefficiency across the system.

Over the last few years, health, care and voluntary and community sector organisations have been working together to deliver services more effectively, embed new ways of working, and ensure care and support is centred around the needs of individuals and local populations. We have made progress and many of the building blocks we need for integrated population-based care are in place; however, these are not always joined up or coordinated to deliver best impact or to address the health and social inequalities that exist across our population.

The Strategic Case being developed by the CCG and partners for community based care in Southwark sets out how through **whole-system partnership** we are focusing on improving health outcomes and reducing inequalities through:

- Making best use of the Southwark pound to deliver improvements in health and wellbeing outcomes for local people
- Being inclusive, and wider than health and care organisations so that we can tackle the causes of health inequalities and prevent illness
- Ensuring every part of the health and care landscape is clearly focused on common goals of supporting self-management, keeping everyone well, providing resilient high-quality services, meeting individual and population-level needs, and making it easier for people to access the information, advice, care and support they need
- Viewing health, social care, housing, voluntary and community sector organisations, education and employment as of equal value and partners when working towards a healthier Southwark
- Equipping people to manage their own conditions, take part in activities that will help keep them well and to support others in their community.

Purpose of this document

The purpose of this paper is to explore how the CCG, Council and system partners are addressing inequalities through our work programme to deliver Southwark's Five Year Forward View and our broader work as part of Our Healthier South East London (OHSEL), our STP. It outlines our work across three main areas:

- **As part of a health and care 'system of systems'** supporting the 1.9m residents of south east London
- **At 'place' level** supporting the 319k residents in Southwark **and at a 'neighbourhood' level** supporting local communities or 30 to 50k residents
- **Through our developing approach to commissioning based on populations** and outcomes across Southwark.

The document is not intended to be exhaustive but rather to act as a summary of key developments as a prompt for further discussion and debate by members of the Southwark Health and Wellbeing Board.

3. Our approach at South East London 'System of Systems' level

The OHSEL strategy, published in 2016, set out the agreed approach to develop consistent and high-quality community-based care and prevention services, and to expand accessible, proactive and preventative care for mental and physical health problems outside of hospital that offers the best outcomes and value.

The strategy recognised that there is pronounced social inequality in SEL, with approximately 49% of people in SEL impacted by inequalities and/or putting their health at risk, and approximately 25% of people in SEL in the early stages of suffering from a long-term condition. For example data from Lambeth and Southwark indicates that although black communities make up 18% of our local adult population they account for 27% of people with multiple long-term conditions. Those living in the most deprived areas are developing conditions on average 10 years earlier than those living in the least.

A review of current data on the opportunities to reduce inequalities in health and wellbeing outcomes in SEL has highlight the following areas for consideration: cardiovascular disease, obesity and diabetes, respiratory disease, and older people's health outcomes.

Our priorities as an STP have also been informed by key insights from local research on long-term conditions supporting the notion of Diabetes as a "gateway disease" and highlighting the importance of wider determinants of health in addressing disease prevalence and management. A key challenge is not just to better understand how different vulnerabilities (for example behaviours and biological factors, such as obesity) contribute to differences in risk by social economic profile of type 2 diabetes, but what exposures (environments) underlie those vulnerabilities (socio economic position, the risk of pre and type 2 diabetes, and implications for prevention).

With this in mind, the STP is increasingly focusing on prevention as a means of keeping people healthier for longer and reducing health inequalities. Recent progress in this area has included:

1. Adopting a systematic approach to **leadership and delivery of the public health and prevention agenda** at an STP level. Adopting a four tiered prevention approach consisting of:

- Addressing the wider determinants of health
- Population level prevention (health promotion and protection)
- Community interventions (prevention in primary and secondary care)
- Clinical interventions (evidence based intervention across secondary, tertiary and quaternary prevention)

2. Raising the profile of prevention under the governance of the STP, to a **Clinical Leadership Group** and by expanding the membership and scope of this group to include senior representation from commissioning and provider organisations including Directors of Public Health

3. Embedding the '**Vital Five'** prevention approach developed by Kings Health Partners to support our understanding for the focus and impact of local activity to address the health and care needs of the population in SEL. This has been incorporated into commissioning intentions for FY 2019-20 (see Appendix I for further detail)
4. Using end to end pathway review to identify further opportunities to reduce health inequalities, focusing on **diabetes** and **obesity** in the first instance, before moving on to examine other prioritised health issues.

4. Our model for community based care within and across neighbourhoods

Over the next two to three years, health and care services will transition to the delivery of integrated population-based care through Partnership Southwark. Services and support will be population focused; delivered *within* and *across* nine neighbourhoods of 30,000 – 50,000 people, aligned to Primary Care Networks.

Within the neighbourhood model, an expanded primary care team will be combined with more integrated multi-disciplinary support from acute and community services, social care, and the VCS. Neighbourhood networks will comprise professionals and services that are either core or aligned to the neighbourhood; recognising that not all services are appropriate to operate or configure at a 30-50,000 geography. These networks will also work with partners that provide services related to the wider determinants of health, through a community of commissioners across the Council and the CCG.

The model will drive a consistent approach to the delivery of integrated community-based care across the borough, but with the ability to tailor and focus resources and delivery to the needs and priorities of particular neighbourhoods, and in doing so to address and respond to inequalities across our population.

Our approach to neighbourhood working will be developed with input from frontline staff, people with lived experience and their carers/families; and will seek to better join up care and support within local communities, understand and respond to population health and wellbeing needs through a more proactive and data driven approach. This means a step change in how we share and analyse information across partners to drive both insights and understanding about our population; and to provide more effective and joined up direct care.

Partnership Southwark will lead and drive this transition through more formal collaborative arrangements through which system partners, including the Local Authority, CCG, and local health, care and VCS providers will come together as a strategic partnership to provide oversight and strategic direction for Southwark's integrated care system.

This model will be underpinned by:

- An **Alliance** overlaying existing provider contractual arrangements, with the scope and scale of transformation and new place-based delivery models within this alliance expanding over 19/20 – 20/21; and
- A move towards **population-based commissioning and delivery for outcomes** using the Southwark Bridges to Health and Wellbeing segmentation framework; reflecting our desire to not just look at health and care but also the wider determinants such as housing, education and employment. See Section 5 below.

Strategic priorities for 2019-21

The programme will deliver on a series of shared system objectives for 19/20 – 20/21.

1. Helping more people with long-term conditions/ frailty to be supported in the community and their own home, which will reduce unnecessary hospital admissions and time spent in hospital once admitted for these patients
2. Providing focused support for residents of care homes and nursing homes to ensure better outcomes and experience and to reduce unnecessary, unplanned and avoidable hospital admissions and sub-optimal medicine regimes
3. Improving the support that people with mental health issues receive in a primary and community care setting, reducing the need for people with stable moderate to severe mental health to be seen unnecessarily in specialist mental health services
4. Supporting people to have greater control over their own health and wellbeing, enabling community connectedness and reducing social isolation (for example by connecting people to local community assets through social prescribing and community hubs)
5. Increased focus on prevention and self-management aligned to our commitment to the 'Vital Five' that supports people to live healthier for longer and works to prevent deterioration and the transition from one to many long-term conditions
6. Developing our approach for children and young people bringing together work within the Children and Young People's Health Partnership (CYPHP) and the development of population-level outcomes using Southwark Bridges to Health and Wellbeing.

Priorities 1 to 3 above focus on support for long term conditions, frailty and mental health – health issues that correlate closely with areas of significant inequality across the borough. Priorities 4 and 5 will further support and enable this action, with systematic approaches to change how we support residents to take more control over their own health and to stay healthier for longer.

On Priority 6, Children and Young People will come formally into scope for our model during FY 2019-20 and will be tailored to key health issues and health and social inequalities across the CYP population in line with the Phase 1 of our Southwark Bridges to Health and Wellbeing approach.

5. Southwark Bridges to Health and Wellbeing

NHS Southwark CCG and Southwark Council are developing a new joined up approach to commissioning known as population based commissioning which moves away from individual services towards commissioning to ensure delivery of outcomes based on people's needs.

We have adapted a tool known as Bridges to Health and Wellbeing, reflecting our desire to not just look at health and care but also the wider determinants such as housing, education and employment as part of getting the environment right, where the Council and CCG can provide information, advice, support, care or treatment for the presenting and underlying needs of an individual and/or their family.

At the centre of this is a consistent focus on early intervention, prevention and self-management / self-care across all segments and acknowledging the voluntary and community sector's important role in this.

Taking the whole Southwark population as our starting point, the original Bridges to Health and Wellbeing model was adapted and will be used as a tool to help understand the needs, health inequalities, common characteristics and best possible outcomes relevant to service users in the population, within individual population segments.

Segmentation aims to categorise the population according to health and wellbeing status, health and social care needs and priorities. This tool recognises that groups of people share characteristics that influence the way they interact with health and care services. To optimise outcomes, service user experience, efficiency and care costs, care delivery systems should respond to the needs of different population segments in different ways.

A fundamental feature of this approach is to ensure that inequalities across the local population are addressed, through:

1. Focusing on improving outcomes for the whole population, including improving the outcomes for those people with the worst outcomes in each population segment who have "fallen through the gaps" under current services and commissioning arrangements
2. Incentivising providers to collaborate to deliver agreed outcomes that will include targets to reduce health inequalities, both directly and indirectly
3. Focusing on social needs as well as health needs, including the social needs arising from inequalities
4. Adopting a person-centred approach will help to ensure specific needs of groups with protected characteristics are addressed which may not be the case with 'one size fits all' services model approaches
5. Empowering service users and local communities and promoting independence
6. Incentivising the shift of resources towards prevention, which will benefit those groups within the population who experience poor outcomes.

After careful development of the agreed model – which is recognised as a whole population approach – we have selected two key population groups to test the methodology in phase 1 (see Appendix II for further detail):

- **In Adults**: Frailty, Dementia and End of Life
- **In Children and Young People**: Protecting vulnerable children (0 to 18 years) – Keeping Families Strong; Maternity and All Southwark Children (up to 5 years) including those with Specialist or Complex needs.

The above population groups were all identified as comparatively higher priorities to mobilise in Phase 1 than other potential options and they all incorporate a vital overlap with mental health and wellbeing which – across the life course – cuts across all segments and identified priorities, for Phase 1 and beyond. Our Phase 1 priorities support the delivery of improved outcomes for a number of groups with protected characteristics – older people, people with disabilities, and pregnant women – as well as placing an emphasis on ensuring children throughout the borough have the best start in life.

6. Next steps

There are clear next steps to progress work on each of the above strands as we move into FY 2019-20.

At a 'system of systems' level:

- Continuing work to mobilise the Prevention Clinical Leadership Group within the STP
- Progressing end to end pathway approaches in relation to diabetes and obesity and using this to drive interventions across the STP
- Supporting the rollout of the 'Vital 5' across all providers with the STP – as well as linking this to our local community based care arrangements.

At a place and neighbourhood level, through our model for community based care within and across neighbourhoods:

- Finalising development of the strategic case for Southwark's community based care model and supporting programme for April 2019
- Achieving signature of the Memorandum of Understanding for the Partnership Southwark Alliance for March 2019 and subsequent Alliance Agreement for quarter two of 2019-20
- Standing up formal programme arrangements focusing on the delivery of shared system priorities from April 2019 (currently running in shadow form).

At a place level, through our Southwark Bridges to Health and Wellbeing commissioning approach:

- Agreeing the engagement and co-production model
- Defining population outcomes associated with Phase 1 segments

- Mapping and analysis of the services and resources associated with these segments.

7. Questions for consideration by the Southwark Health and Wellbeing Board

Members of the Southwark Health and Wellbeing Board are asked to consider the following points in addition to any general feedback:

- Do our strategic priorities need to be further augmented in order to ensure these are addressing inequalities – and if so how?
- Where are the most significant opportunities to ensure greater join up between local teams and resources as part of the neighbourhood model?
- How can we ensure the most effective system oversight and ownership of this agenda through the Health and Wellbeing Board and other local arrangements?

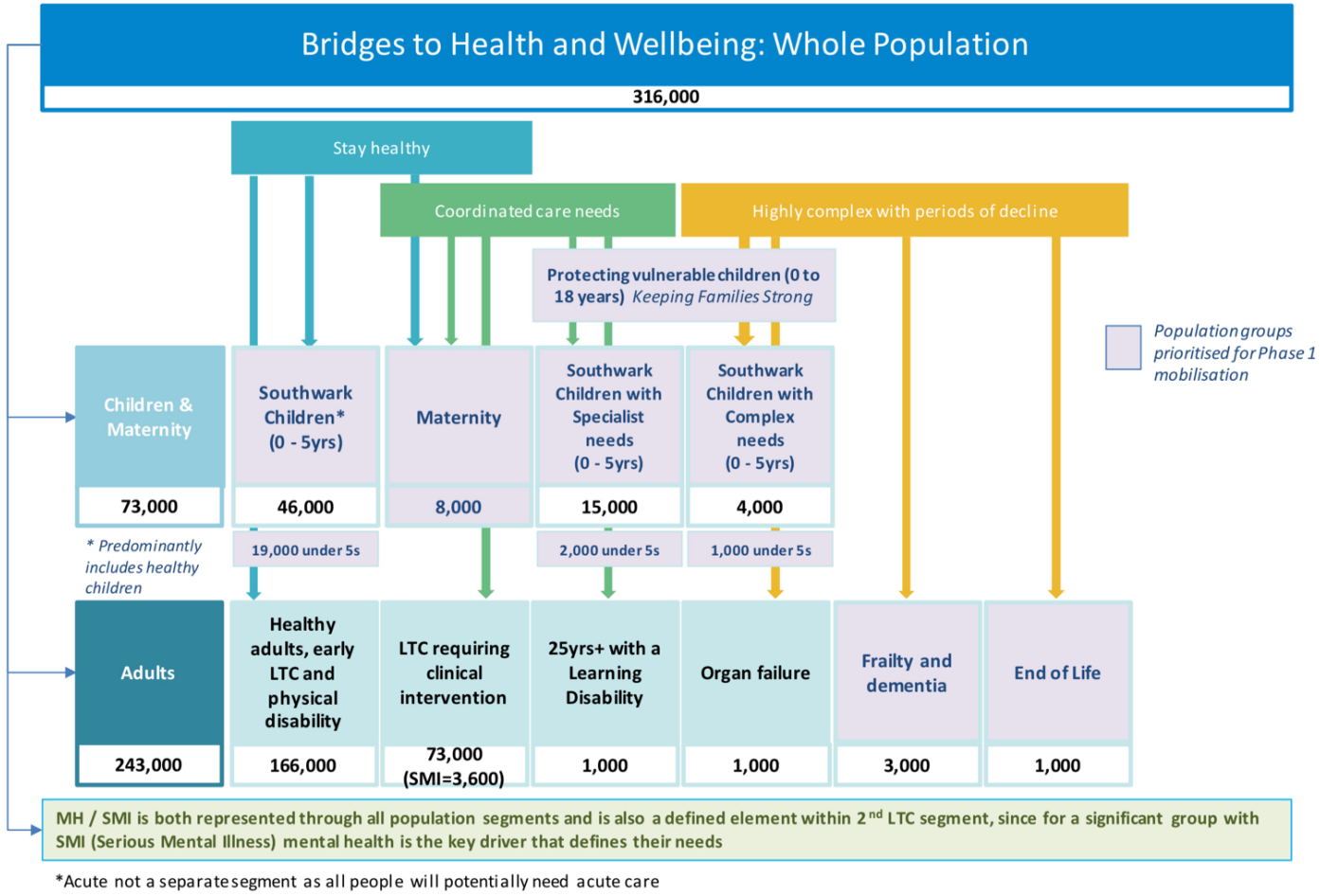
Appendix I – Overview of the 'Vital Five' approach

Overall Aim: Improve the population's health and reduce health inequalities by focusing on the Vital 5 to support prevention, detection, health promotion, management and treatment wherever there is an opportunity to do so.

Vital 5	Aim	Measured through
Blood pressure	to reduce stroke and heart attack, and improve well being	BP recording
Obesity	to reduce diabetes, renal dialysis, liver transplants, amputations and other comorbidities, and improve well being	BMI from height/weight recording
Mental health score	to reduce the burden of mental illness, improve physical recovery and well being	GAD or PHQ-9 score
Alcohol intake	to reduce liver transplants and malignant disease, to improve well being	volume and frequency questionnaire
Smoking habits	to reduce respiratory and malignant disease, and improve well being	volume and frequency questionnaire

Standardised, routine recording and clinical management of these five measures for all our patients should be a vital component to delivering consistent, high quality care to all our patients.

Appendix II – Southwark Bridges to Health and Wellbeing – mapping of Phase 1 segments



The NHS Long Term Plan and Health Inequalities

Implications for action in local systems using the experiences from the London Borough of Southwark

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London Borough of Southwark
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Twitter: @ProfKevinFenton

February 2019

Please cite as: NHS Long Term Plan and Inequalities. Fenton KA: London, 2019.

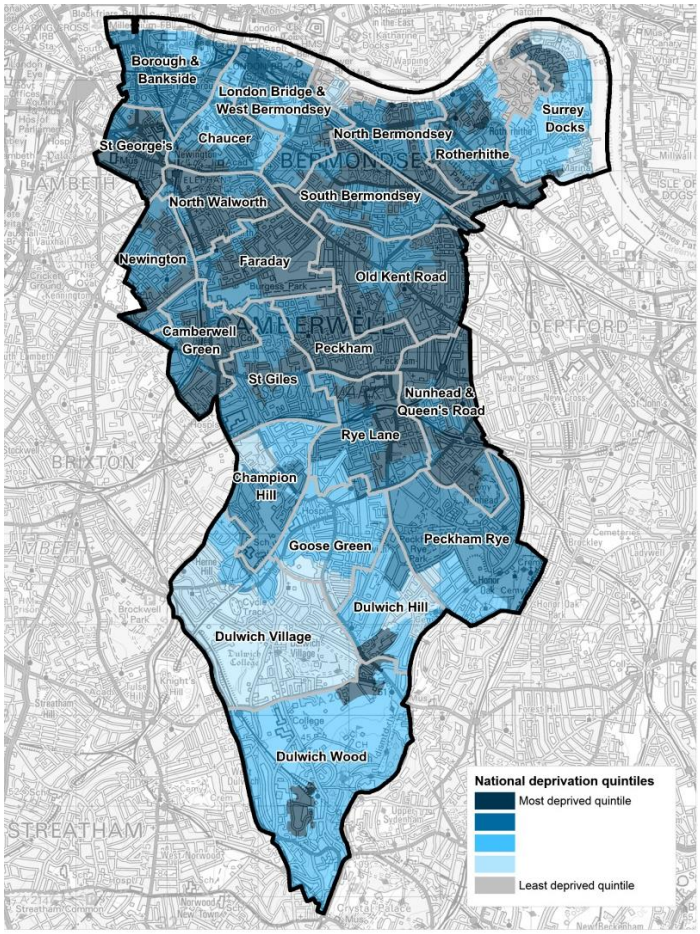
“Southwark is a diverse and dynamic borough in the heart of London and this offers incredible opportunities, but we also face particular challenges as an inner London borough.

In everything we do as a council, we will seek to promote equality. Our commitment to equality and fairness runs throughout this plan, both in the commitments we make to the people of Southwark, and the way we deliver services every day.”

Southwark Council Plan 2018-22

In Southwark, 38% of our residents live in the most deprived communities nationally

DEPRIVATION



Indices of Deprivation 2015

Data source: Department for Communities & Local Government
Southwark Public Health Department I People & Health Intelligence I publichealth@southwark.gov.uk
July 2017.

Whilst there has been significant regeneration in Southwark in recent years, the borough remains one of the most deprived in the country.

- Southwark is the 40th most deprived of 326 local authorities in England and ninth most deprived out of 32 local authorities in London.
- Two in five Southwark residents live in communities ranked in the 20% most deprived areas nationally.
- By contrast, only two in one hundred residents live in communities considered the least deprived nationally.

Deprivation has an important, adverse impact on health.

- Women living in the most deprived areas in Southwark live on average 5.5 years less than their least deprived neighbours. For men the discrepancy is even larger at 9.5 years and this gap has been widening over time.
- Residents of a deprived area will, on average, experience multiple health problems 10-15 years earlier than those living in affluent areas.
- People in the poorest social classes have a 60% higher prevalence of long-term conditions than those in the richest, and 30% more severity of disease.

References

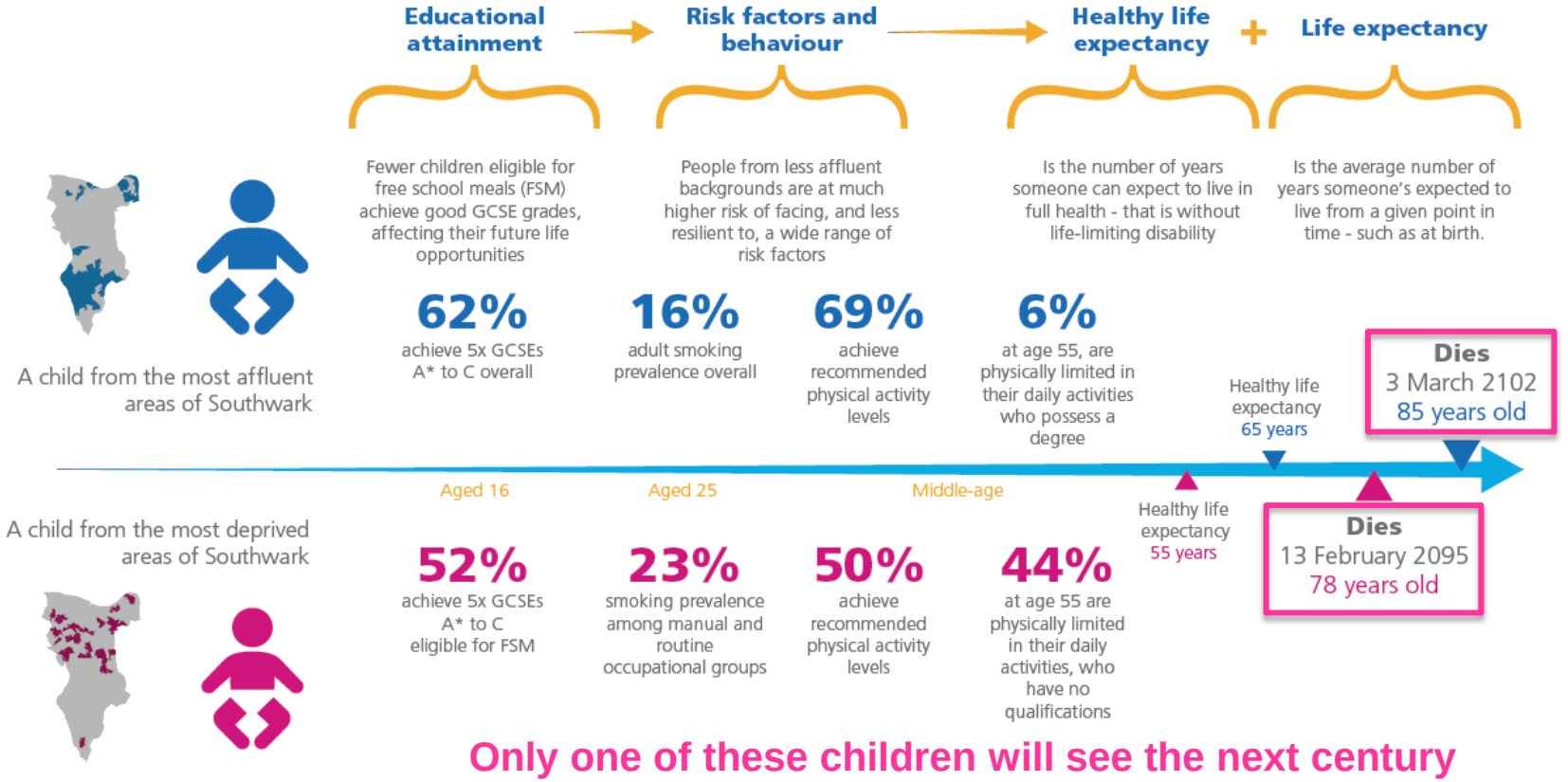
1. Annual Public Health Report of the Director of Health and Wellbeing 2017, London Borough of Southwark
2. Kings Fund. Trends disease and disability long-term conditions multi morbidity

Southwark Council
southwark.gov.uk

Health inequalities persist within Southwark, which has a marked effect on the health outcomes of residents

HEALTH INEQUALITIES OVERVIEW

Health inequalities arise from a complex set of interactions between socio-economic, geographic and cultural factors, which have a clear impact on life expectancy among Southwark residents.



Only one of these children will see the next century

References

1. Southwark.gov.uk/publichealth

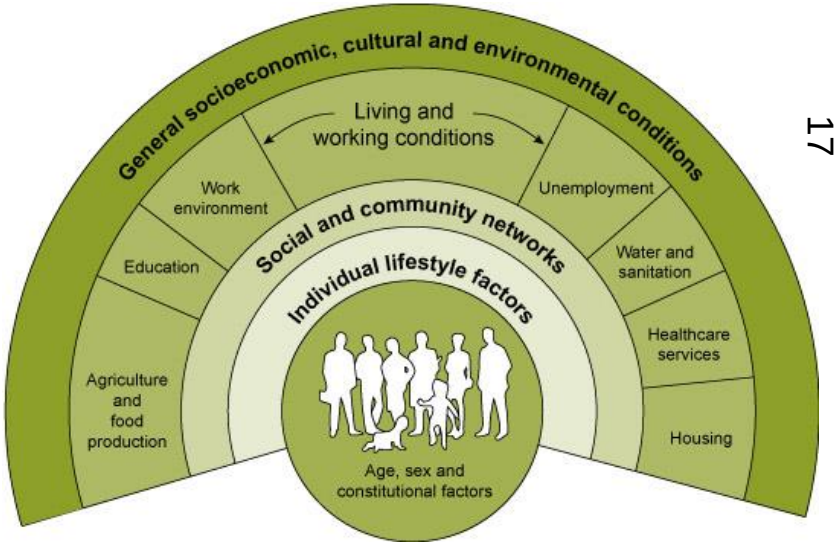
Southwark Council
southwark.gov.uk

Southwark's approach to tackling inequalities

CREATING A FAIRER FUTURE FOR ALL

- Southwark has identified the five areas to make a real difference to improve the lives of our residents and transform the borough to be the very best it can be.

- In Southwark a fairer future for all is:
  - The best start in life: clean air, great schools and opportunities to thrive;
  - The quality homes that you and your family need;
  - A great place to live with clean, green and safe communities;
  - A healthy borough where your background doesn't determine your life chances;
  - Full employment, where everyone has the skills to play a full part in our economy.



Dahlgren and Whitehead, 1991

Key actions to reduce health inequalities in Southwark

CREATING A FAIRER FUTURE FOR ALL

- Cardiovascular disease prevention & diabetes prevention
- Early access to maternity care
- Cancer screening, detection & treatment
- NHS Health Checks
- Vaccines
- Sexual health & HIV detection & treatment

SHORT

- CVD and diabetes case finding
- Smoking cessation
- Brief intervention for alcohol
- Increasing physical activity
- Healthy eating support
- Healthy living - mental health & access to psychological therapies
- Benefits advice & food poverty

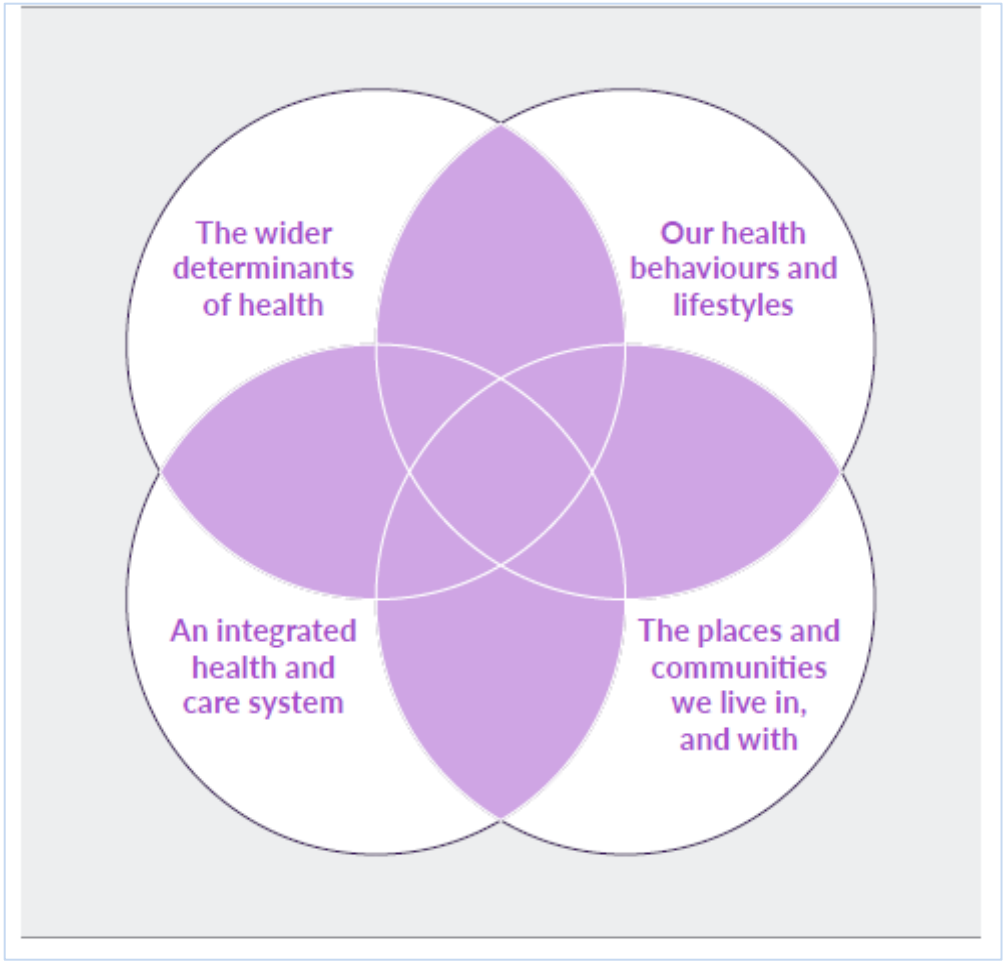
MEDIUM

- Social regeneration
- Education & skills
- Employment
- Good quality housing
- Building neighbourhoods to sustain long term well being

LONG

Tackling health inequalities: A logic model

A WHOLE SYSTEMS APPROACH



The NHS Long Term Plan

SUMMARY

- The NHS will increasingly be:
  - more joined-up and coordinated in its care
  - more proactive in the services it provides
  - more differentiated in its support offer to individuals

- Five major, practical, changes to the NHS service model to bring this about over the next five years:
  - Boost ‘out-of-hospital’ care, and dissolve the primary and community health services divide
  - Redesign and reduce pressure on emergency hospital services
  - People will get more control over their own health, and more personalised care
  - Digitally-enabled primary and outpatient care will go mainstream across the NHS
  - Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere

NHS Long Term Plan on Inequalities

SUMMARY OF KEY ACTIONS

- Clear recognition that the social and economic environment in which we are born, grow up, live, work and age, as well as the decisions we make for ourselves and our families collectively have a bigger impact on our health than health care alone.
- Specific mention of inequalities in life expectancy, premature mortality, multi-morbidity, learning disabilities and mental health.
- The NHS will set out specific, measurable goals for narrowing inequalities, through the service improvements set out in the LTP
  - All local health systems to set out plans to reduce health inequalities over next decade
  - By 2024, 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife
  - By 2023/24, an additional 110,000 people per year with a severe mental health problem to receive a physical health check
  - Over the next five years, investment to ensure that children with learning disabilities have their needs met, general screening services and supported by easily accessible, on-going care
  - Investment of up to £30 million extra on meeting the specialist mental health needs of rough sleepers
  - Investment in expanding NHS specialist clinics to help more people with serious gambling problems

Inequalities: Implications for localities

HELPING US ACHIEVE A FAIRER FUTURE FOR ALL

- There are a number of implications:
  - The data and evidence are clear: **Wider initiatives** are required to improve health if something like the Plan's ambitions are to be achieved
  - Nearly half of avoidable deaths are not considered amenable to healthcare but instead require **broader prevention interventions**
    - Indeed, data from the GBD Study highlights the importance of tackling non-communicable diseases, such as strokes and most heart diseases, for which a person's background, lifestyle and environment are risk factors
  - The Plan's commitment to support smoking cessation, obesity reduction and even cleaner air programmes are promising
  - Yet the NHS itself has **relatively few levers over public health**, so partnership, systems leadership, collaborative commissioning must be prioritised
  - This is especially important as the **council held budgets for prevention and the wider determinants** are being sharply cut, and services like police and education are under serious pressure

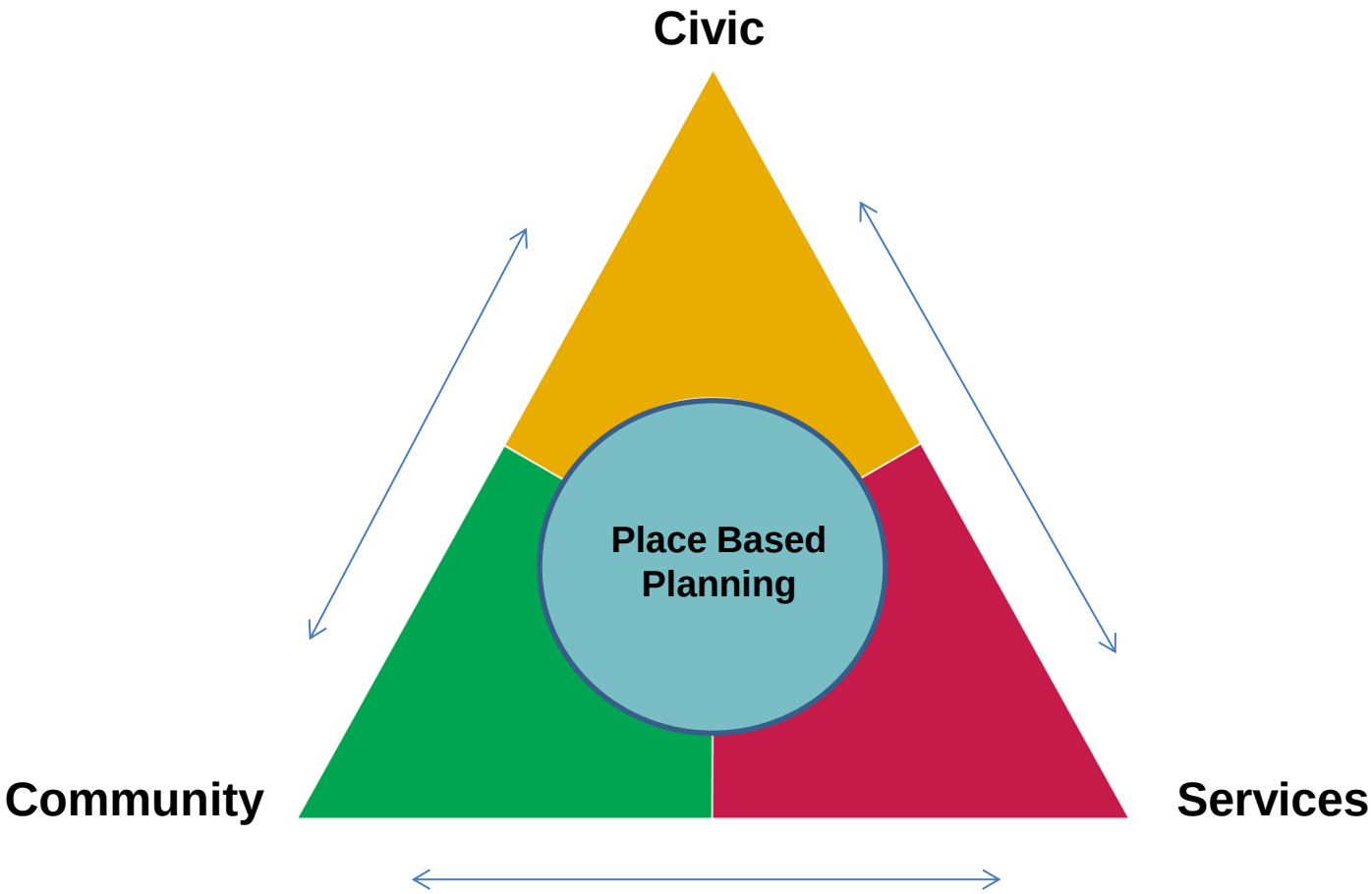
Inequalities: Implications for localities

HELPING US ACHIEVE A FAIRER FUTURE FOR ALL

- How can the Plan help stimulate **fresh and purposeful conversations at local level** on shared ambitions for inequalities?
- How can the Plan help influence the actions, ways of working and cultures of **local systems partners** in achieving these goals?
- How do we link our work on inequalities with our ambitions for **diversity, inclusion and equalities** at the local level?
- Where is the willingness and where are the opportunities for us to **move beyond siloes** to address the wider determinants and reduce pressure on the system as a whole?
- What have we learnt about the **best mechanisms, approaches and structures** to promote joint working and systems leadership to address inequalities?

Place Based Planning

A MORE INCLUSIVE AND HOLISTIC APPROACH TO TACKLING INEQUALITIES



Maximise opportunities to focus on inequalities

LET'S NOT RECREATE THE WHEEL!

- Publish and support take up of Joint Strategic Framework for Health Inequalities: Resource and Guidance for Place Based Action on Health Inequalities
- ROI tool for Health Inequalities from PHE and partners
- Support roll out of NHS Long Term Plan with regards to Health Inequalities (inc: What Works Guidance)
- Support development of Prevention Green Paper with regards to HI and wider determinants of health
- Co-ordinate national support on Inclusive Growth agenda (inc. role of Anchor Institutions)
- Two other key documents from PHE this year:
  - Quality Framework + What Good Looks Like series
  - PHE Strategic Plan

Joint Strategic Framework on Health Inequalities

HELPING US ACHIEVE A FAIRER FUTURE FOR ALL

BACKGROUND

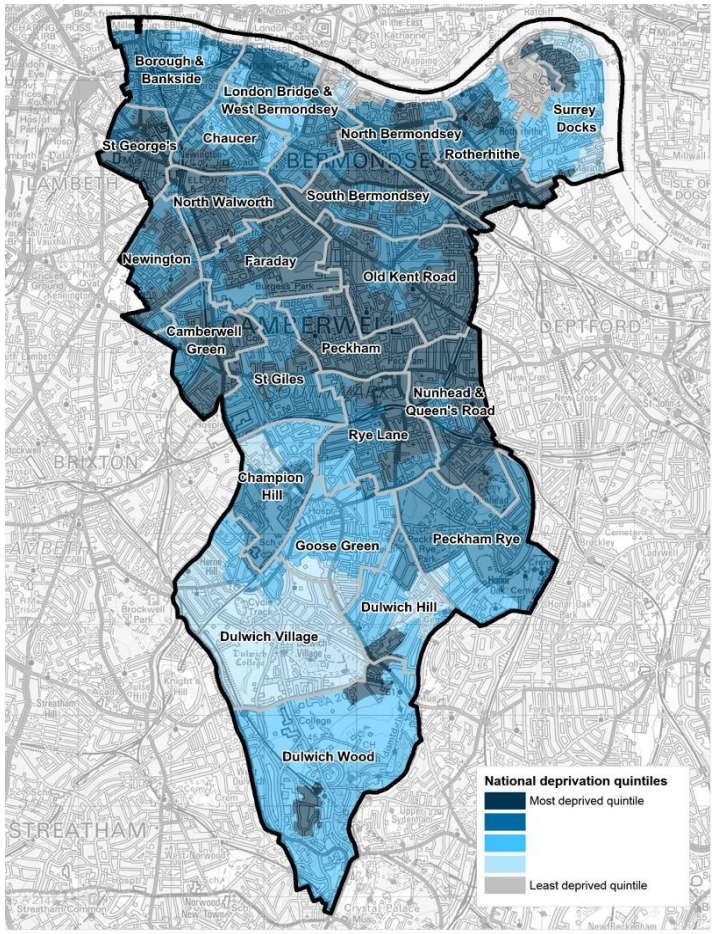
- What is it:
  - Resource and Guidance for Place Based Action on Health Inequalities
- Authors:
  - LGA, ADPH, PHE with support from Chris Bentley and Ipsos Mori
- Audience:
  - Local Authorities, ICS, STP, CCGs
- Timeframe:
  - Provisionally set for early April. May push back due to Brexit.
- Format:
  - Digital document with modules to pick and choose from

CONTENT

1. **Intro and context**
   - Latest trends for health inequalities
   - Roles and responsibilities of local organisations
2. **Define and diagnose Health Inequalities**
   - Why Health Inequalities is a key issue for leadership: legal, financial and moral case
   - Logic model for HI causes and data to support
   - Suite of datasets available to local areas to diagnose health inequalities
3. **Guidance for Place Based Action**
   - Built around triangle of Civic, Service, Communities with leadership in middle
   - Series of checklists to support system planning
4. **Commitments and support tools**
   - Suite of tools to support place based planning – including offer of personal support and SLI development
   - Latest evidence base of effective action
   - Series of case studies – offer to continue updating

So what will we need to do differently in Southwark?

PLACE BASED APPOACH TO TACKLING INEQUALITIES



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July 2017.

Addressing Health Inequalities to achieve Population Level Outcomes

1. Leadership in Place: who is running the show?
2. Joint Needs Assessment: bottom-up + top-down?
3. Joint priority setting: how does it really work?
4. Whole System: full range of contributions considered?
5. Select interventions: realistic system and scale?
6. Setting targets: locally relevant and meaningful?
7. Business plan: economic case for change?
8. Information Governance: systematic intelligence sharing?
9. Programme management: who is accountable?
10. Built-in evaluation: from the start as part of PDSA cycle?

References

1. Annual Public Health Report of the Director of Health and Wellbeing 2017, London Borough of Southwark
2. Kings Fund. Trends disease and disability long-term conditions multi morbidity

Southwark Council
southwark.gov.uk

Closing thoughts…

- The steps outlined in the NHS Long Term Plan are welcome and are likely to make a contribution to the NHS making a greater contribution to reducing inequalities in health

- However there are gaps in addressing multi-morbidity, clustering of risk behaviours, or the details on the systems leadership, cultures, ways of working and place-based planning required for success

- The plan makes no mention of the body of learning and experience from previous attempts by the NHS to tackle inequalities in health, which we now know were successful, including the provision of holistic national support teams

Closing thoughts…

- As written, the plan does not have enough detail on how funding will change in practice to tackle inequalities, what the new goals will be, or how local areas will incentivised or held accountable for them
- Joint commissioning of local health and care services in integrated care systems is becoming increasingly important to enable local government and the NHS to shape effective services – and indeed is already happening in many areas
- It's time to work as a system, with each part funded appropriately and sustainably. We all need to join together and end the unhelpful "us and them" discourse

The NHS Plan and Health Inequalities

Implications for action in local systems using the experiences from the London Borough of Southwark

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February 2019

Agenda Item 8

Item No. 8.	Classification: Open	Date: 4 March 2019	Meeting Name: Health and Wellbeing Board
Report title:		Brexit preparedness: preparations for a 'no deal' EU exit	
Ward(s) or groups affected:		All wards and groups	
From:		Ross Graves, Managing Director	

RECOMMENDATION(S)

1. Note the content of the report, in particular the progress being made by the CCG and partners in responding to and implementing national guidance.

BACKGROUND INFORMATION

2. This report provides the Health and Wellbeing Board with an update on Brexit preparedness within Southwark CCG and focuses on preparations for a 'no deal' exit.

KEY ISSUES FOR CONSIDERATION

3. The risk assessment shared with other CCGs in south east London identified the main risks as being in the following areas:

- Preparations of provider organisations
- Potential rise in demand for healthcare
- Medicines and medical devices.

4. The CCG has a detailed action plan in place and is progressing work to mitigate, where practicable, against the main risks identified. This includes reviewing and testing the CCG's Business Continuity Plan.

APPENDICES

No.	Title
Appendix 1	Brexit preparedness: preparations for a 'no deal' EU exit
Appendix 2	Brexit Preparations: National Guidance Summary for CCGs

AUDIT TRAIL

Lead Officer	Ross Graves, Managing Director, NHS Southwark CCG	
Report Author	Ross Graves, Managing Director, NHS Southwark CCG	
Version	Final report	
Dated	February 2019	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	N/A	
Strategic Director of Finance and Governance	N/A	
Cabinet Member	N/A	
Date final report sent to Constitutional Team/Community Council/Scrutiny Team		27 February 2019

NHS Southwark Clinical Commissioning Group

Brexit preparedness: preparations for a 'no deal' EU exit

1. Background

On the 21 December, the Department of Health and Social Care shared a letter and guidance regarding Brexit preparations. Whilst 'no deal' exit is not the Government's policy; the letter asks that organisations prepare for all scenarios. The guidance identified seven key areas of focus, which are:

- Supply of medicines and vaccines
- Supply of medical devices and clinical consumables
- Supply of non-clinical consumables, goods and services
- Workforce
- Reciprocal healthcare
- Clinical trials and clinical investigations
- Data sharing, processing and access.

NHS commissioning organisations were asked to assess and prepare their own plans, ensure information is cascaded effectively and our staff and stakeholders are aware of the preparations, as well as supporting the preparations of all providers. Across south east London we will seek to develop these plans collaboratively where possible as well as sharing information across our partners.

See Appendix 1 for presentation slides providing a summary of the guidance and the national approach to 'no deal' EU exit. The CCG continues to monitor and respond to further national guidance.

2. Structure

There is an NHS England oversight group at a London level and, at an organisational and STP level, there is Board level oversight and named leadership for this process.

The Brexit Oversight Group across the south east London Sustainability and Transformation Partnership (STP) is led jointly by Christina Windle (Director of Commissioning Operations for the South East London Alliance) and Fiona Connelly (Acting Strategic Director - Adults

and Health for Lambeth Council). They are joined by nominated executive leaders from each organisation within the STP.

Brexit oversight for Southwark CCG is led by Ross Graves as Managing Director of the CCG. Internally the CCG has established a Brexit Taskforce consisting of representatives from commissioning, medicines optimisation, continuing healthcare, assurance and governance to lead the CCG's response and actions. This group is responsible for overseeing any actions and communications carried out by the CCG or coordinated across the STP.

3. Risk assessment

The national 'no deal' EU exit guidance asked CCGs to undertake an assessment of the risks related to Brexit. CCGs were asked to consider each of the seven key areas of focus as well as a potential rise in demand and any local risks. The CCG has undertaken this exercise in coordination with other CCGs in south east London. In doing so the CCG has linked with Southwark Council to identify any risks local to the borough that are likely to impact on the CCG's work and vice versa.

The risk assessment has been reviewed by the CCG Senior Management Team and Integrated Governance and Performance Committee and has been shared with appropriate leads in Southwark Council and the STP.

The main risks identified are in the following areas:

- Preparations of provider organisations
- Potential rise in demand for healthcare
- Medicines and medical devices.

The CCG is working with health and social care organisations operating as part of the SEL STP to review lists of suppliers, and to carry out a coordinated communication to suppliers to seek assurance that there has been appropriate consideration of any impact of EU exit, and particularly the impact a 'no deal' exit might have on maintaining effective provision.

4. Business Continuity Planning

In response to the risks posed by a 'no deal' Brexit CCGs have been asked to review Business Continuity Plans (BCPs) against the identified risks and against scenarios developed by NHS England; to update their BCPs as required; and to exercise these BCPs.

Plans have also been exercised for the STP as a whole in a south east London event on 14 February 2019. This has resulted in the mobilisation of further working groups focusing on

mutual aid, assurance and workforce, with representation from providers and commissioners.

5. Next Steps

The CCG has a comprehensive and detailed action plan in preparation for a 'no deal' EU exit. The main next steps for the CCG are to:

- Mitigate against the risks identified in the risk assessment, where practicable
- Review the CCG's Business Continuity Plan against the identified risks and against scenarios developed by NHS England, and update the BCP as required
- Seek assurance from our main providers of their preparations for a 'no deal' EU exit in conjunction with STP partners
- Continue to report progress and updates to the CCG Governing Body via the Integrated Governance and Performance Committee
- Monitor and follow further national updates and guidance
- Continue to work with partners in preparations both directly with organisational leads and through formal groups and committees.

Appendix 2: Brexit Preparations – National Guidance Summary for CCGs

Our Healthier South East London
Sustainability and Transformation Partnership

NHS

Brexit Preparations – National Guidance Summary for CCGs

January 2019

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

Introduction and oversight

On the 21st December, guidance was shared Nationally regarding Brexit preparations. This asked that each organisation conducts an assessment of the risks associated with a potential 'no deal' scenario. It is important to note that 'no deal' is not the Government's policy, but it is our duty to prepare for all scenarios.

The letter asked for a lead from every organisation and a point of contact at an STP level. The list of these leads for South East London are:

Organisation name	Name of Senior Brexit Lead	Role
South East London STP	**Christina Windle**	**Director of Commissioning Operations**
Bexley CCG	Michael Boyce	Chief Operating Officer
Bromley CCG	Sonia Colwill	Director of Quality Governance and Patient Safety
Lewisham CCG	Martin Wilkinson	Managing Director
Southwark CCG	Ross Graves	Managing Director
Greenwich CCG	Yvonne Leese	Director of Quality and Integrated Governance
Lambeth CCG	Una Dalton	Director of Governance and Development
Guy's and St. Thomas' NHS Foundation Trust	Jon Findlay	Chief Operating Officer
King's College Hospital NHS Foundation Trust	Lisa Hollins	Executive Director
Lewisham and Greenwich NHS Trust	Kate Anderson	Interim Director of Corporate Affairs
South London and Maudsley NHS Foundation Trust	Kristin Dominy	Chief Operational Officer
Oxleas NHS Foundation Trust	Rachel Evans	Director of Estates and Facilities
Southwark Local Authority	Genette Laws	Director of Commissioning
Lambeth Local Authority	Fiona Connolly	Acting Strategic Director - Adults and Health
Bromley Local Authority	Stephen John	Director Adult Social Care
Greenwich Local Authority	Simon Pearce	Director, Health & Adult Services
Bexley Local Authority	Stuart Rowbotham	Director Adult Social Care and Health
Lewisham Local Authority	TBC	TBC
Bromley Healthcare	Andrew Hardman	Commercial Director
Hurley Group	Sharon Fernandez	AD Operation or Unscheduled Care and Strategic Nursing
London Ambulance Service NHS Trust	Lorraine Bewes OBE	Director of Finance & Performance
Dartford & Gravesham NHS Foundation Trust	TBC	TBC
Greenbrook Healthcare	TBC	TBC

Main areas of focus

Considerable work is being undertaken at a National and Regional level. This includes establishing a Brexit preparation team and oversight boards for the UK and for London.

More information will follow throughout this process, but this pack aims to summarise the **seven main areas of focus**, the **current information provided** about these, and **key messages**.

The areas outlined in the National guidance for particular consideration are:

1. **Supply of medicines and vaccines**
2. **Supply of medical devices and clinical consumables**
3. **Supply of non-clinical consumables, goods and services**
4. **Workforce**
5. **Reciprocal Healthcare**
6. **Clinical trials and clinical investigations**
7. **Data Sharing, Processing and Access**

The following slides take each of these areas in turn. Please ask leads where there are questions or concerns and promote these messages with providers as appropriate.

1. Supply of medicines and vaccines

Supply - Pharmaceutical companies have been asked to ensure they have a minimum of 6 weeks additional supply (over and above usual buffer stocks) by the end of March and asked for evidence of contingency arrangements in September 2018 and reports good engagement. Support is being provided for contingency planning and funding for additional capacity to stockpile.

It is important to note that with the above preparations, providers should **not to stockpile additional medicines beyond their business as usual stock levels** and all staff are asked to promote this message. Chief and Responsible Pharmacists are responsible for ensuring providers do not do this and the Department and NHS England and Improvement are developing arrangements to monitor stock levels. Additionally patients should not store additional medicines at home.

Transport - Part of the contingency planning requirement was for organisations to consider transport types and routes. The government is working to ensure sufficient roll-on, roll-off freight capacity as well as prioritisation of medicines on alternative transport routes to ensure flow of products continues unimpeded after 29th March 2019. Suppliers have also been asked to make arrangements to air freight medicines have a short shelf life and can't be stockpiled.

Other planning, assurance and communication activities - The department is continuing to develop contingency plans with pharmaceutical companies and other governmental departments as well as putting in place a "serious shortage protocol" which will involve changes to medical legislation. Additionally Public Health England is leading a programme to ensure the continuity of supply for centrally procured vaccines and other products.

2. Supply of medical devices and clinical consumables

Supply - One of the contingency measures from the Department is to increase stock of these products at a National level. The Department has undertaken an analysis of supply chains for medical devices and clinical consumables, identifying those products routinely imported into the UK from countries in the EU as well as asking all suppliers that source products from the EU to review their supply chains and determine what measures need to be taken to continue to provide outputs.

There is **no need for providers to stockpile additional medical devices and clinical consumables beyond business as usual stock levels**. If there are any queries these should be directed to mdcc-contingencyplanning@dhsc.gov.uk

Transport - The Department is also developing contingency plans to ensure the continued movement of medical devices and clinical consumables supplied from the EU to NHS services. The government is working to ensure sufficient roll-on, roll-off freight capacity as well as prioritisation of medicines on alternative transport routes to ensure flow of products continues unimpeded after 29th March 2019.

Other planning, assurance and communication activities - The Department continues to engage directly with industry suppliers, trade associations, NHS Providers and other government departments to develop its contingency planning approach and ensure continued supply.

3. Supply of non-clinical consumables, goods and services

Supply - The Department has identified categories of National suppliers for non-clinical consumables, goods and services (incl. food and laundry services) that it is reviewing and managing at a National level. The Department is engaging directly with suppliers and industry experts to identify and plan for any supply disruption across primary care, adult social care and public health services.

Other planning, assurance and communication activities - The Department is conducting supply chain reviews including for high-risk non consumables, goods and services and asked NHS Trusts and Foundation Trusts to conduct a self assessment in November which is currently being analysed and additional guidance will be issued at the end of January. For food, for example, the Department is engaging with suppliers and health experts to identify and plan for food items that might suffer supply disruption and guidelines will be issued for health and adult social care providers on suitable substitution arrangements identified at risk.

4. Workforce

Workforce - The current expectation is that there will not be a significant degree of health and social care staff leaving around exit day but this is a key area of planning and if there are concerns regarding this these should be escalated as soon as possible. All organisations will be asked to review annual leave and on call and command arrangements.

EU Settlement scheme - Following a pilot phase, the EU Settlement Scheme will be fully opened in March 2019. EU citizens or a non-EU family member of an EU citizens will have until 31 December 2020 to apply. EU citizens will be able to register for settled status in the UK if they have been here for five years, or pre-settled status if they have been here for less than that. This protects their status and right to live in the UK. More information will be shared on this as soon as it is available and staff are encouraged to apply.

Professional regulation - Health and care professionals who are already registered in the UK before 23.00 on 29th March 2019 will be registered from this point onwards, if they apply to have their qualification recognised by this point their application will be concluded under the current arrangements but after this point it will be subject to future arrangements.

5. Reciprocal Healthcare

Information/ progress to date - In a 'no deal' scenario, UK nationals resident in the EU, EEA and Switzerland may experience limitations to their access to healthcare services. The Government is therefore seeking to protect current reciprocal healthcare rights through transitional bilateral agreements with other member states and has recently introduced a healthcare bill to enable them to have these legal powers in a 'no deal' scenario. As is currently the case, if UK nationals living in the EU face changes in how they can access healthcare, and if they return permanently to the UK and take up ordinary residence here, they will be entitled to NHS-funded healthcare on the same basis as UK nationals already living here. In the meantime NHS Trusts and Foundation Trusts they should continue to maintain a strong focus on correctly charging those who should be charged directly for NHS care and more information including training will be issued in due course.

Further information - The Government will issue advice via www.gov.uk and www.nhs.uk to UK nationals living in the EU, to UK residents travelling to the EU and to EU nationals living in the UK. It will explain how the UK is working to maintain reciprocal healthcare arrangements, but this will depend on decisions by member states. It will set out what options people might have to access healthcare under local laws in the member state they live in if we do not have bilateral agreements in place, and what people can do to prepare. These pages will be updated as more information becomes available.

6. Clinical trials and clinical investigations

EU Research and innovation funding schemes - The government has guaranteed funding committed to UK organisations for certain EU funded projects in the event of a 'no deal' scenario. This includes payment of awards where UK organisations successfully bid directly to the EU while we remain in the EU, and the payment of awards where UK organisations are able to successfully bid to participate as a third country after EU exit, until the end of 2020.

Clinical Networks - No action is currently required and further information will be communicated to the NHS and professional bodies in due course. In a 'no deal' scenario, UK clinicians would be required to leave European Reference Networks (ERNs) on 29 March 2019. However, the UK will seek to strengthen and build new bilateral and multilateral relationships – including with the EU – to ensure clinical expertise is maintained in the UK.

Clinical trials and clinical investigations - The Department is working closely with the NHS to undertake a comprehensive assessment of the potential impact of 'no deal' exit. This assessment aims to conclude by the end of January, and if necessary the further guidance will be issued after that. Sponsors of clinical trials have been communicated with to emphasise their responsibility for continuity of supplies and the Department will monitor for impact.

Clinical Trial Regulation - The EU Clinical Trial Regulation (CTR) will not be in force in the EU on 29th March 2019 and so will not be incorporated into UK law. The Government has stated the UK will align where possible with the CTR without delay when it comes into effect in the EU.

CCGs should also support **GP Providers** to complete the supplementary questions section of the GMS1 form, and then, as appropriate, send the form to NHS Digital (NHSDigital-EHIC@nhs.net) or the Department for Work and Pensions' Overseas Healthcare Team (overseas.healthcare@dwp.gsi.gov.uk) and all providers to respond to the Department's comprehensive assessment of the expected impact of 'no deal' on clinical trials and investigations; consider their supply chains and continue to recruit to clinical trials etc.

7. Data Sharing, Processing and Access

Transfers of personal data - It is imperative that personal data continues to flow between the UK, EU and EEA member states. Transfers **from the UK** should not be effected in a 'no deal' scenario because it would continue to be lawful under domestic legislation for health and adult social care organisations to transfer personal data to the EU/ EEA the way we currently do, however at the point of exit, transfers **from the EU/ EEA** will be restricted unless appropriate safeguards are put in place and therefore alternative mechanisms may be required and this will be a key area of focus. There are safeguarding options such as standard contractual clause (SCC). A key requirement will be to consider all organisations reliance on transfers of personal data from the EU/EEA to the UK and also to complete the annual Data Security and Protection Toolkit assessment.

Information - The information commissioners office (ICO) has released some guidance on data protection in the case of 'no deal' here (https://ico.org.uk/for-organisations/data-protection-and-brexit/data-protection-if-there-s-no-brexit-deal/), and further information will be released in due course.

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Dated: February 2019