Open Agenda

Health and Wellbeing Board

Wednesday 31 July 2013
2.00 pm
Ground Floor Meeting Room G01C - 160 Tooley Street, London
SE1 2QH

Membership

Councillor Peter John (Chair)	Leader of the Council
Andrew Bland	NHS Southwark Clinical Commissioning Group
Romi Bowen	Strategic Director of Children's and Adults' Services
Councillor Dora Dixon-Fyle	Children's Services
Dr Patrick Holden	NHS Southwark Clinical Commissioning Group
Eleanor Kelly	Chief Executive
Gordon McCullough	Community Action Southwark
Councillor Catherine McDonald	Health, Social Care and Equalities
Professor John Moxham	King's Health Partners
Fiona Subotsky	Southwark HealthWatch
John Sutherland	Southwark Borough Commander, Metropolitan Police Service
Ruth Wallis	Director of Public Health
Dr Amr Zeineldine	NHS Southwark Clinical Commissioning Group

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Contact
Everton Roberts on 020 7525 7221 or email: everton.roberts@southwark.gov.uk
Webpage: http://www.southwark.gov.uk

Members of the committee are summoned to attend this meeting

Eleanor Kelly
Chief Executive
Date: 23 July 2013

PRINTED ON RECYCLED PAPER

Health and Wellbeing Board

Wednesday 31 July 2013
2.00 pm
Ground Floor Meeting Room G01C - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
1.	**APOLOGIES** To receive any apologies for absence.	
2.	**ELECTION OF VICE-CHAIR** To elect a vice-chair for the 2013-14 municipal year.	
3.	**NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT** In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
4.	**DISCLOSURE OF INTERESTS AND DISPENSATIONS** Members of the committee to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
5.	**MINUTES** To note the minutes of the last meeting of the shadow health and wellbeing board held on 5 March 2013.	1 - 8
	ORGANISATION OF SERVICES AND PROVISION	
6.	**Recent Policy and Budget Updates** This item provides an overview of recent national and local policy and budget developments with implications for the board and its work programme.	9 - 17

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7.	**Winterbourne View Stocktake** This item provides an update on progress locally implementing the Winterbourne Concordat.	18 - 51
8.	**Southwark and Lambeth Integrated Care Developments** This item provides an update on local developments regarding the Southwark and Lambeth Integrated Care Programme.	52 - 54
9.	**Developing the Joint Health and Wellbeing Strategy** This item presents for approval a joint health and wellbeing strategy for 2013/14 and board work programme to develop the next strategy.	55 - 71
10.	**Developing a Board Performance Management Framework** This item presents local and national developments regarding the integration of services in a number of areas to support partner decisions on the parameters, drivers and position on integration locally.	72 - 75
	HEALTH AND WELLBEING PRIORITY FOCUS	
11.	**Strategic Conversation - The Local Case for Integration** This item gives Southwark's health and wellbeing board partners an opportunity to discuss their respective organisation's parameters, drivers and position on integration.	76 - 79

Date: 23 July 2013

Agenda Item 5

Southwark Shadow Health & Wellbeing Board

05 March 2013 3 - 5p.m.
160 Tooley Street Ground Floor Rooms

Draft Notes

PRESENT:

Cllr Peter John (Chair)	Leader of Southwark Council
Cllr Catherine McDonald	Cabinet member for Health and Adult Social Care
Cllr Dora Dixon-Fyle	Cabinet member for Children's Services
Eleanor Kelly	Chief Executive of Southwark Council
Romi Bowen	Strategic Director of Children's and Adults' Services
Andrew Bland	NHS Southwark Business Support Unit (BSU) Managing Director
Dr Amr Zeineldine	Clinical Commissioning Group (CCG) Chair
Ruth Wallis	Joint Director of Public Health for Southwark and Lambeth
Fiona Subotsky	Representative of Southwark LINk
Professor John Moxham	Representative of King's Health Partners
Gordon McCullough	Chief Executive of Community Action Southwark

OFFICER SUPPORT:

Claire Linnane	Housing Strategy & Partnerships Manager (LBS)
Will Palmer (minutes)	Senior Strategy Officer (LBS)
Jin Lim	Head of Health Improvement / Consultant in Public Health (NHS)
Kieran Swann	Head of Planning & QIPP (CCG)
Maggie Kemmner	Deputy Director – Integrated Care (NHS)

APOLOGIES:

Dr Patrick Holden	Representative of CCG
John Sutherland	Borough Police Commander

MINUTES:

1) Minutes of previous meeting and matters arising

1.1 The chair welcomed the board members and audience. It was recognised that this was the last meeting of the Southwark Health and Wellbeing Board (HWB) in its shadow form as from 1 April 2013 it will be fully constituted as a committee of the council.

1.2 The minutes from the previous meeting were agreed and there were no other matters arising.

2) Governance and ways of working update

2.1 Councillor Dora Dixon-Fyle, the board 'champion' for the Governance and Ways of Working workstream provided an update on the away day that members of the board attended.

For questions regarding the minutes of the Southwark Shadow Health and Wellbeing Board please contact either
Claire Linnane (Claire.Linnane@southwark.gov.uk/ 0207 525 0732)
or Will Palmer (William.Palmer@Southwark.gov.uk/ 0207 525 0698

2.2 The session was led by Jackie Draper from PeopleOpportunities with the session funded by NHS London. The group discussed what kind of behaviours would allow them to operate as an exceptional board and the following points were raised:

- Board members need to be able to ask each other for help
- There may need to be forums outside of the formal meetings for some discussions to take place – possibly through a planning group, similar to the one that was established to help set up the shadow HWB
- Members of the board will need to act as conduits back to their organisations
- There needs to be two-way communication between the board and the various organisations represented on it.
- Board members should be free to express their differences but aim for consensus when making decisions.
- The board would like the NHS Commissioning Board (NHS CB) to be represented at meetings of the Southwark HWB and the representative of the NHS CB for Southwark will be Jane Fryer
- It was agreed that the current membership of the HWB was about right, including the current political representation.

2.3 Dr Amr Zeineldine then gave feedback from the London Health and Wellbeing Board Conference 2013 which took place on Monday 25th February.

2.4 The conference was well attended by the board and Dr Amr Zeneildine was a member of the panel which discussed some of the pertinent issues for HWBs. The session highlighted the amount of work that has gone on across London. Southwark's HWB compared very favourably in terms of progress as a board compared with other London boroughs and the methodical approach of the planning group in setting up the board should be praised.

2.5 The board will be looking to provide feedback to the events organisers that future events will need to use a different format. While the session gave a lot of opportunities for listening, there wasn't necessarily enough room for challenge – for example the questions were known in advance by the panel and there was little opportunity for audience interaction.

2.6 The board will need to consider links to the Greater London Authority and the work of the London-wide HWB. In terms of what the board could learn from other boroughs, the benefits of the approach taken in Southwark can be clearly seen, particularly regarding the membership. There may be lessons to learn around project management approaches for delivering the priorities.

2.7 There are more of these types of events planned in the future, offering the opportunity to compare progress and ideas with other boroughs. There will also need to be an intelligence function for the board to look at information sharing.

2.8 Ruth Wallis, Director of Public Health for the shared service between Southwark and Lambeth, chairs the London Health Inequalities network and this may also be a good way of sharing information. It may be worth exploring other networks as well.

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2.9 Although many councils in London will be tackling similar health issues, they will probably be starting from different places and facing different implementation challenges.

3) Joint Health and Wellbeing Strategy (JHWS)

3.1 At the meeting a paper was tabled which a number of organisations had been involved in discussions. The Cabinet Member for Health and Adult Social Care, Catherine McDonald introduced the paper and Director of Public Health Ruth Wallis and Jin Lim from public health provided further information.

3.2 It was outlined that this document was a high-level, strategic draft document which formed the starting point for a one-year strategy from April. Since the last meeting of the board, work has taken place to develop the strategy's objectives. These are:

- Giving every child and young person the best start in life
- Building healthier and more resilient communities and tackling the root causes of ill health
- Improving the experience and outcomes of care for our most vulnerable residents and enabling them to live more independent lives

3.3 The first objective has been developed through the refresh of the Children and Young People's Plan, ensuring alignment across partners' activity. Objective 2 is about tackling health inequalities and the root causes of ill health, while the final objective explores multi-agency support for our most vulnerable residents.

3.4 **ACTION** - The board members were asked to provide feedback on the paper to the Director of Public Health following the meeting.

3.5 Following this a live example was given of how the JHWS could influence wider work in the borough. The Council has an Economic Wellbeing Strategy which has an objective around thriving town centres and high streets. Certain issues regarding health include:

- Fast food takeaways
- Betting shops
- Pay-day loan shops
- Money transfer shops
- Small off-licences, especially those selling cheap and illegal, counterfeit alcohol

3.6 Partners on the board have been able to do some work around limiting the saturation of fast-food shops on Southwark's high-streets. By working with the planning team they are aiming to limit the number of these shops allowed to 1 in 20 in a parade of shops in order to help to tackle obesity. Establishments that have already opened cannot be closed forcibly to achieve this figure but other work can take place collaboratively with fast food shops to make improvements – for example through improving cooking techniques.

3.7 There are also significant issues around gambling. Recent research found that £280 million was spent on gambling in the north of the borough, where there is greater affluence, but £200 million was also spent in Peckham and Camberwell which both have areas suffering from serious deprivation. This is money that is

being taken directly out of people's pockets and the similarity in spending on betting between the North of the borough and Peckham and Camberwell is worrying.

3.8 Work is taking place with licensing but betting establishments cannot easily be blocked through planning. Licenses can, however, be turned down based on 'fairness'.

3.9 It is up to the HWB to add value through the strategy. If it is done well the board should be able to identify where the problems lie and how they can be addressed. The strategy gives the opportunity to influence right across the piece.

3.10 Following these points a discussion relating to the strategy then took place among the board

3.11 The factors which are set out in the strategy are what kill people. Some people spend a lot of time 'downstream' managing serious, life-threatening conditions. It would be valuable to see the full path from wider determinants through the conditions to the end. The board needs to understand what it can do something about now and what it cannot, and how it can measure progress against this.

3.12 As well as the movement from upstream health care to downstream, there are also vicious circles which affect health adversely. For example in some of the more affluent areas there are far fewer place to buy alcohol than in more deprived areas. The negative outcomes of this can include domestic abuse, mental wellbeing problems and other issues that further exacerbate poverty and perpetuate the cycle.

3.13 Planning and lobbying regarding types of shops has to come from London-wide networks and other HWBs. In order to effect change, there needs to be strength in numbers for the lobbying that takes place, even extending beyond London networks.

3.14 Work needs to take place to improve the timeliness of statistics to ensure they are up to date and accurately reflect progress. This has improved in some areas such as teenage conceptions but there is still room for improvement. Data sharing across organisations can help with this.

3.15 The council can utilise its children's centres and other facilities to help address some of the upstream problems mentioned. Further work can also take place with troubled families as the council has identified a cohort to work with. As the work moves forward the board must think about how it links with other boards, networks, groups, etc. or where it can be connected to work already taking place. For example in the council's Children's and Adults' department there is a mental health team which is carrying out work that links with some of the wellbeing and resilience work of the board.

3.16 The next stage is to think about how to pull all of this together. At different points in delivering an outcome, there may be different organisations and people that need to be involved. There is a need to identify and address any gaps that currently exist. The next stage is to set out the outcomes and mechanisms for delivery. A short-life working group could be set up for this.

3.17 The value that the board is adding needs to be identified along with how members of the board will hold each other to account in terms of delivering the strategy. The strategy needs to be challenging and not perpetuate what is already taking place but just because there are particular priorities does not mean that existing performance issues should not also be addressed. The questions that need to be answered are:

- Is there a new activity that should be done, bearing in mind the current economic circumstances?
- Where are we going to improve what we are already doing?
- How are we going to grasp opportunities that arise as we go along?

3.18 In the current context, we cannot do everything so we have to look at the value-based approach, assessing the value of investment. Need to take a whole system approach to this. That definition of value cannot refer only to cash, as there are intangible benefits to some of the discretionary services.

4) CCG operating framework and priorities

4.1 A paper outlining NHS Southwark Clinical Commissioning Group's (CCG) 2013/14 Operating Plan was introduced by Kieran Swann, the Head of Planning at the CCG.

4.2 The paper set out the key priorities and responsibilities the CCG must undertake. The CCG must deliver the following:

- The rights and pledges set out to patients in the NHS Constitution
- To contribute to the NHS Commissioning Board's delivery of its Mandate from government by achieving certain outcome standards
- Deliver its own strategy (CCG Integrated Plan) for improvement of local services and achieving a reduction in health inequalities
- To operate within its resource allocation and achieve its financial targets
- Not to preside over a serious quality failure of any commissioned provider
- As a minimum, to maintain performance against a range of health indicators and additionally improve performance against three locally identified priority outcome measures

4.3 Current expectations of performance have been set out in the document against the rights and pledges set out in the NHS Constitution. The CCG will maintain and improve the following priority outcomes for patients:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm.

4.4 In addition the CCG must choose three local outcome indicators where it will improve performance over the next 12 months. The shortlist currently includes chronic obstructive pulmonary disorder and smoking, end of life care, patients with long term conditions feeling supported and their quality of life, diabetes management and patients with asthma. Engagement is currently ongoing to agree the final three.

4.5 The three chosen priorities will be recognised financially by government if they are improved over the next 12 months. Despite this, the priorities are only a small subsection of the CCG's 'Plan on a Page' which is set out in the document and an even smaller sub-section of the longer-term broader CCG work. The three priorities amount to less than 0.5% of the work that the CCG is delivering.

5) Key issues

Integrated Care Pilot

5.1 Maggie Kemmner from the NHS presented a paper entitled Southwark and Lambeth Integrated Care.

5.2 The programme offers an opportunity to change the way work is done so that it is planned around the individual. Key improvements to the system will focus on:

- Real-time information sharing
- Changing the funding model
- Shared governance and improvement
- Workforce changes

5.3 In particular the pilot will seek to improve early identification which will involve putting together a holistic health check for elderly people to identify problems earlier down the line. This should reduce the need for more acute care. It will be necessary for all partners to work together collaboratively in order for this work to be successful.

5.4 Some 25,000 older people will be proactively assessed annually to pick up issues for those not yet interacting heavily with the system. Around 5,000 cases will be managed in terms of care for those with multiple needs. The aims of the pilot are for people to have improved experiences of care and in particular after three years:

- 15,900 (14%) fewer unnecessary days spent in hospital by older people
- 118 (18%) fewer people needing to move into a residential care home
- Annual savings of £13.9m in hospital and residential care

5.5 The integrated care pilot in Lambeth and Southwark is unique as it encompasses mental health, involving the South London and Maudsley NHS Foundation Trust (SLaM) in the work. 70% of practices in Southwark and Lambeth are signed up to the pilot. Although this is a very positive figure, the aim will be to achieve 100%. There has been some delay in terms of getting the work underway however, due to the lack of available nurses.

Public health transition

5.6 Both the Lambeth and Southwark public health teams are now situated under one roof at Tooley Street. The consultation on the staff reorganisation has also now taken place. There is still some guidance from central government that the team are awaiting but the Director of Public Health is confident that the new joint service will be underway by 1 April 2013.

5.7 The council is currently reviewing contracts to identify liabilities and costs. There are some liabilities from the primary care trust (PCT) which will be transferring across but any hidden costs will also need to be identified.

5.8 The focus has been on transitioning the joint team across to the council but there will need to be some additional work going forward as well as a process to shut down pre-existing PCT work.

South London Trust Update

5.9 A number of papers were issued to the board on this matter which Professor John Moxham from King's Health Partners (KHP) introduced.

5.10 On 31 January, Jeremy Hunt, the Secretary of State for Health, made a decision on the recommendations put forward by the trust special administrator (TSA) about the future of healthcare in south London. He accepted the recommendation that King's College Hospital should acquire the Princess Royal University Hospital (PRUH) in Bromley. This would mean that the PRUH would become part of King's College Hospital NHS Foundation Trust.

5.11 King's College Hospital has been working with the TSA and the Department of Health on the details of a possible acquisition, and have cautiously welcomed the Secretary of State's recommendation. Before a final decision is made, King's College Hospital will be developing a full business case and will keep staff across KHP informed of any developments. The business case will be put forward on 25 March and King's board will consider the case on 1 April.

5.12 There is enthusiasm from the majority of staff at PRUH but the business case and the opinion of Monitor will be very important in determining whether the plans should go ahead.

5.13 Following Professor Moxham's update, the following discussions took place on this matter:

5.14 It has been requested that there should be an independent chair of the NHS reporting to the Chief Executive David Nicholson and they will be appointed imminently.

5.15 The system in south east London is already under significant pressure even though some of the changes set out in the TSA's report are a long way off. It will be important to improve community capacity.

5.16 Lewisham is creating a community fund to put forward a judicial review on the recommendations set out by the TSA.

5.17 It might be helpful for the board to discuss any concerns that have been shared with the TSA individually and think about the impact the recommendations may have on the borough.

5.18 The plans to merge Guy's and St Thomas', King's College hospital and SLaM are part of a different process. A business case is being developed. If the proposals go ahead they will have to be approved by Monitor as it will become a new foundation trust and also by the Competition Commission.

Healthwatch update

5.19 Community Action Southwark (CAS) has made a bid with a group of voluntary sector partners to run Healthwatch from April 2013. From 1 April LINK will become Healthwatch.

5.20 Currently it is an open procurement process and an update will be provided at the next HWB meeting.

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Agenda Item 6

Item No. 6.	Classification: Open	Date: 31 July 2013	Meeting Name: Health and Wellbeing Board
Report title:		Recent policy and budget updates	
Wards or groups affected:		All	
From:		Kerry Crichlow, Director of Strategy and Commissioning	

EXECUTIVE SUMMARY

1. The purpose of this paper is to update the board on policy and budget updates which have implications for individual partners and/or the board and its work programme.

RECOMMENDATIONS

2. The board is requested to:

   a) Note the policy and budget updates (Appendix 1 and 2 of the report), and share updates of each partner's budget changes, service transformations and delivery plans.

   b) Consider opportunities for shared transformation, particularly in regard to the priorities in the joint health and wellbeing strategy and board work programme.

KEY ISSUES FOR CONSIDERATION

3. The contents of this report outline key policy and budget changes to have taken place since the last board meeting. The board may wish to consider their implications, particularly in the context of opportunities to progress the priorities in the joint health and wellbeing strategy and the board's work programme.

Policy implications

4. Each announcement captured in this report has implications for partners individually and collectively, which the board may wish to consider through this or subsequent agenda items.

Community and equalities impact statement

5. Any local actions arising from the announcements will be fully considered for impact on groups with statutory protected characteristics or sections of the community.

Legal implications

6. Each announcement could have legal implications, which partners may wish to consider through this or subsequent agenda items. The board is asked to note Appendix 1 and 2, which includes policy and budgetary updates and a summary of existing duties and powers introduced by the Health and Social Care Act 2012. This will be kept up to date going forward.

Financial implications

7. Each announcement could have financial implications, which partners may wish to consider through this or subsequent agenda items.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Policy and budgetary updates
Appendix 2	Summary table of the duties and powers introduced by the Health and Social Care Act 2012 relevant to Joint Strategic Needs Assessment (JSNAs) and Joint Health and Wellbeing Strategy (JHWSs)

AUDIT TRAIL

Lead Officer	Kerry Crichlow, Director of Strategy and Commissioning, Children's and Adults' Services
Report Author	Elaine Allegretti, Head of Strategy, Planning and Performance, Children's and Adults' Services
Version	Final
Dated	22 July 2013
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Strategic Director of Children's and Adults' Services	Yes	Yes
Date final report sent to Constitutional Team		22 July 2013

APPENDIX 1

Health and wellbeing policy and budget updates to July 2013

Strategic
Funding for NHS and Adult Social Care Integrated Services The budget settlement for 2015/16 includes £3.8 billion of pooled health and social care funding for integration. Access to the pooled budgets will be conditional on agreeing plans with local health and wellbeing boards to protect access and drive integration of services, to improve quality and prevent people staying in hospital unnecessarily. Further work with local government and the NHS on the planning process and to determine the detail of how this system will operate is required. **NHS Directions on payments from the NHS to local authorities** The government has issued these sets of directions; one of the key conditions is that the paying body must be satisfied that the payment will result in a more effective use of funds than if an equivalent amount was spent by the paying body. It also includes directions on the £859 million to be transferred by NHS England in 2013/14 to local authorities for social care. This funding, must support adult social care services in each authority, which also have a health benefit. The local authority and clinical commissioning groups must agree together how to use the money.
Duties and powers The board's duties and powers have been developing as the network of relationships between agencies and bodies matures, for example: - duty to develop and update a pharmaceutical needs assessment; - HWBs are expected to receive an annual report from the director of public health and Public Health England regional units on local arrangements; - HWBs should provide appropriate escalation route to the Secretary of State for Director of Public Health/LA health protection concerns. The Department of Health's summary table of the duties and powers introduced by the Health and Social Care Act 2012 is attached as Appendix 1.
Barriers to choice review The Government has published the findings of an independent review into public service choice, looking at how effective choice is in health, social care and schools. The review highlighted the need to build flexibility in the way people interact with healthcare professionals and facilities; problems with the complexity of the personal budget system and in particular the bureaucracy and rules around using it, together with delays in the system and especially with a lack of information; cross barriers included the need for better information and choices, access to face-to-face advice, and the gap between people's expectation of choice and services delivered.
New proposals to ensure care and compassion in the NHS and in social care The Cavendish review has published its recommendations. Key points include that all healthcare assistants and social care support workers should undergo the same basic training, and must get a standard 'Certificate of Fundamental Care' before they can care for people unsupervised.
The prime minister has launched the Early Intervention Foundation (EIF), which seeks to provide a single source of independent and authoritative assessment and advice on early intervention measures and will help improve the UK evidence base. The EIF has invited every Clinical Commissioning Group, Police and Crime Commissioner and all top-tier council to participate in the first wave of 20 first wave early intervention pilot projects. The EIF is considering proposals, and will announce the first wave shortly.
Health/Public Health
The Keogh Review The government has published the finding of a review of hospitals with high mortality rates (14). The review was commissioned in response to the Francis inquiry into failings at the Mid-Staffordshire Foundation Trust. The review found examples of good care, as well as scope for improvement, with each trust needing to address an urgent set of actions in order to raise standards of care, which included closure of operating theatres, suspension of services, changes to staffing levels, and dealing with patients' complaints. Media reports of 13,000 avoidable deaths are not sourced from the review – the review did not state any number of avoidable deaths either generally, or for any hospital.

Public Health duties guidance
The Department of Health has issued guidance for local authorities assuming public health duties:

- Commissioning sexual health services and interventions: best practice guidance for local authorities;
- A framework for sexual health improvement in England;
- Best practice guidance for weight management services; and
- Material for setting up local health resilience partnerships.

Ring fenced public health grants to local authorities 2013-14 and 2014-15
Announcements have been made for the Public Health grant for LAs to provide mandated services and locally commissioned services. Southwark will receive £72 per head for 2013/14 (with a target of £78 per head 2014-15) which is ring fenced to target health inequalities, and to improve outcomes for the health and wellbeing of the local population. The grant permits local discretion in how these aims are achieved.

School food plan
A review into school dinners has called for free meals to be extended to all primary schools, starting in the most deprived areas of England. The move would mean almost 3m extra children eating free lunches. The recommendation was made by Henry Dimbleby and John Vincent, co-founders of the Leon restaurant chain, who had been tasked by the Education Secretary, Michael Gove, with conducting an investigation into school dinners.

Health protection duties
The Health and Social Care Act has delegated some of the Secretary of State's health protection duties to local authorities and require LAs to undertake some of their health improvement duties in particular ways. The legislation will also set out when LAs can charge for activity under their new duties, although no individual will have to pay new charges for their services.

"What about the Children" - report on children living with parents with mental health problems
Ofsted and the Care Quality Commission (CQC) conducted a thematic inspection and explored how well adult mental health services, and drug and alcohol services considered the impact on children when their parents or carers had mental ill health and/or drug and alcohol problems; and how effectively adult and children's services worked together to ensure that children affected by their parents' or carers' difficulties were supported and safe. Ofsted and the CQC made a number of recommendations:

- joint training and joint supervision to ensure that all practitioners have a thorough understanding of the impact of these difficulties on children and the opportunity to reflect together on their joint responsibilities in tackling concerns.
- monitor the extent to which adult mental health services meet their responsibilities to safeguard and protect children
- ensure that practitioners consistently challenge decisions that result in no further action if in their judgement action is warranted
- ensure that staff liaise with each other and agree a joint plan of action when parents or carers do not attend appointments with adult services.

The Dementia challenge
The Department of Health has announced a number of actions to improve the lives of around 800,000 people with dementia in the UK, including:

- linking £54 million in funding for hospital dementia risk assessments to the quality of dementia care
- making the dementia information on our local website available nationally, so people have a better understanding of the services available in their local area
- providing £50 million of funding to adapt wards and care homes for people with dementia
- helping to fund a £300 million programme to build or renovate housing for people with long-term conditions, including dementia
- providing £400 million to help fund breaks for carers
- launching a new toolkit to help GPs provide better support
- increasing annual funding of dementia research to around £66 million by 2015

Government launches care comparison website
The new care profiles provide the most comprehensive source of information on care services. They help people to search and compare residential care homes and other care services and make confident choices about registered care for themselves or family members. The profiles are available on NHS Choices and sit alongside easy to reference information on entitlements to care, paying for care, organising a care need assessment and other practical advice.

New premature mortality website launched by Public Health England
Longer Lives, a new website showing the variation in early death rates has been launched by Public Health England (PHE). Using a traffic-light rating system, the website ranks areas showing those above average in tackling avoidable deaths as green, while those that still have more to do, are red; it also shows how they compare to other areas with a similar social and economic profile. Southwark's ranking on the 4 national key measures are as follows (Deaths per 100,000 for 2009–2011):

1. Cancer – 104 out of 150 local authorities
2. Heart disease and stroke – 109 out of 150 local authorities
3. Lung disease – 127 out of 150 local authorities
4. Liver disease – 126 out of 150 local authorities

New Children's Partnership
The Department of Health, NHS England, and partners are setting up a Children's Partnership which will bring together key national organisations accountable for policy, commissioning and delivery to improve children and young people's health outcomes. The Partnership will consider and agree system priorities, design resolutions for improvement and work jointly to commission resources to deliver these. It will receive constructive, evidence based challenge and advice from the Children and Young People's Health Outcomes Forum and will have strong links to the Health Transition Task Group.

Social care

Care minimum standards launched
The government has announced that new national eligibility criteria, to be introduced in 2015, will set a minimum threshold for councils to maintain levels of adult social care and support services. The Department of Health is inviting discussion on the proposals as well as the draft regulations. An analysis of the implications of the draft regulations has also been included in the document. A formal consultation will be launched in 2014 following the Care Bill becoming law.

Inspection of children's services
Ofsted has just closed a consultation (12 July) on the way it inspects services for children in need of help and protection, children looked after and care leavers. This single framework, covering child protection, looked after children and care leavers services and supporting multi-agency arrangements, replaces previous plans to implement separate inspection frameworks for each service area. Further raising the bar, the framework has three key judgements feeding an overall effectiveness judgement:

- Experiences and progress of children who need help and protection
- Experience and progress of children look after and achieving permanence (including graded judgements on adoption performance and experiences and progress of care leavers)
- Leadership, management and governance

The consultation also includes proposals for a graded judgement on the effectiveness of local safeguarding children boards, as well as seeking views on the grade descriptors comprising each judgement, and that 'good' will be set as the minimum standard.

Inspection of voluntary adoption and independent fostering provision
Ofsted's consultation on proposed revisions to the inspection of voluntary adoption agencies, and for revisions to the inspection of independent fostering agencies also closed on 12 July 2013. Key proposals in the voluntary adoption provision consultation included:

- Changes to the evaluation schedule into two parts: those providers of a range of adoption services; and those only providing support;
- Grade descriptors for 'good'; 'requires improvement'; and 'inadequate'.

Key proposals in the independent fostering provision consultation included:

- Changes to the inspection of independent fostering agencies;
- Grade descriptors for 'good'; 'requires improvement'; and 'inadequate'.

Care Bill

The government has published the Care Bill which introduces legislation to provide protection and support to the people who need it most and to take forward elements of the government's initial response to the Francis Inquiry. Key points include:

- funding reform, including bringing forward the cap on lifetime care costs individuals pay
- new duties around prevention
- new rights for carers
- Ofsted-style ratings for hospitals and care homes so that patients and the public can compare organisations or services in a fair and balanced way and make informed choices about where to go
- local authorities receiving a new legal responsibility to provide a care and support plan (or a support plan in the case of a carer)
- for the first time, providing people with a legal entitlement to a personal budget, which is an important part of the care and support plan
- giving young people and carers of children a legal right to request an assessment before they turn 18. This is to help them to plan for the adult care and support services they may need

Extra funding to prepare for SEND reforms

The children's minister announced that local authorities will be able to access £9 million to help them prepare for changes to the way children with special educational needs (SEN) are supported. Under the new system, due to be introduced in September 2014, SEN statements will be replaced by single education, health and care plans, requiring co-operation between all local services.

Lamb pioneers

Following the publication of the Care Bill, the government has announced that local areas are expected to develop integrated health and social care services over the next five years. There is no blueprint for integrated care, and a national programme of integration 'pioneers' will share solutions and identify barriers to integration, some of which will be addressed at a national level. Southwark and Lambeth Integrated Care submitted a bid to commence a pioneer project.

Adoption delay

In its response to the *Adoption and Fostering: Tackling Delay* consultation, the government has outlined measures to ensure adopters are approved more quickly and to overcome blockages in the legal system that slow the adoption process. Changes include a two-stage approval process for adopters to ensure the majority of adopters are approved to adopt within six months. A fast-track procedure for approved foster carers and previous adopters who wish to adopt will also be introduced. There will be a legal obligation on all adoption agencies to refer prospective adopters to the Adoption Register within three months of approval, and ensure information on children waiting to be adopted is kept up to date.

Fostering support

The Children and Families Minister, Edward Timpson announced a new package of support totalling £750,000 to:

- provide Fostering Network with £250,000 over 2 years to boost local recruitment of foster carers and help councils share good practice nationally
- provide intervention programmes for looked-after children and those on the edge of care and custody and their families
- fund 3 partnerships between local authorities and independent fostering services to explore recruitment/retainment

The announcement is especially focused on supporting LAs in recruiting foster carers who have the specialist skills to care for vulnerable children with different needs.

Disability payments

In June 2013, Disability Living Allowance (DLA) was replaced by Personal Independence Payment (PIP).

Children, Young People, Families and Education
School improvement inspections Ofsted has published the LA school improvement inspection framework. Inspections are likely to be carried out only where a concern has been identified or where HMCI has received a request to inspect from the Secretary of State. In judging LA effectiveness, inspectors will evaluate the effectiveness of arrangements to support school improvement and identify the strengths and weaknesses of support and challenge for schools and other providers. The evaluation will also take account of a LA's statutory duties (s13A of the Education Act 1996).
GCSE overhaul An overhaul of GCSEs in England has been announced by the Department for Education. Key changes from autumn 2015: • Changes will initially be for nine core GCSE subjects (English language and literature, maths, physics, chemistry, biology, combined science, history and geography). • Grading by numbers 8-1 rather than by the current letters A*-G • Exams will be essay-based system • Pass mark to be pushed higher
LACSEG refund The Department of Education (DfE) will refund a total of £94 million to councils for school support following legal action by local authorities. Southwark's refund amounts to £1.195 million. Councils called for a judicial review after claiming the amount taken by the DfE to fund schools that had converted to academy status exceeded how much they would save from no longer being responsible for them. The DfE took £148 million from the LA Central Services Equivalent Fund (LACSEG) in 2011/12, but repaid £58 million in July 2012. The latest £94.16 million refund is for a £265 million cut made by the DfE in 2012/13.
Crime and justice
End of Pathfinder Scheme The two-year reinvestment pathfinder scheme, which aims to reduce the use of custody for under-18s by providing councils with cash upfront for projects that divert young people from prison, comes to an end in November. Two of the consortia struggled to meet targets and dropped out a year early, to avoid being liable for financial penalties.

A summary table of the duties and powers introduced by the Health and Social Care Act 2012 relevant to JSNAs and JHWSs					
LOCAL DEMOCRATIC LEGITIMACY – POWERS AND DUTIES	**CCGs**	**Local Authority**	**NHS Commissioning Board**	**Local Healthwatch**	**Health and Wellbeing Board**
Establishment and membership of health and wellbeing board					
Representation or participation to Health and Wellbeing Board (HWB)	X (those whose are	X^	X (participation in JSNA and JH	X	
Power to appoint additional members to the board as deemed appropriate		X (with duty to consult	HWB if appointing after establishment)		X
Power for two or more HWBs to exercise their functions jointly					X
Functions of health and wellbeing board					
Duty to cooperate with the HWB in the exercise of its functions	X				
Power for HWB to request information for the purposes of enabling or assisting its performance of functions from:	X (duty to provide)	X (duty to provide)		X (duty to provide)	X (power to request)
• the local authority	X*	X*			
• certain members or those they represent with a duty to provide	X*	X*			
Duty to prepare assessment of needs (JSNA) in relation to LA area and have regard to guidance from Secretary of State	X*	X*	X (to participate)		X
Duty to prepare a JHWS for meeting needs included in JSNA in relation to LA area and have regard to guidance from Secretary of State	X*	X*	X (to participate)		X
Duty to involve third parties in preparation of the JSNA:	X*	X*			X
• Local Healthwatch					X
• people living or working in the area					X
• for County Councils - each relevant DC					X
Duty to involve third parties in preparation of the JSWS:	X*	X*			X
• Local Healthwatch					X
• people living or working in the area					X
Power to consult any persons it thinks appropriate in preparation of the JSNA	X*	X*			X
Duty to have regard to the NHS Commissioning Board mandate in developing the JSNA and JHWS	X*	X*			X
Duty to consider flexibilities under the NHS Act 2006 when developing JHWS	X*	X*			X
Duty to publish the JSNA	X*	X*			
Duty to publish the JHWS	X*	X*			
Power to include in the JHWS a statement of views on how the commissioning of health and social care services, and wider health-related services**, could be more closely integrated – i.e. the ability for the JHWS to look more broadly than health and social care in relation to closer integration of commissioning	X*	X*			X
Power to delegate any local authority function (except scrutiny) to the HWB		X			X (to exercise the delegated funct
Impact of duties on other associated functions					
Duty to have regard to relevant JSNA and JHWS in the exercise of relevant functions	X (in exercising an	X (in exercising any fu	X (in exercising any relevant commissioning functions)		
Duty to encourage integrated working:					X
• between commissioners of health services and commissioners of social care services					
• in particular to provide advice, assistance or other support for the purpose of encouraging use of flexibilities under the NHS Act 2006					
Power to encourage close working (in relation to wider determinants of health):					X
• between itself and commissioners of health-related services					
• between commissioners of health services or social care services and commissioners of health-related services					
Alignment of commissioning plans					
Power of the HWB to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNA and JHWS					X
Duty to involve HWB in preparing or significantly revising the commissioning plan - including consulting it on whether the plan has taken proper account of the relevant JHWS	X				X
Duty to provide opinion on whether the commissioning plan has taken proper account of the JHWS					X
Power to also write to NHSCB with that opinion on the commissioning plan (copy must also be supplied to the relevant CCG)					X
Duty to include a statement of the final opinion of the relevant HWB in the published commissioning plan	X				

	Power to provide NHSCB with opinion on whether a published commissioning plan has taken proper account of the JHWS (copy must alse be supplied to the relevant CCG)					X
	Duty to review how far the CCG has contributed to the delivery of any JHWS to which it was required to have regard and consult HWB on this	X				X
	Duty in conducting the performance assessment, to assess how well CCG has discharged duty to have regard to JSNA and JHWS and to consult HWB on its view on CCGs contribution to delivery of any JHWS to which it was required to have regard (when conducting its annual performance assessment of the CCG)			X		X
	Other duties, which can be contributed to through the JSNA and JHWS					
	Duty to exercise functions with a view to securing continuous improvement in quality of services	X				
	Duty to act with a view to secure continuous improvement in outcomes achieved	X				
	Duty to exercise functions with regard to need to reduce inequalities between patients in outcomes and access to services	X		X		
	Duty to when exercising their functions promote the involvement of patients, their carers and representatives in decisions about the provision of health services to the patient	X				
	Duty to when exercising their functions promote innovation in the provision of health services	X				
	Duty to exercise functions with a view to securing integration in the provision of health services, and the provision of health and social care services, or health and health-related services, to improve the quality of the services or reduce the inequalities between patients in outcomes of and or access to, services	X		X		
Notes:						
X*	duty must be discharged via HWB					
X^	this includes the directors of adult social services, chlidren's services, public health and elected representatives nominated by the Leader, Mayor or in some cases the local authority itself					
***	health services, health-related services, and social care services are defined in s.195 of the Health and Social Care Act 2012					
	health services means services that are provided as part of the health service in England where the health service has the same meaning as in the NHS Act 2006					
	social care services means services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970)					
	health-related services means services that may have an effect on the health of individuals but are not health or social care services					

Item No. 7.	Classification: Open	Date: 31 July 2013	Meeting Name: Health and Wellbeing Board
Report title:		Winterbourne View Stocktake	
Wards or groups affected:		All	
From:		Sarah McClinton, Director of Adult Social Care	

EXECUTIVE SUMMARY

1. The purpose of this paper is to update the board on progress locally responding to the Winterbourne Concordat stocktake.

RECOMMENDATIONS

2. The board is requested to:

   a) Note Southwark's Winterbourne Concordat stocktake and the associated action plan for improving services for people with learning disabilities and challenging behaviour as set out in appendices 2 and 3 of this report.

   b) Request a progress report in six months time on the development of more integrated health and social care services to provide appropriate community based provision for this client group.

BACKGROUND INFORMATION

3. Winterbourne View was a hospital for people with learning disabilities and challenging behaviour at which major abuse was uncovered and broadcast by the television programme Panorama. The national review into the issue found that whilst this level of abuse is not endemic there is a general failure to provide adequate community based support and accommodation for this client group, who, as a result, all too frequently become long term residents in inappropriate hospital settings. The subsequent Winterbourne View Concordat and joint improvement programme identifies key improvements for the whole system to address this.

4. The letter from Norman Lamb to the chairs of health and wellbeing boards (appendix 1) sets out further background to the concordat, and the stocktake on progress that local authorities were asked to co-ordinate and submit in July (appendix 2). The letter also sets out the expectation that health and wellbeing boards will be engaged in monitoring progress on delivering the concordat, with a focus on promoting the integrated working that is necessary to improve services for people with learning disabilities who have challenging behaviour.

5. The stocktake was signed by the chair of the health and wellbeing board, the chief executive of the council and the clinical commissioning group (CCG) prior to submission. The CCG governing body received a report on the stocktake on 11 July 2013.

KEY ISSUES FOR CONSIDERATION

6. In overall terms Southwark's Winterbourne View stocktake reflects a robust response to the concordat. A multi-agency Winterbourne steering group was set up in 2012, chaired by the director of adult social care and consists of commissioners, operational managers and senior clinicians from relevant partner organisations and a family representative. It has met on several occasions and agreed an action plan (appendix 3) which is being overseen by the steering group. This plan will be subject to further revision but reflects the strategic whole system changes required to reduce the time people with challenging needs spend in restrictive hospital settings, including referral and treatment units, through offering better support services closer to home.

7. A register has been jointly agreed listing the people with learning disabilities in the cohort in inpatient settings who were identified and reviewed by 31 May 2013 (in line with the key concordat requirement). These individuals are expected to have move-on plans and no longer be in less restrictive settings by June 2014.

8. The work going forward will apply to a wider cohort of people known to our system who challenge services, working to improve support in community settings with a view to preventing the need for inpatient settings being used inappropriately.

9. The main areas for development highlighted by the stocktake include the need for a more integrated approach across the health and social care system. This includes the integration of operational teams in community health services, social care and the mental health trust, and the integration of commissioning and funding arrangements, for which joint plans need to be developed. Clearly this is an area that the health and wellbeing board may wish to help drive forward.

Policy implications

3. As outlined above, the concordat and Southwark's progress implementing it has implications for the development of the joint health and wellbeing strategy and board work programme.

Community and equalities impact statement

4. Any actions will undergo an impact assessment to ensure that decisions do not adversely affect any statutory groups with protected characteristics or sections of the community. The conclusions on any such assessments will be used to challenge and finalise any agreed development and delivery.

Legal implications

5. There are no legal implications contained within this report. Any actions or decisions flowing from it may have legal implications, and these would be presented to the board for consideration at the appropriate point.

Financial implications

6. There are no specific financial implications contained within this report. Any actions or decisions flowing from it may have financial implications, and these would be presented to the board for consideration at the appropriate point.

BACKGROUND PAPERS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Letter to HWBB Chairs from Norman Lamb
Appendix 2	Southwark's Winterbourne View Stocktake
Appendix 3	Southwark Action Plan

AUDIT TRAIL

Lead Officer	Sarah McClinton, Director of Adult Social Care,	
Report Author	Adrian Ward, Head of Performance (Adult Social Care),	
Version	Final	
Dated	19 July 2013	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Strategic Director of Children's and Adults' Services	Yes	Yes
Date final report sent to Constitutional Team		19 July 2013

APPENDIX 1

From Norman Lamb MP
Minister of State for Care and Support

DH Department of Health

To: Chairs, Health and Wellbeing Boards
Cc: Council Leaders and Chief Executives
Chairs and Chief Operating Officers, GGCs

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 4850

Dear Colleague,

Delivery of the Winterbourne View Concordat and review commitments

I am writing to you at the start of your taking on your statutory functions to stress the pivotal local leadership role that Health and Wellbeing Boards can play in delivering the commitments made in the Winterbourne View Concordat[1] which represents a commitment by over 50 organisations across the sector – including the Local Government Association, NHS England, the NHS Confederation, Royal Colleges and third sector organisations – to reform how care is provided to people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. There is widespread agreement across the sector that the care of this group of vulnerable people requires fundamental change.

The abuse of people at Winterbourne View hospital was horrifying. For too long and in too many cases this group of people received poor quality and inappropriate care. We know there are examples of good practice. But we also know that too many people are ending up in hospital unnecessarily and they are staying there for too long.

NHS England, NHS Clinical Commissioners, the Local Government Association, the Association of Directors of Adult Social Services and the Association of Directors of Children's Services each committed to working collaboratively with CCGs and Local Authorities to achieve a number of objectives by 1 June 2014, including that from April 2013, health and care commissioners will set out:

> *"a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults with challenging behaviour in their area.*

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.pdf.pdf

This could be undertaken through the health and wellbeing board and could be considered as part of the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS) process;

- *The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.*
- *We will promote and facilitate joint and collaborative commissioning by local authorities and CCGs to support these objectives.*

Health and wellbeing boards have an opportunity through their role in agreeing the CCG and Local Authority Joint Plans to challenge the level of ambition in the plan and ensure that the right clinical and managerial leadership and infrastructure is in place to deliver the co-produced plan.

Health and wellbeing boards will, no doubt, also want to take an active interest in how far the other commitments in the Concordat, particularly those relating to care reviews having been completed by June 2013, have been achieved, as well as satisfying themselves that commissioners are working across the health and social care system to provide care and support which does not require people to live in inappropriate institutional settings.

It will only be through creative local joint commissioning and pooled budgets working with people who use services, their families, advocacy organisations and carers and other stakeholders (including providers) that we will deliver more joined-up services from the NHS and local councils in the future and see real change for this very vulnerable group.

Health and wellbeing boards are well placed to agree when a pooled budget will be established (if not already) and how it will promote the delivery of integrated care – care that is coordinated and personalised around the needs of individuals; which is closer to home and which will lead to a dramatic reduction in the number of inpatient placements and the closure of some large in-patient settings.

The Department of Health has supported the establishment of an NHS England and Local Government Association-led Winterbourne View Joint Improvement Board. This Board will be working closely with a range of partners to develop and implement a sector-led improvement programme working with local health and social care communities to deliver real and lasting change in the support and

DH Department of Health

care for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. It will shortly be in touch with you separately to take stock of progress in your area so that any appropriate level of support can be arranged.

Due to the very public nature of these failures in care, I am sure that you will want to ensure that your health and wellbeing board is able to provide transparent public information and assurance on progress locally.

Further information about the work of the improvement programme, including a recently issued framework for conducting reviews of care locally, is available on the LGA website. If you have any innovative practice to share, or views on how the programme can be designed and developed to ensure rapid progress and real and lasting change, please contact the programme chair via Chris.Bull@local.gov.uk

Yours sincerely,

NORMAN LAMB

We hope to publish progress around the country in reaching the commitments made in the Concordat in the Summer.

Thanks so much for your work on this incredibly important issue!

Local Government Association

NHS England

Winterbourne View Joint Improvement Programme draft v1.2

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA website

May 2013

APPENDIX 2

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Winterbourne View Local Stocktake June 2013			
1. Models of partnership	**Assessment of current position evidence of work and issues arising**	**Good practice example (please tick and attach)**	**Support required**
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	Yes. We have a Winterbourne View steering group that meets monthly including membership from the Clinical Commissioning Group (CCG), Local Authority, community health provider (Guy's and St.Thomas's Hospital) and the local mental health trust (South London and Maudesley NHS Foundation Trust). The steering group , chaired by the Director of Adult Social Care, has agreed an action plan and meets monthly to monitor progress. The plan has also been presented to the Adult Safeguarding Board, Children and Adult Services Senior Management Team, and CCG Safeguarding Executive.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	Yes. The CCG commissioner for continuing healthcare, CCG commissioner for mental health, and the Local Authority Commissioner for Learning Disability are all on the Steering Group. We are in the process of establishing a project board to oversee the redesign of the special educational needs and disabilities (SEND) pathway for 0-25year olds, and the intention is to make challenging needs including learning disability and autistic spectrum disorder one of the workstreams, with the aim of ensuring we identify and support current children and young people who are at risk of ending up in an inappropriate hospital or Assessment and Treatment setting and developing capable and compassionate support in the community. We are currently identifying young adults already in specialist placements funded by education and social care in		

	order to trace back their experience of the system to understand what went wrong and what needs to change. There are strong links between commissioners and colleagues from housing and regeneration services. Regular meetings take place to identify and develop accommodation options for people with LD/autism/challenging needs to deliver our accommodation strategy. NHS specialist commissioning are working with us to support the delivery of the plan, and have been providing information on people with learning disabilities they fund for inclusion in the programme. The Co-Production Project Manager (adult social care) contributes to the steering group leading on the work to engage with users and families. We are doing preparatory work to hold focus groups with family carers and service users. We have approached Respond and the Challenging Behaviour Foundation and our local advocacy provider, Cambridge House, with a view to them facilitating and supporting these conversations. We are actively engaged with providers and an engagement event with providers is planned for September to discuss how they can work together with Southwark to deliver quality services for people with challenging needs and to attract new providers and stimulate innovation. The steering group presented progress report to the Safeguarding Adults Partnership Board, which was very supportive of the action plan.
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	Yes. We have a support planning system for those who have been reviewed, the information from which will feed into the commissioning requirements. The

	local authority are leading on the support planning and move on plans, making sure this is a person centred process that makes full use of relationships and the circle of support for the person. We are also working with professionals from the CCG, the community health services provider and the local mental health trust and commissioners to develop these support plans. Commissioners are using demographic data from our JSNA and intelligence from reviews and transition planning to inform future housing and support for this group. Our accommodation strategy for people with learning disabilities is being refreshed and regeneration colleagues are actively engaged in our planning.		
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	Yes. The Learning Disability Partnership Board is active and well engaged in the process, including user and provider representatives. A briefing on the Winterbourne View Action Plan was provided to the Board and is a regular item. A copy of the presentation to the board in September 2012 is attached. The board received a further update on 26 June 2013.	 Winterbourne View.ppt	
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress. 1.6 Does the partnership have arrangements in place to resolve differences should they arise.	The Health and Wellbeing Board will be asked to consider the action plan and the outcome of this stocktake at its first formal meeting at the end of July. Yes. Differences would be resolved initially through discussion at the Steering Group, or at the Partnership Board, or individually between the local authority and the professional or organisation concerned. If necessary issues can be escalated, for example to joint meetings of the LA and CCG. There is a joint CCG and Children and Adult Services		

	SMT meeting at which complex issues can be resolved.		
1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships &Safeguarding Boards.	Yes. Accountability arrangements with the Health and Wellbeing Board will be subject to discussion when the Board is fully established, and the action plan and stocktake will be discussed at the first meeting. The steering group work is agreed by the CCG Safeguarding Executive which reports to the CCG board. The Adult Safeguarding Board will continue to be updated on progress.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	No. Few people from other local authorities are placed in the borough. There is a small number from Lambeth placed in Southwark residential care homes that are due to deregister but this is balanced with a similar number of Southwark service users living in homes in Lambeth also due to deregister. Therefore the risk is low. Southwark does not have specialist homes or hospitals within the borough.		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	Children's and adults' social care commissioning are in the process of being integrated, and this is already facilitating joint consideration of the need to redesign child to adult service pathways for people with disability and challenging needs. However, we would like to create joint commissioning arrangements between health and social care for learning disability, autism and challenging needs, and integrate the provision of health and social care for these same groups. We see integration for people with disabilities and challenging needs from childhood to adults and lifelong being a key issue and opportunity for discussion with the HWB Board. External support from the Joint Improvement Programme may also be helpful for developing joint commissioning arrangements across the South East London sector (or other cross -borough initiatives)		Yes

	where it makes sense to do so. The interface between mental health and learning disability services also requires re-examination and a more integrated approach, in particular with regards to enhanced crisis intervention services.		
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership.	Individual partners know the cost of the existing services they fund, although this information has not been formally consolidated into one overarching analysis. There is a consensus that current costs do not reflect value for money and that there is scope for savings across system.		
2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	Yes. Funding streams area clear based on responsible commissioner guidance and restructure of commissioning arrangements within the NHS. There are clear funding streams for clients meeting the criteria for NHS Fully Funded Care and mechanisms in place for clients transitioning into and out of continuing health care. Specialist Commissioning fund all high and medium secure placements for people with learning disability, and all inpatient services for the children on the Winterbourne Register. Metal Health funding is in place via the block contracts for primary and secondary care and some specialists care for example neuro-development or psychosexual care.		
2.3 Do you currently use S75 arrangements that are sufficient & robust.	No. We are currently exploring options for new S75 arrangements. Previous S75 arrangements ceased following the DH directive on transfers of funding to local authorities from PCTs.		Yes
2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	No. We are exploring options for developing lead commissioning arrangements and pooled budgets to obtain benefits from further integration of services		Yes

	for people with challenging needs.		
2.5 Have you agreed individual contributions to any pool.	n/a		
2.6 Does it include potential costs of young people in transition and of children's services.	n/a		
2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	There is a consensus between partners that the current system for people with challenging needs does not deliver good outcomes, quality or value for money and that there is potential for savings by jointly investing in integrated pathways, support planning and the market of support and accommodation. We have not yet discussed any potential arrangements between the LA and CCG about flow of money with patients leaving assessment and treatment or CHC (continuing health care) funded placements with challenging needs back to the community. We would appreciate a London wide approach to this being negotiated. We have decided in adult social care to pilot fund an enhanced crisis intervention service (Psychology and Behavioural Support – provided by the Maudesley mental health trust) to test and evaluate its benefits in terms of helping people remain at home and avoiding assessment and treatment with a view to informing specialist commissioning plans.		Yes
3. Case management for individuals 3.1 Do you have a joint, integrated community team.	There is no single or joint management of the Social Care and Health teams and they are not co-located. However there is some good joint working, for example there are regular joint meetings of the MDT. There is a regular multi-disciplinary complex cases meeting which covers high risk cases such as those on the Winterbourne View register. Better integrated working arrangements are an area for development.		

3.2 Is there clarity about the role and function of the local community team.	Yes		
3.3 Does it have capacity to deliver the review and re-provision programme.	Yes, and currently meeting targets		
3.4 Is there clarity about overall professional leadership of the review programme.	Yes. The local authority is leading the review programme with allocated social workers being closely supervised and monitored to ensure the quality of their work and making sure that other professionals who are involved are consulted.		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	Yes.		
4. Current Review Programme			
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	Yes.		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	Yes. Arrangements for review of people funded through specialist commissioning are clear. Specialist commissioning is part of NHS England and not Southwark CCG. Responsibility for commissioning and reviewing of people whose care is commissioned through specialist commissioning sits with NHS England. However NHS Southwark CCG will work in partnership with NHS England to ensure appropriate commissioning and reviews are in place for these people.		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	Yes. Social Workers make sure that there is access to independent advocacy to ensure the service user's voice is heard. If the advocacy offered is from the provider, we will engage independent advocacy. We have arranged with our local advocacy provider in Southwark that they will take referrals for people in hospitals/placements out of Borough if there is no suitable advocacy available to the person through the local community organisations or the provider is offering advocacy that may not be giving the best independent advice and support. Carers are involved in the reviews and developing		

	support plans and move on plans. The Local Healthwatch are represented on the Health and Wellbeing Board where any input required will be discussed. Healthwatch are co-located with our local advocacy organisation and have strong links.
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	We have agreed the Winterbourne View register for people in hospitals or in assessment and treatment. In addition we have created a CCG CHC register of people with challenging needs or who need to be moved to a less restrictive and more suitable environment. We are in the process of reviewing a social care register of people with ASD/Learning Disability/challenging needs across children and adults, so that we can apply the same principles to people living in the community with challenging needs but currently below the threshold of the Winterbourne View register.
4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	The Register of people in the Winterbourne View cohort is a joint Health and Social care register and is reviewed at the Southwark Winterbourne View Steering Group which has representation from Health, Mental Health and Social Care. The responsibility for maintaining the register sits with the CCG and there is a nominated lead for this in place, but updates are made jointly with the local authority lead. The register identifies the lead and first point of contact for each individual on the register. Adult social care will maintain the register of social care service users with challenging needs. The mental health trust's Psychology and Behavioural Support team are also maintaining their register of people with challenging needs, being people living at home and in supported living or residential care, and this is informing our thinking about the prevention agenda.

4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Yes (see also 4.3, 6.7 and 7.2)		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	A quality assurance sub-group is meeting including the review social workers and their supervisors, the Learning Disability service manager and head of service to discuss the reviews in depth. This is to make sure that each has been person centred, involved the family, understood the person's wishes, aspirations and experience, identified accommodation and support needs, matched these to local opportunities, ensured they are getting good behavioural support, healthcare etc, considered the move on plans in each person's best interest. Each review will be quality assured and signed off. We are investing in two Experts by Experience who will be people with learning disabilities recruited to work with us to review the quality of placements and supported living. This will be part of the work to strengthen review and monitoring of services in the future, including out of borough commissioned placements. We are looking to have the Experts by Experience managed by an independent organisation.		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	This is one of the key points checked when doing the Quality Assurance of reviews		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	All the required reviews have been completed.		
5. Safeguarding 5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	Where people are placed out of area we require services to be signed up to the local safeguarding arrangements and expect to be involved in the safeguarding process through attendance at meetings receipt of reports and review of our service users.		

5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.	Southwark's standard care and support contracts require providers to comply with Southwark's safeguarding procedures. Local Providers report incidents and generally cooperate well on any remedial actions that may be required. Further work is required to provide assurance that the same level of compliance and collaboration is consistently achieved with out of borough providers. We have a risk assessment for Social Workers to use in safeguarding cases and also a safeguarding information sharing protocol.		
5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	We are made aware of inspection by CQC and requirements they have made of providers that need to be met. Note: there are no Assessment and Treatment Units in the borough.		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	The Adults Safeguarding Board receives regular reports from the Director of Adult Care and the Head of Disability Services who are leading the Winterbourne Review programme. A report on the action plan will be taken to the Children's Safeguarding Board in September.		
5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	There is a clear requirement from the Board that all placements respond to improve their practice in all areas of concern and complaint. All providers are expected to be compliant with MCA/DoLS requirements including guidance regarding restraint. The Learning Disability Quality and Safety Group meets regularly with representatives from the partner organisations (most of whom are also on the Winterbourne View Steering Group) and has a role in addressing these issues.	 TOR for LD Quality and Safeguarding Bo:	

5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	A multi-agency safeguarding programme is in place and we will be building on this to ensure staff are fully supported in an appropriate way on issues of challenging behaviour. The Learning Disability Quality and Safety Group will be looking at the contracts with providers, training and development for the workforce, and quality assurance to make sure that everyone knows what good practice looks like and is competent to address any poor practice or risks. We will engage with specialist commissioners as required. Community Health Learning Disabilities Team provide programmes to staff in the management of challenging behaviour. As a further example of multi-agency training, police cadets have also received learning disability awareness training from our local Speaking Up self advocacy group , as mentioned in 5.7.		
5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	Southwark's multi agency Hate Crime Network is responding to hate crime issues faced by people with learning disabilities in the community. There has been publicity about how to report hate crime and work is underway to produce a DVD about staying safe in the community. Police cadets have also received learning disability awareness training from our local Speaking Up self advocacy group.		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	The local CQC Compliance manager, the Head of Commissioning, and the Director of Adult Social Care are all Safeguarding Board members and act as the working links between their organisations/departments and the Board. The Learning Disability Quality and Safety Group brings together information from across the system and concerns are raised at the Safeguarding Adults		

	Partnership Board.		
6. Commissioning arrangements 6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	The Winterbourne Action Plan reflects our initial assessment of commissioning requirements to achieve this objective. A more holistic joint commissioning plan is being developed that will address prevention of hospital admission in addition to making the necessary commissioning arrangements for resettling people returning from assessment & treatment/in-patient settings. Workstreams will include: **User & Family Engagement** – Representation on Steering Group, focus/engagement groups, access to independent advocacy for people placed out of borough **Planning** – JSNA refresh, market position statement, transition planning, tracking people in NHS specialist commissioned services **Increasing local housing & support capacity** – commissioning local supported living schemes with specialist housing and support providers with personalised support, improving respite options for people who challenge, **Crisis Intervention** - Commission Crisis Intervention service from SLAM **Improving Quality** – Specify on capable environments, support planning, record keeping, partnership working and info sharing, positive behavioural approaches, restraint, MCA/Dols **Developing the Workforce** – Review and provide		

	sector wide training on above
6.2 Are these being jointly reviewed, developed and delivered.	The Winterbourne View steering group will monitor the development and delivery of more detailed commissioning plans.
6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	There is a shared understanding of how many clients are placed out of area and of these which clients are NHS Fully Funded and those jointly supported by Health and social care. The register reflects the funding status of the clients and identifies whether the client is currently placed out of borough and if so gives an indication of how long the client has been out of borough.
6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	The action plan of the steering group (section 2: review and move people on from hospital placements/settings) signals these commissioning intentions, although these need to be turned into a more detailed plan. Exploration and development of commissioning intentions for people with learning disability is through the Winterbourne Steering Group. This group is working to consider through the reviews of all clients what needs to be commissioned in borough to better support the needs of clients and where these commissioning arrangements need to be joint commissioning arrangements across health and social care. These commissioning intentions are being informed by the need to substantially reduce future hospital placements by developing local housing and support that can offer capable environments for people who challenge It is recognised that some of these commissioning intentions will need to be about supporting the client to remain where they are even if out of borough, but perhaps working toward step down out of borough.

	This reflects the fact that some of these clients have established themselves in local communities.		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams. 6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	De-commissioning considerations to be considered with specialist commissioners and built into next year's plan. Discussions on the business case for future arrangements are at an early stage.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Yes. The recently re-commissioned advocacy service allows for appropriate advocacy to be provided as and when required or requested both in borough and nationally. These arrangements are being made available to people in out of borough placements so that these people have access to independent professional advocacy.		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	The Winterbourne View Action Plan has been agreed and some additional resources have been allocated to deliver the plan.		
6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	Yes. We will have robust plans such that everyone who is still in an inpatient setting will be supported in way that is appropriate. Some high level forensic cases may remain in inpatient setting, but will be in a less restrictive environment.		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).	Although we are confident the June 2014 target is achievable we cannot guarantee that there will not be obstacles to overcome as we seek to negotiate financial agreements where the money flows with the patient as they move to community based settings. We have one individual case where it is possible the existing responsible commissioner guidance maybe an obstacle to moving the person on.		Yes
7. Developing local teams and services 7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	See above re commissioning plans		

7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	Contract and performance management gather a number of quantitative and qualitative measures to understand the performance of the advocacy services which are augmented by reviews of complaints or quality alerts and regular meetings with the provider. By analysing these information sources, we get a rounded view of the service and its quality and effectiveness.		
7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	Yes. Best Interest assessors are currently involved where appropriate on a timely basis. We will shortly be reviewing MCA and DOLS arrangements and as part of this will be reviewing requirements for numbers of Best Interest assessors and means of ensuring adequate supply to meet likely demand, including the option of payment of honoraria for staff taking on this role.		
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies			
8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	Adult social care are funding a pilot of an enhanced crisis intervention service from SLaM psychology and behavioural support team for adults living at home with family carers and those in supported living and residential care in Southwark to prevent breakdown and admission to hospital/A&T/out of borough placements. Pilot will be evaluated to inform commissioning long term. See 6.1 for more on commissioning intentions		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	The Clinical Psychologist from SLaM on the Steering Group is due to hold focus groups with family carers to find out about their experience of the Psychology and Behavioural Support Service in Southwark which supports people living at home and their family carers and support staff. This is to find out how this service can be improved, and we are proposing to ask this same group of people what they think needs to change overall to offer better community support and		

	crisis intervention.		
8.3 Do commissioning intentions include a workforce and skills assessment development.	Action Plan includes workforce development actions.		
9. Understanding the population who need/receive services 9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges. 9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	Market Position Statement is in development. JSNA refresh included as action point in Action Plan. Yes, all characteristics considered on an individual basis in reviews, and this information will be used in updating our JSNA.		
10. Children and adults – transition planning 10.1Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults. 10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.	Yes. Plans are in place that highlight the transition cohorts. The accommodation strategy maps out transition cohorts to set out housing needs and inform housing developments. Transition works well within the Children's and Adults' Department, but greater integration with health and SEN is an objective. Innovation funds have been used to stimulate the market for new services.		
11. Current and future market requirements and capacity 11.1 Is an assessment of local market capacity in progress. 11.2 Does this include an updated gap analysis.	Southwark has been pursuing an accommodation strategy for people with learning disabilities based on shifting from reliance on residential care to creating more ordinary living options for people, with support provided via personal budgets. This strategy is being refreshed, and will be strengthened to better include the needs of people who challenge. The Market Position Statement, due to be completed in the Autumn, will also reflect this. Market Position Statement will include a gap analysis relating to the needs of people with learning disabilities who challenge.		

11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	The autism and employment project funded through Southwark Council's Innovation Fund is considered to be an example of good practice.		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.ukby 5th July 2013

This document has been completed by

Name..... Adrian Ward .....

Organisation..... Southwark Council .....

Contact..... adrian.ward@southwark.gov.uk .

Signed by:

Chair HWB .....

LA Chief Executive .....

CCG rep.....

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Southwark Clinical Commissioning Group

NHS Southwark CCG and Southwark Council - Winterbourne View Steering Group Action Plan

Updated July 2013

Work Area	Aims/ Objectives	Action	By Whom	When
1. Strategies and care pathways	1.1 Ensure the JSNA reflects the needs of young people and adults with LD, autism and challenging behaviour and that the statutory agencies work together to identify the opportunities for jointly commissioning and providing integrated care and support to improve the quality of life, health, independence and wellbeing of this client group. 1.2 To produce a three year strategy for learning disabilities for 2013-2016 that reflects the needs and lessons learned from Winterbourne View. To use information from assessments, reviews and support plans undertaken as part of the Winterbourne View work, and from	• Update the JSNA and ensure it reflects local needs • Produce LD strategy and implementation plan. To identify opportunities to achieve better outcomes and VFM for money by pooling resources, jointly commissioning and integrating care pathways.	Chris Dorey TBC – NBs commissioning restructure	TBC Autumn 2013

	transition, to drive the needs assessment and plans for commissioning LD support in Southwark **1.3** The LD Executive to ensure GST, LBS, CCG, and SLaM work together and align their strategic and operational priorities and resources in order to bring about change and improved outcomes for people with LD, ASD and CB including 2 key aims: ▪ To ensure personalisation is implemented across all LD pathways – including inpatients, assessment and treatment, specialist placements, residential care and supported living, continuing care in all settings, as well as people's own homes ▪ A greater number and a more diverse range of ordinary living options and better support for people with LD, ASD and challenging needs in the community. **1.4** To update and report on progress and gain strategic support /direction from HWBB and SAPB as required	• Quarterly meetings of LD Executive, reporting in to the LD Partnership Board • LD Executive and LD Partnership Board to oversee implementation across the LD partnerships • LBS programme to deregister Southwark's LD care homes & establish supported living so users have tenancies, personal budgets (ISFs) / person centred support	Alex Laidler, Chris Dorey Alex Laidler, Chris Dorey Chris Dorey	Ongoing Ongoing Ongoing
	1.5 Challenging Behaviour pathway ▪ Better early intervention and support for service users and families to prevent	• SLaM leading on mapping CB pathway, identifying where GSTT and LBS fit in. To	Karin Fuchs, consultant clinical	Jan 2013

	escalation of CB and avert crisis ▪ Leadership and systemic approach across partner agencies to ensure capable environments for people to live in the community and avoid punitive long term consequences including a life in care homes as a result of incidents of challenging behaviour or offences ▪ Culture change across system driven by engagement and co-production with service users, parents and carers – need to listen and understand what help families need and key lessons for agencies from their perspective ▪ Build trust in services so that families feel able to ask for and accept help from services, preventing breakdown and crisis ▪ Better support for struggling families – ▪ Ensure access to respite and strengthen joint working between psychology/ behavioural support and residential respite services (Orient St)	identify/develop links with Forensic Pathway. • SLaM proposals to inform a business case for enhancing local services via consultancy and support for families/parents/networks and crisis intervention • LBS talking with CCG about a business case for health funding dedicated psychology and therapy provision for the Transition Team to enable MDT approach ie prevention, early intervention, enablement.	psychologist SLaM (KF) Chris Dorey Alex Laidler	 May 2013 April 2013
	1.6 Autism pathway ▪ To provide assessment, support and information to adults with Autism and their families to enable them to live an ordinary life in the community and reduce or delay			

	the need for services and avoid care home admission in crisis ▪ To publish an adult ASD strategy and ensure the JSNA reflects this priority given high prevalence in Southwark ▪ ASD training and awareness for health and social care staff including council front line workers with customer contact ▪ Establish a multidisciplinary health and social care community support team for adults with Autism to offer diagnosis, intervention and support for the growing numbers of people living with ASD in Southwark.	• Engage support from strategy/policy officers in LBS Children & Adult services to produce and publish the strategy • Training underway • CCG funding commitment given for health posts in the Autism Community Team • Business case for Adult Autism community team to LBS Children and Adult Services SMT	Sarah McClinton/ Alex Laidler Alex Laidler Gwen Kennedy CCG Alex Laidler	April 2013 From March 13 March 2013 May 2013
2. Review and move people on from hospital placements/ settings	2.1 Identify from SLaM, CCG, and LBS records the cohort of Southwark children and adults who need to be reviewed by 31 May 2013 and moved out of hospital settings by June 2014	• List of people agreed with record of reviews completed/ to be completed. List submitted for DH return including adults only – need to identify children for inclusion, if any. • Reviews all social care service	Steering Group	April 2013

	2.2 Undertake person centred outcome based reviews of all service users in health funded and joint funded placements and including inpatient MH wards, assessment and treatment including hospital placements, medium and low secure units, continuing care placements. To consider joint reviews for social care funded specialist placements where there is evidence of challenging health needs and/or challenging behaviour. 2.3 To undertake person centred support planning with users and families to inform commissioning of accommodation and support in the community so that all service users in the cohort agreed with the DH move out of hospital settings by June 2014	users in residential care or supported living in and out of borough. Address quality/ safety issues and plan move ons • Support social care service users to move on from residential care to SL/ own tenancies • Joint health/ social care reviews of all health and joint funded placements (CHC, assessment & treatment, medium and low secure) • Agree a common review protocol between SLaM, CCG, and LBS to ensure that reviews: ○ Are person centred ○ Are outcome based ○ Focus on abilities rather than deficits ○ Identify and facilitate independence choice and control ○ Trigger access to	Alan Beer Alan Beer Alan Beer LBS, Heidi Emery SLaM, Jackie Downing GSTT Alan Beer LBS, Karin Fuchs & Heidi Emery SLaM, Alison Keens GSTT	First reviews completed Jan 2013 (then ongoing) Ongoing Underway – on target for completion by 31May 2013 April 2013

		independent advocacy ○ Provide a basis for person centred support planning • Identify cohort of people in the community known to agencies who are seen to be at risk of admission/ placement and plan MDT person centred support (including those currently refusing to accept any services) • Agree case management arrangements across health and social care for people who need to be moved out of hospital settings by June 2014.	Karin Fuchs SLaM, Alan Beer LBS, Alison Keens GST, Jackie Downing GST Steering Group	May 2013 June 2013
3. Quality Improvement and Quality Assurance	3.1 Establish joint LD Care Quality Improvement Group to be led by LBS with representation from CCG, GST, SLaM to provide leadership, strategic direction, and commitment across the partnerships and to	• Workplan to be produced but likely to include:- ○ Adopt standards/ good practice re managing CB, communicate	Alex Laidler, Rochelle Jamieson, Kate Moriarty Baker	First meeting to be held in May 2013

	commission the support for providers to embed personalisation, choice and control and improve quality across the range of LD provision in Southwark. Purpose of Group is: ▪ To embed a culture of quality and improvement and accountability ▪ To work in collaboration with providers and users and carers to drive quality improvement and culture change ▪ To report into the Winterbourne View Steering Group to demonstrate better outcomes and quality ▪ To encourage innovation, creativity, and bespoke solutions for those with the most complex needs	expectations, embed in service specs ○ Guidance for staff ○ Training and support for providers ○ Strengthening links between providers and MDTs ○ Quality assurance systems that ensure continuing improvement including audit and learning from incidents and complaints ○ Identify options / models for engaging family carers in monitoring safety and quality – NDTi recommendations (eg Family Consultants, pwld employed to inspect services) ○ Benchmark quality of placement providers ○ RAG rating for providers to identify & address under		

		performance/quality issues ○ Staff competency framework re ASD & CB & personalisation ○ Recruitment practices in providers. • LBS to increase CMO capacity to jointly review placements with health and social care and support quality assurance/improvements.		
4. Contracting and Brokerage of LD care	4.1 To ensure that contracting and brokerage of all commissioned care for people with LD is of good or excellent quality and provides value for money, achieving safe services and promoting independence choice and control for all service users. 4.2 To identify opportunities for joint working between CCG and LBS to strengthen contracting and brokerage and obtain better	▪ Produce and implement a common Out of Area Placement Protocol across LBS, CCG and SLaM to ensure safer placements in homes offering quality and value for money • Revise specifications and contracts for A&T and		

	value for money	specialist challenging behaviour placements. • Agree a common spot residential contract to cover: ○ Open access for visitors ○ Personalised support ○ Positive behavioural support and restraint ○ Record Keeping ○ Risk assessment ○ Staff training ○ Access to independent advocacy ○ DOLS ○ Quality healthcare and support ○ GLTK standards and guidance • Revise review/monitoring process to cover above, include pwld and families monitoring		
Advocacy	• Ensure access to independent advocacy for all pwld but particularly to ensure quality advocacy for people who lack capacity, cannot communicate their needs easily eg non verbal, and those	• Check quality and capacity within the Cambridge House spot contracting arrangements for supporting the anticipated volumes of people involved in	Chris Dorey	April 2013

	who are isolated from families, friends and communities. • To ensure that all staff offer access to advocacy where this would be of benefit to empower the service user • To make sure health and social care staff undertaking assessments and support planning with service users are supported by senior managers as required where there are difficult negotiations with providers and professionals within specialist placements and assessment and treatment eg psychiatrists, where we need to advocate on behalf of the service user to help move them to independent living	this project • Common review protocol, supervision • Service managers and senior managers to be alert to need to support decision making and planning processes with families professionals and providers	Alex Laidler, Alan Beer Kate Moriarty Baker, Mike Callaghan.	

Item No. 8.	Classification: Open	Date: 31 July 2013	Meeting Name: Health and Wellbeing Board
Report title:		Southwark and Lambeth Integrated Care Developments	
Wards or groups affected:		All	
From:		Sarah McClinton, Director of Adult Social Care	

EXECUTIVE SUMMARY

1. The purpose of this paper is to update the board on recent developments and proposed next steps for the joint venture, Southwark and Lambeth Integrated Care (SLIC).

RECOMMENDATIONS

2. The board is requested to:

   a) Decide what outcomes it requires from the SLIC for residents of Southwark and how to use business case developments to best exercise local choice.

   b) Consider whether there is a need to review governance arrangements.

BACKGROUND INFORMATION

3. Southwark Council and Southwark Clinical Commissioning Group are two partners of seven organisations locally within the SLIC programme, which was set up in April 2012 to deliver improved ways of working around older people in the community. In seeking to improve the independence of local older residents, the programme's key outcomes are to improve quality of life and experience of care, reduce unplanned admissions and long term placements, and change the older people's pathway.

4. Key developments included the setting up of virtual multi-disciplinary teams, expanding the rapid response and home ward service, and availability of reablement packages, and streamlining the hospital discharge pathway.

5. The current governance arrangements for SLIC include a sponsor board comprising senior partner representatives, supported by a cross-borough operational group. In addition there are a programme board to oversee strategy developments, and an operational board. The programme was the basis for the board's application as a national Lamb pioneer; the outcome of which will be in the known in the autumn.

KEY ISSUES FOR CONSIDERATION

6. The sponsor board is embarking on a programme of work until the end of the year to develop a business case approach for expanding integrated care in line with the Lamb pioneer application's ambitions. Alongside this, there will be a

range of actions across leadership, workforce and primary care to accelerate the older people's programme and future thinking for broader integrated provision.

7. The ambitions set out in the pioneer application have significant implications for local governance, commissioning and delivery arrangements for staff, patients and providers alike. The extent of these implications will be developed through the business case approach. This will focus on exploring a commissioner and provider model, including testing concepts such as capitated budgets, financial modelling and viability, market stimulation, and risk and governance frameworks.

8. It is intended that future service delivery models will build capacity in the community for people to better manage their own care, and support a shifting of the balance of care and resources from acute or specialist care to community provision for high-need groups. The board may wish to agree how best to exercise local choice on interventions, evaluation and desired outcomes and options for integrated care in Southwark.

9. Given the change in both short- and long-term direction of the programme, the board may wish to consider whether the several existing governance arrangements are sufficiently clear and robust in this context.

10. It is also expected that patients should be central to governance and delivery developments, including evaluating the experience and shaping the outcomes for success. This could include patient-level data analysis, research and best practice and focus groups with users, for example the programme's citizen's board.

Policy implications

11. The development of this programme needs to be considered in the broader context of developments in this area. This includes planned legislation including the Care Bill and Children and Families Bill, as well as inspection frameworks for children's, adults' and health, and the changing financial landscape across all partners. The governance for these developments should be reflected through the board's statutory responsibilities and work programme.

12. Going forward in this area, there is a significant national driver for looking at how local areas can pool budgets and resources. This includes a number of NHS directives which require shared decisions between health commissioners and local authorities on the use of delegated budgets. This is likely to feature more prominently across the health and wellbeing system and this offers a good opportunity to test what local processes and outcomes are sought.

Community and equalities impact statement

13. Any areas agreed for exploring integration will undergo an impact assessment to ensure that decisions do not adversely affect any statutory groups with protected characteristics or sections of the community. This work will build on the joint strategic needs assessment and consultation evidence. The conclusions on any such assessments will be used to challenge and finalise any agreed development and delivery.

Legal implications

14. There are no legal implications contained within this report. Any actions or decisions flowing from it may have legal implications, and these would be presented to the board for consideration at the appropriate point.

Financial implications

15. There are no specific financial implications contained within this report. Any actions or decisions flowing from it may have financial implications, and these would be presented to the board for consideration at the appropriate point.

BACKGROUND PAPERS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Sarah McClinton, Director of Adult Social Care		
Report Author	Elaine Allegretti, Head of Strategy, Performance and Planning,		
Version	Final		
Dated	19 July 2013		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		**Comments Sought**	**Comments Included**
Director of Legal Services		No	No
Strategic Director of Finance and Corporate Services		No	No
Strategic Director of Children's and Adults' Services		Yes	Yes
Date final report sent to Constitutional Team			19 July 2013

Agenda Item 9

Item No. 9.	Classification: Open	Date: 31 July 2013	Meeting Name: Health and Wellbeing Board
Report title:		Developing the Joint Health and Wellbeing Strategy	
Wards or groups affected:		All	
From:		Romi Bowen, Strategic Director of Children's and Adults' Services	

EXECUTIVE SUMMARY

1. The purpose of this paper is to set out the work to date of the shadow board, alongside what this means for the draft joint health and wellbeing strategy, the board's priorities and its future work programme.

RECOMMENDATIONS

2. The board is requested to:

   a) Agree the proposed content of the 2013/14 joint health and wellbeing strategy.

   b) Approve the approach to developing the board's work programme for 2013/14, including developing the next joint strategy.

BACKGROUND INFORMATION

3. The local authority and clinical commissioning group are required by the 201 Health and Social Care Act to produce and publish, through the health and wellbeing board, a joint health and wellbeing strategy.

4. The shadow board identified four priority workstreams based on areas of common need and interest through which to develop new ways of working, in order for the board to add maximum value and make the biggest difference. Each workstream was championed over the year to April by a shadow board member, providing opportunities to better align local activity and strengthen partnership working in these areas. Learning and activity from each workstream are being taken forward in the draft joint health and wellbeing strategy.

5. Learning included widespread consultation and engagement with children, families, staff and our communities through the '1,000 journeys' work which gathered our residents' stories and experiences to underpin three local transformation priorities. These formed the basis for both the draft joint health and wellbeing strategy and a refresh of the Children and Young People's Plan.

6. Alongside the four shadow workstreams, the joint strategic needs assessment (JSNA) has been updated over the course of the year to underpin strategic planning and service delivery developments including the development of the draft joint health and wellbeing strategy.

7. The JSNA's key messages highlight that, although Southwark's communities continue to experience high levels of deprivation, diversity and population, many residents have improved health and wellbeing, with for example our school children achieving better than ever in school, more young people and adults taking up employment or training, and fewer people dying overall.

8. Health inequalities are also narrowing in a number of areas and providing residents with greater wellbeing through improving access to high-quality universal services and primary care. As a local area we have world class services which are effectively addressing the diverse range of health needs of our local community, alongside good-quality services that safeguard our most vulnerable. Challenges remain, however, with some of the highest rates of lifestyle risk factors associated with health inequality.

KEY ISSUES FOR CONSIDERATION

2013/14 joint health and wellbeing strategy

9. As agreed at the March meeting of the shadow board, the joint health and wellbeing strategy will take the form of a high-level, strategic document covering one year, to April 2014. A final draft is attached as appendix 1.

10. This draft 2013/14 strategy represents partners' commitment to individually and collectively work towards the agreed shared objectives. The document builds on the workstreams developed during the shadow year, as well as the JSNA and existing stakeholder engagement, to identify shared values and ways of working alongside emerging joint priorities for the board.

11. The emerging priorities build on what is working locally and provide a robust basis on which to develop joint actions and partnership working going forward, in particular in developing a longer-term partnership plan to take effect from April 2014. The three priority areas proposed for development are:

    a) Best start for children, young people and families
    b) Building healthier and more resilient communities and tackling the root causes of ill health
    c) Improving the experience and outcomes of care for our most vulnerable residents and enabling them to live more independent lives

12. The strategy will be accompanied by robust targets and milestones for health improvement, ones which demonstrate the difference that partners and the joint strategy will make. This performance management framework will be based on a select number of indicators which are identified through a public health-led analysis, called the 'red box of health outcomes'. This summarises analysis of local outcomes from national NHS, adults, children's and public health outcomes frameworks based on performance trends and cost burdens. The 'red box' is the key measures of health and wellbeing which are of most concern in that they are declining in performance and of the highest cost burden. It is proposed that this analysis forms the initial basis of the performance management framework for the board and further JSNA analysis.

A co-produced strategy for April 2014 and beyond

13. The draft 2013/14 strategy sets out partners' shared commitments to improving the health and wellbeing of Southwark's residents. It is proposed that this document, alongside representing a planning framework for partners' individual and collective actions over 2013/14, acts as a planning framework for developing a new joint health and wellbeing strategy for implementation from April 2014.

14. This twin approach will enable the three strategic priority objectives to be more fully explored with our communities and stakeholders, in order to get behind the headlines and so better understand what is working well and what needs to change. This development work will also include further data analysis and needs assessment as part of the JSNA cycle, as led by the director of public health, in order to better explore the journeys and experiences of key cohorts.

15. As a result, it is intended that the resulting strategy will be:

    a) Co-produced: by our communities and with partners based on hard evidence and learning from people's perceptions and experiences
    b) Strategic: recognising the roles and accountabilities of partners, and where together we can make the most difference in the short, medium and long term
    c) Holistic: working together to understand how we can make the most difference to residents' lives by looking at their needs in the context of their community and life course, and our local choices for prevention and treatment

2013/14 board work programme

16. It is proposed that this development activity will form the basis of the board's work programme for the rest of the financial year, with the objective of producing a refreshed strategy for implementation from April 2014. This will provide the opportunity to fine tune the board's strategic priorities, including ensuring that these key priorities for the partnership are clear, understood and held by all, as well as to develop both 'quick win' actions and longer-term ambitions.

17. Through the work programme, partners will also have the opportunity to better align organisational developments and governance arrangements in the context of the local health and wellbeing system. This includes refining what each strategic priority means for the board's position, as well as for individual agency's roles, responsibilities, and expectations of each other. In addition, it will include further aligning the health and wellbeing board's work with other local governance arrangements, for example across local safeguarding boards, and other partnerships such as the children's trust or Safer Southwark Partnership.

18. Building on the 'red box' analysis and additional JSNA activity, bespoke performance measures will also be developed to ensure that partners' actions achieve the outcomes they intend. In addition, there will be a more detailed exploration of the intellectual frameworks underpinning partners' values about and approaches to improving residents' health and wellbeing, including utilising the expertise and experience of members such as King's Health Partners.

19. Consultation with stakeholders and communities will be delivered in conjunction with Healthwatch, which continues to provide a powerful vehicle for the voice for local people. It is proposed it is supported by a multi-agency officer-led group, in order to develop a local engagement model, one that will include exploring the journey and experience of local children, young people, adults and families, using the 2013/14 strategy as the basis for consultation.

20. It is further proposed that, working jointly with the clinical commissioning group and public health, each strategic priority objective is explored in turn at consecutive board meetings in October, December and February, with a view to producing a revised strategy for public consultation in March 2014. At each meeting, each strategic priority objective will be brought to life through both the voice of users and data journeys.

Policy implications

21. Southwark Council and Southwark Clinical Commissioning Group have a statutory duty under the 2012 Health and Social Act to produce a joint health and wellbeing strategy for the borough through the health and wellbeing board and to have regard to the strategy when commissioning and planning services. The agreed joint strategy will have implications for individual partner's strategies and delivery arrangements, including the Council Plan and clinical commissioning group operating plan among others.

Community and equalities impact statement

22. There are substantial health inequalities in Southwark. Those on lower incomes, with disabilities, some ethnic groups and those who are vulnerable and likely to suffer poor health and wellbeing and/or die young. There are also specific inequalities between gender, ethnicity and sexual orientation groups. The joint health and wellbeing strategy embeds a commitment to reducing these inequalities with a common aim that as a result of the strategy these inequalities are lessened.

Legal implications

23. The board is required to produce and publish a joint health and wellbeing strategy on behalf of the local authority and clinical commissioning group. The report attached as appendix 1 fulfils this requirement.

Financial implications

24. There are no financial implications contained within this report.

BACKGROUND PAPERS

Background Papers	Held At	Contact
Joint strategic needs assessment	www.southwarkjsna.com	www.southwarkjsna.com

APPENDICES

No.	Title
Appendix 1	Draft 2013/14 joint health and wellbeing strategy

AUDIT TRAIL

Lead Officer	Romi Bowen, Strategic Director of Children's and Adults' Services,	
Report Author	Elaine Allegretti, Head of Strategy, Performance and Planning	
Version	Final	
Dated	19 July 2013	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Strategic Director of Children's and Adults' Services	Yes	Yes
Date final report sent to Constitutional Team		19 July 2013

APPENDIX 1

Building a healthier future together

Southwark's Joint Health and Wellbeing Strategy 2013-14

July 2013

Foreword by Peter John, chair of the board

I am delighted to introduce Southwark's first health and wellbeing strategy. It has been developed by the borough's new health and wellbeing board, which brings together the local public organisations that matter to residents and their health and wellbeing.

We created the board and developed this strategy because we share a deep commitment to improving our residents' health and wellbeing and building a fairer future for all. We know that we are stronger together, and that only through partnership can we make our vision and ambitions a reality, and overcome the biggest challenges facing our communities. We have made a good start tackling the borough's most intractable problems through the board's work in its shadow preparatory year, for example, investing in better identification and treatment for alcohol misuse, expanding community provision to promote mental wellbeing, and investing in healthy school meals, and local sports and leisure facilities.

Our vision is far-reaching – we recognise the high levels of need across our diverse communities, and are determined to eliminate the inequalities we see in their life chances. We believe the vulnerable must be protected and cherished, and the impact of deprivation and intergenerational disadvantage overcome. Only by working together can we create a borough where everyone can realise their potential and have the best life chances they can. This means ensuring everyone can equally access the support they need, as well as empowering communities to take responsibility for their own health. It also means tackling together the big challenges facing us, from high rates of alcohol misuse, smoking or teenage conceptions to chronic conditions such as hypertension and causes of early death.

Our communities deserve to receive the best services, ones which give them a better quality of life as well as a positive experience. We believe this is best achieved by putting people at the heart of our work and building services from their perspective, so that they are joined up where they need them to be, and provided in a way we would wish our own family to be treated. And so the commitments in this strategy set out how we plan to do this. It will mean making sure that more people feel more in control of their lives, and that services are tailored around what they want and need, provided at a time they need them, and developed with them. We also know that people want to be independent and healthy for as long as they can, to live freely in their own communities, connected to friends, family and neighbours.

Reforming how we deliver services in this way will also help us address the rising burden of an ageing population, as well as continuing widespread budget reductions and changes to how services are funded and organised. This redoubles our resolve to ensuring that we get maximum value and impact from every penny of public money. We know we can succeed only when all parts of the system work towards improving the same shared outcomes, and so commit to aligning all spending in pursuit of the commitments in this strategy. This includes significant investment programmes, such as in local housing, as well as joint action to expand education and employment opportunities, reduce crime, develop cultural and leisure activity and regenerate local communities. It also means shifting resources to more preventative action, based in our communities.

We intend to now make these ambitions a reality, and will use this year to develop more detailed steps to achieve our shared priorities as well as bold targets and milestones to measure our progress. I call on everyone across the borough to join us in making this borough a place everyone can thrive and be proud of.

Cllr Peter John
Leader, Southwark Council
Chair, Southwark Health and Wellbeing Board

Introduction

The health and wellbeing board brings together the borough's key agencies – the council, the clinical commissioning group, the police, voluntary sector, and Healthwatch, which represents the voice of local people. The health and wellbeing board operated in shadow form for a year before being established as a committee of the local authority in April 2013.

This strategy is the board's first statement about what health and wellbeing means in Southwark and how it impacts the lives of our residents. It provides the basis for all partners, stakeholders and communities to work together to improve residents' health and wellbeing and reduce health inequalities in the borough.

This strategy covers 2013/14, and brings together existing knowledge, priorities and commitments. It does not seek to cover every issue or action relating to residents' wellbeing, neither does it replace nor duplicate existing strategies, governance and accountabilities held by other bodies and agencies.

Instead, it focuses on how partners can work creatively together to build on collective and individual partner's strengths and tackling the biggest health and wellbeing challenges facing our communities. This will include how we can use our limited resources to maximum impact, and make shared decisions in line with a common vision, and set of values, principles and priorities.

This strategy builds on the work the board undertook during its shadow year. Four priority areas were investigated to explore how they could make the biggest difference to the health and wellbeing of local residents. Some of the key achievements and learning from this work are summarised later in this strategy.

It is intended that over the course of 2013/14 the board will work with stakeholders and communities to translate the commitments in this plan into action on the ground as well as to develop longer-term strategic ambitions and priorities. This will include widespread consultation to better understand what local people think is working well within the strategy's identified priority areas, and what needs to change.

The resulting plan, to be implemented from April 2014, will be co-produced with communities and stakeholders. There will be targeted investigations of local data and intelligence to better understand the journeys, experiences and perceptions of our residents.

At the back of this strategy, there is an outline performance management framework, which is based on public health analysis of performance trends and cost burdens, known as the 'red box'. As part of the board's work programme over the coming year, there will be further work to develop bespoke performance measures for the strategy as well as align existing agency and partnership plans and governance arrangements.

Our vision, values and principles

An outcome of the past year's work as a shadow board included developing shared values and common principles to how partners want to work individually and collectively. As partners, we are committed to the following vision for our local health and wellbeing system:

"Every child, family and adult has improved health and wellbeing, and accesses a choice of high-quality local integrated services that meet their needs. Together we will invest to make a difference earlier in the lives of local residents, building resilience and giving everyone the best and fairer start. Working together to build a healthier future, we will tackle the root causes of ill health and inequality. We will equip the most vulnerable in our communities to access bespoke and personalised services, and better overcome the impact of disadvantage."

We are committed to working together to promote integration, improve outcomes and reduce health inequalities by:

- Giving every child and young person the best start in life
- Building healthier and more resilient communities and tackling the root causes of ill health
- Improving the experience and outcomes of care for our most vulnerable residents and enabling them to live more independent lives

As partners, we commit to the following values underpinning how we work together. We will:

- Engage and empower individuals and communities to reduce inequalities and disadvantage, and help them be responsible for their own health and wellbeing
- Promote fairness and consider the individual in all that we do, and ensure their voice shapes the services and journey they experience
- Shift the balance towards prevention and earlier intervention where it improves people's outcomes and reduces inequalities
- Equip the workforce and communities to improve residents' health and wellbeing, ensuring services are needs-led, better use technology and share information, knowledge and resources
- Commit resources according to what works, where it will make the biggest difference and when it maximises value for money

In order to achieve our priorities, we commit to the following principles guiding our actions. We will:

- Ensure services are commissioned around people's life course and improve experiences, and support greater independence, resilience and physical and mental wellbeing
- Protect the vulnerable and reduce inequalities through integrated or joint working where it can make a difference to outcomes
- Ensure short-term actions are focused, deliverable and support our ambitions to make Southwark a place where people thrive and are proud of
- Be innovative and inclusive, ensuring services are tailored to our communities' needs, make the most of every contact and are underpinned by fairness and reducing disadvantage
- Make sure services are simplified, transparent and easily accessible
- Hold each other and the wider system to account, ensuring continuous improvement through benchmarking, and learning from peers and best practice leaders

Shadow year

During the board's shadow year, four priority areas were identified as workstreams based on areas of common interest and high local need. These workstreams provided a basis to test and develop new relationships and ways of working. The learning from this work has shaped our priorities going forward.

The four areas, alongside a summary of key achievements during the shadow year, were:

Prevention and reduction of alcohol-related misuse

Supported by the development of a borough-wide alcohol strategy, key resulting activity included the expansion of NHS checks at GPs, the roll-out of training on 'identification and brief advice', and action to improve compliance with licensing laws. Rates for hospital stays for alcohol-related harm for adults and under-18s are both better than the national average. Key learning from the year includes a recognition of the value of taking a multi-faceted approach to key issues, from engagement and education across the whole population, to targeted interventions to support dependent or high-risk drinkers as well as to tackle the effects of alcohol misuse, such as domestic abuse and anti-social behaviour.

Coping skills, mental health and wellbeing

This strand involved establishing a multi-agency steering group, which developed a comprehensive cross-cutting strategy, underpinned by '10 best buys' which partners are working to implement. Key achievements include community activities and programmes such as an art and sculpture project with Art in the Park, a relaunch of Books on Prescription and launching the Lambeth and Southwark Wellbeing Network to promote mental health wellbeing messages across local agencies and communities. Key learning from the year includes the need to ensure mental health concerns are considered holistically alongside physical needs, particularly given the high prevalence of mental health problems locally.

Early intervention and families

This strand was taken forward through the local children's trust and its Children and Young People's Plan development, particularly that strategy's 'Best Start' transformation priority. Highlights of the year include launching the early help locality teams, expanding multi-agency support from children centres, and influencing the health visiting and school nursing reviews. Attainment and standards across all ages remain above benchmarks, more young people are taking up training or employment, and a range of child health outcomes are improving. Learning from this strand reinforces the need to continue to shift the balance towards more preventative action, including closer working between health and other services, particularly at the first signs of difficulty in a child or adult's life.

Healthy weight and exercise

Key activity in this strand focused on implementing actions from the refresh of the healthy weight strategy last year, including developing whole-school health promotion alongside the roll-out of free healthy school meals. In addition, partners have invested in Change 4 Life Clubs, as well as sports and exercise in the borough's parks and outdoor spaces. An expansion of healthy eating and physical activity programmes in children's centres and early years has also taken place. Although still high, obesity rates in reception-aged pupils have fallen over recent years from 14.7% in 2009/10 to 12.1% in 2011/12; rates for year 6 remain below national benchmarks. Key learning from the year includes the need to harness and align resources and action from across agencies in order to impact on the borough's most intractable challenges.

What is health and wellbeing?

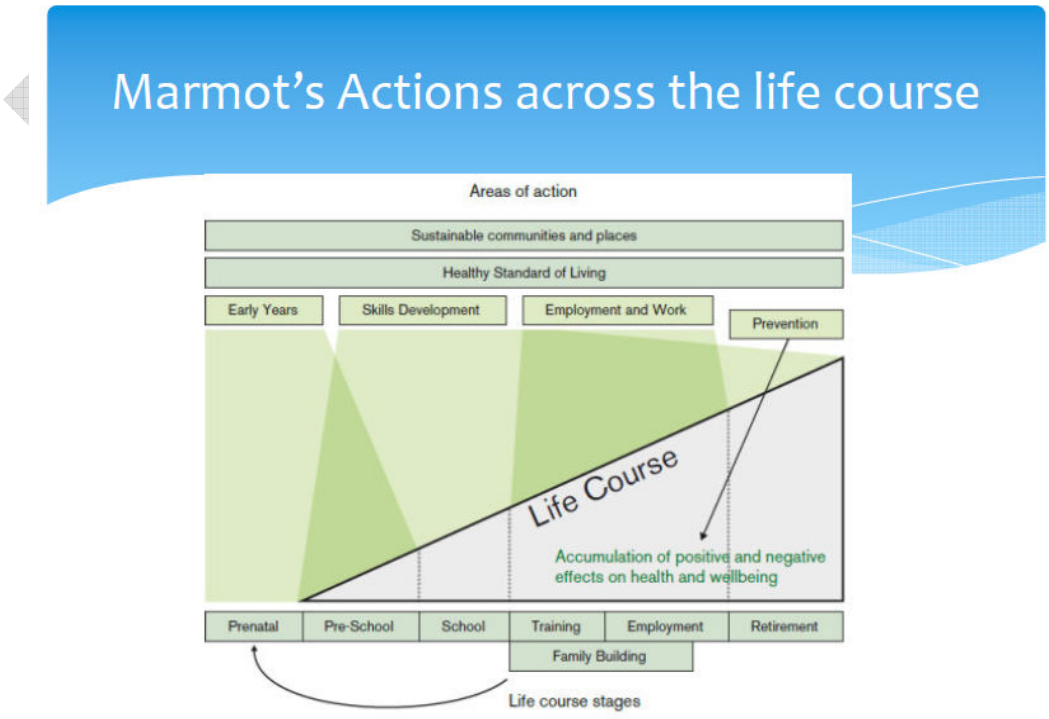
Through the work of the board's shadow year, a range of definitions of health and wellbeing were identified, along with many approaches to improving it. The board, in developing and refining its joint strategy over the coming year, intends to more fully explore these definitions and approaches to test and develop a local position. As a starting point, we take the World Health Organisation definition of health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity".

We firmly believe that residents cannot have good health without both mental and physical health. Health is influenced by socio, economic, environmental and cultural factors, and we believe that all must be considered and addressed. Wellbeing encompasses broader feelings of hope, confidence and happiness, for example in feeling positive about today. The New Economics Foundation developed 'five ways to wellbeing', which has underpinned the board's workstream in this area. These messages remind us all to: connect, be active, take notice, keep learning, and give.

Reducing health inequalities and protecting our most vulnerable residents are also central to the board's vision. Our approach is underpinned by the evidence and recommendations of the Marmot Review. This set out the range of factors influencing health and wellbeing and made six recommendations to improve health and reduce health inequality:

- Give every child the best start in life
- Enable everyone to maximise their capabilities and have control over their lives
- Create fair employment for all
- Ensure healthy living standards for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

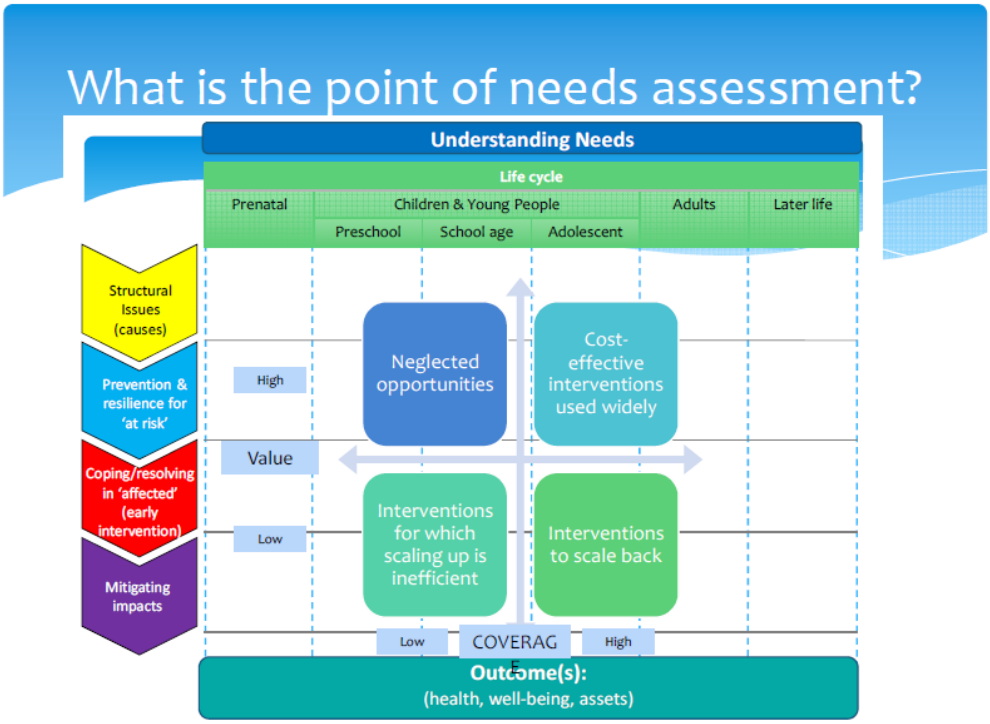
The diagram below sets out Marmot's argument that we accumulate positive and negative impacts on our health and wellbeing during our journey through life. This underpins partners' commitment in this strategy to work with our stakeholders and communities to create the conditions throughout people's lives that enable them to be and stay healthy and well.



Health and wellbeing in Southwark

This strategy was developed with input from our communities and stakeholders, and is underpinned by a robust understanding of our communities' needs. Below is a summary of these needs; more detailed information can be found at www.southwarkjsna.com

This needs assessment is part of a planning cycle to better understand our communities in order to inform commissioning and service delivery choices. As outlined in the table below, it supports commissioners, including partners on the health and wellbeing board, in identifying how to maximise the impact and value from our limited resources.



What does the assessment tell us about local residents' health?

Southwark is the second-largest inner-London borough by population, with around 285,000 residents. The population has increased over the past ten years by some 37,700, and is anticipated to grow by around the same again in the decade to 2020. Southwark is also relatively young, with above national average proportions of adults under 45, as well as a rising birth rate over recent years which is leading to increasing numbers of under-fives.

A borough of contrasting poverty and wealth

In general, health and wellbeing outcomes are improving for local residents, although significant inequalities remain. Southwark's population is ethnically diverse and highly mobile, and has high levels of deprivation, such as above-London-average proportions of long-term unemployed, benefits claimants and overcrowding.

As the 12th most deprived borough in the capital, Southwark has London's highest rate for health-related out-of-work claims, a higher rate of child poverty than nationally, and more than double the proportion of pupils claiming a free school meal than national peers. Half the borough's residents live in rented accommodation, which is more double the London average, and the homeless rate is also more than double the national average.

There are significant contrasts of poverty and wealth, with deprivation concentrated in the areas between the more affluent strip close to the river and Dulwich in the south. The majority of wards in Southwark, for example, appear in the bottom quarter in England for wellbeing scores, with only three ranking better than the national average for wellbeing. Major health indicators such as mortality and life expectancy have improved, although significant inequalities are evident across the population, with educational achievement, access to employment and housing quality varying across council wards, gender and socio-economic status. The difference in life expectancy, for example, between the worst off and best off is 9.5 years for men and 6.9 years for women.

Fewer people dying early but inequalities persist

The number of deaths every year is falling, with the borough's rate now broadly in line with London's average. About a third of these deaths are 'early' – that is, under the age of 75. Deaths from cancer have fallen markedly over recent years, but it still accounts for around a third of early deaths, with circulatory disease accounting for a further quarter.

Despite overall numbers falling, deaths from lung cancer are rising, and the incidence and mortality for cervical cancer, although improving, remains worse than the national average. In addition, the death rate for cardiovascular disease is 10% higher than the national average, Southwark has the sixth-highest death rate from chronic liver disease in London, and mortality rates from chronic obstructive pulmonary disease are high compared to nationally.

Major risk factors in early deaths include smoking, obesity, sedentary lifestyles and poor management of long term conditions such as hypertension or diabetes, all of which are impacted by ethnic and socio-economic factors. Southwark has significantly higher numbers of smoking attributable deaths, and the number of hospital admissions relating to alcohol misuse has doubled over the past decade in line with national experiences. Environmental factors too, including the quality of housing, transport and green spaces, impact on people's wellbeing. Southwark continues to invest in making more homes safe, warm and dry, alongside investment in leisure, neighbourhood and outdoor facilities. Employment opportunities also provide powerful positive health benefits, and locally more adults are taking up work or basic skills training.

Nearly half of local adults, however, say they do no sport or active recreational pursuits, and these increasingly sedentary lifestyles are contributing to growing numbers of people with diabetes – there are estimated to be around 19,500 people with diabetes locally. In addition, the rates of obesity in childhood remain among the worst in London, although concerted actions by partners has improved the rates for adults.

Around one in ten adults has hypertension, which is less than half the expected number, and so points to under-detection, particularly in key groups at higher risk, such as populations of African origin. There is considerable variation, too, in recorded and expected prevalence for long term conditions, such as cardiovascular disease, stroke and diabetes, which has implications for timely identification and treatment. In addition, although breast and cervical cancer screening rates have improved, they are still low compared to the rest of the country.

Rates of HIV and sexually transmitted diseases are high, and remain significantly below benchmarks. The HIV cases in Lambeth and Southwark, for example, account for about a quarter of all cases in England. In addition, in Southwark, on average half of new cases are diagnosed late.

Poor mental health also has a significant impact on physical health. There is a greater concentration of mental health need in the centre of the borough than in the north or the south, corresponding both to higher levels of deprivation, and lower levels of employment. In addition psychiatric admissions are over three times higher for black populations in Southwark compared to the rest of the country.

Health challenges in childhood

Southwark's children and young people are in the main in good health. There are, however, high levels of child poverty, Southwark scores poorly on the index of wellbeing for children, and infant and child mortality are worse than the national average. In addition, although rates for key immunisations, such as diphtheria, tetanus, MMR and whooping cough, have improved in Southwark, they are still lower than for the rest of the country.

Rates of breastfeeding initiation are better than the national average, many parents welcome the support to be a better parent available locally, and primary pupils are benefitting from a healthy school meal. Standards across children's centres and early years providers are good and improving, but around half of two-year-olds do not receive their health visitor check-up and the number of three and four year olds taking up their free early education entitlement is below the London average.

School children are achieving better too, with more pupils reaching expected levels of education at the end of primary and secondary school than national peers. For older young people, the proportion of 16-18 year olds who are not in education, employment or training is better than central London averages, with more supported through apprenticeships and the Youth Fund. Challenges remain however, with rates of youth offending and teenage conceptions, although improving, worse than national benchmarks.

There are also high numbers of children on child in need or child protection plans, especially for extended periods, or being looked after by the local authority. On average, around half of open child protection plans are for the category of 'neglect'. Services for vulnerable children and families continue to provide quality statutory support, as judged by external inspection and benchmarks.

An ageing population

Southwark has fewer numbers of older people than the rest of London, although this is predicted to rise – with an extra 900 people aged 85 or over expected by 2020, which is an increase of nearly 30% on current levels. The number of people with disabilities and learning difficulties is also rising steadily, with those under 65 years predicted to increase to around 20,000 by 2025. There are high levels of deprivation, with almost half of over-65s claiming pension credits, which is higher than the London average. Around 11% of older people live in homes hazardous to health, and a further 12% live in non-decent homes.

An ageing population brings health challenges, with the estimated 12,500 over-65s in Southwark living with a long term illness rising to over 17,000 by 2025. The borough has a higher prevalence of long term conditions for older people than national or London figures, which may reflect ethnic diversity and higher levels of deprivation. In addition, there are estimated to be around 1,800 people living with dementia, a figure that is predicted to rise by around 300 by 2020.

More elderly and vulnerable adults are being supported to live in their own home, while local reablement support has doubled over the past year and more than 90% of eligible adult users have a personal budget. Emergency admission rates for the over 75s, however, are among the worst in the country, and overall satisfaction levels with social care support services are below national benchmarks.

Our priorities and the results we want

Building on the learning and achievements from the shadow year, findings from the needs assessment and what communities and partners have told us already, we have identified the following three strategic priority objectives. These will form the starting point for further consultation and analysis over the coming months to deliver a health and wellbeing strategy coproduced with our communities and stakeholders for implementation from April 2014.

Priority 1: Giving every child and young person the best start in life

Strengths and opportunities we can build on:

- Improving maternal and infant health outcomes, with good levels of breastfeeding although more to do to improve take-up of key immunisations
- More children in school and achieving well, with above national average rates of attainment and improving quality in early years provision
- Above central London average rates of young people in education or employment, supported by apprenticeships and the Youth Fund
- More being healthier with strong sports and Olympic legacy and year on year more school children having a healthy school meal
- Rates of youth crime and teenage conceptions falling but still too high

Our work so far has therefore told us we need to do more to:

1. Provide high-quality advice and support services in the early years, and tackle inequalities in life chances for mothers, babies and toddlers
2. Help parents to raise their children successfully, particularly in troubled and neglectful families, and continue to keep children and young people safe and in stable homes
3. Keep more children physically and mentally healthy, a healthy weight and doing well in school
4. Support more young people to succeed into adulthood and education or employment
5. Identify and divert more vulnerable adolescents from risky behaviours or unhealthy choices, including unsafe sex or relationships, and involvement in crime

Priority 2: Building healthier and more resilient communities and tackling the root causes of ill health

Strengths and opportunities we can build on:

- Fewer people dying prematurely, with the local death rate now in line with the London average
- World-leading cancer services, including the integrated cancer centre, supporting improved care and outcomes for patients
- More people making healthier choices, including falling adult obesity rates, and having better mental and emotional wellbeing
- More homes warm, safe and dry, more repairs right first time, and more adults taking up employment and training opportunities
- Improving screening and detection rates across key diseases although prevalence rates still below expectations

Our work so far has therefore told us we need to do more to:

1. Reduce the number of people dying early, particularly from the most common killers and long term conditions
2. Improve the quality and availability of advice and education to promote healthier lifestyles and mental wellbeing in communities and workplaces

3. Spot and act earlier on the signs of ill health, including more diseases being detected early, and less variation in care between GPs
4. Help people to change unhealthy behaviours such as smoking, and to better manage long term conditions
5. Improve the quality of local housing and neighbourhoods, increase employment opportunities and help communities flourish

Priority 3: Improving the experience and outcomes for our most vulnerable residents and enabling them to live more independent lives

Strengths and opportunities we can build on:

- Safeguarding and looked after children services rated good with outstanding features in last year's Ofsted inspection
- High rates of emergency readmission to hospital, and too many people being admitted to residential and nursing care homes, although older people's programme supporting earlier identification and provision of support in community
- More elderly and vulnerable adults accessing reablement support and personal budgets, alongside revamp of day services
- More streamlined pathways and investment in earlier identification and support for dementia care helping more people live more independently for longer, alongside world class clinical and academic research and development
- Children and young people with a special educational need or a disability achieving well, but insufficient numbers accessing integrated support or a personal budget

Our work so far has therefore told us we need to do more to:

1. Continue to safeguard vulnerable children and adults, ensuring they have a safe and stable home close to their communities, including more children adopted
2. Provide more services in community settings, reducing the need for specialist or acute support across a range of needs and areas
3. Enable more residents to lead independent and fulfilling lives for longer and enjoy good mental wellbeing
4. Give users and carers a seamless, personalised experience, enabling them to have more choice and control over their life, death and support services
5. Improve people's wellbeing, resilience and satisfaction with the services they receive

Measuring progress

Outcomes of red box analysis to come on Friday 19 July, which will provide initial list of indictors as basis for board scorecard.

Item No. 10.	Classification: Open	Date: 31 July 2013	Meeting Name: Health and Wellbeing Board
Report title:		Developing a Board Performance Management Framework	
Wards or groups affected:		All	
From:		Kerry Crichlow, Director of Strategy and Commissioning	

EXECUTIVE SUMMARY

1. The purpose of this paper is to outline the proposed process to develop a performance management framework for the board and the joint health and wellbeing strategy. This will include identifying shared measures that will form the basis for measuring the impact of the board going forward.

RECOMMENDATIONS

2. The board is requested to:

   a) Approve the process to establish the board's performance management framework in the context of the joint health and wellbeing strategy.

   b) Agree to use the outcomes of the 'red box' analysis as the basis for developing the board's performance framework and further needs assessment.

BACKGROUND INFORMATION

3. There are a range of outcomes frameworks governing services in the health and wellbeing system – NHS, public health and adult social care. In addition, clinical commissioning groups operate under an outcomes indicator set which is grouped under the NHS outcomes domains, and children's services are governed by both NHS domains and other indicator sets such as those responding to the Munro Review. A wide range of indicators overlap two or more frameworks, and the Department of Health has committed to further aligning frameworks to support greater integration across services and outcomes.

KEY ISSUES FOR CONSIDERATION

4. In responding to board members' commitment that the work of the board, including through the joint health and wellbeing strategy, does not duplicate existing agency strategies and arrangements, it is proposed that a select number of indicators are used to track the delivery of shared priorities.

5. The proposed indicators have been identified using a public health analysis tool known as the 'red box'. This maps key indicators and domains according to performance trend, population coverage and cost burden in order to identify those indicators that with improvement can make the most difference to the

health and wellbeing of residents.

6. The initial analysis is attached as appendix 1. It is proposed the indicators in the 'red box' form the basis of work to develop both the board's performance management framework and further needs assessment to underpin the development and actions for the joint health and wellbeing strategy.

Policy implications

7. The proposed performance management arrangements will support the board in holding partners to account against agreed shared priorities. It will also form the basis for on-going needs analysis and community engagement topics in order to develop the next joint health and wellbeing strategy.

Community and equalities impact statement

8. Performance in select 'red box' indicators suggests a strong correlation between outcomes and inequalities. It is likely that further needs assessment will identify difference in outcomes in these areas between different groups and sections of our communities, including those with protected characteristics. In identifying actions to redress these findings, it is likely to support increased outreach and engagement of relevant groups. Where possible this will be undertaken in a coproduced way with communities and stakeholders.

Legal implications

9. There are no legal implications contained within this report.

Financial implications

10. There are no financial implications contained within this report.

BACKGROUND PAPERS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	The 'red box' of health outcomes in Southwark

AUDIT TRAIL

Lead Officer	Kerry Crichlow, Director of Strategy and Commissioning	
Report Author	Elaine Allegretti, Head of Strategy, Planning and Performance	
Version	Final	
Dated	22 July 2013	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Strategic Director of Children's and Adults' Services	Yes	Yes
Date final report sent to Constitutional Team		22 July 2013

APPENDIX 1

The 'Red box' of health outcomes in Southwark

Cost burden	Performance/provision area or issue of concern →	
↑	**Performance good or improving, with high cost burden** Life expectancy – males Deaths from chronic obstructive pulmonary disorder Early deaths: heart disease and cancer Smoking related deaths Excess winter deaths Infant mortality Child poverty Breast feeding initiation Substance misuse Smoking prevalence Healthy eating/obesity in adults Alcohol-related hospital admissions Children's centres standards Standards and attainment in early years and schools Young people not in education, employment or training Adults with learning difficulties in settled accommodation Community engagement including residents and business Neighbourhood regeneration	**Performance declining or below benchmarks, with high cost burden** Deaths from liver disease, cardiovascular diseases, cancer, respiratory dieases and communicable diseases Child obesity prevalence Teenage conceptions and STI rates HIV rates Long-term conditions – asthma, diabetes and epilepsy (unplanned admissions) Hospital admissions from ambulatory care sensitive conditions Social care quality of life and carers' reported quality of life Admissions to residential and nursing care homes Unhealthy behaviours – smoking, alcohol and substance misuse, physical activity, drug treatment Vaccine MMR/DTP Flu immunisation Mental health and wellbeing Volume and duration of child protection plans Children in care – stability, adoptions Crime – domestic abuse, violent crime and youth justice Access to good quality housing and homelessness
	Performance good or improving, with low cost burden Life expectancy – females Personal budgets take-up Take-up or reablement services Adult safeguarding Breast and cervical cancer screening coverage Tooth decay in children Pupil absence Use of temporary accommodation Access to leisure and cultural facilities Satisfaction with parks and green spaces	**Performance declining or below benchmarks, with low cost burden** Low birth weight babies Hospital admission of <18 year olds due to injuries Screening/detection of long term condition (cancer, diabetes, uptake of health checks) Emergency readmission within 30 days of discharge Injuries due to falls in elderly (particularly men) Road safety Vulnerable adults in employment (learning difficulties and mental health) Residents feeling safe on streets

Item No. 11.	Classification: Open	Date: 31 July 2013	Meeting Name: Health and Wellbeing Board
Report title:		Strategic Conversation – The Local Case for Integration	
Wards or groups affected:		All	
From:		Romi Bowen, Strategic Director of Children's and Adults' Services	

EXECUTIVE SUMMARY

1. The purpose of this paper is to give Southwark's health and wellbeing board partners an opportunity to discuss their respective organisation's parameters, drivers and position on integration.

RECOMMENDATIONS

2. The board is requested to:

   a) Share local thinking and developments in their respective organisations regarding integration
   b) Agree a common set of principles and values for considering integration as a health and wellbeing system
   c) Identify opportunities and/or areas in which the board wishes to test this thinking through this year's board work programme.

BACKGROUND INFORMATION

3. Recent and ongoing reforms of the health and care system are directed at enabling local areas to increase commissioning of integrated care. With a statutory duty to promote integration at a local level, health and wellbeing boards are seen as one of the key local bodies for developing a shared vision across health, public health, social care and local providers for how integrated services can be developed to better meet local needs.

4. Integrated care and support has been defined nationally through the National Voices programme as statements such as: "I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me." Local areas are expected to build on these definitions to articulate what 'good' looks like for their residents and shape and challenge local services, while taking advantage of a range of freedoms and flexibilities developed through legislation to deliver innovation.

5. As set out in other agenda items, the opportunities presented by Southwark and Lambeth Integrated Care, the Winterbourne Review and proposals for changes to primary care, are all examples of where the board may wish to consider and test local thinking to integrated care in the local area.

KEY ISSUES FOR CONSIDERATION

6. Integration can take many forms from virtual teams to a single organisational structure, and there is no single model nationally. Integration presents a range of complex governance challenges to organisations including commissioner and provider distinction, legal and financial modelling and viability, workforce responsibilities and risk management. Integration is not an end in itself; rather a means to an end, one which sits within a complex network of governance arrangements.

7. These complex arrangements can sometimes, but do not necessarily, need to take place to deliver some of the key benefits associated with integration. These include timely and effective information sharing, co-location of staff, capitated funding and resources, and shared pathways and delivery of services.

8. In considering future integration developments, the board may want to consider opportunities across borough boundaries, treatment areas or cohorts of residents with similar needs such as those with a specific condition or similar age. In addition, opportunities may exist where there are services under significant financial strain, or where service interfaces can be built on to deliver further improvements to the patient experience.

Policy implications

9. The development of this programme needs to be considered in the broader context of developments in this area. This includes planned legislation including the Care Bill and Children and Families Bill, as well as inspection frameworks for children's, adults' and health, and the changing financial landscape across all partners. The governance for these developments should be reflected through the board's statutory responsibilities and work programme.

10. The board may wish to consider how it develops thinking in this area in the context of the shared values and principles contained in the joint health and wellbeing strategy. In particular, this could include consideration of how to shift the balance of resources towards more preventative care, reducing inequalities, equipping the workforce, and choosing evidence-based practice.

Community and equalities impact statement

11. Any areas agreed for exploring integration will undergo an impact assessment to ensure that decisions do not adversely affect any statutory groups with protected characteristics or sections of the community. This work will build on the joint strategic needs assessment and consultation evidence. The conclusions on any such assessments will be used to challenge and finalise any agreed development and delivery.

Legal implications

12. There are no legal implications contained within this report. Any actions or decisions flowing from it may have legal implications, and these would be presented to the board for consideration at the appropriate point.

Financial implications

13. There are no specific financial implications contained within this report. Any actions or decisions flowing from it may have financial implications, and these would be presented to the board for consideration at the appropriate point.

BACKGROUND PAPERS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Local case for integration dashboard

AUDIT TRAIL

Lead Officer	Romi Bowen, Strategic Director of Children's and Adults' Services,		
Report Author	Elaine Allegretti, Head of Strategy, Performance and Planning,		
Version	Final		
Dated	19 July 2013		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		**Comments Sought**	**Comments Included**
Director of Legal Services		No	No
Strategic Director of Finance and Corporate Services		No	No
Strategic Director of Children's and Adults' Services		Yes	Yes
Date final report sent to Constitutional Team			19 July 2013

National and local policy and performance drivers for change

National statutory and legislative frameworks....

National shared commitment to integrated care and support

- Integrated care and support to be the 'norm' by 2018
- Adoption of National Voices' definition and narrative on integration
- Appoint 10 'pioneer' localities to test new models of integration; expectation that further pioneer waves will follow
- Develop, with pioneer localities, a new way of measuring people's experience of integrated care and support

Care Bill

- Redraws entitlement to assessment for users and carers based on need
- Duty to prevent, reduce or delay need for support
- Duty to provide preventative advice and guidance, including to those not eligible for support, and to consider what support would delay need for support
- Duty to provide all adults with eligible needs with a personal budget
- Stronger entitlements for carers, and scope for adults' assessment frameworks to be applied to under 18s
- Duty to ensure sufficiency of provision
- Places safeguarding adults boards on statutory footing

Funding changes

- NHS budget settlement includes increased pooled health and social care fund of £3.8bn nationally
- Under the NHS directions on payments to local authorities, funding is transferred to support adult social care and reduce demand for acute provision; locally this amounts to £5.6m

Locally agreed visions and strategies....

Council Plan commitment:

- Support vulnerable people to live independent, safe and healthy lives by giving them more choice and control over their care

Adult social care priorities:

- Maximise people's choice and control through provision of personal budgets
- Provide effective support for people to live in their own home and shift balance of care from residential care
- Expand reablement services
- Transform day services
- Deliver charter of rights for all users
- Improve the experience of all carers in the support they receive from the local authority

CCG priority areas include:

- Better outcomes for people with long term conditions
- Outpatient services that enhance patient experience
- Develop well-integrated, high-quality urgent care
- Support more people to stay healthy and prevent ill health
- Improve outcomes for people with mental health needs

SLIC vision:

- The people of Lambeth and Southwark will be healthier and remain more independent, and have a better, more coordinated experience of care, and we will increase the value of our spend on health and social care

Key local performance areas of concern...

- Social care-related quality of life, and carer-reported quality of life
- Emergency re-admission rates within 30 days
- Patient experience of GP, GP out of hours or dental services
- Overall satisfaction of service users with their care and support, and proportion of people feeling supported to manage their condition
- High rates of admission to residential or nursing care homes
- Proportion of service users feeling safe
- Proportion of adults with learning disabilities or mental health concerns who live in their own home or with their family
- High incidence and mortality for key cancers, and low cancer screening coverage
- High mortality from key diseases and low prevalence of key causes of early mortality
- Variability of primary care outcomes and quality of care

Frail elderly and adults with multiple and complex long term conditions

National statutory and legislative frameworks....

Child wellbeing

- Children Act 2004 requires a local authority and its children's partners to cooperate to improve wellbeing of children in area
- Child Poverty Act 2010 duty on a local authority and partners to work together to minimise socio-economic disadvantage for children in their area

Ofsted inspection frameworks

- Draft framework for children's services focuses on offer of 'early help' when concerns are first identified and resulting in improved outcomes
- Children's centre inspection framework also has strong focus on provision of effective early help
- Expectation that school pupil premium is used to overcome barriers to learning

Working Together statutory guidance

- Replaces initial and core social care assessments with a locally designed single assessment
- Requires early help services to be targeted on need and result in improved outcomes
- Focus on early help assessments being coordinated and not delivered piecemeal
- Like Children and Families Bill, emphasis on child being at centre of assessment

Key local performance areas of concern...

- Children's social care referral, re-referral and adoption rates
- Although improving, high rates of teenage conceptions, young offenders, domestic abuse, and school exclusions
- Low take-up of low-income two-year-old, three-and four year-old education entitlements, and health visitor check-up
- Low take-up of key child immunisations
- Poor rates for low birth weight, infant mortality and maternal mental health
- High rates of child poverty

Locally agreed visions and strategies....

Children and Young People's Plan – Best Start transformation commitment

- Children and families access local, good-quality childhood provision that meets their needs
- Timely and effective early help prevents need escalating
- Flexible, holistic early help reduces the risk experienced by vulnerable or troubled children and families

Families and early years

Children, young people and adults with SEN or disability

National statutory and legislative frameworks....

Children and Families Bill

- Local authorities and CCGs must jointly plan and commission provision in education, health and care plans
- SEN statement and learning difficulty assessment replaced with a single assessment and plan up to age 25
- All families with an integrated plan have right to request personal budget
- Involvement of users and parents required in local offer, assessments and plans, and personal budgets
- All areas to publish a local offer
- Extension of right to tribunal rights up to 25 years old in relation to education

Nationally agreed Winterbourne Concordat

- Review care for people with challenging behaviours in inpatient assessment and treatment homes, with view to moving to more community based provision if appropriate by June 2014
- From April 2013, joint commissioning plans for health, housing and care support services for children, young people and adults with challenging behaviour, with a presumption towards use of pooled budgets
- Ensure sufficiency of 'right' services for all children, young people and adults with learning disabilities or autism who have mental health conditions or challenging behaviour
- Ensure assessment and care planning is person-centred, with full child, young person, family or adult participation
- Plan transition to adult services better and earlier

Locally agreed visions and strategies....

Children and Young People's Plan – Choice and Control transformation commitment

- Children with complex needs have a quality, integrated education, health and care plan
- Families take control and make real choices about their support
- Young people and families have increased independence and resilience

Council Plan commitment:

- Increase the proportion of people with learning disabilities who are supported to live at home, measured by percentage in settled accommodation

Key local performance areas of concern...

- Proportion of people who use services who feel they have control over their daily life
- Proportion of adults with learning disabilities in paid employment
- Overall satisfaction of people who use services with their care and support

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