Open Agenda

Southwark Council

Health and Wellbeing Board

Tuesday 22 October 2013
10.00 am
Ground Floor Meeting Room G02A 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
Neil Hutchison	Southwark Borough Commander, MPS
Eleanor Kelly	Chief Executive
Gordon McCullough	Community Action Southwark
Councillor Catherine McDonald	Health, Adult Social Care and Equalities
Professor John Moxham	King's Health Partners
Fiona Subotsky	Southwark Health Watch
Dr Ruth Wallis	Director of Public Health
Dr Amr Zeineldine	NHS Southwark Clinical Commissioning Group

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Contact
Everton Robets 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: 14 October 2013

Southwark Council

Health and Wellbeing Board

Tuesday 22 October 2013
10.00 am
Ground Floor Meeting Room G02A 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
1.	**APOLOGIES** To receive any apologies for absence.	
2.	**CONFIRMATION OF VOTING MEMBERS** Voting members of the committee to be confimed at this point in the meeting.	
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 agree as a correct record the minutes of the meeting held on Wednesday 31 July 2013.	1 - 8
6.	**RECENT POLICY AND BUDGET UPDATES** Round-up of recent changes to policy and budget landscape.	9 - 14
7.	**DRAFT SOUTHWARK PRIMARY AND COMMUNITY CARE STRATEGY** To note the draft Southwark primary and community care strategy.	15 - 62

Item No.	Title	Page No.
8.	**JOINT HEALTH AND WELLBEING STRATEGY - PROPOSED ACTION PLAN** To approve the recommended actions and to agree delivery and reporting back arrangements.	63 - 72
	OTHER REPORTS The following items are also scheduled for consideration at this meeting.	
9.	**DIRECTOR OF PUBLIC HEALTH UPDATE** To receive the Director of Health's update on: a) Director of Public Health report, including 'what would make the most difference in Southwark' b) Tobacco Declaration	
10.	**INTEGRATION FOCUS**	

Date: 14 October 2013

Agenda Item 5

HEALTH AND WELLBEING BOARD

MINUTES of the Health and Wellbeing Board held on Wednesday 31 July 2013 at 2.00 pm at 160 Tooley Street, London SE1 2QH.

PRESENT:	Councillor Peter John (Chair) Andrew Bland Romi Bowen Councillor Dora Dixon-Fyle Eleanor Kelly Gordon McCullough Councillor Catherine McDonald Neil Hutchison Professor John Moxham Fiona Subotsky Dr Ruth Wallis Dr Amr Zeineldine
OFFICER SUPPORT:	Elaine Allegretti, Head of Strategy, Planning and Performance, Children's and Adult's Services

1. APOLOGIES

Apologies for absence were received from Dr Patrick Holden.

2. ELECTION OF VICE-CHAIR

The clerk reported that committee procedure rules 9(14) stated that 'in the absence fo the chair, those voting members present shall elect a voting member from amongst their number to preside at the meeting'.

The election of vice-chair was therefore not required.

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

There were no late items.

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

5. MINUTES

The Board noted the minutes of the last meeting of the health and wellbeing shadow board held on 5 March 2013.

6. RECENT POLICY AND BUDGET UPDATES

Elaine Allegretti, head of strategy planning and perforamance introduced this item, drawing attention to announcements including the launch of a £3.8 billion Integration Transformation Fund, the NHS direction on payments from NHS to local authorities, the recent review of school dinners calling for an extension of free school meals to all, and monies in relation to the dementia challenge. She also reported on the ongoing additions to the board's responsibilities, including the new requirement to approve the Winterbourne View Stocktake report, which was on the agenda. The appendix to the paper included a table detailing the existing range of duties and powers of the board, for members' information. In terms of social care, it was reported that the new inspection frameworks for children services, both in terms of children's centres and multi agency arrangements for supporting child protection, and that the Care Bill has been introduced to Parliament.

Elaine Allegretti reported on the launch of a premature mortality website by Public Health England. Southwark was rated for premature deaths from diseases including cancer, stroke, and heart, lung and liver disease. The borough sits between 104th in the country to 126th (out of 150) so at the higher end in terms of early deaths. Professor John Moxham noted that the statistics demonstrated that, even against the backcloth of deprivation, the borough was not in a "good place" in regard to these diseases. He highlighted that, in regard to heart disease and stroke, the performance of local secondary care providers was among the best in the country, which demonstrated that reducing premature deaths was not within the gift only of secondary care providers, but required concerted public health and partnership activity, areas on which he urged the board to concentrate its attention.

Gordon McCullough, Community Action Southwark representative, highlighted a recent report around barriers to choice in relation to personal budgets and the wider personalisation agenda, noting that, from the voluntary communities' perspective, the reality on the ground is not necessarily matching rhetoric, a challenge facing many areas. Elaine Allegretti highlighted the children's trust's work to review this area and the anticipated reforms, with the trust establishing a multi-agency group to

take forward its recommendations. Romi Bowen, Strategic Director of Children's and Adults' Services, also noted the expansion locally of personal budgets and, in recognising the barriers facing the voluntary sector, supported ongoing dialogue to encourage greater choice and to ensure users get the best use out of them.

RESOLVED:

> That the health and wellbeing policy and budget updates, appendix 1 of the report and the summary of the duties and powers introduced by the Health and Social Care Act 2012 relevant to joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies, appendix 2 of the report be noted.

7. WINTERBOURNE VIEW STOCKTAKE

Sarah McClinton, Director of Adult Social Care, introduced the item, outlining how the Winterbourne Concordat sets out a series of actions that local systems are expected to take in order to ensure that there is a joint strategic plan to commission a range of housing and health care services to better meet the needs of this group of most vulnerable people. She referred to the letter from Norman Lamb which set out very clearly the leadership role for the health and wellbeing board, and reported that the local stocktake, which was completed in July, was signed off by Andrew Bland, Chief Officer of NHS Southwark Clinical Commissioning Group (CCG), and Councillor Peter John, Leader of the Council, on behalf of the system and returned on that basis.

The director explained that she chaired a working group which had identified a cohort of 22 adults and 8 children and young people whose experience the council want to change. She reported that each individual has had a very good quality joint review, and there are good plans in place in order to help those people who need it to move to the least restrictive settings. In addition, the director highlighted the broad and inclusive approach locally, so that the working group is also looking at all people known locally to have challenging needs, learning disabilities or autism so that, as a system, the council can make sure that it is creating local services that can offer compassionate and caring environments for people so that there is reduced need and prevention from people needing hospital settings in the future. The stocktake also threw up a range of strategic questions for the board, particularly around the integration agenda, such as pooling funding or integrating commissioning.

The board sought and received assurance from the director that all clients in assessment and treatment centres were being properly looked after and that there was no sense that the neglectful experience that occurred at Winterbourne View was affecting the council's own clients.

The board discussed the report, in particular the challenges around integrating across a complex, fragmented pathway of care. Professor John

Moxham highlighted the multiple inputs, providers and funding sources, with members agreeing that the focus was, and should remain, on how agencies work together to achieve the best possible for people rather than where the costs fall. Sarah McClinton cited the example of the establishment of a jointly funded community based crisis response service to support hospital admissions avoidance.

Romi Bowen, in acknowledging the later agenda item on integration, highlighted that the borough did have experience of an integrated culture and advised that the board used the learning of what works and does not going forward, to develop the next iteration of integration locally.

RESOLVED:

1. That 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 the report be noted.

2. That a progress report be received 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.

8. SOUTHWARK AND LAMBETH INTEGRATED CARE DEVELOPMENTS

Sarah McClinton, Director of Adult Social Care, introduced the report, which set out progress developing Southwark and Lambeth Integrated Care (SLIC). She reported that this multi-partner programme's overarching aim was to reduce reliance on hospital admissions and length of stay, as well as to reduce admissions to care homes. The holistic, person-centred model, which covers mental and physical health was based on identifying risk early in the community and developing preventative and proactive interventions in response, with two key workstreams covering older people, and residents with long term conditions. Together, the director noted, these account for approximately £575m spend across Lambeth and Southwark, compared to approximately £36m spent on older people social services.

The director outlined progress to date, and emerging lessons, as well as noting partners' intention to submit an application for Lamb Pioneer status. This application had given the local system some impetus to testing the feasibility of an integrated care organisation and tackling emerging barriers, including workforce development, information systems and capitated budgets.

In noting the integration item also on the agenda, at item 11, the board welcomed the opportunity to consider the programme in this context, and its implications and governance arrangements. Members recognised the challenges, particularly in current financially strapped times, of maintaining a focus on what is important, while ensuring best value and the

development of a financially sustainable system for which at its centre must be the patient.

Andrew Bland stated that it was crucial that these providers come together into a governance framework that provides services in a sustainable way, with this marking the difference between now and previous modernisation initiatives which relied on good faith.

The board members endorsed the Cabinet Member for Health, Equality and Adult Social Care's request that the board notes the positive opportunities integration brings, and agrees to their exploration and realisation of the benefits for residents. The board recognised, however, the complex governance arrangements, which were highlighted by the Lamb Pioneer application as lacking clarity. Romi Bowen highlighted that this experience had shown there was a need for a stronger ongoing relationship between SLIC and the health and wellbeing board so that the board can better monitor, steer and empower individual agency's representatives on the sponsor board or operations board.

Members concurred with Professor John Moxham's observations that the system will only improve health and premature death rates if there was a programme that picks up people at risk and addresses their co-morbidities. Partners' focus must continue to be on shifting resources from general hospital functions to primary, community and social care. Andrew Bland reiterated the CCG's long-standing preference to approach the integration of services around the local population and all their needs. He also noted that this agenda occurs in the context of increasing financial constraint, with the board requiring a very tight grip on the issues in order to ensure the very best decisions are made for Southwark.

In concluding this discussion and in anticipation of the next agenda items, Romi Bowen suggested the establishment of a small group to refine and clarify governance arrangements.

9. DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY

This item was taken concurrently with item 10, with the board's discussion ranging across both the draft strategy and performance management framework.

Elaine Allegretti introduced the proposed strategy, which builds on the four areas covered by the shadow board and the joint strategic needs assessment. She reported that the strategy sits within a framework of local strategies and plans across partners, such as the CCG Operating Plan, the Children and Young People's Plan and the Council Plan.

Elaine Allegretti highlighted key points from each of the proposed strategy's three priority areas before outlining the proposed board work programme which would flow from the strategy.

RESOLVED:

1. That the proposed content of the 2013/14 joint health and wellbeing strategy as set out in the report be agreed.

2. That the approach to developing the board's work programme for 2013/14, including developing the next joint strategy be approved.

3. That a working party be established to develop an action plan to implement the joint strategy.

10. DEVELOPING A BOARD PERFORMANCE MANAGEMENT FRAMEWORK

This item was taken concurrently with item 9, with the board's discussion ranging across both the draft strategy and performance management framework.

Dr Ruth Wallis, Director of Public Health, gave a presentation on the 'Red Box' of health outcomes in Southwark which reflected areas where performance was declining or below the benchmark and with high cost burden. She highlighted that one of the many challenges for Southwark is its very complexity, of both high levels of need and the inter-relation of issues including mental health, alcohol, HIV and ambulatory care sensitive conditions. She noted good progress in many areas as well as ongoing challenges across the system. In moving forward, she outlined the public health approach to the Red Box, in identifying cost effective interventions (such as education attainment), neglected opportunities (such as undiagnosed conditions) and interventions to scale back or disinvest in.

Board members discussed the importance of measuring success in tackling the issues outlined, and all agreed that the 'Red Box' and performance management framework provided a welcome step forward. Eleanor Kelly, Chief Executive of the Council, noted that the whole framework provided the opportunity to step back and consider local needs, gaps and opportunities holistically.

Councillor Catherine McDonald urged the board to ensure it could measure and understand its progress against the strategy's priorities this year. She recommended the establishment of a working party or parties to develop collectively the key actions the board wishes to see happen in order to know it is making a difference now to the lives of residents. Members agreed with this suggestion, and that the board should leverage its role as a system leader to signal its shared priorities to all agencies. Andrew Bland reiterated the need to consider the economics of the situation, to ensure consideration is given to the package of care and the totality of resources, as taking issues in isolation could be unaffordable or less cost-effective, in particular in recognising current and future significant budget reductions.

Eleanor Kelly reiterated the real importance of preventative activity, and the discussion broadened to consider the most pressing issues facing the borough which could provide a focus for work going forward. Members agreed that these include a range of 'healthy behaviours' including healthy weight and exercise, sexual health, alcohol, as well as HIV rates and detection, the impact of welfare reform and making better use of approaches such as Making Every Contact Count. Members agreed that the strategy provided the framework in which to take forward these priorities, and that work going forward will seek to surface issues such as costs and impact.

RESOLVED:

1. That the process to establish the board's performance management framework in the context of the joint health and wellbeing strategy be approved.

2. That the outcomes of the 'red box' analysis as the basis for developing the board's performance framework and further needs assessment be agreed.

11. STRATEGIC CONVERSATION - THE LOCAL CASE FOR INTEGRATION

Romi Bowen introduced this paper, reporting that in the fast-moving national landscape it was essential to have a robust framework to guide action. She reiterated the need to ensure that activity focused on improving the experience and outcomes for users, and making the system more efficient.

The strategic director noted that this was 'integration mark two' for Southwark, and that there were many lessons to learn from previous initiatives, in particular in how to sustain efforts and ensure that values and drivers are central to activity, rather than basing it on goodwill and relationships.

As noted in earlier discussions at the meeting, the board all agreed that integration had many positive benefits, but the question remained on what was the best way to do it, in particular how to address the difficult issues. The development of SLIC as an integrated organisation could have advantages and disadvantages, all of which needed exploration in order to ensure the local system achieves the outcomes it requires.

The board agreed to the tabling of a recommendation to establish a working party to develop a local position on integration. This working party would include consideration of legal, cost and workforce implications, led by Romi Bowen.

In drawing on earlier discussions, the board agreed that the working party would also serve to establish stronger governance around SLIC, as well

as provide a foundation for considering other upcoming integration agendas including around children and young people with special educational needs or disabilities.

RESOLVED:

1. That a working party be established to develop a local position on integration under the leadership of the Strategic Director for Children's and Adults' Services.

The meeting ended at 4.00 pm

CHAIR:

DATED:

Agenda Item 6

Item No. 6.	Classification: Open	Date: 22 October 2013	Meeting Name: Health and Wellbeing Board
Report title:		Recent policy and budget updates	
Wards or groups affected:		All	
From:		Elaine Allegretti, Head of Strategy, Planning and Performance, Children's and Adults' Services, Southwark Council	

RECOMMENDATIONS

1. The board is requested to:

   a) Note the contents of this report, and share updates of each partner's budget changes, service transformations and delivery plans.

   b) Consider opportunities for shared improvement of local health outcomes in line with the Joint Health and Wellbeing Strategy.

EXECUTIVE SUMMARY

2. 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.

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.

4. The board is asked to note the following as having particular relevance:

   a) Local government association and NHS England vision for 3.8 billion Integration Transformation Fund
   b) Changes to the NHS to relieve pressure on A&E services
   c) Free school lunch for every child in infant school
   d) £100 million to support the education of children in care
   e) New single inspection framework for children who need help, protection and care

Policy implications

5. 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.

Legal implications

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

Financial implications

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

Community and equalities impact statement

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

BACKGROUND PAPERS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Policy and budget update

AUDIT TRAIL

Lead Officer	Elaine Allegretti, Head of Strategy, Planning and Performance, Children's and Adults' Services	
Report Author	Elaine Allegretti, Head of Strategy, Planning and Performance, Children's and Adults' Services	
Version	Final	
Dated	14 October 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		14 October 2013

APPENDIX 1

Policy and budget updates to October 2013

Strategic	
Local Government Association and NHS England publish vision for £3.8 billion Integration Transformation Fund The Local Government Association and NHS England have published their planning vision for how the pooling of £3.8 billion of funding, announced by the government in the June spending round, will ensure a transformation in integrated health and social care. The Integrated Transformation Fund is a single pooled budget to support health and social care services to work more closely together in local areas. The fund totals £3.8bn in 2015/16. To access the funding, the LGA and NHS England require local areas (clinical commissioning groups and local authorities) to develop joint two-year plans of how the pooled funding will be used and the ways in which the national and local targets attached to the performance-related £1 billion will be met. These national and local targets are under development (Lamb pioneers), however LGA and NHS England have provided a number of pre-requisite conditions. The joint two-year plans must be in place by March 2014.	All
Public health ring fence extended Public Health England has announced that council's public health grants will be ring fenced for a third year, until 2015-16. The grants can be spent only on improving the health of the local population.	All
Southwark's 2013 local health profile published The Local Health Profiles for 2013 have been released. Southwark's key messages include continuing high levels of need across the population, including high levels of children in poverty and inequalities in life expectancy. Improvements include falling premature mortality rates, high attainment levels and continuing reductions in teenage conception rates. The report highlights priorities as including reducing alcohol misuse and childhood obesity, and improving the detection and management of long term health conditions.	All
Health/Public Health	
NHS health check implementation review and action plan The Department of Health (DH) has identified support for the successful implementation and scale-up of the NHS Health Check programme by local authorities as one of the small number of high impact actions for Public Health England to reduce preventable deaths. The NHS Health Check implementation review and action plan sets out key issues and a ten point plan to support the programme.	Priorities 2 and 3
Changes to the NHS to relieve pressure on A&E services The DH has announced proposals – starting with care for vulnerable older patients with complex health problems – aimed at reducing the need for repeated trips to A&E, and speed up diagnosis, treatment and discharge home again, when patients do need to go to hospital. It has made an extra £500 million funding available over the next two years - £250 million for 53 NHS trusts this winter.	Priority 3: improving outcomes for the vulnerable & independence
Improving general practice - a call to action NHS England is consulting on the future of general practice services in England. The aim is to strengthen general practice's role at the heart of more integrated out-of-hospital services which deliver better health outcomes, more personalised care, excellent patient experience and the most efficient possible use of NHS resources. The consultation closes on 10 November.	Priority 3: improving outcomes for the vulnerable & independence
New approach for failing NHS trusts The DH has announced plans to help prevent future failures of care and safety at NHS hospitals. More senior clinicians, as well as those from outside the NHS, will be recruited to manage NHS hospitals under a new fast-track leadership programme to include time at a leading business school. Graduates of the programme are expected to go on to make rapid entry and promotion to be NHS senior managers and	Priority 3: improving outcomes for the vulnerable & independence

chief executives.	
The New Medicine Service (NMS) extended to 31 December 2013 The service provides extra support, advice and guidance through community pharmacies for patients that are newly prescribed a medicine for specific long-term conditions.	Priority 2: healthier communities & tackling ill health
Report into the implementation of personal health budgets From April 2014, everyone who receives NHS continuing health care funding will be able to request a personal health budget rather than receiving commissioned services.	Priority 3: improving outcomes for the vulnerable & independence
Pilot: GP extended opening hours GP practices are invited to apply to a new £50m Challenge Fund to set up a pioneer programme of extended GP opening hours. Pioneers will be established in every region of the country – nine in total – which together are expected to cover up to half a million patients.	Priority 3: improving outcomes for the vulnerable & independence
Free school lunch for every child in infant school Every child in reception, year 1 and year 2 in state-funded schools will receive a free school lunch from September 2014.	Priority 1 and 2
Social care	
Proposals for greater independence for the CQC Under the proposals, the Health Secretary will relinquish a range of powers to intervene in the operational decisions of the CQC. This means that the CQC will no longer need to ask for Secretary of State approval to carry out an investigation into a hospital or care home. It will also remove the Secretary of State's power to direct CQC on the content of its annual report.	Priority 3: improving outcomes for the vulnerable & independence
Consultation on eligibility criteria for adult social care The Department for Health is seeking views on the practical details of how the changes to the funding system should happen and be organised locally, including on topics such as: • How the capped costs system should work • How deferred payments should be administered • How people can be helped to make informed choices about their care and support The reforms to care funding are one part of a wider programme that will put individuals' wellbeing at the heart of care and support services, and put them more in control of their lives. The consultation closed on 18 October.	Priority 3: improving outcomes for the vulnerable & independence
Care Bill amendment in relation to 'wellbeing' As the Bill returns to Parliament, the government is moving to amend it to require councils to "have regard to the importance of promoting the wellbeing of adults" when commissioning services. This is in response to criticisms of the use of 15-minute care slots.	Priority 3: improving outcomes for the vulnerable & independence
Children, Young People, Families and Education	
Prioritising the experiences of children who need help, protection and care - a new single inspection Ofsted has published its single framework for inspecting local authority services for vulnerable children, examining help, protection and care from the time it is first needed through to when a young person who is looked after has been successfully helped to start their life as a young adult. The inspection is universal and will be conducted in a three-year cycle. Effective from November 2013, the framework brings together	Priorities 1 and 3

into one inspection: child protection; services for looked after children and care leavers; and local authority fostering and adoption services. Two other frameworks were published: inspecting voluntary adoption agencies and independent fostering services – effective immediately.	
Consultation: SEN Code of Practice This consultation proposes how special educational needs (SEN) statements (for schools) and learning difficulty assessments (for young people in further education and training) will be replaced with single 0 to 25 education, health and care plans. Local authorities will be expected to integrate health, care and education input into assessments and service commissioning arrangements, and also involve children, parents and carers in that process. The consultation closes on 9 December.	Priority 3: improving outcomes for the vulnerable & independence
SEN reform grant Local authorities are to receive a SEN reform grant to support implementation of the special educational needs reforms. The grant will be paid in October, with all non-pathfinder authorities including Southwark receiving £75,000.	Priority 3: improving outcomes for the vulnerable & independence
£100 million to support the education of children in care From next April, the new "pupil premium plus" will increase funding to support children in care at school by £1,000 per pupil to £1,900. Children will be covered as soon as they enter care and 10,000 more children in care will benefit, bringing the total to 50,000.	Priority 3: improving outcomes for the vulnerable & independence
Removal of adoption support powers Local authorities are to be stripped of powers to care for children once they have been adopted. Under new government plans control of post-adoption support will now be placed under a national service. It is reported that a new £20m fund will pay for such support, as part of moves towards a national system for adoption.	Priority 3: improving outcomes for the vulnerable & independence
£19.3 million support fund for adoptive parents Adoptive parents will have access to new funding worth £19.3 million for children who have been victims of abuse and neglect. The Adoption Support Fund will pay for therapeutic services – such as cognitive therapy, play and music therapy, and intensive family support – helping children recover from previous experiences, bond with their adoptive families and settle into their new lives. Local authorities have a legal duty to assess the type of support new parents will need to help their adopted child.	Priority 3: improving outcomes for the vulnerable & independence
Consultation: Improving permanence for looked after children The DfE is consulting on a range of proposals to strengthen the team around the looked after child, improve the status, security and stability of long-term foster care, and strengthen the requirements for returning children home from care. The consultation closes on 29 November.	Priority 3: improving outcomes for the vulnerable & independence
Improving services for young carers. An amendment to the Children and Families Bill will give children and young people who care for family members an entitlement to a full assessment of their support needs. This will be achieved by: • Extending the right to an assessment of support needs to all young carers under the age of 18 • Supporting local authorities to combine the assessment of a young carer with an assessment of the person they care for • Simplifying the law relating to young carers – making their rights and duties clearer to both young people and professionals	Priority 1: giving children and young people the best start
Pledge for better health outcomes for children and young people The Local Government Association, DH, Royal College for Paediatrics and Child Health, and the Children and Young People's Health Outcome Forum have jointly written to lead members for Children's Services and the chairs of Health and Wellbeing Boards to sign up to the	Priority 1: giving children and young people the best start

"Better health outcomes for children and young people pledge". The pledge reinforces that children, young people and their families will be at the heart of decision-making, with a focus on key health outcomes and care coordinated around the individual. The pledge affirms that signatories are determined to improve key outcomes including reducing child deaths, prevent ill health, and improve mental health, support the most vulnerable groups to reduce health inequalities, and care and outcomes for those with long term conditions or a disability.	
Extension of early learning for 2 year-olds Next September, the number of 2 year olds qualifying for free childcare will be doubled to 260,000 (40% of 2-year-olds) by extending eligibility to families earning less than £16,190 per year and receiving working tax credits. Those who have been adopted, are in care or have a disability or special educational needs will also become eligible from next year.	Priorities 1 and 3
Serious Case Review - Daniel Pelka Coventry Safeguarding Children Board has been carrying out a serious case review into the circumstances of Daniel Pelka's death. An independent expert review makes 15 recommendations for changes to current practice and processes, joint working and training across agencies in Coventry. These will continue to be monitored by the board with a clear timeframe to evidence improvements in local services.	Priority 3: improving outcomes for the vulnerable & independence
Crime and justice	
Betting shop ban Southwark Council has banned new betting shops, payday loans firms and pawnbrokers from opening in its borough. Businesses in the borough will now not be able to change the type of business operating on a site without a fresh application to the council.	Priority 2: healthier communities & tackling ill health
Crime and justice	
In September the government announced a review into the police response to domestic abuse, to support continuing improvements in support.	Priority 3: improving outcomes for the vulnerable & independence
The government has introduced legislation to enact plans set out in its alcohol strategy. These include banning the sale of alcohol below VAT levels and introducing licensing authorisation processes.	Priority 2: healthier communities & tackling ill health

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Agenda Item 7

Item No. 7.	Classification: Open	Date: 22 October 2013	Meeting Name: Health and Wellbeing Board
Report title:		Draft Southwark Primary and Community Strategy	
Wards or groups affected:		All	
From:		Andrew Bland, Chief Officer, NHS Southwark Clinical Commissioning Group	

RECOMMENDATIONS

1. The board is requested to note the content of the draft Primary and Community Strategy, attached as appendix 1.

EXECUTIVE SUMMARY

2. The purpose of this paper is to update the board on the development of a Southwark Primary and Community Care Strategy, and invite comments from board members, in particular in considering its implications for achievement of shared priorities, as set out in the Joint Health and Wellbeing Strategy.

BACKGROUND INFORMATION

3. The drivers for developing the strategy are widespread changes to commissioning arrangements in health, changes in governance such as clinical commissioning groups (CCGs) having specific responsibilities for primary care quality, and the local transformation of services. High-quality primary and community care are fundamental to transforming services, and to enable the CCG to carry out its new responsibilities.

4. The draft strategy, as attached as appendix 1, concentrates on the provision of services by GP practices as well as community health services. It describes how we will achieve our aims to improve outcomes for patients as well as providing better value for money.

5. The strategy was developed following widespread engagement with patients, the public and key stakeholders. It also included discussions with key partners such as the local authority, Southwark and Lambeth Integrated Care programme, GPs and community care services.

KEY ISSUES FOR CONSIDERATION

6. The borough's primary and community care services are under increasing pressure from rising demand as well as constraints on funding. Despite improvements in some areas over recent years, overall the quality of care and outcomes from Southwark's primary care services are not as good as we would like them to be. The range of services and the quality of those services is sometimes patchy across the borough, and patients do not all receive the same range and standard of services. This plan outlines how the CCG will improve the consistency and equity of services available to Southwark people, supporting

improved outcomes.

Policy implications

7. The draft strategy will have implications for how services are delivered locally, how they serve local populations and act as a key lever in delivering the board's vision for integration.

Community and equalities impact statement

8. Primary and community care services are at the core of a population health approach, and underpin partnership work with other agencies to address health improvements and health inequalities.

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	Draft Primary and Community Strategy

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark Clinical Commissioning Group	
Report Author	Tamsin Hooton, Director of Service Redesign, NHS Southwark Clinical Commissioning Group	
Version	Final	
Dated	14 October 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	No	No
Date final report sent to Constitutional Team/Community Council/Scrutiny Team		14 October 2013

APPENDIX 1

Southwark’s Primary and Community Care Strategy

2013/2014 – 2017/2018

The best possible health outcomes for **Southwark people**

Southwark Primary and Community Care Strategy

2013/2014 – 2017/2018

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Executive Summary

Southwark is a highly diverse borough, which is changing fast. Health outcomes and life expectancy are improving, but there are still significant health needs and wide variations in outcomes for individuals within the borough.

Primary and community care services are the first point of contact with the NHS for most people. Primary and community care services include GP practices, dentists, optometrists and pharmacists, as well as community services such as health visiting, district nursing and more specialist community services. GP practices are often termed the 'bedrock' of the NHS, providing continuity of care for people over their lives; supporting the prevention of ill health, and providing a range of care to keep people well and to manage health problems when they arise.

This plan concentrates on the provision of services by GP practices as well as community health services. It describes how we will achieve our aims to improve outcomes for patients as well as providing better value for money.

Some of the care provided for Southwark patients is excellent and there are many examples of innovative and high quality care. We know that Southwark people value primary and community care services highly, and want to see a better range of services available outside of hospital, either in or close to their home.

However, our primary and community care services are under increasing pressure from increasing demand as well as constraints on funding. Despite improvements in some areas over recent years, overall the quality of care and outcomes from Southwark's primary care services are not as good as we would like them to be. The range of services and the quality of those services is sometimes patchy across the borough, and patients do not all receive the same range and standard of services. This plan outlines how we will improve the consistency and equity of services available to Southwark people, supporting improved outcomes.

Within Southwark we have an ambitious vision for the provision of care out of hospital. To deliver on this vision we need to make sure that our primary and community care services are fit for the future. This will mean that the way that services are organised will need to change, to ensure viability for the future and to be able to meet the requirements of the population.

Key themes within this strategy:

Population health management and reducing inequalities: Good primary and community care services are fundamental to managing the health of populations and reducing health inequalities. Southwark CCG intends to strengthen the capacity and capability of its services in order to continue to focus on population health management in future.

Improving outcomes: Southwark CCG's mission is *'To achieve the best possible health outcomes for Southwark people'.* We will do this by commissioning services which focus on targeting health inequalities and by ensuring that primary and community care services are strong and able to deliver consistently high quality care for all patients. The way that services are organised will need to change to make this a reality. This strategy sets out the need for the development of services based on localities within Southwark, with services working together at greater scale to share resources and good practice to deliver better quality care.

Improving access: The CCG believes that all patients should have access to the same range of and quality of services to meet their health needs. We also plan to make it easier for patients to get the care they need when they need it, as close to their home as possible. To achieve this, we will commission more consistent community based services, and co-locate services in community health centre 'hubs' where this allows for better clinical care and is cost effective.

Integrated services: People should experience care that is seamless and tailored to their individual needs. Southwark is working to integrate health and social care services so that people receive better co-ordinated care, regardless of the agency which provides that care. Strong primary and community care services are fundamental to the development of more integrated care. Our plan describes how we will support better integrated care, including how the organisation of services will need to change in order to make truly integrated care a reality.

Providing more care out of hospital: This plan is part of the way that Southwark CCG will achieve its objective of providing more care out of hospital. This will include more preventative care, more home based care and an extended range of services available in primary care to prevent the need for more specialist treatment. We will commission a greater range and volume of care outside traditional hospital settings, where this provides better clinical care, patient experience and value for money.

Organisational development: Primary and Community care services are under a lot of pressure and will not be able to respond at pace to the need for improvements in care without significant changes to the way that they work. This will mean services working together at greater scale to deliver service improvement. We plan to support the development of locality based care as a way of bring services together to meet the needs of local populations within the borough, working outside the traditional remit of individual GP practices. This plan lays out how we will support a programme of development for GP practices to build their capability for improving care and providing an extended range of services in future. This will also extend to supporting GP practices to work better with other agencies to provide more integrated care.

Enabling improvements: To enable delivery of this strategy we will focus on developing the primary and community care workforce, improving premises and developing integrated IT systems. We will also need to change some of the ways that we commission and contract for care in order to make some of our planned improvements happen, particularly ensuring more consistent service provision and better outcomes for all.

Summary: This plan describes Southwark CCG's intentions to build strong local services to meet the challenges of improving care over the next five years. It is supports a range of our other plans and priorities as well as reflecting national policies and thinking on the best way to ensure that primary and community care services are fit for the future.

Southwark's Primary and Community Care Strategy

2013/2014 – 2017/2018

1. Introduction

Good primary and community care services are a cornerstone of the NHS, playing a vital part in improving population health and preventing ill-health. Primary care services often provide the first point of contact for people when they become unwell and, together with community based services, co-ordinate the care of people with long term conditions, older people and those reaching the end of their lives. Primary and Community care services also provide some of the most important universal services for babies and children in their early years, supporting parents to keep their children well.

Southwark people have told us how much they value primary and community care services, and that they increasingly want to be able to access a wider range of services without having to attend hospital. As more and more care can be provided in, or close to, patients' homes we need to ensure that Southwark's services are fit for the future; that they can take up the challenge of providing excellent and innovative care, centred around individuals, as well as being able to continue to provide the range of core services which are an essential part of the NHS system.

This document outlines how Southwark CCG plans to improve the quality, capacity and capability of primary and community care services in the borough in order to meet that challenge. This strategy has been developed as a result of engagement with a wide range of stakeholders, Southwark patients and members of the public.

1.1 Drivers for Change

Southwark Clinical Commissioning Group (CCG) was created in April 2013 as a result of the wide-ranging changes to the NHS system in England within the Health and Social Care Act. The CCG is responsible for commissioning a wide range of health services for the Southwark population, including many community services, and for improving health outcomes and reducing health inequalities. Although CCGs are not responsible for directly commissioning primary care services (including GP services, dentists, pharmacies and opticians), they do have a statutory duty to improve the quality of primary care. This strategy has been developed in response to describe how the CCG will carry out its responsibilities within the new National Health System.

In addition to changes to commissioning structures within the NHS, there are a number of factors leading to the need to a clear strategy for changing the way that services are delivered in Southwark. Some of the key drivers for change are described below:

i) Variability in quality and outcomes. We know that there is a wide range in the quality of care provided by GP practices and some community services. This is not something unique to Southwark, but is still something that results in unwarranted variation in outcomes for patients. In developing this Strategy, we carried out a review of the current situation in terms of the quality, outcomes, capacity and capability of Southwark services. This has informed the determination of our strategic priorities and is described more in section 4.

We believe that variations in the quality of care that are due to the organisation of services are not acceptable. The priority actions put forward in this strategy are our response to the extent of variation in quality and delivery that currently exists, and form Southwark's plan to improve access to high quality care for all patients.

ii) Primary and Community Care services are under pressure. Demand for healthcare increases every year as a result of a combination of factors including; population growth, an aging population, increasing expectations of patients and advances in medical science. Investment in primary and community care services has not always kept pace with these increases in demand and services in Southwark, as in other parts of the country, are under increasing pressure. In addition to increasing demand for care, GP practices are now required to take responsibility for commissioning as members of the CCG, which adds an additional responsibility to their clinical work. The analogy of 'a hamster in a wheel' is frequently used by primary care professionals to describe how they work, and staff report being too busy to take time to develop innovative ways of delivering care and to focus on service and quality improvement. In developing our strategy, we sought to address how services can respond to increasing demand by working differently.

iii) Responding to financial pressures and creating a sustainable local health service for the future

Primary and Community care services often provide a low cost service focussing on prevention, keeping people well and the early identification and diagnosis of health problems, all of which have positive benefits in terms of people's well being as well as helping to avoid the costs of more expensive treatment when conditions go undetected or are not well treated in the early stages.

NHS services are under increasing financial pressure, and Southwark CCG is no exception to this. As we face financial constraints over the next five year, we need to provide better value healthcare. Strong primary and community care services can help us to provide more value based healthcare, by preventing the need for more expensive treatments, and by moving some care out of hospital, where it can be more cost effectively be provided in a primary or community care setting.

iv) Supporting the integration of services

Southwark CCG is committed to developing more integrated services, which offer a patient centred and seamless response, through agencies working together in a co-

ordinated way. Southwark CCG is working with the Southwark and Lambeth Integrated Care programme (SLIC) and we have made some good progress locally towards developing integrated care, beginning with services for the frail elderly. To be able to fully adopt new ways of working in the interests of better patient care, traditional organisational and professional boundaries may need to change. We believe that integrated care for the future needs to be based around the care of local populations, and to take a more person-centred approach. This will mean that primary and community care staff will need to work differently in future, working more closely with a range of other professionals and agencies to co-ordinate the care of individuals in response to their needs.

v) Addressing key health issues and reducing health inequalities
Although life expectancy is increasing rapidly in Southwark, there are still dramatic differences between the life expectancy and health outcomes for patients in different parts of the borough, and between men and women. We have developed this strategy in response to what we know about poor health outcomes in Southwark and the reasons for them, and this is described in more detail in sections 3 and 4.

This strategy takes as two of its key principle aims improving equality of access to care in accordance with the needs of the individual, and improving health outcomes for Southwark patients. Our strategic objectives and our proposals for improving services reflect our approach to delivering this, working in partnership with other stakeholders, and in particular Southwark Local Authority and the Health and Well Being Board.

Taken together, these drivers for change mean that primary and community care services need to work differently in future to meet the challenges of providing high quality healthcare.

1.2 Links to Other Strategies

Southwark's strategy for primary and community care sits within our overall approach to commissioning better health services and making best use of our financial resources. Developing a strategy for better primary and community care services is central to the delivery of Southwark CCG's Integrated Plan, and links to a number of other key strategies. In particular, this strategy is consistent with and supports the delivery of the following strategies and plans:

1.2.1 Southwark CCG's Integrated Plan - *The best possible outcomes for Southwark People*

The Integrated Plan is the CCG's main strategic document and sets out a plan for the things the CCG will work to achieve over the medium term. The purpose of the Integrated Plan is to set out our ambition for the local health economy over the next 5 years. The plan specifies the CCG's priority areas for improvement, the major work programmes and commissioning activities we will undertake. This document also sets out the key outcome indicators we will use to gage progress over the lifetime of the strategy.

The five strategic goals within the CCG's Integrated Plan are:

- To achieve a reduction in health inequalities
- To achieve a reduction in premature mortality
- To achieve a reduction in the variability of primary care outcomes and quality
- To have all practices play and active part in commissioning
- To have patients play a central role in commissioning

The Southwark Integrated Plan can be accessed by following this link:

http://www.southwarkccg.nhs.uk/about/Our-Plans/Documents/

The CCG will shortly be revising and refreshing its overall commissioning strategy to cover the period 2014 – 2019. The revised CCG Integrated Plan will incorporate the objectives and planned actions of this Primary and Community Care Strategy.

1.2.2 South East London Community Based Care Strategy

One of the key drivers in developing Southwark's Primary and Community Care Strategy was to describe how Southwark will achieve the aspirations of the South East London Community Based Care (CBC) Strategy, with particular emphasis on the workstream on Primary and Community Care.

The CBC strategy is a collaborative programme to develop out-of-hospital and

community care across six south-east London boroughs. The transformation of our

community care is fundamental to improving services to patients and local people, and the aim of the CBC strategy is to support the hospital change programme across South East London by accelerating the development of community based care.

The CBC programme recognises that each borough has a different starting point and very different populations and needs. Each CCG has committed to achieving commons aspirations, so an ethos of '*shared standards, local delivery'* has been adopted. Where there is a common need for change the CCGs will work together, but much of the strategy will be delivered by boroughs working singly or in pairs.

There are three main work streams within the CBC strategy, which are:

- **Primary and Community (including Urgent Care):** providing easy access to high quality, responsive primary and community care as the first point of call for people in order to provide a universal service for the whole population and to proactively support people in staying healthy.

- **Integrated Care (people with long term conditions including mental health problems):** Ensuring there is high quality integrated care for high risk groups (such as those with long term conditions, the frail elderly and people with long

term mental health problems) and that providers (health and social care) are working together, with the patient at the centre.

- **Planned Care:** for episodes where people require it, they should receive simple, timely, convenient and effective planned care with seamless transitions across primary and secondary care, supported by a set of consistent protocols and guidelines for referrals and the use of diagnostics

There are five enabling work streams for the CBC strategy which are:

- Workforce
- Self Management
- Information Systems
- Contract Levers
- Communications and engagement

The full strategy can be accessed via the following link:

http://www.tsa.nhs.uk/document/appendix-o-strategy-community-based-care-south-east-london

1.2.3 Southwark's Health and Wellbeing Strategy

Health and Wellbeing Boards are statutory groups which are responsible for improving population health and wellbeing at a borough level. Southwark's Health and Wellbeing Board is in place after operating in shadow form over the last year, and is a multi-agency group chaired by the Leader of Southwark Council, with strong representation from the CCG, the Police and other agencies. The Board's remit is to promote and deliver joint working across the Local Authority, Health and other agencies to reduce health inequalities and address the wider determinants of ill health, such as poverty, joblessness and other social issues. The Health and Wellbeing Board agreed its initial 2013/2014 strategy in July 2013, committing to three priority areas that the partners on the Board will address both collectively and individually. Those priorities are:

- The best start for children, young people and families
- 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

The Primary and Community Care Strategy is one of the ways in which the CCG will deliver its commitment to work on the above three priorities, through delivering strong primary and community care services with an emphasis on providing universal, preventative services which have a focus on patient centred care and supporting people to be more in control of their health.

1.2.4 Other National Publications and Policies

The development of this strategy was also informed by a number of policy and research publications which address the transformation of primary and community services. Some of the documents which have informed our thinking include;

- The Kings fund (2011) *Improving the quality of care in general practice – report of an Independent Inquiry commissioned by the Kings Fund*
- The Kings Fund (2012) *General practice in London: supporting improvement*
- The Kings Fund and Nuffield Trust (2013) *Securing the Future of general Practice: New Models of Primary Care*
- The Royal College of General Practitioners (2012) *General Practice* 2022 A vision for General Practice in the future NHS
- Department of Health (2011) *Transforming Community Services*

2. How we engaged with people in developing this strategy

2.1 In developing this strategy, Southwark CCG sought to engage widely with patients, the public and key stakeholders, to ensure that our strategic direction reflected the views of people who use, and work in, health services in Southwark. We worked with patients and members of the public, as well as other stakeholders to co-produce the strategic objectives of the strategy, and inform our vision of how services should be developed over the next five years.

The development of this strategy was led by a steering group including Healthwatch and NHS England, and the steering group designed a programme of engagement events.

We held an open event for patients, the public and interested stakeholders including as community health staff, community pharmacists and the voluntary sector, focusing on some key questions:

What do good primary and community care services look like?
How should services be organised in future?

Other ways in which we sought input were by holding discussions and sharing drafts of this document with a range of stakeholders including:

- key provider organisations including GST community services, Kings College Hospital and GST acute services
- Southwark CCG's member practices, through the locality groups, via CCG communications and an event for all practices
- Southwark Local Authority, particularly Public Health
- Southwark and Lambeth Integrated Care programme
- The CCG Engagement and Patient Experience Committee
- Southwark Local Medical Committee

2.2 Links to the consultation of services in the Dulwich locality

This strategy was developed at the same time as the CCG was consulting on specific proposals to improve services in the Dulwich locality, in the south of the borough. The engagement with the public in respect of Dulwich services helped us to get a view from patients on the range of services that they would like to see provided out of hospital, and how they would like to see primary and community care services organised in future. This consultation has led to some specific recommendations about the organisation of services in future, including the development of more services out of hospital, and the creation of community health centres or 'hubs'.

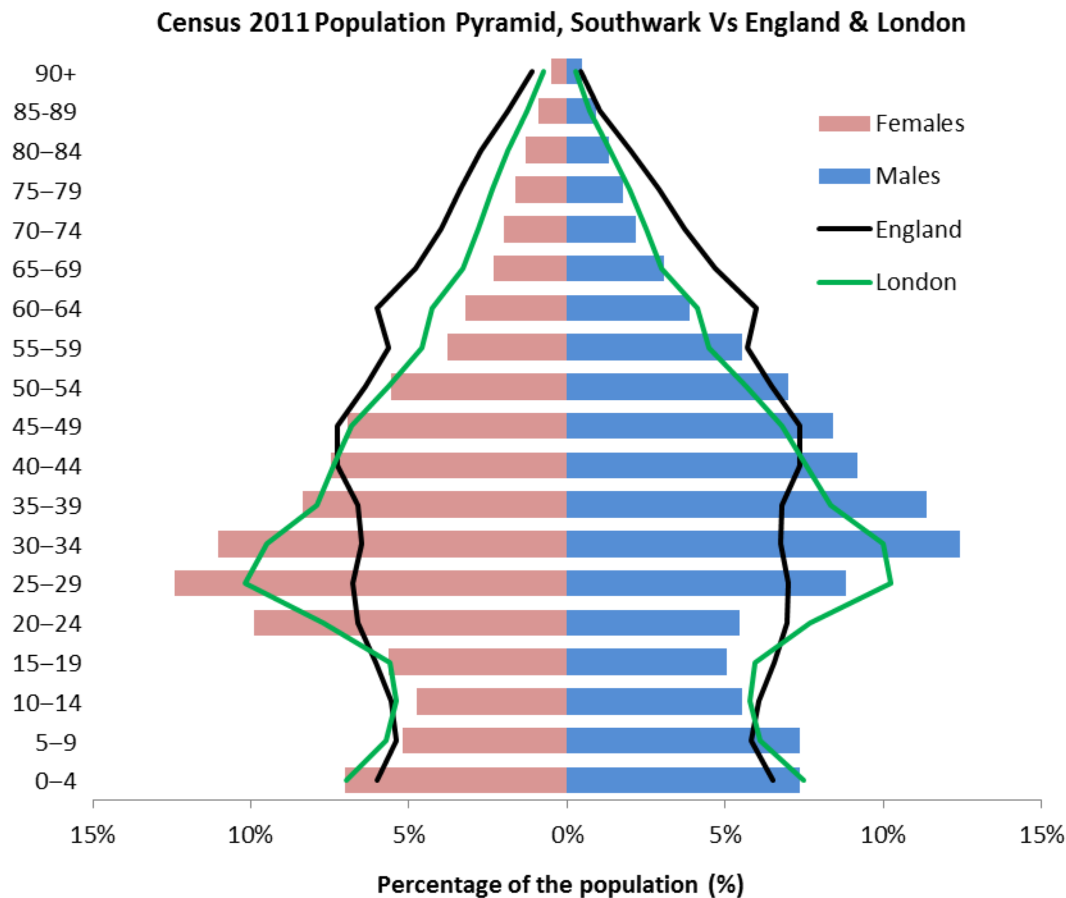
The development of services which serve local communities better is an important part of this strategy and is described in more detail later in this document. Developing services in the Dulwich area, including proposals for a community hub, is one of our priorities for implementing this strategy, and will be followed by specific proposals for out of hospital services in the other parts of Southwark.

3. Southwark's Population and Health Needs

3.1 Southwark's Population

Southwark is a densely populated, geographically small and narrow inner London borough that stretches from the banks of the river Thames to the beginnings of suburban London south of Dulwich. The population is relatively young and ethnically diverse, with significant contrasts of poverty and wealth. There is wide distribution in educational achievement, access to employment and housing quality. Major regeneration programmes have been underway for some time leading to significant changes in landscape and population structure and this continues to be the case. Major health indicators such as mortality and life expectancy have improved, but there are significant inequalities in these indicators for people living in different parts of the borough.

Southwark's population is growing fast. The 2011 Census recorded Southwark's resident population at 288,200 which is an increase of 18% since 2001. The latest mid-year estimate (2012) estimated the population at 293,530. The population registered with Southwark general practices is 295,551 as at April 2013. The population pyramid (below) created using Census 2011 resident population data, shows a younger population in Southwark compared to England and London.



58% of Southwark's population are aged 35 or under and Southwark has the 9th highest population density in England and Wales. Southwark is ethnically diverse with highest proportion of residents born in Africa in the country (12.9 per cent), as well as significant populations from Latin America, the Middle East, South East Asia and China. 75% of reception-age children are from Black and Minority Ethnic (BME) groups with over 120 languages are spoken in Southwark.

The population is expected to continue to grow. By 2031, the Southwark resident population will have grown by 26% to 369,000 individuals compared to 288,200 at present. The adult population aged 18-64 will see the largest growth followed by the <18 and 65+ population.

3.2 Key Health Facts for Southwark

- Male Life expectancy is 78.2 years compared to 78.5 years in England.
- Female Life expectancy is 83.4 years compared to 82.5 years in England.
- Infant mortality rate (death in babies under 1 year) has decreased year on year and but is 6.17 per 1000 live births compared to 4.29 in England.
- Lifestyle risk factors such as alcohol/substance misuse, smoking, unhealthy diet (e.g. child obesity) and unprotected sex continue to be a major risks to good health in the population.
- As a consequence there is higher incidence of emergency hospital admissions due to alcohol related conditions, high rates of teenage pregnancy and HIV, high

rate of premature deaths from cancer and cardio-vascular diseases and high prevalence of mental illness in the local population.

- Coronary heart disease, malignant neoplasms (cancers) and respiratory diseases remain the top 3 causes of death in the population.
- Disease prevalence models have shown that there are high numbers of undetected cases of diabetes, hypertension and heart disease in the Southwark population. Early detection and treatment is beneficial for patient's health outcomes as well as cost of treatment to the NHS.

- High unemployment, poor housing and poverty impact on the health of Southwark people and can lead to poor physical and mental health in children and adults

The Southwark Joint Strategic Needs Assessment can be accessed via the following link:

http://www.southwarkjsna.com

4. Primary and Community Care Services in Southwark

This section describes the current range of services provided in Southwark in terms of the provider landscape, the capacity and capability of primary and community care providers, and the quality of care provision, including variation in patient outcomes.

4.1 Scope of the strategy

The main focus of this strategy is on primary care services delivered by GP practices. . We recognise that dentists, community pharmacists and optometrists' services play a vital role in health promotion, screening and the provision of health advice and treatment. Wider primary care providers can contribute to providing more care out of hospital and play a role in managing demand for other health services. We will explore the potential of other primary care services to support the redesign of care pathways, including providing better access to health advice and treatment, and support for self-care and self management. Dentists, community pharmacists and optometrists are commissioned by NHS England from the 1st April 2013.

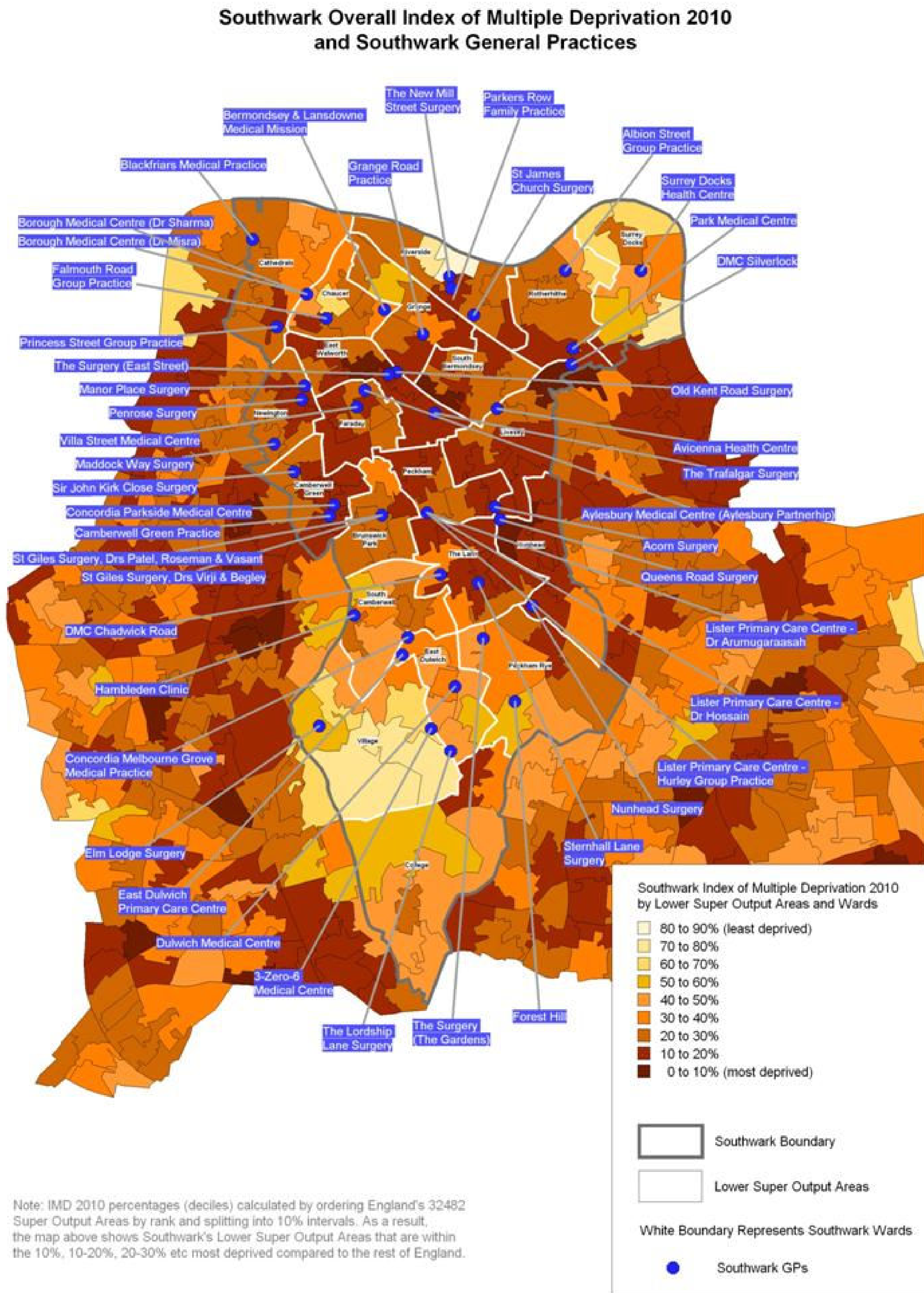
Southwark CCG will seek to involve a wider range of providers in delivering healthy living services in future, working with the Local Authority to do this. In addition to traditional community health services, a variety of community resources can support people to keep health and well, and the CCG wants to involve a range of providers, including non-NHS and third sector organisations, in developing innovative approaches to preventing ill-health, supporting people to manage their health and to become part of integrated health and social care services.

4.2 GP Practice Services

There are 45 practices GP practices in Southwark with a combined registered patient list of 295,551 on 1st April 2013. GP practices are grouped into three localities for the purposes of the Clinical Commissioning Group, Bermondsey and Rotherhithe,

Borough and Walworth and South Southwark.

Table 1: Map of Southwark GP practices against index of multiple deprivation



All Southwark practices are required to be open from 8.00 – 6.30 pm. Outside of these core practice opening hours, urgent primary care is provided by Out of Hours Services. The majority of Southwark practices have not opted out from responsibility for Out of Hours Care, and are members of South East London Doctors' Co-Operative (SELDOC), a co-operative organisation of member practices which provides Out of Hours Services across Lambeth, Southwark and Lewisham CCGs, including telephone advice, GP consultations and home visits. A small number of Southwark practices have opted out of Out of Hours Care, and the CCG commissions Out of Hours services for the patients of those practices from SELDOC.

In addition to SELDOC, there is an 8am-8pm GP Led Health Centre at the Lister Health Centre in Peckham, which provides walk-in based care for registered and un-registered patients, 7 days a week. At the time of writing, the national 111 phone service has not been fully rolled out in Southwark, and telephone advice for patients continues to be largely provided by SELDOC.

4.3 Community Services

'Community services' is used in the context of this strategy to describe a range of health services which are not based in traditional acute hospitals or in traditional GP practices. Community services include a very broad range of services, including community pharmacies, community nursing and community mental health services, as well as some more specialist services. Many community services are provided on a domiciliary basis, in patients' own homes, and community services are a vital service for patients who are housebound or who have mobility problems. Community services also include range of specialist community services or out of hospital services which provide intermediate outpatient services in a community setting, and prevent the need for people to attend hospital clinics for diagnosis and treatment of some simple conditions. Within Southwark, there are community based clinics for a range of conditions including dermatology, diabetes and heart failure, which offer an intermediate level of service avoiding the need for patients to be seen in hospital.

Community services will play an important part in the transformation agenda, including developing integrated care services and providing more services out of hospital and in people's own homes.

4.3.1 Community Health Services:

The majority of community health services for Southwark patients are provided by Guy's and St Thomas' Community Health Services, part of Guys and St Thomas' NHS Foundation Trust. A full list of community services is included as Appendix 1.

Responsibility for commissioning community services underwent significant changes from 1st April 2013. Some services, including Health Visiting and pharmacies,

transferred to the commissioning responsibility of NHS England, while other services transferred to the responsibility of Local Authorities, including sexual health services and school nursing. Southwark CCG will continue to act as the lead commissioner for most of these services on behalf of either NHS England or the Local Authority, and will work in partnership with responsible commissioners and Lambeth CCG in respect of the commissioning of Guys and St Thomas' NHS Foundation Trust.

Community services in Southwark play an important part in supporting general practice teams to keep people well in their own homes, as well as providing a range of more specialist services for adults and children. Southwark CCG has made recent investment in community services to support people to remain at home instead of needing a hospital admission and we will continue to support the development of community services to deliver integrated care and better care-co ordination.

Our priorities for community care include developing services that integrate well with the development of locality based primary care services. Through our commissioning we will focus on ensuring that community services support better outcomes for patients and become more productive.

4.3.2. Community Mental Health Services

Community mental health services in Southwark are provided by South London and Maudsley Foundation Trust (SLaM) and are included in the list of services in Appendix 1. Community Mental Health Teams (CMHTs) provide assessment and treatment of patients and triage for onward referrals to specialist services or inpatient care. GPs also have the option to refer patients to the Improving Access to Psychosocial Therapies (IAPT) service or their own practice based counsellor (PBC). The IAPT service along with PBCs treat patients with mild to moderate anxiety and depression and increasing the uptake of this service is a national priority. The CCG has made recent investments to increase the capacity of the IAPT service, to help meet national targets for access to psychological therapies.

The CCG plans to make to improve the skill mix of clinicians assessing patients in Community Mental Health Teams. Enhancing the 'front-end' assessment and triage function will make it easier and quicker for GPs (and others) to refer patients into the system, strengthen the trust's ability to manage demand for services and ensure that patients are directed to the most appropriate mental health service to meet their needs. CMHTs will benefit from extended/out of hours services, and improved GP liaison with secondary care services will allow GPs to more easily refer patients into CMHTs. Home Treatment teams will work more closely with community assessment to keep people in primary care where possible. The enhanced CMHT service will include a re-ablement team to facilitate, where appropriate, the management of patients with social care needs in primary care. As well as improving patient experience and service quality, it is expected that this service development will reduce the number of unnecessary admissions to hospital.

With an ageing population treating people with dementia is an area Southwark CCG is focusing on. Investment will be made to increase capacity within the Dementia Service which works alongside the Mental Health for Older Adults community service to help manage the increased number of referrals expected in 2013-14. A Dementia Adviser from the Alzheimer's Society will signpost and facilitate access to other services in Southwark (such as Peer support groups and/or a referral to a Dementia Support worker, as appropriate to the needs of the person with dementia). The service will also link closely with the Care Navigators model that aims to ensure older people (and their carers) with long term and complex care needs are accessing the most appropriate services and support to maximise their physical, emotional and social wellbeing.

The CCG is currently reviewing its Mental Health strategy and intends to produce a revised strategic document for 2014/2015.

4.4 Analysis of Primary and Community Services

In developing this Strategy, the CCG commissioned a review of the current quality, capacity and capability of primary and community care services in Southwark. The aim of this review was to provide a thorough and objective picture of the quality and outcomes of current services, to inform the CCG's strategic priorities and development of an approach to improving quality, in line with the strategic goals of the Integrated Plan.

The benchmarking review concentrated on GP practice provision and community services provided by GST Community Trust. The full results of the analysis can be accessed via the following link:

http://www.southwarkccg.nhs.uk/newspublications/news/pages/improvingoutofhospitalhealthservicesacrosssouthwark check right link

More information on health outcomes in Southwark and variation across primary care can be found within the Southwark Annual Public Health report.

http://www.southwark.gov.uk/downloads/download/3408/previous_annual_public_health_reports

4.4.1 Key Findings of the review:

The key findings of our review of primary care summarised below:

There is a wide range of variability in the quality and outcomes provided by GP practices
in Southwark. There is some excellent care, but there is also a very wide range of performance between practices and between different care indicators, and the level of variation cannot be explained by the differences between patients registered with

different practices. These wide variations between practice level performance significantly impact on the average performance for Southwark, and indicate that the care received by patients differs widely across the borough.

There is also wide variability between the productivity and outcomes from different community health services such as community matrons, and between different district nursing teams. This is evidenced by contract and quality monitoring as well as the benchmarking review.

Specific clinical areas where primary care performance or patient outcomes in Southwark on average are lower than would be expected are:

- Long term conditions screening and management (including detection and clinical control of key long term conditions such as diabetes, cardio-vascular disease and respiratory diseases)
- Immunisations (particularly childhood immunisations and flu vaccines for at risk groups)
- Identifying Cancer
- Mental Health support and mental health reviews in primary care
- Low and variable level of delivery by practices of additional services such as the NHS vascular health check and frail elderly integrated care

In terms of access to GP appointments, an audit undertaken for this strategy suggests that overall there is sufficient capacity in terms of numbers of appointments across the borough and across days of the week, but that this overall finding masks wide variation between different practices and across the days of the week. We also know from our engagement with patients that patients sometimes find appointment processes difficult and stressful, and find it hard to book a GP appointment when they need one, or with the GP they would like to see.

The review of primary and community care and feedback from our patient engagement event highlighted that non-core or ‘enhanced’ primary care services and some specialist community services are inequitably distributed across the borough. This is confusing for patients to access, and means that there is variability in the services offered to patients depending on where in the borough they live or which GP practice they are registered with.

5. Our Strategic Vision for Primary Care: Principles, Objectives and Clinical Priorities

5.1 Strategic Principles:

We have agreed a number of principles which guide Southwark’s approach to improving primary and community services.   These principles were chosen as a result of our engagement with patients, the public and other stakeholders, and are

consistent with the vision and values and goals in Southwark's Integrated Plan. They are:

- All Southwark patients should have consistent access to high quality care, including enhanced services, regardless of where in the borough they live.
- Services should be safe, evidence-based and focused on improving outcomes for patients.
- Services should target health inequalities.
- Services should be patient centred, seamless and accessible.
- Where services can be effectively provided out of hospital and closer to patients' homes, they should be.

These principles inform the strategic objectives that we have chosen to focus on in future, as well as the specific actions that will take forward to develop and improve Southwark services.

5.2 Strategic Objectives:

Our strategic objectives describe the main aims that we want to achieve, to improve local services.
The strategic objectives address the issues that we have identified in our review of local services and in our conversations with patients and the public about the kind of service that they would like to receive in future.

Our strategic priorities are:

- Ensuring **high quality** in all services by **reducing variation** in the quality of and outcomes from services
- **Integrated services**, with better co-ordination of people's care
- Improving **access** to services for all
- Improving the range of community based services and **out of hospital services** in Southwark

Within these priorities, we will focus on a number of key clinical areas where we know from our review of services and the Southwark JSNA that outcomes need to be improved. These clinical priorities also support our Integrated Plan clinical priorities and the Health and Well Being Board Strategy.

Our key clinical priorities are:

- Long Term conditions
- Cancer and End of life
- Mental Health
- Children and Early years

Our plans for improvement against these clinical priorities are not described in detail in this Primary and Community Care Strategy document. They are addressed in more detail in the CCG Operating Plan for 2013/2014 and in the CCG Integrated

Plan, and will be developed further in our commissioning intentions for each clinical area for 2014/2015 and beyond.

Our plans and aspirations to deliver each of our strategic objectives across Southwark's services are described in more detail in section 7.

6. Developing locality based models of care

6.1 The rationale for change

Services will need to work very differently in order to be able to provide the type of care that the CCG wishes to commission in future. Primary and community care services will need to be more accessible and better integrated as well as providing a consistent range of services or 'offer' for Southwark patients. They will also need to be more productive in response to the financial challenges facing the NHS locally and nationally.

Organisational change and organisational development are a key theme of our strategy, in response to these challenges. Services working together at greater scale will enable us to deliver our aim to provide more consistent access to high quality services.

The CCG has considered a range of options to address the issues of health inequalities and the fragmentation of current provision, and our preferred option is to develop locality networks of care. The rationale supporting locality models of care starts from the premise that non-specialist care should be based around local populations, allowing the organisation of services in a way that is accessible and local to patients, which supports a preventative and holistic approach to patients' care over time, but which also allows the benefit of working at scale and the sharing of resources to deliver high quality and cost-effective services. Services need to be delivered in a way that uses a range of different staff to deliver services effectively, rather than placing additional requirements on over-stretched GPs. The role of practice and community nurses, health care assistants and other health professionals will be critical in delivering services at scale. Making best use of staffing and other resources in primary care to cover populations larger than the traditional GP practice is needed in order to be able to meet the future demands on health services in the borough within the financial constraints we will face over the next five years.

Locality networks of care provide an opportunity for providers to work together at greater scale, through collective working, collaboration or formal merger. Locality models of care could include 'core' GMS/PMS services and cover a range of extended services, including enhanced and non-core services, as well as some community specialist services, depending on the scale that these services are offered at (i.e. borough, locality or other).

Although the CCG does not directly commission core GMS/PMS primary care services, there is a clear interplay between the provision of core primary care services and extended primary care services, and there are benefits for patients of having these services closely aligned and co-located where possible, delivered by a team of professionals within a locality network.

As a commissioning organisation, Southwark CCG cannot and should not determine the precise make up of provider organisations. However, in line with our duty to support improvements in the quality of primary care, the CCG plans to encourage and facilitate the development of locality working across Southwark. As part of the implementation of this strategy we will put in place a programme of development for locality working. This will include support for clinical and support teams to work together to design and implement service improvements together at locality level. Practice managers will play an important role in developing new ways of working and supporting clinical teams to design and carry out changes to the way that patient services are delivered. Alongside a programme of organisational development for primary care the CCG will also put in place an extended programme of training and development for clinical and administrative staff in practices.

6.2 Commissioning an extended range of services across localities

Extended services are those which can be provided in primary and community care settings, which go beyond the core range of primary care services available in every GP practice. Historically these services have been developmental or innovative, and their provision was usually fragmented and dependent of whether particular providers wished to participate in providing particular services. ‘Extended services’ as used in this strategy includes a wide range of services, including health promotion and preventative services, screening and diagnostic services. The term is also used here to cover previous non-core practice services and incentive schemes for additional services and service quality commissioned by the CCG. Extended primary and community care services may be provided by a range of professionals, and are not restricted to general practices. Some may require specialist clinical skills and training, and others may be more generic.

The CCG’s strategic commissioning intention is to commission a significant proportion of extended primary care services and community specialist services on a locality basis in future. This will enable us to ensure the consistent provision of an extended range of services, with the same ‘offer’ to all patients. It will also enable the CCG to specify and monitor the achievement of consistent outcomes, to improve the quality of care. We will commission extended services in line with clear specifications which will include the consistent provision of a range of services to all patients in a locality. Specifications for extended services will also be clearer in future about quality standards relating to patient care.

Locality networks of care will be better placed to interface with other elements of an integrated care system, including supporting Community Multi-Disciplinary teams.

Community services such as district nursing and community admission avoidance services should also be organised on a locality basis, along with specialist community clinics such as out of hospital outpatient care.

6.3 Locality Services and Community Hubs

Locality networks will have community hubs at their centre. Community hubs will provide space for co-locating services, where this is the best way of providing cost effective care out of hospital, or where there are benefits in having services working side by side so that they can offer better joined-up care for patients. We will develop plans for community health centre 'hubs' across the borough over the next five years. In Dulwich we are already taking this forward, following a formal public consultation on the provision of services in that locality.

7. Our plans for improvement

This section outlines the key actions that the CCG will take forward against each of our strategic objectives, in order to support improvement. It is not a detailed implementation plan, nor is it an exhaustive description of Southwark's commissioning intentions for primary and community care.
The following sections show what actions we will take across different tiers of care: core GP services, 'extended' primary care services, community and specialist community 'out of hospital services' and finally, where relevant, the impact of our strategy on acute hospital services.

7.1 Reducing Variation

We will reduce variation through a combination of re-organising services and through supporting service improvement. Our proposed actions to reduce unwarranted variation in care include structural changes such as developing more locality based services, as well as supporting clinical teams to work together on improving quality and developing innovative approaches to improving services.

To support this, contracts will increasingly be outcome based, and outcomes will be linked to the key health improvement priorities identified in the Southwark JSNA and the CCG's Integrated Plan.

Service area	Priority actions
Core Primary Care Services (NHS England commissioned)	Work with NHS England to ensure consistent performance management, (led by NHS England) Agreed practice quality improvement plans where performance improvement is required Practices share resources and collaborate to improve quality, to include training, peer review and audit Use of 'Productive Practice' or other tools Programme of Training and Support (CCG-led) Provision of up to date performance information to practices to support improvement
Extended Services	Commission a consistent Extended Service offer for all patients Services bundled and commissioned as a locality specification with clear KPIs LES/LIS and other non-core services replaced with new contracting model, clear outcome and quality requirements, consistent performance management Locality based primary care development plans, focussing on improving outcomes
Community Services including out of hospital services	Improve consistency of service provided and the productivity of different teams and staff members Develop more outcome based contract specifications for community services Focus on quality, outcomes and productivity in contract management Use of AQP or other commissioning routes where appropriate to improve quality Provide support to practices to develop skills to follow best practice referral guidelines and manage conditions in primary care where appropriate. Clear referral processes, including use of Single Point of Referral or PRS
Impact on acute services	More appropriate and consistent pathways into and out of acute care, outlined in contract specifications and involving the decommissioning of some acute services

7.2 Improving Access

Good access to care covers a range of different aspects, from the availability of appointments, booking processes and waiting times, to the geographical location of services and the nature of the buildings they are located in. Access is also affected by transport routes to services, the level of information given to patients to enable them to choose the right service and the language used by services. All these issues impact on access to care, and may impact on different sections of the population differently. We aim to address all of these issues

Service area	Priority actions
Core Primary Care Services (NHS England commissioned)	Access Collaborative work, support for demand and capacity work (CCG-led) Clear arrangements for extended hours care in primary care Consistent Urgent Care Access model, including integration with patient's own practice and Out of Hours care Use of community pharmacies to give advice and information and to support better care More support for self-care and self-management
Extended Services	Extended service specification provided through locality models as means of providing consistent access for patients Clear communications and signposting for patients Consideration of location and distribution of services – whether in GP premises or in hubs Potential to use a range of providers to ensure universal access, e.g. pharmacists and voluntary sector Model should include open access to some services, including community outreach or walk-in services for some types of care
Community Services including out of hospital services	Development of more services in community hubs, including LTC and some outpatient services Review Urgent Care provision including Walk in Centres. Develop services based around locality populations, including Single Points of Access to community services Improve booking processes, communication and responsiveness of community services
Impact on acute services	Clearer communications with patients on access, particularly for urgent care and in relation to choice and booking processes Redirection from acute services where appropriate

7.3 Integration and better care co-ordination

Ensuring that health and social care services are better integrated, to provide person-centred and seamless care is a key objective for Southwark CCG, and is reflected in the CCG's Integrated Plan, the South East London CBC strategy as well as in national policy. The CCG will continue to work with our local partners across Southwark and Lambeth within the SLIC programme to progress an ambitious

programme of integration. In relation to our specific plans for primary and community care service, integration is fundamental to achieving our aims of improving outcomes for patients and improving their access to care. This means that services will need to increasingly work together, to co-ordinate their response to the needs of individuals, and to work flexibly to offer better value care.

Our proposals for locality models of care are one of the main ways that we wish to support further integration for local people. Locality working will not only support GP practices to share resources but allows them to interface with a range of other services, based around local populations and communities. We will explore and encourage greater integrated working between services at locality level, with community health centres as 'hubs' where patients can receive more joined up care.

Service area	Priority actions
Core Primary Care Services (NHS England commissioned)	Primary care services should be a key element of integrated care pathways Integration based around populations with focus on shift to a preventative approach, Primary care case management adopted as a core approach to co-ordinating the care of patients
Extended Services	Patient-centred care planning and care co-ordination rolled out as a generic approach to supporting self-management Integrated care pathway elements should be included in the locality model Development of the integrated case management model beyond frail elderly to younger adults with LTCs or raised risk, and to children
Community Services including out of hospital services	Investment in integrated pathways for elderly and those with LTCs, including admission avoidance and community LTC services Care-co-ordination central to integrated pathways, supported by Community Multi-Disciplinary teams Community services integrated into care pathways (e.g. diabetes and respiratory). Integrated community services developed around localities, including social care services, and co-located in 'hubs' where appropriate Develop plans for the integration of children's services
Impact on acute services	Acute services part of integrated pathways, including potential to develop Academic Integrated Care Organisation for Southwark and Lambeth Flexible deployment of staff into the community and to support primary care Aim to reduce admissions and length of stay Redistribution of financial resources to support redesigned services

7.4 Enhancing the range of services available in the community

Southwark already has a range of community based services available. Patients and the public have told us that they would like to have a wider range of services available outside hospital settings and closer to their homes. This will mean commissioning more home based care, a greater range of extended primary care services and community based services and specialist out of hospital services. We will only commission community alternatives to hospital based care where it is safe and effective, from a clinical and cost perspective, to do so.

Service area	Priority actions
Core Primary Care Services (NHS England commissioned)	n/a
Extended Services	Better range of extended services, consistently provided should reduce reliance on acute services or other commissioned services, and support effective pathways, Screening, diagnostics and management of non-complex conditions in non-acute settings, included in locality offer Commissioning of non-complex diagnostics
Community Services including out of hospital services	Development of community hubs, co-locating services Increased range of out of hospital care, including potential for gynaecology, more LTC clinics, ophthalmology, therapies, early years services and others Community based admission avoidance services, linking to integrated pathways Availability of wider range of direct access diagnostics in community hubs where this supports effective pathways out of hospital
Impact on acute services	Decompression of acute sites though provision of more care out-of hospital in key pathways

8. Enablers

In order to be able to deliver the level of improvement we aspire to over the next five years, there are a number of enabling workstreams. These enablers seek to address some of the barriers to making change happen at a practical level.

The four enablers of our Primary and Community Care Strategy are:

- Workforce
- Premises
- Information Sharing and Information Technology
- Contracting and Procurement

This section describes what we will seek to do in each of these four areas.

There is a significant overlap between the enablers for this strategy and the enablers in the South East London Community Based Care Strategy (section 1). We will work collaboratively with the other CCGs in South London, and with other partners including NHS England, the SEL CSU and the SLIC programme, where this will enable us to have faster, wider reaching impact on the enablers of our local borough strategy.

8.1 Workforce

- Developing a flexible workforce that can deliver the kind of integrated, person centred care that is needed in the future
- Support for leadership development in primary and community services, including clinical and managerial leadership
- Ability to rotate staff across acute, community and primary care settings, and redeploy staff in response to service transformation
- Sharing staff between different providers
- Support for recruitment and staff development
- Development of a wider skill mix, including development of more health care assistants
- Support for skills development and training including care-co ordination and case management
- More mobile working for community and domiciliary staff, IT enabled

8.2 Premises

- Commission an audit of practice and community premises to assess the current state of premises and the level of premises utilisation
- Develop a premises strategy, in partnership with NHS England, NHS Property Services, as an immediate priority
- Identify funding sources to develop community hubs and primary care estate in line with agreed models of care, maximising sources of funds from section 106 and regeneration
- Identify potential community hubs in each locality and develop business cases where required

8.3 Information sharing and Information technology

- Ensure inter-operability of all main IT systems
- GP practices to upgrade to EMIS web or other systems which will enable shared working in future
- Agree information sharing protocols across services, including primary, community, acute and social care
- Work with SLIC to deliver a shared clinical system to support integration
- Develop clear information for patients on consent and the use of personal information
- Flexible IT solutions to support mobile working and case conferencing

8. 4 Contracts and procurement

- Clear procurement strategy, including approach to procuring locality based services
- Use of competition and tendering to secure required level of quality, where this is in patient's interests
- Development of more outcome related contracts
- Exploration of capitated budgets to support population based integrated care
- Consistent performance management
- Effective use of incentives including quality premiums and CQUINS
- Payments linked appropriately to achievement of agreed quality and outcome thresholds

9. Financial Implications of this strategy

9.1 The financial outlook

The forward outlook for the CCG over the next five years is one of substantial change. The national funding formula for CCGs is being reviewed and changes to our allocation levels are expected. Currently Southwark is slightly under its target level of allocation by 1.5%, and we therefore expect to receive at least the average inflationary uplift of circa 2% per annum. However, this uplift will not be sufficient to cover the rising demand for and costs of healthcare, and in each year of the next five years the CCG will expect to have to make significant savings in the cost of overall care in order to meet rising demand. Our savings and productivity plans are known as Quality, Innovation, Productivity and Prevention (QIPP) plans. Our financial forecasts assume annual QIPP saving requirements of at least 6% per year in 2014/2015 and subsequent years. Our plans to achieve these cost reductions focus on reducing the costs of care through improving prevention and early management of health problems, as well as transforming the way that care is delivered in order to provide quality care at lower costs. Our programme of primary and community care redesign is of prime importance to delivering these productivity improvements.

9.2 Resources to support this strategy

The CCG will need to commit some additional resources in order to implement this strategy, including the costs of pump priming new service developments in community and primary care settings, and the costs of developing locality based models of care.

Over the period 2013/2014 to 2015/2016, the CCG has earmarked 1% of its non-recurrent reserves each year to fund the costs of implementing the South London CBC strategy and our borough based work on developing primary and community care sits within that commitment. The CCG therefore expects to be able to resource the reasonably anticipated costs of implementing this strategy, although further work will be needed to establish the funding requirements for each of the main strategic objectives, and to agree the allocation of resources to individual projects and service developments over the next three to five years. The CCG's Commissioning Strategy

Committee will be responsible for overseeing the development of detailed commissioning and service development plans, and will consider business cases for individual projects and workstreams.

We will look innovatively at how we can fund premises improvements to deliver out of hospital services, working with NHS Property Services and NHS England. There is likely to be very little capital funding available for NHS commissioners over the next few years, so many of our premises improvement projects will require revenue funding, including contributions from Section 106 or funds from regeneration projects, where possible.

Premises development costs will therefore be funded from a mixture of capital and revenue solutions. Business cases for capital developments will be required for approval with NHS England London Area Team.

10. Implementing the strategy – how we will achieve our goals

10.1 Developing an implementation approach for the strategy

The work to take forward this strategy will be led within the CCG by the Primary and Community Care Strategy Steering Group, and managed in close collaboration with the South East London Community Based Care programme.

Section 7 of this document outlines our plans for improvement against each of our main objectives. Detailed project plans will be developed for each of these areas, including resource requirements and milestones. Appendix 2 outlines the high level milestones to progress each of the key actions with the expected timeframes for implementation in the first year of our work. This will be developed further into a more detailed implementation plan in the weeks and months following the agreement of this strategic document.

10.2 Key next steps

10.2.1 Equalities Impact Assessment

The CCG believes that the changes we have outlined in this plan will have a positive impact on equalities, and help to reduce health inequalities and improve access for different patient groups. We have not yet carried out a full equalities impact assessment, but will take this forward, in order to inform the development of our detailed implementation plans and future commissioning intentions.

10.2.2 Developing a programme of organisational development for primary care

One of the immediate priorities for action by the CCG will be to agree a programme of development for practices to work at greater scale.

The precise scope of an organisational development programme for primary care will need to be developed in discussion with Southwark GP practices. It is envisaged that the programme will need to cover the following areas:

- Facilitating discussions about ways of working together at scale
- Determining models for locality working
- Support for making organisational change happen at an operational level
- Leadership development and building capacity for service improvement within localities

10.2.3 Developing a procurement approach for 2014/2015

This plan describes how the CCG will commission primary and community care services in future. To take this forward, the CCG will need to

Community contract re-procurement: The CCG's current contract for community services with GST ends in March 2014. The CCG is currently developing its commissioning intentions for procuring future community based services. Our decisions around the future procurement of community services will need to reflect the strategic objectives of this strategy, including the drive for more integrated services, designed around local populations and focussed on improving patient outcomes. We will also be reviewing the range of community based services that we currently commission, and taking decisions about the future commissioning of a number of individual services, including diabetes and CHD. It is likely that the current contract will be extended to March 2015, to allow enough time for detailed commissioning plans to be developed and for any procurement exercise to be properly managed. We will also work closely with Lambeth CCG in order to determine the timing and shape of any future re-commissioning of community services.

We will review community services each year and determine where there is scope to use contracting routes such as the Any Qualified Provider contract to deliver community services, where greater choice of provider has the potential to improve the quality and accessibility of local services.

Extended services procurement: Commissioning extended services on a locality basis is one of the ways that we propose to improve equity and the quality of services. The CCG will specify the range of extended services that it will commission for April 2014 as a priority action. A procurement approach for commissioning those extended services will be agreed to support this, taking into account national procurement guidance, and our local strategic intentions in relation to improving patient care.

All the CCG's commissioning and procurement proposals will be taken in accordance with our conflict of interest policy.

11. Reviewing this strategy

Change is a constant in the NHS, as in other public services. This strategy has been developed to respond to the likely future context for primary and community care services in Southwark but there will inevitably be unforeseen changes, for instance in the national policy context. At the time of writing, A Call to Action is taking place nationally, and may lead to significant changes in the services the NHS provides in future.

Our aim is to ensure that we commission strong, viable primary and community services that are sustainable and flexible and that can respond to the changing demands of patients as well as a changing financial and political environment.

The CCG's Primary and Community Care Strategy Steering Group will play a key role in monitoring the implementation of this strategy, ensuring that improvements in quality are achieved and maintained over the next five years. The Steering Group will also ensure that this strategy is reviewed regularly in response to changes in the national policy context for primary and community services, as well as to the changing financial situation of the CCG, and to changes to NHS service configuration across South East London.

APPENDIX 1: LIST OF COMMUNITY SERVICES IN SOUTHWARK, WITH COMMISSIONER

Adult Community Services	Commissioner	Provider
Community Nursing / Matrons	CCG	GST CHS
Heart Failure Team	CCG	GST CHS
Care Home Support Team	CCG	GST CHS
Tissue Viability	CCG	GST CHS
Multiple Sclerosis Service	CCG	GST CHS
Continence Nursing	CCG	GST CHS & LHT
Diabetes Specialist Nursing	CCG	GST CHS
Young People with Disability (YPD)	CCG	GST CHS
Home Ward	CCG	GST CHS
Acupuncture	CCG	GST CHS
Neuro Rehab	CCG	GST CHS
Complex Rehab	CCG	GST CHS
Supported Discharge	CCG	GST CHS
Foot Health	CCG	GST CHS
Podiatric Surgery	CCG	GST CHS
Three Boroughs Homeless Team	CCG	GST CHS
Adult Learning Disability	CCG	GST CHS
Enhanced Rapid Response	CCG	GST CHS
Community Mental Health Team	CCG	SLAM NHS FT
Homeless Assertive Outreach Service	CCG	SLAM NHS FT
Psychosis: Early Intervention Community Service	CCG	SLAM NHS FT
Home Treatment Team	CCG	SLAM NHS FT
Mental Health for Older Adults and Dementia Team	CCG	SLAM NHS FT
Chlamydia Service	Local Authority	GST CHS
Reproductive & Sexual Health	Local Authority	GST CHS
Sexual Health Outreach Team	Local Authority	GST CHS
HIV & Sexual Health Promotion	Local Authority	GST CHS
Stop Smoking Service	Local Authority	GST CHS
Substance Misuse Treatment Service (Community Drug Action Team (CDAT))	Local Authority	GST CHS
Needle and Paraphernalia Exchange Coordination Service	Local Authority	GST CHS
Dietetics	CCG	GST CHS
Audiology Services (Hearing assessment and aids)	CCG	Various
Community Dermatology Services	CCG	Aylesbury Medical Services
Home Enteral Nutrition (HEN) Service	CCG	LHT
Community Head and Neck Team (CHANT) Service	CCG	LHT
Non Specialist Orthotics and Wheelchairs Service	CCG	GST CHS
Ears, Nose, Throat Advice Service	CCG	Rila Group
Specialist Rehabilitation, Orthotics, Wheelchairs : Amputee Rehab	NHS England	GST CHS
Children's Community Services		
Aiming High (Specialist Equipment)	CCG	GST CHS
Children Continuing Care	CCG	GST CHS
Children's Diabetes Specialist Nursing	CCG	GST CHS
Children's Occupational Therapy	CCG	GST CHS
Children's Physiotherapy	CCG	GST CHS
Community Paediatricians	CCG	GST CHS

Looked after Children	CCG	GST CHS
Special Needs Health Visiting	NHS England	GST CHS
Special Needs School Nursing	NHS England	GST CHS
Child and Adolescent Mental Health Services	CCG	SLAM NHS FT
Children's Speech & Language Therapy	Local Authority/CCG	GST CHS
Nutrition & Dietetics	Local Authority/CCG	GST CHS
School Nursing	Local Authority	GST CHS
Child Immunisations Support Service	NHS England	GST CHS
Family Nurse Partnership (FNP)	NHS England	GST CHS
Health Visiting	NHS England	GST CHS
National Hearing Screening Programme	NHS England	GST CHS
Paediatric Audiology Service	NHS England	GST CHS
Children’s Community Nursing Team	CCG	LHT

Key
GST CHS Guys & St Thomas’ Community Health Services
LHT Lewisham Healthcare Trust
CCG Clinical Commissioning Group
SLAM NHS FT South London And Maudsley NHS Foundation Trust

APPENDIX 2: PRIMARY AND COMMUNITY CARE STRATEGY: PRIORITY ACTIONS, TIMEFRAMES AND MILESTONES

1. Reducing Variation

Priority Actions	Milestones	Timeframe	Inter-dependencies
Development Plans for improvement: NHS England led process for Quality Improvement plans at practice level for outlying performance. Locality improvement plans outlining development plans for local populations	Establish quarterly review process for primary care quality, jointly with NHS England Agree performance information data set to support performance review NHS England to lead agreement on Southwark practices needing practice level quality improvement plans Agree format and scope of locality improvement plans Locality Improvement Plans in place, agreed between CCG and Localities, linking to support and development requirements	Quarterly beginning Jan 2014 November 2013 December 2013 December 2013 March 2014	NHS England
Locality-led programme of peer review, audit and collaborative improvement	Agree reporting and information requirements for practices to support improvement Review use of productive practice and other tools Develop proposals for support for developing service improvement capability at locality level Localities to agree mechanisms for peer support and shared learning, with CCG support and facilitation	November 2013 November 2013 December 2013 February 2014	CSU
Training and Development to support improvements in quality, capacity and capability	Review and evaluate current range of training activities Develop training and development plan, with identified	October 2013 December 2013	HESL CBC workforce

	resources, for implementation from January 2014 Provide support to practices to develop skills to follow best practice referral guidelines and manage conditions in primary care where appropriate. Recruitment and retention to support new ways of working	 March 2013 and ongoing	group SLIC
Strengthen Community services contract and performance management, focussing on quality, outcomes, and productivity	Agree revised quality standards and KPIs for GST contract Agree Community CQUINS, including system wide improvements Agree Community service workplan for improving productivity, service responsiveness and quality	February 2013 March 2013 March 2013	Lambeth CCG, GST FT
Commission enhanced services in order to improve consistency of outcomes and to improve access for all patients	Agree bundles of services to be procured at locality level Review LIS and LES contracts, to be replaced with locality enhanced services contracts Agree specification for enhanced bundles, including quality and outcomes standards Agree procurement approach for enhanced services Begin procurement , to conclude with new contracts from April 2014	September 2013 November 2013 December 2013 September 2013 November 2013	SLIC Local Authority
Review Commissioning Intentions for community services	Review use of AQP to secure improved quality and choice for patients Agree any procurements via AQP Agree any services to be tendered	September 2013-Jan 2014 Jan 2014	

2. Improving Access

Priority Actions	Milestones	Timeframe	Inter-dependencies
Improve consistency of access to commissioned services for all patients	Commissioning of consistent service offer through localities – see plans re commissioning enhanced services	April 2014	
Agree future location of Out of Hospital Services, including pharmacies, GP surgeries and community hubs	Agree service model and proposed location of services provided out of hospital Develop Dulwich business case based on above model Develop proposals for community hubs in other parts of Southwark, following engagement with patients and other stakeholders	November 2013 November 2013 April 2014	
Communications to patients to support access to care	Agree local communications for urgent care for winter 2013/2014 Agree plans for 111 implementation across LSL Develop materials for Southwark patients on services, access and self-care	November 2013 March 2014 June 2014	CSU
Implementation of Urgent Care strategy, following NHS England review of Emergency Services	Review urgent care strategy and re-commissioning Southwark services including: Review of Lister Walk in Centre Review of KCH Primary Care Service Review use of pharmacies/minor ailment services Review Single Point of Access to community admission	June 2014	NHS England KCH Lambeth and Lewisham CCGs

	avoidance services Review location of Out of Hours bases and integration with UCCs Re-commissioning of urgent care services in line with above, to deliver a consistent Urgent Care Access model, including integration with patient's own practice and Out of Hours care		
Primary Care appointment access	Programme of collaborative support for access improvements Clear arrangements for urgent access to GP appointments and extended hours in primary care, linking to CCG's future commissioning of Urgent Care Services	November 2013 – June 2014	
Improve booking processes for patients	Agree improvement plan for community services booking and response times to practices and patients Continue to implement Choose and Book improvements, prioritising Kings and Community services Monitor cancellations and re-scheduling of care, including analysis of patient experience and quality alerts, taking action via contract and performance management routes Undertake some focused work with patients to understand access and experience of booking and waiting, to inform further improvements	March 2013 Ongoing April 2014 June 2014	GST, KCH, Connecting for Health

3. Integration and better care-co-ordination

Priority Actions	Milestones	Timeframe	Inter-dependencies
Investment in integrated pathways for elderly and those with LTCs, including admission avoidance and community LTC services	Homeward rolled out across Southwark as part of @Home model Re-commission diabetes community service Agree specification for community respiratory service Evaluation of SLIC frail elderly pathway Agree approach to integrated care for LTC Community services integrated into pathways, including diabetes, respiratory, district nursing, foot health etc	October 2013 April 2014 December 2013 March2014 March 2014 March 2015	SLIC, Lambeth CCG, GST
Care-co-ordination central to integrated pathways, supported by Community Multi-Disciplinary teams	Patient centred care planning and support for self management agreed as generic framework, included in locality service specifications Primary care case management adopted as a core approach to co-ordinating the care of patients, supported by risk stratification and locality based integrated service models	March 2014 March 2014	SLIC
Integration based around populations with focus on shift to a preventative approach	Services commissioned through locality networks of care, based around populations, as key mechanism for co-ordinating integrated care and interfacing with other agencies to provide more patient centred care Link to new contractual models and financial flows	April 2014	
Changing contracts and financial flows	Agree scope for capitated budgets and commissioning	February 2014	SLIC

to support integration	arrangements to support further integration Shadow capitated budgets Business case for Integrated Care Organisation for consideration	September 2014 February 2014	
Develop plans for the integration of children's services	Develop plans for the integration of children's services, working with Lambeth and Southwark integration project	September 2014	Evelina project, Local Authority
Integrated community services developed around localities, including social care services, and co-located in 'hubs' where appropriate	Development of service model for community hubs Review of community services interface with primary care;	November 2013 for Dulwich September 2014	

4. Increasing the range of services out of hospital

Priority Actions	Milestones	Timeframe	Inter-dependencies
Planned care – commissioning of community clinics where this is clinically and cost effective	Priorities include: Gynaecology Ophthalmology ENT Cardiology Paediatrics Headache Pain Management	Timeframe to be determined for each specialty	CSU,
Diagnostics: secure quality assured diagnostics for LTC care as part of locality model, agree strategy for extended direct access diagnostics where this complements more streamlined and cost effective planned care pathways	Spirometry service implemented at locality level Business Case for Phlebotomy Procurement for Phlebotomy and ABPM Diagnostics review completed Procurement of direct access diagnostics, complementing community hub and locality networks model	December 2013 October 2013 April 2014 February 2014 Begin in April 2014	CSU
Screening, diagnostics and management of non-complex conditions in non-acute settings, included in locality services	Agree commissioning intentions for Healthchecks and other screening services with Local Authority	November 2013	Local Authority and Public Health

Increased home based care, including accelerated discharge, support for frail elderly	@Home model rolled out Better take up of integrated approach to frail elderly , including locality networks linking to CMDTs Improved discharge arrangements, with support from integrated social care and health services – testing of new service	October 2013 October 2013 October 2013	GST, SLCI, Local Authority
Use wider range of providers to support care out of hospital including pharmacies and third sector	Links to other workstreams, including review of Public Health contracts, planned care and urgent care commissioning intentions,	Ongoing	Local Authority, LPC, CAS,

Glossary of Terms

ABPM – Ambulatory Blood Pressure Monitoring, where blood pressure monitoring is carried out over a period of time.

Acute - describes a disease or illness that comes on quickly, severe symptoms and brief duration.

Acute care - healthcare, usually secondary care services, that responds to a critical or episodic health need. Acute services are typically hospital based services.

Any Qualified Provider - patients or GPs can, for certain conditions, choose from a range of approved providers, who have met the strict criteria for and are approved under the AQP regulations.

Care co-ordination – the process of joining up or planning the provision of health or other care services that an individual needs. This is normally done by an individual called a care-co-ordinator, who takes responsibility for ensuring that an individual's needs are met by a range of different services or agencies in a planned way.

Choose and Book - Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.

Commissioning - the planning and organising, procurement, monitoring and performance management of health and health care services for a local community or specific population.

Community based services/ community care – health services that are not provided by secondary care or by primary care, and are provided in patients' own homes, health clinics or health centres. A fuller list is included in Appendix 1.

CQUINs (Commissioning for Quality and Innovation) - a contractual mechanism that allows commissioners (e.g. CCGs) to pay providers (e.g. hospitals) for completing activities that directly relate to improving the quality of care received by patients, through linking a proportion of the provider income to achieving the improvement goals.

Extended services – this term is used in this document to mean a range of services that can be provided in primary and community care but which are not included in the core GP contract. It includes, but is not necessarily restricted to historic locally enhanced services, non-core funding, incentive schemes or other newly commissioned services.

Health and Well-being Board – a statutory group which is responsible for improving population health and well-being at a borough level. It is a multi-agency group chaired by the Leader of the Council, with strong representation from the CCG, the police and other agencies.

Health Inequality **-** the generic term used to designate differences, variations, and disparities in the health outcomes of individuals and groups, for example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes.

Healthwatch- the independent consumer champion for the voices of the Southwark population concerning health and social care services, established by the Health and Social Care Act 2012.

Health Education South London – A strategic board which exists to ensure effective and efficient investment of education funds for staff, ensuring security of supply of the workforce for south London.

Joint Strategic Needs Assessment - a document which analyses the health needs of a population to inform the commissioning of health, well-being and social care services. This document is updated on an annual basis.

Integration – the bringing together of different health and/or social care services to work together in an organised way to meet the needs of a group of patients. This may involve co-location or single management of services.

Local Enhanced Service – local scheme of additional services provided by GPs (agreed by the CCG) in response to local needs and priorities, sometimes adopting national NHS service specifications.

Local Incentive Scheme - a process to engage GPs in working to address specific health objectives for the local population. This has included long term conditions (such as COPD and diabetes), early cancer diagnosis and effective prescribing.

Local Authority – also known as the Council, a statutory organisation of local government which provide or arrange a range of services including education, housing, leisure and social care.

Local Medical Committee – a statutory Local Representative Committee representing the interests of all GPs working in the NHS.

Locality – a geographic area or neighbourhood. GP practices within Southwark are currently organised into locality groups for the purposes of commissioning. This document suggests that GPs are also organised into localities in order to collectively provide services to the population of that locality.

Out of Hours - services available between 6.30pm and 8.00am during the week and during the day on Saturdays and Sundays (including weekends and bank holidays).

Outcomes – the effect of treatment on patients, which can be measured in a number of different ways, including biological measurements (e.g. reduction in blood pressure or treatment of cancer), mortality rates (number of deaths per/1000 population), and patient satisfaction or experience of care.

Primary Care – the collective term for health services that are the first point of contact for patients, including General Practice (GP) services, pharmacies, dentists and optometrists. The following terms relate to GP services:

> **Core** – the services that all GP services have to provide within the national contract for primary care.
>
> ***GMS*** – General Medical Services – the services which are stipulated in the core GP contract.

PMS – Personal Medical Services. A way of contracting for primary care which covers the core contract and a range of quality and care requirements.

Non-core services – some GP practices receive funding for providing services that are outside the core GP contract. In Southwark examples include counselling and physiotherapy.

Enhanced Services - services provided by general practices in addition to their core contracts on a voluntary basis. Examples of enhanced services include smoking cessation, sexual health, vascular health checks and integrated frail elderly services.

Quality and Outcomes Framework (QOF) - a system of quality requirements for GPs for which practices can receive additional payment for meeting specified standards.

Secondary Care – more complicated or specialist healthcare, either outpatient or inpatient, that is usually provided by hospitals, and is normally received following a referral by another health professional rather than being universal or open access for all patients.

SELDOC – **S**outh **E**ast **L**ondon **Doc**tors – a co-operative organisation of member practices which provides Out of Hours Services across NHS Lambeth, Southwark and Lewisham CCGs, including telephone advice, GP consultations and home visits.

SLIC – Southwark and Lambeth Integrated Care. A programme taking forward integration across Lambeth and Southwark, involving a partnership of the CCGs and Local Authorities, King's College Hospital, Guy's and St Thomas' and South London and the Maudsley Foundation Trusts.

***Urgent Care* -** Urgent care is defined as the delivery of medical care outside of a hospital emergency department on a walk-in basis without a scheduled appointment.

Agenda Item 8

Item No. 8.	Classification: Open	Date: 22 October 2013	Meeting Name: Health and Wellbeing Board
Report title:		Joint Health and Wellbeing Strategy – proposed action plan	
Wards or groups affected:		All	
From:		Kerry Crichlow, Director of Strategy and Commissioning, Children's and Adults' Services	

RECOMMENDATIONS

1. The board is requested to:

   a) Approve the recommended actions as set out in paragraph 7 of the report.

   b) agree delivery and reporting back arrangements as set out in paragraph 8 of the report.

EXECUTIVE SUMMARY

2. Following adoption of the 2013/14 Joint Health and Wellbeing Strategy at the July board, this paper sets out a number of actions to implement the board's agreed priorities. Given that the strategy covers one year, actions focus on delivering impact quickly, and will also support longer-term developments to take forward members' shared priorities beyond April 2014.

BACKGROUND INFORMATION

3. The local authority and clinical commissioning group are required by the 2001 Health and Social Care Act to produce and publish, through the Health and Wellbeing Board, a Joint Health and Wellbeing Strategy. The strategy for 2013/14 was agreed at the July Health and Wellbeing Board. It contains three priority objectives:

   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

4. The proposed action plan attached as appendix 1 was developed collaboratively, with input from all board member agencies. Development activity included a review of existing provision, priorities and plans to understand gaps and opportunities, both in terms of 'quick win' actions and longer-term ambitions to support the development of a strategy for post 2014.

5. The development activity culminated in a multi-agency workshop to explore what actions agencies could take together to collectively improve the health and wellbeing of residents. The draft actions have also been considered by senior

leadership across partners, through the regular joint management meeting.

KEY ISSUES FOR CONSIDERATION

6. The board is recommended to agree the actions as set out in paragraph 7. The proposals are focused on kick-starting the achievement of the long-term ambitions outlined in the strategy. As a result, the proposals range from short-term promotional and awareness-raising activity, to targeted actions to address key health risks or local performance challenges.

7. It is recommended that the board agree the following actions to form the basis of its work programme for this year's strategy. These are proposed on the basis that they could have the most impacted and/or best meet local needs and priorities.

   Health and Wellbeing Strategy Priority 1
   Family Fusion
   Pop up children's centres
   Healthy schools

   Health and Wellbeing Strategy Priority 2
   Pop up health checks
   Pop up wellbeing shops

   Health and Wellbeing Strategy Priority 2
   Silver surfers
   Southwark Special Sports

8. The board is asked to agree the following delivery and reporting arrangements. It is proposed that the identified champion supported by relevant key officers oversees the action's delivery, including deadline for completion, task, use of resources, and setting out key roles and responsibilities of partners. The champion will be required by the board to report back on progress quarterly and troubleshoot on behalf of the board any obstacles for delivery of project. Leads will be required to work with frontline staff and service users in developing the action plans.

Policy implications

9. 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 and its supporting action plan 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

10. 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

11. The board is required to produce and publish a joint health and wellbeing strategy on behalf of the local authority and clinical commissioning group. Following the fulfilment of this requirement, the report attached as appendix 1 supports its implementation.

Financial implications

12. Implementing the proposals, as outlined in appendix 1, will involve cost implications, and these will be further developed following the board's approval of the action plan. It is anticipated that agreed actions will be funded from existing resources from across the partnership, including refocusing existing programmes, pooling monies or exploring external funding opportunities.

BACKGROUND PAPERS

Background Papers	Held At	Contact
2013/14 Joint Health and Wellbeing Strategy	www.southwark.gov.uk	Elaine Allegretti 020 7525 3816

APPENDICES

No.	Title
Appendix 1	Proposed 2013/14 Joint Health and Wellbeing Strategy action plan

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	14 October 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		14 October 2013

APPENDIX 1

Building a healthier future together

Southwark's Joint Health and Wellbeing Strategy

2013-14 Action Plan

October 2013

Foreword by Peter John, chair of the board

I am delighted to introduce how we, the health and wellbeing board, intend to translate into action our hopes and ambitions for the residents of Southwark. This document sets out what actions we will take to turn the vision and ambitions we set out in our joint health and wellbeing strategy into reality over 2013/14.

We as partners know we are stronger together and we are hungry for change, but we recognise too the significant challenges facing our communities. We made a good start tackling the borough's most intractable problems through the board's work in its shadow preparatory year, but we will not be complacent or rest on our laurels.

We therefore set out in this document the actions we believe will make the biggest difference over the lifetime of this strategy. We have set ourselves bold targets and milestones because we want to make sure we are having the impact we intend, but we are also building for the longer term. Our residents deserve no less.

Our joint health and wellbeing strategy covers 2013/14, and we will, concurrently with implementing the actions in this document, work towards updating and extending our vision and strategy beyond April 2014. We are already working on developing our priorities into a longer-term transformational plan.

We will also continue to work with stakeholders and communities to translate these actions into the results they want to see, 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.

In publishing this document, the partners on the board commit to making the actions a reality, and will be held to account in achieving the progress we intend. We have named a champion for each action in order to give them a high-level profile and ensure any obstacles are overcome. Together we can make sure this borough is a place everyone can thrive and be proud of.

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

Our priorities and the results we want

The health and wellbeing board agreed to focus partners' efforts on the three priority objectives over 2013/14. Over the following pages we have set out what actions we will take over the coming year to progress towards achieving these objectives:

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

In the joint health and wellbeing strategy, partners have committed to doing 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 or 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

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 to promote healthier lifestyles and mental wellbeing in communities, health services and workplaces
3. Increase the focus on primary prevention, and spot and act earlier on the signs of ill health, including more diseases being detected early, and less variation in care
4. Help people to change unhealthy behaviours, and to better manage long term conditions including through better self-management
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

1. Continue to safeguard vulnerable children and adults, ensuring they have a safe and stable home close to their communities, including more children being 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 with complex and chronic conditions 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, connectedness and satisfaction with the services they receive

Actions we will take this year and the results we expect

Name	Description	Additional comment	Impact we expect (PH outcomes framework indicator as appropriate)	Champion	Promotion
Priority 1 – Giving every child and young person the best start in life					
Family fusion	Referral-based exercise programme for obese and overweight families or families-to-be	Refocuses Exercise on Referral programme to target families rather than individuals; referrals from practitioners such as midwives and using children's centres as hubs for delivery	Reduction in maternal and childhood obesity rates and increase in activity levels (2.6, 2.12, 2.13)	Dr Ruth Wallis	Supported by communications campaign
Pop-up children's centre	Roaming "children's centre" providing information and advice, including signposting, at community locations, for example housing or social services offices, and GP surgery	Comprises key delivery partners, such as Southwark Works and benefits advisors, community nutritionist, dentist and voluntary sector partners, alongside early years and early help staff, and builds on existing children's centres and local programmes	Increase take-up of children's centres programmes, key partner services, and childhood entitlements (1.1, 1.2, 2.1, 2.2, 2.3, 2.5, 4.1)	Cllr Dora Dixon-Fyle	Supported by locality publicity and communications campaign
Healthy Schools Programme	To revive and refocus previous healthy school programmes to target key health issues for local children and families	Comprises of all partners who can work with schools to deliver child health outcomes. This could include targeted work on teenage pregnancy, dental care, immunisation, obesity, healthy eating and risky behaviours	key partner services, and childhood entitlements (1.1, 1.2, 1.4, 1.5, 2.1, 2.2, 2.3, 2.5, 3.2 4.1)	Romi Bowen	Supported by locality publicity and communications campaign
Babies and toddlers' clinics	Prenatal and health visiting clinics to be relocated to neighbouring children's centres where feasible	Potential to make better use of existing children's centres' buildings and provide more holistic experience for families	Increase take-up of children's centres activities and childhood	Dr Amr Zeineldine	Supported by locality publicity

			entitlements (1.1, 1.2, 2.1, 2.2, 2.3, 2.5, 4.1)		
Text speak	A free text-me-back service for young people who want advice and guidance on topics such as sexual health, drugs and alcohol, or homelessness	Text service would be advertised on a credit card-sized card, which would be distributed widely; makes good use of technology to engage young people and build on existing local programmes; could be extended further to target particular issues, cohorts or postcodes	Increase take-up of key services such as sexual health screening or EET, and reduce risky behaviours (1.4, 1.5, 2.4, 3.2)	Cllr Dora Dixon-Fyle	Member launch supported by communications campaign
The flying squad	A multi-agency rapid response team to deal with issues identified in local areas	Targeted team approach, providing more joined-up support using existing resources focused on specific issues, cohorts or hotspots	Fall in risky activity, such as youth crime and improved reported wellbeing (1.4, 1.5, 2.4, 3.2)	Cllr Dora Dixon-Fyle	Communications campaign
Priority 2 – Building healthier and more resilient communities and tackling the root causes of ill health					
Pop-up health checks	Roaming health check clinic covering key long term conditions, diseases and health risk factors, visiting community hubs such as pubs, churches and high streets as well as employers	More holistic approach to identifying health conditions by targeting across clusters of known health risks in at-risk cohorts or communities; programme will be informed by pooling of intelligence from all partners; potential target groups include men, BME communities, adolescents, postcodes etc; could consider using voluntary sector for additional outreach capacity	Increase take-up of health check, plus higher prevalence rates of key conditions and diseases (2.11, 2.12, 2.14, 2.17, 2.20, 2.22, 3.3, 3.4, 4.12)	Cllr Catherine McDonald	Member launch supported by extensive communications campaign
Better recall	Follow-up service to engage residents who do not show up for appointments resulting from health checks	Extends existing infrastructure of following up residents who do not show up for health checks; consider using voluntary sector for additional outreach capacity; could be extended further as a notification hub for pharmacists for no-show repeat prescription collections and to support residents' better self-management	Increase in treatment rates across key conditions and diseases (2.11, 2.12, 2.14, 2.15, 2.17, 2.19, 2.20, 2.22, 3.3, 3.4, 4.12)	Andrew Bland	Member launch supported by communications campaign

Pop-up wellbeing shops	Temporary lease of empty shops to local start-ups or social enterprises with a health or wellbeing product or service	Examples could include fitness, health foods, debt management or therapies; supported by enterprise workshops and training through libraries and economic development	Increase in small local businesses, and supports improved community wellbeing	Cllr Peter John	Communications campaign linked to Healthy High Streets
Train and treat	Key non-medical staff working with vulnerable residents trained to apply brief advice approach, such as for alcohol screening	Builds on existing brief advice and interventions model to increase range of professionals equipped, and greater targeting of interventions on at-risk groups	Increase in prevalence and treatment of key health risks such as alcohol misuse (1.7, 1.11, 2.14, 2.15, 2.17, 2.20, 3.2, 3.3)	Neil Robertson	Internal communications campaign
Planning for health	Use of section 106 planning requirements to provide additional resources for health and wellbeing projects which address health inequalities or board priorities	Builds on existing systems, for example, using section 106 funding to resource health checks, smoking cessation programmes or iPads for older people in local communities	Increase in use of section 106 funding for health-related priorities	Eleanor Kelly	Internal communications
Happier @ work	Mindfulness-based programme to support frontline staff to manage better their and their clients' mental health and wellbeing	Using King's Health Partners' methodology and working jointly with partners' organisational development teams to develop and roll-out a one-off module for priority staff groups (social workers, A+E staff etc) across all partners	Increase in staff wellbeing and morale (1.9)	Romi Bowen	Staff internal communications campaign
Priority 3 – Improving the experience and outcomes for our most vulnerable residents and enabling them to live more independent lives					
Silver surfers	A library-style lending scheme giving pensioners access to iPads to support their independence and improve IT skills; scheme	Builds on existing technology and innovation funding opportunities; creates intergenerational aspect through working with local schools; also support greater independence and self-management	Increase in self-reported wellbeing and independence for older residents (1.18, 2.23, 4.13)	Romi Bowen	High-profile event with communications campaign

	supported through adult education environment or by pairing pupils through schools network	approaches through access to electronic resources; longer term this could support local telecare approaches			
Southwark special sports	Borough-wide school sports day for children and young people with a special educational need or disability	Builds on Community Games model and Paralympics legacy, utilising key programmes and resources such as disabled cycling, adventure playgrounds, special schools sports and local leisure facilities	Increase in take-up of disability sports or disability activities (2.6)	Dora Dixon -Fyle	High-profile event with communications campaign
The silver league	Over-65s competitive sports and activities ranging from, for example, chess to table tennis, swimming or dancing	Using amateur sports league model and existing facilities such as residential homes, day centres, libraries etc; programme runs throughout year, with finals culminating during Silver festival; programme provides potential for ongoing social peer networks, building on Southwark Circle model	Increase in self-reported health and wellbeing for older residents (1.18, 2.12, 2.13, 2.23, 2.24, 4.13, 4.14)	Cllr Peter John	High-profile event with communications campaign
The wellbeing module	Intergenerational module in local apprenticeship and post-16 learning	Extends existing programmes to target support at socially isolated older residents, such as providing health and beauty in care homes, or handyman services for pensioners	Increase in self-reported wellbeing and independence for older residents (1.15, 1.18, 1.19, 2.23, 4.13)	Cllr Catherine McDonald	Communications campaign

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MUNICIPAL YEAR 2013/14

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Dated: 7 June 2013