Open Agenda

Health and Wellbeing Board

Thursday 19 December 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 Adult's 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
Alvin Kinch	Southwark Health Watch
Gordon McCullough	Community Action Southwark
Councillor Catherine McDonald	Health, Adult Social Care and Equalities
Professor John Moxham	King's Health Partners
Dr Ruth Wallis	Director of Public Health
Dr Amr Zeineldine	NHS Southwark Clinical Commissioning Group

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

Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: 11 December 2013

PRINTED ON RECYCLED PAPER

Health and Wellbeing Board

Thursday 19 December 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 confirmed 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 open minutes of the meeting held on 22 October 2013.	1 - 8
6.	**BETTER HEALTH OUTCOMES FOR CHILDREN AND YOUNG PEOPLE - OUR PLEDGE** To adopt the pledge and agree the use of outcome measures as a basis for developing a shared outcomes framework across children's health and wellbeing provision.	9 - 17

Item No.	Title	Page No.

Date: 11 December 2013

Agenda Item 5

Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Tuesday 22 October 2013 at 10.00 am at 160 Tooley Street, London SE1 2QH

PRESENT:	Councillor Peter John (Chair) Andrew Bland Romi Bowen Councillor Dora Dixon-Fyle Dr Patrick Holden Neil Hutchison Eleanor Kelly Gordon McCullough Councillor Catherine McDonald Dr Ruth Wallis Dr Amr Zeineldine
OBSERVERS:	Alvin Kinch, Healthwatch Jane Fryer, NHS England
OFFICER SUPPORT:	Eleaine Allegretti, Head of Strategy, Planning and Performance, Children's and Adults' Services

1. APOLOGIES

Apologies for absence were received from Professor Johm Moxham and Fiona Subotsky.

2. CONFIRMATION OF VOTING MEMBERS

Those members listed as present, were confirmed as the voting members for the meeting.

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

The chair gave notice that the following late item would be considered for the reasons of urgency to be specified in the relevant minute:

Item 10 – Integration Focus

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

5. MINUTES

RESOLVED:

That the minutes of the meeting held on 31 July 2013 be agreed as a correct record and signed by the chair subject to the following amendment:

Item 9, Developing the Joint Health and Wellbeing Strategy

Last paragraph – insert before 'RESOLVED:'

> 'Fiona Subotsky advised that Healthwatch Southwark was keen to lead on a working group or sub-committee of the Health and Wellbeing Board focusing on engagement and information sharing.'

Matters Arising

Romi Bowen, Strategic Director of Children's and Adults' Services, updated the meeting on the Winterbourne Concordat stocktake, in which Southwark had received positive feedback, providing assurance that local activity was on the right track and now the task was to follow through on individual cases. Actions relating to the joint health and wellbeing strategy (JHWS) and integration working party were noted to be on the day's agenda.

Kerry Crichlow, Director of Strategy and Commissioning, joined the meeting to outline the agenda planning process going forward. She tabled a forward plan, which set out anticipated upcoming items for the board's attention, such as those relating to statutory responsibilities or standing items. The process, she explained, would provide visibility to the board's work, ensuring it was transparent and effective.

6. RECENT POLICY AND BUDGET UPDATES

Elaine Allegretti, Head of Strategy, Planning and Performance, introduced the report. She outlined recent developments, highlighting the publication of the vision for the integration transformation fund (ITF), the government's intention to introduce free school meals to all infant pupils and the new inspection frameworks from CQC and Ofsted.

Dr Patrick Holden, noted the announcements in relation to A+E pressures, highlighting that local foundation trusts would not receive any funding, as this was targeted at trusts in greater difficulty. He pointed to local developments including the roll out of Homeward and the extending of investment into nursing homes as actions to relieve A+E pressure locally. Councillor Catherine McDonald raised the issue of the public health grant ringfencing, highlighting that Southwark receives funding below the rate calculated according to its health need. She urged the board to pressure government to speed up the increases in funding in line with local health needs. Dr Amr Zeineldine added that the scenario was similar to CCG allocations from NHS England, and would welcome any address to

government in these areas. Jane Fryer, NHS England, noted that overall London was receiving broadly the appropriate level of funding but that there were huge differences between boroughs which would lead to some very big winners and losers if money is redistributed. She said the allocation would be known in December and it was yet to be seen how quickly a redistribution would occur. It was agreed that a joint letter from the Director of Public Health and the Director of the Clinical Commission Group be sent to Dr Anne Rainsbury Regional Director and Dr Yvonne Doyle, Public Health England Director raising the Board's concern.

Andrew Bland highlighted the pace of change required by national reforms, noting in particular the ITF developments which, although welcome, to be over two years, represented little new money and therefore would require significant reconfiguration at pace of acute services, where most of the money was allocated. He noted the lack of clear governance around the ITF, and stated a preference for additional developmental/seminar opportunities over and above board meetings, given the scale and pace of change required. He also highlighted the recently published NHS Call to Actions for GPs and London services, requesting that the board consider future agenda items on what residents think of these issues, and feeding this back to government.

Cllr Dora Dixon-Fyle requested confirmation that the pledge in relation to children's services would be adopted locally. This was confirmed.

Gordon McCulloch, Community Action Southwark Chief Executive, highlighted the recent report on health budget implementation and requested that the board monitor implementation.

RESOLVED:

1. That the contents of the report be noted.

2. That Dr Ruth Wallis and Andrew Bland send a joint letter to Dr Anne Rainsbury, Regional Director and Dr Yvonne Doyle, Public Health England Director raising the Board's concern.

7. DRAFT SOUTHWARK PRIMARY AND COMMUNITY CARE STRATEGY

Andrew Bland introduced the item, noting the context of enormous national and local changes, including the national Call to Action and local learning from the joint strategic needs assessment (JSNA) and the need to address inequalities. He noted that Southwark appeared to be the first CCG to produce this kind of plan, which highlighted our potential to shape future developments.

Tamsin Hooton, Director of Service Redesign, outlined how the strategy was developed. She highlighted that the drivers for change included the increasing demand and financial pressures on primary care and the variability in outcomes and quality evident across local primary provision. She noted that the developments would also support the integration of services in line with local and national requirements. She outlined how the strategy was developed within a framework of local strategies including the JHWS, and involved consultation with all partners as well as a benchmarking review and JSNA analysis. Key messages from stakeholders included acceptance of the rationale for change but also the

need for workforce development and locality support to facilitate change, alongside consideration of how resources including premises and renegotiation of the community contract would support this. Tamsin added that the benchmarking review reinforced that the wide variability between practices in patient outcomes was not explained by demographic variation. She noted that although the review found sufficient overall capacity, this was not reflected in the patient experience, with an imbalance across days of the week and practices. The review also found inequity in the distribution of extended services across Southwark and that outcomes and performance were significantly below national average, for example immunisations, health checks, management of long term conditions and mental health reviews. Tamsin concluded by outlining the actions flowing from the strategy's priorities. These focus on developing services in localities, ensuring primary and community care services are at the core of a population health approach, working with other agencies to address health improvement and health inequalities, and developing community hubs, including integrated services. She asked the board to consider three questions:

- How does this strategy support the aims of the Health and Wellbeing Strategy?
- How can locality based services help us to deliver better outcomes for Southwark residents?
- How do locality based primary and community care services support the further integration of services in the borough?

Romi Bowen, Strategic Director of Children's and Adults' Services noted that the strategy was helpful in setting out what needs to happen, and asked how the CCG would ensure a breakthrough with GPs, particularly in areas where there had been significant resistance such as ensuring capacity on Mondays or Fridays. Tamsin highlighted the development of tools to support GPs to better manage demand and output as well as the commissioning of pathways such as phone triage. She also pointed to the development of locality pilots in which seven-day provision is established across a cluster of practices, and ongoing work with GPs to combine better with A+E and walk-in centres. Jane Friar noted that the current financial and demand pressures on GPs provided an impetus to change as the system and many organisations are unsustainable. In response to a question from Councillor Peter John, Leader of the Council, Dr Amr Zeineldine said the LMC agreed with the impact of these pressures, adding that it recognised the need for workforce development. Andrew Bland added that the Southwark and London LMCs were supportive, including providing a letter of support. He stressed that the strategy's key messages were addressing access, variation and inequity of provision, and that delivery at scale on a population basis was critical. He urged the board to use population-based delivery models to improve consistency and access. He added that if GPs do not collaborate across localities, commissioning choices would provide additional pressure to conform. Jane Fryer confirmed NHS England action to remove the very poorest quality practices, with three dispersed since April and action continuing against the very few now left.

Dr Ruth Wallis noted that the strategy fitted with the JHWS, with better access, treatment and outcomes key to both. She noted that place-based planning provided bigger opportunities, with work still to do on some cohorts, citing how young people and men do not like visiting GPs, as well as the borough's transient and unregistered populations causing issues for all services. She confirmed that these issues are being addressed through the JSNA which will support work to define issues and identify solutions. In agreeing that there was close correlation between the JHWS and the CCG primary and community care strategy, Eleanor Kelly, Chief Executive of the council highlighted the

need to integrate actions across both strategies, to prevent a twin-track approach developing.

Alvin Kinch added that Healthwatch was on the CCG steering group, and welcomed the importance of continued consultation. She noted that Healthwatch had a role in monitoring strategy implementation and that it would continue its workshop programmes, particularly with particular cohorts including Latin women, deaf patients and African forums. Councillor McDonald highlighted the need to ensure buy-in from GPs to deliver JHWS priorities, with slower than wished-for engagement in some key areas, for example health checks or holistic health assessment through Southwark and Lambeth Integrated Care (SLIC). Tamsin reiterated the CCG intention that locality commissioning and the bundling of specifications would address these performance and service issues. Cllr McDonald also asked how we would support those residents who currently have poor quality provision while the strategy is implemented. Dr Amr Zeineldine and Andrew Bland reiterated that a population based approach to reducing variation was the strongest response. Andrew also noted that the model was being implemented in Dulwich first and that the CCG would continue to look for opportunities elsewhere in the borough to develop community hubs.

RESOLVED:

That the content of the draft Primary and Community Strategy, attached as appendix 1 of the report, be noted.

8. JOINT HEALTH AND WELLBEING STRATEGY - PROPOSED ACTION PLAN

Elaine Allegretti, Head of Strategy, Planning and Performance introduced the report.

Romi Bowen, Strategic Director of Children's and Adults' Services noted that the potential list was developed by experts and provided a rich set of examples, and that all suggested actions track back to an evidence base. She said the question was how the board could address known service and performance concerns by experimenting and doing something dramatically different. Jane Fryer added that two key issues that needed visibility across the longer term included alcohol, and the impact of wider determinants including jobs and housing. Councillor Catherine McDonald noted that the proposed actions were in addition to longer-term work, and that the recommendations were about making a difference quickly. Dr Ruth Wallis concurred that the list fits into a larger strategy, for example with pop-up provision providing potential to do something quick and experimental as part of wider, longer-term strategy to improve access in this priority area. Similarly the Family Fusion proposal provides immediate action as part of wider work to develop the obesity care pathway. In answer to points raised, Elaine Allegretti confirmed there were resources attached to all proposals and that all proposed actions were rooted in the experience and outcomes of service users.

Board members welcomed the suggestion that proposals should be co-championed in order to support greater partnership working, with Dr Patrick Holden and Councillor Dora Dixon-Fyle to co-champion the pop-up children's centres, and Councillor Dora Dixon-Fyle co-championing the Silver League with Councillor Peter John. Members also welcomed the establishment of a mechanism to oversee developments including ensuring that all actions are rooted in evidence and cost-effectiveness, and that the outcomes sought by the board are achieved through implementation.

RESOLVED:

1. That the recommended actions as set out in paragraph 7 of the report be approved.

2. That the champions and co-champions report back to the December meeting on the seven agreed priority actions.

9. DIRECTOR OF PUBLIC HEALTH UPDATE

The Director of Public Health's Update report was tabled at the meeting.

The board received a presentation from Bimpe Oki, Lambeth and Southwark Public Health Team, on tobacco control in Southwark. Bimpe reported that the purpose of the tobacco control was to eliminate or reduce tobacco consumption and to protect people from exposure to tobacco smoke. She advised that there was a package of interventions including smoking cessation, smoke-free legislation and tobacco regulation. She outlined the cost of smoking, in terms of being the borough's biggest single cause of preventable ill health and premature death, and the range of actions to reduce consumption. These include smoking cessation services, educating young people through whole-school approaches, working with retailers, promoting smoke-free legislation, and targeting illicit tobacco trade. The Southwark and Lambeth Tobacco Control Alliance continues to prioritise action, recommending the signing of the local government tobacco control declaration among other actions. The chair thanked Bimpe for the presentation and noted the staggering figures contained within it, with significant costs to some of the borough's most disadvantaged groups. The board discussed the importance of promoting smoking cessation at work. Dr Amr Zeineldine added that prevention must remain the key focus, and to ensure that actions in the JHWS action plan could incorporate activity around smoking cessation, for example through pop-up provision, healthy schools activity or workplace support.

RESOLVED:

1. That the Local Government Tobacco Control Declaration set out in the presentation document be agreed.

2. That the Director of Public Health's update report be noted.

10. INTEGRATION FOCUS

This item had not been circulated 5 clear days in advance of the meeting. The chair agreed to accept the item as urgent as the paper's agreement was essential to supporting the local integration agenda. The ITF incentive and pace of developments in SLIC meant that a delay in considering the item may potentially impact on delivery.

The board watched a short film produced by Southwark's youth council which captured views from young and older people about local services for older people. Following this Tamsin Hooton, Director of Service Redesign, outlined the national and local context. She outlined for discussion the objectives for taking forward the integration of local services for

older people. She noted that integration was not a new concept in Southwark, with many lessons to build on, including the progress locally of SLIC. Although noting that progress had been slower than wished-for, she highlighted achievements including development of the homeward and enhanced rapid response service, as well as the establishment of community multi-disciplinary teams and a geriatrician hotline. She noted the ambitions to extend to other cohorts including those under 65 years, as well as to transform the workforce, improve care in nursing homes and simplify discharge pathways.

Sarah McClinton, Director of Adult Social Care, continued the presentation noting the role of the board in relation to the ITF and supporting integration across the wider system and connections with the JHWS. She highlighted that the central questions were how to bring together services across mental and physical health, across health and social care, and in supporting a whole-person care approach, and in particular what performance measures the board wished to use to track progress in achieving its ambitions around integration. She stressed that the ITF represented a lot to do in a very short space of time, supporting the view that additional workshops were desirable to ensure sufficient pace in developments, with the board providing the scope and steer to frame the development work. She also noted that the £3.8bn ITF was largely existing money which was attached to contracts including those for acute services.

The board agreed to set aside additional development time, such as through masterclasses, in order to ensure this work progresses with sufficient pace. Romi Bowen, Strategic Director of Children's and Adults' Services, added that the principles and overarching objectives set out in the report recommendations were right in ensuring that this work focused on the improved outcomes and experiences sought for residents, rather than being swamped in integration "for integration's sake". The board approved the recommendations as the basis for the masterclass's work on developing more detailed performance measures. Eleanor Kelly, Chief Executive, noted that partners would continue to be involved in ongoing work between meetings, with the chair adding that the board bore the responsibility for delivering the ITF and wider integration agenda. It was agreed that updates would be provided to every board meeting going forward to ensure the board exercised its strategic oversight effectively.

RESOLVED:

1. That the progress to date in taking forward the local integration agenda, as set out in paragraphs 10 – 14 of the report be noted.

2. That the integration working party be tasked with creating a shared narrative for integrating services in Southwark as set out in paragraphs 10 – 14 of the report and report these back to the next meeting.

3. That the shared objectives and performance measures which underpin local development for integrating older people services, as set out in paragraphs 15 – 16 of the report be agreed.

The meeting ended at 12.35pm

CHAIR:

DATED:

Item No. 6.	Classification: Open	Date: 19 December 2013	Meeting Name: Health and Wellbeing Board
Report title:		Better health outcomes for children and young people – our pledge	
Wards or groups affected:		Children, young people and families; all wards	
From:		Councillor Dora Dixon-Fyle, Cabinet Member for Children's Services	

RECOMMENDATION

1. The board is requested to:

   a) Adopt the pledge and agree to use the outcome measures set out in paragraphs 8-12 as the basis for developing a shared outcomes framework across children's health and wellbeing provision.

EXECUTIVE SUMMARY

2. This paper sets out key health outcomes for local children and young people, in the context of the national pledge 'Better health outcomes for children and young people'. The paper proposes that a set of key outcomes arising from the pledge are adopted as part of the performance management framework underpinning the Joint Health and Wellbeing Strategy (JHWS), to form the basis of a shared outcomes framework across the system. This will include adoption of the outcomes by individual agencies and aligned partnership bodies in the children's health and wellbeing system including the Children's and Families' Trust, Southwark Safeguarding Children Board, Children's Commissioning Board, Safer Southwark Partnership and Health and Social Care Partnership Board.

BACKGROUND INFORMATION

3. As outlined in the policy update to the board's last meeting, the Local Government Association, Department of Health, Royal College of Paediatrics and Child Health, and the Children and Young People's Health Outcome Forum jointly wrote to lead members for children's services and the chairs of health and wellbeing boards in the summer to invite councils to sign up to the "Better health outcomes for children and young people pledge". It is a part of the system-wide response to the Children and Young People's Health Outcomes Forum Report, and is attached as appendix 1.

4. The pledge commits signatories to put children, young people and families at the heart of decision-making and improve every aspect of health services – from pregnancy to adolescence and beyond. It highlights five outcome clusters it seeks to improve:

   a) Reduce child deaths through evidence-based public health measures and by providing the right care at the right time
   b) Prevent ill health for children and young people and improve their

opportunities for better long-term health by supporting families to look after their children, when they need it, and helping children and young people and their families to prioritise healthy behaviour

c) Improve the mental health of our children and young people by promoting resilience and mental wellbeing and providing early and effective evidence-based treatment for those who need it
d) Support and protect the most vulnerable by focusing on the social determinants of health and providing better support to the groups that have the worst health outcomes
e) Provide better care for children and young people with long term conditions and disability and increase life expectancy of those with life-limiting conditions

KEY ISSUES FOR CONSIDERATION

5. The board agreed in July to establish a performance management framework to enable members to hold the system to account in achieving the shared commitments set out in JHWS. There is considerable alignment between the pledge, and the principles and priorities of the JHWS, the aligned Children and Young People's Plan, and the work programme of the Southwark Safeguarding Children Board.

6. Looking at each of the pledge's outcome clusters in turn, the following paragraphs review local performance in the context of the public health outcomes framework, the board's emerging performance management framework, and feedback from service users. It is proposed that these outcome measures form the basis of the board's and wider system's performance management frameworks in relation to child health and wellbeing provision going forward:

7. <u>Reduce child deaths</u>:

- Good or improving outcomes:

a) Significant improvements in infant mortality rate has brought it almost in line with national average
b) Fewer children have been killed or seriously injured in road traffic accidents, although performance is only in line with national average
c) Fewer first time entrants to the criminal justice system or youth reoffenders

- Priority areas for action:

d) Mortality rates for 1-17 year olds remains below national benchmarks
e) Although improving, knife and gun crime remain high compared to London and account for a significant proportion of child deaths

8. <u>Prevent ill health:</u>

- Good or improving outcomes:

a) Good outcomes for mothers and toddlers, including high breastfeeding rates, rising immunisation levels, and low rates of smoking in pregnancy
b) Wide range of parenting support including through network of children's

centres and developing early help offer

c) Low rates of young people admitted to hospital from alcohol specific conditions or substance misuse

- Priority areas for action:

d) Childhood obesity levels remain significantly worse than national comparisons
e) Although falling, the rate of low birth weight remains a priority, as does reducing the number of admissions to A+E by under-fives, this is also set against the context of a rising birth population, with significant numbers of mothers who are born overseas
f) Although falling significantly, Southwark's teenage conception rate remains higher than statistical neighbours

9. Improve mental health:

- Good or improving outcomes:

a) Good levels of personal, social and emotional development for children at the end of the early years foundation stage profile
b) Strong universal and targeted services, including school-based provision, although young people cite bullying as an ongoing key concern
c) Low rates of young people admitted to hospital as a result of self-harm, and rates in line with national benchmarks for hospital admissions for mental health conditions

- Priority areas for action:

d) Access to child and adolescent mental health services is variable, with demand creating significant waiting lists
e) Increasing focus through inspection and regulation on provision of help at first point of identification, through a needs-led, evidence-based early help offer

10. Protect the most vulnerable by focusing on wider determinants:

- Good or improving outcomes:

a) Good-quality offer through borough-wide network of children's centres, including range of parenting, childhood and health services
b) Strong educational outcomes across all key stages, from early years to post-16, including falling rates of those not in education, employment or training
c) Good performance in reducing rates of tooth decay, although instances of malnutrition and rickets on the rise

- Priority areas for action:

d) High levels of child poverty, family homelessness, those living in workless households, and those living in poor housing conditions
e) High levels of children in need and those on a child protection plan, which indicates greater risks of poor health and social outcomes such as lack of attachment to primary caregiver, including those in neglectful or troubled

families

f) Improving stability for children looked after and increasing numbers of looked after children finding permanent homes, although performance below comparators

11. Quality care for long term conditions or disability:

- Good or improving outcomes:

a) Above national average educational outcomes for children and young people with a special educational need (SEN)
b) Valued short breaks and leisure offer, although children and families strongly support more universal and family-orientated activities

- Priority areas for action:

c) Changing levels of needs, including impact of increasing numbers of children with autism
d) Low rates of children or young people with SEN or a disability receiving direct payments or having choice over the services they receive
e) High numbers of refusals at SEN panel, indicating unmet need, coupled with some parental dissatisfaction at adversarial nature of process

12. Based on the above analysis, it is proposed that the following outcome measures are adopted by the board and used as the basis for developing a shared outcomes framework across the children's system. It is proposed that each agency represented at the board and relevant partnership bodies (such as the Children's and Families' Trust and Southwark Safeguarding Children Board), review their existing performance management and outcomes frameworks against the outcomes listed in paragraphs 7-11. The outcomes of this work will be to identify the most appropriate leadership for each outcome as well as interdependences across partners.

Policy implications

13. The proposed use of the above outcome measures in the board's performance management arrangements will support the board in holding partners to account against agreed shared priorities. It will also form the basis for ongoing needs analysis and community engagement topics in order to develop the next Joint Health and Wellbeing Strategy.

Community impact statement

14. There are substantial health inequalities in Southwark, including for the children, young people and families within the scope of this report. Those on lower incomes, with disabilities, some ethnic groups and those who are vulnerable and likely to suffer poor health and wellbeing. The adoption of this pledge will support the board's ambition to improve outcomes and reduce inequalities by providing a robust mechanism for monitoring partner activity and impact in these areas.

Legal implications

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

Financial implications

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

BACKGROUND PAPERS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Better health outcomes for children and young people – our pledge

AUDIT TRAIL

Lead Officer	Romi Bowen, Strategic Director of Children's and Adults' Services	
Report Author	Elaine Allegretti, Head of Strategy, Planning and Performance, Children's and Adults' Services	
Version	Final	
Dated	9 December 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		9 December 2013

APPENDIX 1

Better health outcomes for children and young people

Our pledge

> “The foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood.”
>
> **(Marmot)**

Children and young people growing up in England today are healthier than they ever have been before. Health care and social changes have had dramatic impacts. Previously common killer diseases are now rare. More children with serious illnesses and disabilities are surviving into adulthood and the infant mortality rate has fallen to less than a quarter of what it was at the beginning of the 1960s.

But international comparisons and worrying long-term trends demonstrate there is room for improvement, with poor health outcomes for too many children and young people compared with other countries. A smaller group of more vulnerable children – such as looked after children – suffer much worse outcomes. The variation in outcomes and quality of healthcare for children and young people is unacceptable. The clear evidence that pregnancy and the earliest years are critical to the future health and wellbeing of children and adults and that evidence-based early interventions can have significant positive impacts does not always inform how services are commissioned.

The need for improvement is not new; numerous reports have highlighted the issues. Individual initiatives have led to improvements in specific areas, but have not resulted in the system wide changes required to improve outcomes. What is new is the opportunity to ensure the focus on outcomes in the new health and care system includes children and young people clearly and explicitly, from conception through to adulthood.

We are committed to improving the health outcomes of our children and young people so that they become amongst the best in the world.

System-wide change is required to achieve this and each part of the system, at each level, has a vital contribution to make. To this end we pledge to work in partnership, both locally and nationally, with children, young people and their families.

Our shared ambitions are that:

1. Children, young people and their families will be at the heart of decision-making, with the health outcomes that matter most to them taking priority.
2. Services, from pregnancy through to adolescence and beyond, will be high quality, evidence based and safe, delivered at the right time, in the right place, by a properly planned, educated and trained workforce.
3. Good mental and physical health and early interventions, including for children and young people with long term conditions, will be of equal importance to caring for those who become acutely unwell.
4. Services will be integrated and care will be coordinated around the individual, with an optimal experience of transition to adult services for those young people who require ongoing health and care in adult life.
5. There will be clear leadership, accountability and assurance and organisations will work in partnership for the benefit of children and young people.

We all have a part to play in promoting the importance of the health of our children and young people.

Through our joint commitment and efforts we are determined to:

- **reduce child deaths** through evidence based public health measures and by providing the right care at the right time;
- **prevent ill health for children and young people and improve their opportunities for better long-term health** by supporting families to look after their children, when they need it, and helping children and young people and their families to prioritise healthy behaviour;
- **improve the mental health of our children and young people** by promoting resilience and mental wellbeing and providing early and effective evidence based treatment for those who need it;
- **support and protect the most vulnerable** by focusing on the social determinants of health and providing better support to the groups that have the worst health **outcomes**;
- **provide better care for children and young people with long term conditions and disability** and increase life expectancy of those with life limiting conditions.

Because

- **the all-cause mortality rate for children aged 0 – 14 years has moved from the average to amongst the worst in Europe**[1]
- **26% of children's deaths showed 'identifiable failure in the child's direct care'**[2]
- **more than 8 out of 10 adults who have ever smoked regularly started before 19**[3]
- **more than 30% of 2 to 15 year olds are overweight or obese**[4]
- **half of life time mental illness starts by the age of 14**[5]
- **nearly half of looked after children have a mental health disorder and two thirds have at least one physical health complaint**[6]
- **about 75% of hospital admissions of children with asthma could have been prevented in primary care**[7]

Building momentum

At national level a new **Children and Young People's Health Outcomes Board**, led by the Chief Medical Officer, will bring together key system leaders in child health to provide a sustained focus and scrutiny on improving outcomes across the whole child health system.

A new **Children and Young People's Health Outcomes Forum** will provide both ongoing expertise in child health and offer constructive challenge to the next phase of this work. The Forum will hold an annual summit involving the CMO to monitor progress on child health outcomes and make recommendations for their improvement.

The Children and Young People's Health Outcomes Forum report and system response can be found at **http://www.dh.gov.uk/health/2012/07/cyp-report/**

For the very first time, everyone across the health and care system is determined to play their part in improving health outcomes for children and young people.

1 Wolfe I, Cass H,Thompson MJ et al. Improving child health services in the UK: insights from Europe and their implications for the NHS reforms. BMJ 2011; 342:d1277
2 CEMACH report 2008
3 Healthy Lives, Healthy People – our strategy for public health in England. Department of Health (2010)
4 Health Survey for England 2010
5 Kessler R, Angermeyer M, Anthony J et al. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. World Psychiatry 2007 Oct; 6(3):168-76
6 DfE Outcomes for children looked after as at 31 March 2012
7 Asthma UK. Wish you were here – England (2008).

Agenda Item 7

Item No. 7.	Classification: Open	Date: 19 December 2013	Meeting Name: Health and Wellbeing Board
Report title:		Joint Health and Wellbeing Strategy action plan report back	
Wards or groups affected:		All	
From:		Romi Bowen, Strategic Director of Children's and Adults' Services	

RECOMMENDATIONS

1. The board is requested to:

   a) Note progress implementing the Joint Health and Wellbeing Strategy action plan
   b) Agree next steps, including the proposed extension activities as set out in paragraph 9, resource commitments in paragraph 10, and coordination of outreach activity in paragraph 11
   c) Request that the children's commissioning board, and health and social care partnership board oversee action plan's implementation, reporting back to the board on progress in March 2014, as set out in paragraph 13

EXECUTIVE SUMMARY

2. Following agreement at the October board meeting of the 2013-14 Joint Health and Wellbeing Strategy (JHWS) action plan, this paper outlines progress to date implementing the seven priority actions.

BACKGROUND INFORMATION

3. At its October meeting, the health and wellbeing board agreed to adopt the JHWS action plan as the basis of its work programme for this year, and to nominate a board member as champion/co-champion for each action. The seven actions are:

4. Priority 1:
   - Family fusion
   - Pop-up children's centres
   - Healthy schools

5. Priority 2:
   - Pop-up health checks
   - Pop-up wellbeing shops

6. Priority 3:
   - Silver surfers
   - Southwark Special Sports

KEY ISSUES FOR CONSIDERATION

7. Work has begun to develop the scope, timescales and costs of each action. Underpinning this work is a review of the evidence base and outcomes frameworks to ensure that proposed actions are cost effective and will achieve the outcomes intended. Appendix 1 contains a summary of activity to date taking forward each action.

8. As discussed by members at the October board, some actions are more 'implementation-ready' than others, with the pace of progress varying depending on the amount or complexity of groundwork required. For example, proposals under the healthy schools, pop-up health checks and pop-up children's centre actions are anticipated to launch in the early months of next year. Similarly Southwark special sports is proposed for June/July in line with school calendars. The family fusion, pop-up wellbeing shops and silver surfers actions require further development, with the intention that launches will be in place by Easter, with activity scheduled throughout the year.

9. A theme emerging from the work so far is that there is much potential to align existing work to the actions, and to consider expanding the scope to encompass other partnership work. For example:

    a) Develop a 'pop-in' children's centres programme alongside the 'pop-up' – such as locating services such as baby and toddler clinics, GP services or housing advisors in children's centres as drop-in sessions or appointment clinics
    b) Align engagement activity for populations with poor lifestyle/health, for example smokers could be targeted for both health checks and smoking cessation
    c) Extend or align the health checks programme with cancer screening outreach work or flu immunisations programmes; the health check methodology could also be extended to other key groups such as pregnant women or new mothers, or adolescents
    d) Expand the special sports day to a week-long holiday scheme, with links through to existing Sports Network and Youth Games programmes

10. The working assumption has been to use existing resources where possible. In considering the proposals, members are asked to review what existing resources or funding streams could be utilised – for example combining communications or engagement resources, committing staff to provide support, or providing resources such as venues for pop-ups. The council's communications team is able to support promotional campaigns within existing resources and media channels.

11. Another common theme is that many of the programmes have an outreach element, with the same population groups – such as young families, or adults with unhealthy lifestyles – being targeted by multiple services. It is proposed that these are reviewed and combined to improve effectiveness and value for money.

12. In addition, activity to date has highlighted the need for multi-agency fora to develop these and other potential service redesign proposals. Members are urged to consider how new and existing partnership arenas can be best utilised in this regard.

13. In order to ensure that progress against objectives is achieved quickly and effectively, it is proposed that the children's commissioning board and health and social care partnership board are mandated to support the implementation of the JHWS action plan alongside the respective action champion, with champions reporting back to the health and wellbeing board in March.

Policy implications

14. Southwark Council and NHS Southwark Clinical Commissioning Group have a statutory duty under the 2012 Health and Social Act to produce a JHWS 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 impact statement

15. 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 JHWS embeds a commitment to reducing these inequalities with a common aim that as a result of the strategy these inequalities are lessened, and the actions set out in this report support this ambition.

Legal implications

16. The board is required to produce and publish a joint health and wellbeing strategy on behalf of the local authority and clinical commissioning group. The actions outlined in this report support the strategy's implementation.

Financial implications

17. Implementing the actions may have cost implications, and these are being identified through the ongoing work to implement the actions. As outlined in paragraph 10, 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
None		

APPENDICES

No.	Title
Appendix 1	Joint Health and Wellbeing Strategy actions' implementation plans

AUDIT TRAIL

Lead Officer	Romi Bowen, Strategic Director of Children's and Adults' Services
Report Author	Elaine Allegretti, Head of Strategy, Planning and Performance, Children's and Adults' Services
Version	Final
Dated	9 December 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		9 December 2013

Appendix 1: Joint Health and Wellbeing Strategy actions' implementation plans

Priority action	**1: Family Fusion**
Description	Multi-component programme for very unhealthy weight children and their families
Champion(s) / Officer lead(s)	Dr Ruth Wallis
Governance	Children's commissioning board (obesity workstream)
Key stakeholders	Public health, school nurses, schools, GP practices, children's centres
Outcome success measures	Reduction in BMI in children attending the programme
	Reduction in waist circumference
	Reported changes in eating behaviour
	Reduction in sedentary behaviour and increase in physical activity
Implementation milestones	▪ Commissioning and delivery of programme ▪ Alignment with obesity pathway development ▪ Engage health professionals in publicity/awareness raising ▪ Engage children's centres, schools GPs and other stakeholders as partners
Longer-term milestones and alignments	▪ Review of all children and adults' health improvement referral programmes including referral criteria, programme content and effectiveness ▪ Inform the development of an evidence-based programme of prevention and weight management for children, families and adults ▪ Inform the re-commissioning all health improvement services
Evidence base	▪ NICE obesity pathway and clinical guidance ▪ Southwark Public Health Joint Obesity Review 2012
Allied action plan options	▪ Healthy schools

Priority action	**2: Pop-up children's centres**
Description	Roaming "children's centre" providing information and advice, including signposting, at community locations, for example housing or social services offices, and GP surgery
Champion(s) / Officer lead(s)	Cllr Dora Dixon-Fyle and Patrick Holden / Merril Haeusler
Governance	Children's and Families' Trust
Key stakeholders	Children's centres, early help teams, economic development including Southwark Works, JobcentrePlus, public health, Community Action Southwark, Southwark Clinical Commissioning Group, GPs, community health services, housing/environment
Outcome success measures	Percentage of local young families engaged with local children's centre
	Take-up of key childhood immunisations
	Take-up of free early education entitlements (2, 3 and 4 year olds)
	Gap between Southwark and London employment rates
Implementation milestones	▪ Establish virtual 'team' for roadshow of services supporting young families, eg advice, outreach and customer staff ▪ Activity includes checking eligibility of key entitlements and benefits plus signposting to health, housing, leisure and early help services, eg smoking cessation or immunisation check-ups ▪ Identify venues (link to pop-up wellbeing shops) and/or mobile units, such as shopping centres, housing offices or hospital grounds; first pilot proposed at Surrey Docks Health Centre
Longer-term milestones and alignments	▪ Children's centres' strategy ▪ Ofsted inspection preparation ▪ Development of coordinated multi-agency outreach programme
Evidence base	▪ Early Intervention Foundation best practice guides ▪ Ofsted children's centres inspection framework ▪ Marmot, Field and Munro Reviews
Allied action plan	▪ Pop-up wellbeing shops

Priority action	**3: Healthy schools**
Description	Revived and refocused healthy school programmes to target key health issues for local children and families. This will take a prevention/early intervention approach and include a biennial survey or pupils (SHEU)
Champion(s) / Officer lead(s)	Dr Ruth Wallis and Romi Bowen
Governance	Children's commissioning board
Key stakeholders	Schools/Heads' Executive, public health, youth service, special education service, GPs, CCG, youth offending team, community safety, school nurses
Outcome success measures (indicators including via school survey)	Sexual health: teenage conceptions and Chlamydia; % awareness/knowledge
	Substance misuse: under-18 alcohol misuse and admissions; percentage awareness/knowledge
	Emotional health and wellbeing: percentage awareness/knowledge; bullying (inc sexual), self-harm
	Health protection: vaccination coverage, infection control
	Healthy weight: excess weight in 4-5 and 10-11 year olds
	Oral health: tooth decay (percentage mdf)
	First time entrants to the youth justice system
	Teaching staff: trained (e.g. INSET) and confident
Implementation milestones	▪ Introduce C-card scheme to improve young people's access to sexual health advice and contraception, by Easter ▪ Complete review of existing activity in schools ▪ Explore link to London Healthy Schools programme ▪ Maximise use of health huts and opportunities from Free Healthy School Meals programme ▪ Design Healthy Schools programme and commission it
Longer-term milestones and alignments	▪ Links to schools' use of pupil premium ▪ School nursing review and reconfiguration ▪ Align with relevant strategies e.g. child and adolescent mental health, substance misuse and sexual health
Evidence base	▪ PHSE curriculum programmes ▪ Department for Education evaluations ▪ London Healthy Schools Programme guides ▪ Change 4 Life
Allied action plan	▪ Family fusion

Priority action	**4: Pop-up health checks**
Description	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, to support increased take-up of health checks, especially among at-risk population
Champion(s) / Officer lead(s)	Cllr Catherine McDonald / Dr Ruth Wallis
Governance	Health and social care partnership board
Key stakeholders	GPs, public health, director strategy and commissioning, CAS, primary and community health services, foundation trusts, employers' groups, community engagement
Outcome success measures	Percentage of eligible population offered a health check
	Take-up of NHS health check programme among eligible population (sub-focus on co-morbidities and at-risk communities)
	Percentage recorded diabetes prevalence
	Percentage HBA1c (increased detection impaired glucose intolerance)
	Percentage with CVD risk >= 20%
	Reduced inequalities in cardiovascular disease mortality
	Smoking prevalence
Implementation	▪ Identify 'clusters' of known health risks and at-risk cohorts; eg: high levels

milestones	of obesity, diabetes and hypertension in BME communities in Peckham and Camberwell; or high levels of smoking, cancer and chronic obstructive pulmonary disease in white working class men in Rotherhithe, Bermondsey and Nunhead ▪ Identify potential venues to reach identified 'clusters', for rolling programme from January to March 2014 – eg working men's clubs; local employers or community/church venues ▪ Promote through print, broadcast and social media campaigns alongside targeted outreach to places at-risk cohorts frequent (eg churches, community groups, barber shops), plus use of community/organisational champions, and targeting of families with known health risks
Longer-term milestones and alignments	▪ Joint programme review with Lambeth, January to April 2014, to explore strengths and areas for development, including detailed analysis of 'clusters', to develop service reconfiguration proposals ▪ Test these new approaches from April 2014, eg pilot ways to expand patient choice, such as choice of location, appointment times and practitioner seen by (community settings, weekend openings, greater use of community practitioners) or test more proactive follow-up service ▪ Improve information sharing and cross-targeting with key prevention and treatment programmes ▪ Link through from volunteering strategy, community engagement programme and economic development strategy
Evidence base	▪ Department of Health and Public Health England NHS Health Check Programme best practice guidance ▪ Cardiovascular risk checks – national statement
Allied action plan	▪ Pop-up wellbeing shops

Priority action	**5: Pop-up wellbeing shops**
Description	Temporary lease of empty shops to local start-ups or social enterprises with a health or wellbeing product or service
Champion(s) / Officer lead(s)	Cllr Peter John / Stephen Gaskell
Governance	Corporate services
Key stakeholders	Economic development, property lettings, public health, CCG, GPs, foundation trusts, community engagement, libraries, CAS, employers forums
Outcome success measures	Number of local small/medium sized businesses Community cohesion Self-reported wellbeing
Implementation milestones	▪ Identify one location per community council area; units potentially available in Elephant and Castle, Peckham and through regeneration sites in Bermondsey etc ▪ Develop funding/allocation mechanism through extension of Town Centre Growth Fund to identify tenants, alongside promotion to voluntary and community sectors ▪ Use venues as location for pop-up children's centre or health checks and as signposting service for key health issues ▪ Also exploring potential link-ups with local groups running relevant services, such as Southwark Carers' massage or Southwark Pensioners' Centre's older people health services ▪ Could support start-ups and local businesses through local investment readiness programme and national start up support
Longer-term milestones and alignments	▪ Embed in area planning, economic development and community engagement strategies, and Council Plan schedules as appropriate ▪ Utilise as part of wider outreach approach to health and wellbeing
Evidence base	▪ Healthy High Streets ▪ Economic Development Strategy
Allied action plan	▪ Pop-up health checks ▪ Pop-up children's centres

Priority action	**6: Silver surfers**

Description	A library-style lending scheme giving pensioners access to iPads to support their independence and improve IT skills; scheme supported through adult education environment or by pairing pupils through schools network
Champion(s) / Officer lead(s)	Cllr Peter John and Eleanor Kelly
Governance	Library Service, headed by Adrian Whittle
Key stakeholders	Libraries, Heads' Exec, schools, adult social care (day centres and care homes), specialist education, adult learning,
Outcome success measures	Self-reported wellbeing
	Social isolation
	Adult IT skills
Implementation milestones	▪ Identify older people groups (day centres, nursing homes, other) and linked young people/pupil groups ▪ Identify funding or existing iPads for use, opportunities likely through existing technology and innovation funds ▪ Pilot programme through Home Library scheme, which currently provides books and DVDs to the housebound ▪ Also exploring links with Southwark Pensioners' Centre and visually impaired group based there; with the centre potentially acting as a base for project coordination, promotion and training ▪ Link to Adults' Learning one-to-one IT training courses for older people, eg lessons on how to use Skype, online shopping, emailing etc ▪ Anticipate launch by Easter
Longer-term milestones and alignments	▪ Consider in development of local telecare approaches ▪ Basis for future intergeneration projects ▪ Long-term loans of iPads funded through social care personal budgets as appropriate
Evidence base	▪ Age UK Loneliness and Isolation Review ▪ Intergenerational project evaluations, eg Manchester's Generations Together programme
Allied action plan	▪ Pop-up wellbeing shops

Priority action	**7: Southwark special sports**
Description	Borough-wide school sports day for children and young people with a special educational need or disability.
Champion(s) / Officer lead(s)	Romi Bowen / Merril Haeusler
Governance	Heads' Exec SEN group, and children's commissioning board
Key stakeholders	Schools, Heads' Exec SEN group, public health, SEN, children with disabilities and transition teams, youth service, sports and leisure team/Fusion, London PE & School Sports Network
Outcome success measures	Participation in the day
	Take-up of disability sports or disability activities
	User satisfaction
Implementation milestones	▪ Event proposed for June/July, as single day at which children try out range of sports including volleyball, gymnastics, trampolining or boccia ▪ Each activity would be managed by a London PE/Sports Network coach and supported by junior sports leaders from across Southwark schools so the event has a wider reach than special educational needs and disability (SEND) children ▪ Builds on existing disability sports programme by London PE/Sports Network at Bacon's College, which is hugely popular with schools ▪ Align with Southwark Youth Games, which takes place over the spring and summer
Longer-term milestones and alignments	▪ Event could be embedded in and extended through holiday activities schemes and SEND Local Offer, for example week-long activities programme with 'sports competition' on final day ▪ Extend scope through Inclusive and Active 2 strategy

Evidence base	▪ Inclusive and Active 2 Strategy ▪ PE curriculum and sports funding
Allied action plan	▪ Healthy schools

Agenda Item 8

Item No. 8.	Classification: Open	Date: 19 December 2013	Meeting Name: Health and Wellbeing Board
Report title:		Proposed stakeholder engagement programme for refreshing Joint Health and Wellbeing Strategy	
Wards or groups affected:		All	
From:		Romi Bowen, Strategic Director of Children's and Adults' Services, and Alvin Kinch, Healthwatch Southwark Manager	

RECOMMENDATIONS

1. The board is requested to:

   a) Approve the proposed approach to stakeholder engagement to support the refresh of the Joint Health and Wellbeing Strategy from 2014, as set out in the report

   b) Nominate representatives from their organisations to provide expert input into the programme's development and to lead activities as part of the programme, as set out in paragraphs15-16

   c) Request a report back on findings in March 2014.

EXECUTIVE SUMMARY

2. This paper sets out proposed approach to engaging stakeholders' views as part of the development of a new Joint Health and Wellbeing Strategy (JHWS) from 2014.

BACKGROUND INFORMATION

3. At the July meeting, the health and wellbeing board agreed a one-year JHWS, and that this would act as both a planning framework for partners' individual and collective actions over 2013-14, acts as a planning framework for developing a new JHWS for implementation from 2014. This approach is intended to enable the strategy's priority objectives to be more fully explored with our communities and stakeholders, in order to get behind the headlines and so better understand what is working well and what needs to change.

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

   a) Co-produced: by our communities and with partners based on hard evidence and learning from people's perceptions and experiences of care services
   b) Strategic: recognising the roles and accountabilities of partners, and where together we can make the most difference in the short, medium and long term
   c) Holistic: working together to understand how we can make the most

difference to residents' lives by looking at their needs in the context of their community and life course, and our local choices for prevention and treatment

5. At the October meeting, it was further agreed that Healthwatch Southwark would support the development of the stakeholder engagement programme as part of the refreshed strategy's development.

KEY ISSUES FOR CONSIDERATION

6. It is proposed that the intelligence-gathering phase of the JHWS's refresh has three strands, with each informing and influencing the other strands:

   a) Analysis of impact locally of local and national policy and performance drivers and issues
   b) Joint strategic needs assessment (JSNA) led by the director of public health and data 'deep dives' on the journeys of key cohorts to identify common experiences of current service design, pathways and outcomes
   c) Service user experience, as collected through a stakeholder engagement programme.

National and local policy and performance drivers

7. Nationally, the agenda continues to shift radically and at pace, with reform across all parts of the system, from children to adults, from universal to specialist, and all delivered within unprecedented budget reductions. This has included significant structural reforms, in particular to the health service, with resulting diversification and fragmentation of provider, funding and regulatory requirements.

8. These structural reforms are driven by the need for a more holistic approach to health, care and support needs, one that puts the needs and experience of people at the centre of how services are organised and delivered. These ambitions are very wide-ranging, underpinning reform across health, education and social care systems for children, young people, families, adults and older people alike. A key driver underpinning these developments is how the local system can respond to the needs of an overburdened health and social care system, which is faced by rising demand, variability in quality and patient outcomes, rising population expectations, falling resources and increasing complexity in diagnosis and treatment.

9. In addition, the regulatory bar continues to rise with new inspection frameworks across health and social care from Care Quality Commission, as well as Ofsted's revised regimes for children's centres, education providers and social care. These increasingly focus on the impact services have on improving the experience and outcomes of residents and service users. Underpinning these regulatory and legislative changes is a sharper focus on improving outcomes for vulnerable cohorts, from disadvantaged two-year olds to the frail elderly or adults with challenging behaviours. A wide range of legislative reforms, for example, are also fundamentally redrawing entitlements and responsibilities, including the Care Bill and the Children and Families Bill, alongside national responses to the Francis Enquiry and Winterbourne View.

10. The local system continues to respond robustly to these challenges, and these will form the starting point for refreshing the JHWS, for example the primary and

community care strategy, the CCG integrated plan, Council Plan and the Children and Young People's Plan.

11. These strategies are underpinned by a detailed understanding of local needs, with the JSNA reinforcing the evidence of high levels of need, health inequalities and challenge in this diverse borough. Although improving, health challenges remain including high childhood obesity and teenage conceptions rates as well as smoking, adult obesity and early deaths from cancer, liver and respiratory disease. Mental health, substance misuse, domestic abuse and poverty all further exacerbate known health inequalities.

12. The proposed stakeholder engagement programme will be guided by the above drivers, seeking to get behind the facts and figures to understand the stories behind them. We are not starting from a blank slate, and the proposed programme will build on existing strong service user voice, for example:

    a) JSNA evidence and public health community engagement such as through obesity review
    b) CCG engagement activity underpinning the primary and community care strategy, and integrated plan
    c) 1,000 journeys through Children and Young People's Plan
    d) Southwark and Lambeth Integrated Care engagement programme
    e) Healthwatch Southwark engagement activities and intelligence
    f) Needs assessments for redesign of services including sexual health, substance misuse, and child and adolescent mental health
    g) Community engagement activity in support of and partnership with voluntary, community and faith groups, in line with council priorities
    h) Other local learning such as Health and Adult Social Care Communities and Citizenship Scrutiny Sub-committee review intelligence

Engagement themes and methodology

13. In analysing the above drivers and issues, it is proposed that the following themes form a framework for the stakeholder engagement programme:

    a) Health and social care:
        - Primary and community care
        - Urgent and emergency care
        - Frail elderly

    b) Adult and community health and wellbeing:
        - Unhealthy/healthy lifestyles, and wider determinants of health
        - Adults with long term conditions and those dying prematurely
        - Adult mental health
        - The impact of community, cultural and economic needs on health and wellbeing
        - Access to services and perceptions of high-quality services

    c) Child health and wellbeing:
        - Young people and adults with special educational needs, learning difficulties or disability
        - Child and young people health, particularly risky adolescent behaviour and child mental health

14. It is proposed that the open-ended methodology used for the 1,000 journeys, for the Children and Young People's Plan, is used as the basis for this programme. The methodology asks participants to share a story, highlighting their highs, lows and what could have been different. The learning from previous programmes is that the richness of feedback and community insights depends more on who you ask to tell you story. Therefore the above themes will guide the selection of events and population groups to engage.

15. In order, therefore, to ensure that the above proposed themes are appropriately developed for maximum impact, members are asked to nominate representatives from their organisation to provide expert input partners to guide the insight being sought from stakeholders' stories. Healthwatch Southwark will lead this work on behalf of the board, with coordination support from the local authority.

16. The stories will be collected using a range of methods, including online questionnaires, one-off high-profile events and smaller-scale focus groups. These will include standalone activity as well as community outreach and utilising existing service offerings (for example day service community events). The programme also evolves as stories are collected, with insights from residents shaping additional events or focus groups. The programme's success depends on widespread access to residents, staff and practitioners to collect their stories. Members are therefore asked to ensure their nominated representative leads relevant activities, such as promoting events, offering slots for sessions, and providing leadership in respective agencies.

17. It is anticipated that the programme of engagement will take place through January and February, with ongoing analysis of emerging themes and issues shaping the JSNA cycle and development of the refreshed strategy.

Policy implications

18. The proposals in this report are intended to support the development of the JHWS, which is a key strategic policy and planning framework for the local health and wellbeing system. It is intended that, by ensuring user voice is at the heart of the strategy development, that the resulting strategy is grounded in the experience of residents, thus ensuring their voice shapes service development and improvement planning. It is also intended that the rich body of evidence collected will support all partners in future service planning, by providing insights into the experiences of users and residents. In addition, partners' engagement in the engagement programme is intended to further strengthen their commitment to working together in achieving the shared aims and objectives of the board.

Community impact statement

19. 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 JHWS embeds a commitment to reducing these inequalities with a common aim that as a result of the strategy these inequalities are lessened. The proposed stakeholder engagement programme set out in this report supports this ambition by ensuring that users' experiences and voice are at the heart of partners' vision and service development proposals. Community and equality impact

assessments will be undertaken as the programme is developed, to ensure that all statutorily defined groups and local communities are equally able to contribute and be heard through the engagement programme and strategy development.

Legal implications

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

Financial implications

21. Implementing the stakeholder engagement programme as outlined in this report is likely to have cost implications. It is anticipated that these will be met through existing council and partner resources.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Romi Bowen, Strategic Director of Children's and Adults' Services, and Alvin Kinch, Healthwatch Southwark Manager	
Report Author	Elaine Allegretti, Head of Strategy, Planning and Performance, Children's and Adults' Services	
Version	Final	
Dated	9 December 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		9 December 2013

Agenda Item 9

Item No. 9.	Classification: Open	Date: 19 December 2013	Meeting Name: Health and Wellbeing Board
Report title:		Developing Integrated Care for People with Long Term Conditions	
Wards or groups affected:		All wards, people with long term conditions	
From:		Tamsin Hooton, Director of Service Redesign, Southwark CCG	

RECOMMENDATIONS

1. The board is requested to:

   a) Note and approve the recommendations for future development of integrated LTC care in the borough
   b) Support the neighbourhood model of care as a key element in integrating care for Long Term Conditions in the borough
   c) Agree a working group on self management to support the HWB strategy and our shared work on Long Term conditions.

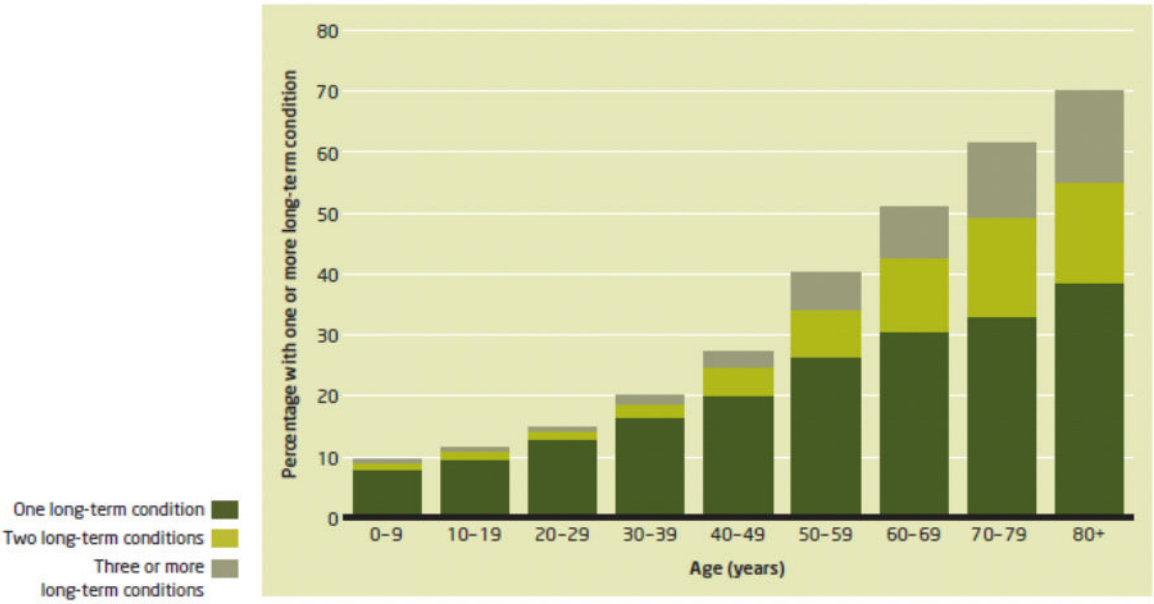
EXECUTIVE SUMMARY

2. This paper summarises current commissioning strategy for long term conditions (LTCs) and proposes a model for developing integrated care for LTCs.

3. Long term conditions are health problems that are not curable but which can usually be controlled by the use of medicines and changes in lifestyle. They include high blood pressure, diabetes, depression and arthritis. It is estimated that nationally up to 70% of health and social care expenditure is spent on people with Long Term conditions. Having a long term condition can have a significant impact a person's quality of life, and increases the risk of needing acute medical care or an admission to hospital. In some cases LTCs are the cause of premature mortality.

4. The risk of having a long term condition increases with age, and many people over the age of 75 have more than one long term condition. In Southwark, prevalence of younger people with a long term conditions is also high, and LTCs are the cause of a significant burden of ill health in people under 75. The table below indicates the prevalence of long term conditions across different age groups on a national basis.

Figure 7 Proportion of people with long-term conditions by age, England, 2009



Source: Department of Health (2012a)

5. There are six key elements in our approach to improving health outcomes and quality of life for people with long term conditions. They are:

   i. **Preventing people developing ill health**, through supporting healthier living including: exercise, maintaining healthy weight, not smoking or drinking at hazardous levels
   ii. **Early and accurate identification** of those people who have developed a long term condition, supported by best practice clinical management
   iii. Supporting people to manage **their own health,** through education and peer support, lifestyle interventions and rapid access to help and advice when needed
   iv. Personalised **care-**planning to meet the needs of each individual, with care plans set in collaboration with the service user in recognition that the citizen is an active contributor to their care
   v. Better **co-ordinated** care**,** with services working together to deliver a person's care plan in a joined up way
   vi. **Reducing health** inequalities in mortality and morbidity

6. This approach to LTC care links to objectives 2 and 3 of the Health and Wellbeing Strategy, which are:

   - 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

   By integrating the way that services are planned and delivered we can deliver the objectives above more easily

BACKGROUND INFORMATION

7. Premature mortality in Southwark from stroke, cardiovascular disease and respiratory disease and cancer is higher compared to London and

England.

8. The GP registers for long term conditions show that as at March 2013 there were: 5,812 people with cardiovascular diseases, 32,104 with hypertension, 11,975 with diabetes, 3,899 with chronic obstructive pulmonary disease, 4,708 with coronary heart disease, 2,757 with stroke, 3,209 with cancer and 5,335 with chronic kidney disease. A patient can be on multiple disease registers so the above figures can not be totaled.

9. The prevalence models published by APHO have shown significant under-detection of conditions such as diabetes, hypertension and kidney disease in Southwark, of up to 50%. This indicates that people in the Southwark population who have a long term condition are not receiving optimal treatment, and this is likely to contribute to poor outcomes, such as high hospitalization and mortality rates for COPD and high rates of admissions for the complications of diabetes etc.

10. These long term conditions have common risk factors, with smoking, physical inactivity, unhealthy diet, obesity and hypertension causing most deaths. For example smoking causes about 71% of all lung cancer deaths, 42% of chronic respiratory disease and nearly 10% of cardiovascular disease.

11. The table below shows the eight high impact interventions that could prevent deaths and ill health from these diseases.

Estimated number of deaths in Southwark that could be postponed in one year

Intervention	**Number of deaths postponed**
1 Brief alcohol interventions for 10% of harmful drinkers	2
2 Smoking cessation (10% of smokers set a quit date) 3	3
3 All untreated people with a previous cardiovascular: event on beta blocker, aspirin, ace inhibitor, statin 4, 5 stroke	CHD 11 Stroke 6
4 All partially treated people with a previous cardiovascular event on beta blocker, aspirin, ace inhibitor, statin 5 stroke	CHD 21 Stroke 11
5 Anticoagulant therapy (warfarin) for all aged over 65 with atrial fibrillation	Stroke 8
6 All people with high blood pressure with no previous CVD event to have additional anti-hypertensive therapy	34
7 Statin treatment for those with hypertension at high CVD risk	15
8 For people with diabetes reducing blood sugars that are over 7.5 by one unit	9

Source: Southwark Annual Public Health Report 2010
Notes to table:
1 The benefits of these interventions are set at the theoretical maximum level and might need to be scaled down in practice. The estimates are not precise and draw on a range of estimated data. But the table

helps focus attention on the interventions that could make a major local impact. Further work is needed using local data where possible
2 for one year, unless stated
3 over two years, more in longer term
4 CHD is coronary heart disease
5 unless contraindicated

Fur further information on the prevalence and detection of long term conditions see Southwark Annual Public Health Report 2010.

12. We have made some good progress on Long Term conditions across the borough in recent years. Improvements include:

- Increase in numbers of patients on diabetes and COPD registers by 10% in 12/13 from the previous year, following incentivisation of case finding in primary care

- Improvements in the management of diabetes care, as measured by biological markers of glycaemic control Quality and Outcomes Framework data for 2012/13 indicates that 68% of Southwark's diabetes register had a hba1c of less than or equal to 8 (64mmol/mol). This was above the London average of 66% and Southwark moved from the fourth national quartile to the second national quartile for the first time for this key measure.

- Reductions in admissions for patients with COPD following investment in respiratory specialist therapists aligned to the Homeward service

- Significant transfer of the care of diabetic patients out of hospital and into primary care and community based clinics. There has been a 16% reduction in diabetic new outpatient attendances at KCH and GSTT between 2011/12 and 2012/13 and an 8% reduction in follow ups over the same period. Reductions in GP initiated referrals into secondary care have continued to reduce in 2013/14.

- Extension of the Community Multi-Disciplinary Team (CMDT) model to accept referrals of patients under 65 with one or more long term conditions

- Development of the Health Checks programmes so detection of people with long term conditions is increased, and there are opportunities for primary prevention of cardiovascular and respiratory disease.

13. Social Care and the CCG held a workshop on Integration in November, which explored the vision for the future integration of services in Southwark. Key outcomes from the workshop were:

- Endorsement of locality/neighbourhood working as the focus for developing integrated care across the borough

- The need to develop more data sharing and use IT solutions to enable integration

- Support for the development of CMDTs as a way of co-ordinating care for the elderly and those with long term conditions

- Desire to develop more pooled budgets to support shared assessments and decision making

- Agreement to develop a narrative for integration for endorsement by the HWB and to support use of the Integration Transformation Fund

14. The Southwark and Lambeth Integrated Care Programme (SLIC) has selected Long Term conditions as one of its priorities. The SLIC workstream on LTCs has not yet really got going, although it has done some work on optimising medicines for people with Long Term conditions, including poly-pharmacy support.

15. The Diabetes Modernisation Programme has been working on diabetes care in Lambeth and Southwark over the last three years and has made a number of recommendations on future service models and on supporting self-management. Those recommendations include developing a wider range of self-management resources, that are offered in a co-ordinated way alongside co-ordinated care.

KEY ISSUES FOR CONSIDERATION

16. There is an emerging vision in Southwark for the development of locality or neighbourhood services as a way of integrating services across the borough. To help build community networks and a more personalised approach, we will organise health and care services on a neighbourhood model around groups of primary care practices. This means that doctors, nurses, social workers, therapists and home carers will be able to build a strong set of relationships and work in a more integrated way, with common objectives to improve health outcomes for their local population and to offer a good experience that promotes better quality of life for local citizens.

17. This model is consistent both with the CCG's Primary and Community Care Strategy, and also with the emerging model of Community Multi-Disciplinary Teams (CMDTs) that has been developed as part of the SLIC work on frail elderly.

18. A detailed model for integrated neighbourhood services for LTCs is still under development and will need to reflect emerging SLIC work on Long Term Conditions. The proposal in this paper is that we develop a model of integration for LTCs that builds on the features of our emerging integration model for the elderly and develops integrated services around neighbourhoods. The proposed model would address the key elements of the commissioning approach to LTCs outlined in section 1.

19. This paper recommends that a model of integrated care for LTCs in Southwark would have the following key features:

- A pro-active and preventative approach, based on continuity of care delivered through GP practices working with neighbourhood health and social care services. Within this, GPs would be commissioned to provide a bundle of services covering identifying, assessing, case managing and providing care for LTCs, and be incentivized to deliver better quality care in relation to LTCs.
- Joint working between primary care, community nursing and social care to deliver care plans for people with LTC

- Integration of community nursing and primary care at neighbourhood level
- A single model of assessment and care co-ordination, with CMDTs acting as the means of organizing multi-disciplinary care for people with more complex needs
- The development of CMDTs to include more specialist medical input where this is required to meet individual's needs. This may need to be facilitated by the innovative use of web-based support and development of integrated IT solutions and better data sharing
- A generic approach to self-management which supports the delivery of personalized care, including support services commissioned in a co-ordinated way across the CCG and Local Authority
- Greater integration between mental health and the physical health of people with long term conditions
- Community based services for LTC management providing evidence-based care out of hospital, building on existing best practice models of community clinics for diabetes, CVD and respiratory, but encouraging these services to support greater case management and multi-disciplinary team working
- Community hubs such as the one planned in Dulwich are developed to bring together diagnostics, peer support and education, and specialist community clinics in one place, providing co-located and holistic approach to LTCs
- Develop approaches to optimizing the use of medicines to control LTCs, including supporting users to understand and take their medicines in line with best practice treatment advice, poly-pharmacy reviews and access to specialist support from primary care prescribers in the management of LTC prescribing

Policy implications

20. To take forward this vision of integrated care we will need to consider whether further organisational integration at provider or budget level is required, or whether we can achieve the desired level of integration through joint commissioning and operational closer working between agencies.

21. Outcomes for integration will need to be developed in consultation with residents and other stakeholders. It is recommended that these outcomes should be consistent with the outcomes agreed for the Integration Transformation Fund, although addition LTC related outcomes may need to be developed.

Community impact statement

22. The CCG has undertaken an equalities impact assessment as part of its work on Primary and Community Care Strategy. The assessment found that the CCG's plans would have a positive impact on health equalities, particularly the plans to develop locality based models of care. The Primary and Community Care Strategy includes plans to improve access to all patients by commissioning the same service offer from all localities, and to support improvements in the quality of care through sharing resources and good practice, and collective models of incentivisation.

Legal implications

23. None at this stage.

Financial implications

24. The financial implications of developing this model will need to be fully scoped. The expectation is that it would be provided from within existing resources and would need to also demonstrate ability to reduce overall expenditure over time to help in delivering CCG and LA balanced budgets.

25. The Council and CCG should consider how the future costs of delivering an integrated model of care will be met across the health and social care economy. Financial levers and incentives to deliver our objectives should be considered. In particular, consideration should be given as to whether a pooled or capitated budget would best support the delivery of improved outcomes and integrated team working. These issues are also currently being considered as part of SLIC work on capitated budgets, which the Council and CCG are involved in.

BACKGROUND PAPERS

Background Papers	Held At	Contact
JSNA	www.southwarkjsna.com	
Primary and Community Care Strategy		Tamsin Hooton
Southwark CCG Commissioning Strategy Plan		Andrew Bland
Health and Wellbeing strategy		Kerry Crichlow

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark Clinical Commissioning Group
Report Author	Tamsin Hooton, Director of Service Redesign
Version	Final
Dated	6 December 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		6 December 2013

Agenda Item 10

Item No.	Classification:	Date:	Meeting Name:
10.	Open	19 December 2013	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) NHS Mandate refresh for 2014/15
   b) Ofsted and CQC annual reports
   c) New inspection framework for mental health trusts

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 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	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	9 December 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		9 December 2013

Appendix 1:

Policy and budget updates to December 2013

Strategic	
National Audit Office review of statistics on the cost of living The report found that the proportion of household income accounted for by expenditure on 'essential' household goods has risen from 19.9% in 2003 to 27.3% in 2013. The proportion accounted for by gas and electricity has risen from 1.8% in 2003 to 3.1% in 2013, despite very little overall change in the volume of household energy consumption. Real household disposable income has changed little since Q2 2009, despite cumulative real GDP growth of 4.2% over this period.	All
Research into the cost of training claimants to use Universal Credit The Department for Works and Pensions-funded study, carried out with three London councils (Lambeth, Lewisham and Southwark), found they would each need to spend about £6m over a two-year period to support vulnerable claimants to get online, help them open bank accounts and manage monthly budgets. A pilot exercise in Southwark found one in 10 tenants who had their housing benefit paid directly to them rather than, as previously, to the landlord, quickly ran up unmanageable arrears.	All
Health/Public Health	
NHS Mandate 2014-2015 The refreshed mandate sets out the ambitions for the health service for April 2014 to March 2015. It is structured around 5 main areas where the government expects NHS England to make improvements: preventing people from dying prematurely; enhancing quality of life for people with long term conditions; helping people to recover from episodes of ill health or following injury; ensuring that people have a positive experience of care; and treating and caring for people in a safe environment and protecting them from avoidable harm. It captures key recent developments including the Integrated Transformation Fund, Winterbourne View Concordat, Improving health outcomes for children and young people's pledge, Francis Enquiry recommendations, care plans for those with long term conditions, and actions to develop seven-day care.	All
New inspections for Mental health Trusts Mental health trusts will be given Ofsted-style ratings by specialist mental health inspectors under a new inspection model unveiled by the Care Quality Commission (CQC). Each of England's 58 mental health trusts will be rated by December 2015. In a significant shift from the previous CQC inspection model's focus on in-patient care, the new system will also examine care at a sample of each trust's community services. The CQC will have the power to put failing trusts in special measures and recommend that senior management	Priorities 2 and 3

should be replaced. Every inspection team will also include specialist inspectors with mental health expertise, including at least one Mental Health Act expert.	
Rising A+E numbers Figures, published by the Health and Social Care Information Centre, show that attendances at A&E departments were up 11%, to 21.7 million, over the past four years, compared with a 3.2% growth in the population during the same period, mainly due to a rise at minor injury units. They also show the proportion of over 65s attending major A&E units has risen from 19% to 21% over the past four years, with nearly half of them being admitted to hospital. The most deprived 10% of society are twice as likely to go to A&E as those in the least deprived 10%.	All
Urgent care review In the first stage of the review, Sir Bruce Keogh, the National Medical Director of NHS England, has proposed a fundamental shift in provision of urgent care, with more extensive services outside hospital, including greater use of 'emergency centres' instead of major trauma centres (A+E) for the treatment of less serious or life threatening conditions. He also proposes an enhanced 111 phone line with direct access to doctors and nurses, a greater role for pharmacists, walk in centres and minor injury units.	Priority 3: improving outcomes for the vulnerable & independence
2014/15 GP contract The next GP contract will reduce elements of performance related pay in the quality and outcomes framework, with £240million transferred into core funding. £160 million will be allocated to supporting people over 75 including risk stratification to identify people at risk of hospital admission; and a named GP, with preferential phone and appointment access, individual care plan and increased checking on discharge from hospital. Other measures include giving GPs more flexibility on appointment duration and use of same-day phone/email consultations; removing practice boundaries from October 2014 allowing free choice of provider in participating practices; requiring GPs to publish NHS earnings; and reviewing the quality of out of hours services and reporting concerns to commissioners.	All
Walk in care review Monitor, the sector regulator for health services in England, is considering whether the NHS payment system should be reformed to allow more walk-in centres to remain open. Research conducted by the regulator found that almost a quarter of walk-in centres had closed in recent years despite enjoying a high level of popularity with patients.	Priority 3: improving outcomes for the vulnerable & independence
Government response to Francis Enquiry The government has published its full response to the 290 recommendations made by the Francis Enquiry following the poor levels of care received by patients at Mid-Staffordshire hospital. The government has agreed to implement 204 recommendations in full, 57 in principle and 20 in part. These include introducing a criminal offence for wilful neglect, publication of staffing numbers online, but no	All

statutory duty of candour for individuals.	
Government loses appeal over closure of some Lewisham Hospital services During the summer, a High Court judge ruled Mr Hunt acted outside his powers when he decided the emergency and maternity units should be cut back. The government turned to the Court of Appeal in an attempt to get the decision overruled.	All
NHS Outcomes Framework for 2014 to 2015 NHS England has published the NHS Outcomes Framework 2014 to 2015. This sets out the outcomes and corresponding indicators that will be used to hold NHS England to account for improvements in health outcomes, as part of the government's Mandate to NHS England.	All
Public Health England framework agreement Public Health England (PHE) has published its framework agreement with the Department of Health, defining how DH and PHE will work together to serve the public and the taxpayer, and how both discharge their accountability responsibilities.	All
NICE obesity guidelines New guidance on preventing obesity from the National Institute for Health and Care Excellence sets out recommended actions for health professionals, universal settings, communities and local government for the prevention, identification, assessment and management of overweight and obese children.	Priority 1: giving children and young people the best start
Responsibility Deal: Saturated Fat Reduction Pledge Almost half of the food manufacturing and retail industry has signed up to the Responsibility Deal Saturated Fat Reduction Pledge by agreeing to reduce the amount of saturated fat in food and change their products to make them healthier.	Priority 2: healthier communities & tackling ill health
Latest teenage conception figures Southwark had the lowest number of conceptions in the borough for any quarter on record in Q3 of 2012, the latest published figures reveal. In 2002 there were 96 teenage conceptions in the same period. Although numbers are declining, the 12 month rolling average places Southwark second in London for rates of teenage conceptions.	Priority 1: giving children and young people the best start
Chief Medical Officer focus on early intervention The Chief Medical Officer's latest report into the health of children in the UK finds more needs to be done to improve children's health, and highlights the benefits of early intervention programmes. In addition to improvements on physical health, the report highlights the need for society to support children to build emotional resilience, supporting them through better communication to learn from their	Priority 1: giving children and young people the best start

mistakes and deal with life's inevitable 'ups and downs'.	
Cold Weather Plan 2013 published The Cold Weather Plan for England provides advice for individuals, communities and agencies on how to prepare for and respond to severe cold weather.	Priority 2: healthier communities & tackling ill health
Cavendish Review on training for healthcare assistants There is currently no standard or minimum level of training for healthcare assistants (HCAs) before they are left to work unsupervised. The Cavendish Review recommended that workers should get at least two weeks' training to prepare them for providing basic care in hospitals, care homes and at home in England. HCAs should also have to earn a Certificate of Fundamental Care. The qualification would link HCA training to nurse training, making it easier for staff to progress up the career ladder. The government will make a formal response to the review's proposals in the autumn.	All
Social care	
The Care Bill The Care Bill completed its House of Lords' stages on 29 October 2013 and was presented to the House of Commons for first reading on 30 October 2013. A number of amendments were made during the Bill's Report stage in the Lords.	Priority 3: improving outcomes for the vulnerable & independence
Southwark signs up to Unison ethical care charter Southwark Council has formally signed up to Unison's ethical care charter, which commits local authorities to help put an end to low wage, by-the-minute home care. The majority of the elements in the charter are already in place, including introducing the London living wage for home care workers working for private providers and ensuring visits last for a minimum of 30 minutes.	Priority 3: improving outcomes for the vulnerable & independence
Adults Social Care Framework The Department of Health has published the Adult Social Care Outcomes Framework for 2014-15. Changes include increased emphasis on carers, prevention and integration provision, as well as ongoing development of measures to track outcomes around dementia and the effectiveness of reablement services.	Priority 3: improving outcomes for the vulnerable & independence
Delay to Disability Welfare Payments Reform Disability welfare changes for England, Scotland and Wales have been delayed because the government has been unable to assess claimants in time. Personal Independence Payments will replace Disability Living Allowance next week only for claimants in certain areas rather than across Britain. Ministers said assessments were taking longer than expected and the scheme would now be phased	Priority 3: improving outcomes for the vulnerable & independence

in more gradually.	
Southwark social worker of the year Southwark employee Jennifer Skirrow was named Newly Qualified Children's Social Worker of the Year last month. Jennifer qualified as a social worker in 2012 and has since been a part of the Children Looked After Service, supporting children aged 0-12 who are looked after through family placements, adoption, fostering, or special guardianship orders.	Priority 3: improving outcomes for the vulnerable & independence
Dementia Care Map The Department of Health has produced a map of dementia care in England detailing performance at local authority level across measures of hospital and community care for people with dementia, and the future of dementia care. Southwark is rated 'green' for: looking for dementia in hospital; assessing people with dementia; referring people for further tests; and checking for dementia- level of diagnoses. The borough is rated amber for numbers dying in hospital, and red for the length of hospital stays, and numbers going back to hospital.	Priority 3: improving outcomes for the vulnerable & independence
CQC annual report The CQC report – its annual State of Care review – highlighted common themes found during the 35,000 inspections made in 2012-13. Evidence of poor care was found in one in 10 hospitals – in half of cases this was judged to have had a moderate or major impact on patients. Those with dementia continued to have among the worst outcomes.	Priority 3: improving outcomes for the vulnerable & independence
Ofsted annual report for social care Ofsted has published its annual report for social care 2012/13. Among the issues emerging are the high levels of referrals and assessments following high-profile incidents, the emergence of the sexual exploitation of older children and young people as a key area of concern, as well as financial constraints facing local authorities and instability in the leadership of many children's services departments. The recently revised 'Working Together' guidance, the establishment of the College of Social Work and the appointment of a Chief Social Worker are all highlighted as key reforms.	Priorities 1 and 3
Serious case reviews published A number of serious case review findings have been released recently, for Daniel Pelka, Keanu Williams and Hamzah Khan.	Priority 3: improving outcomes for the vulnerable & independence
Looked after children permanence consultation The government recently consulted on measures to improve permanence for looked after children. The consultation concerned a number of proposals on strengthening the team around the looked after child, securing permanence for looked after children, improving	Priority 3: improving outcomes for the vulnerable &

the status, security and stability of long term foster care and strengthening the requirements for returning children home from care.	independence
Adoption funds Private adoption agencies and charities will be given a bigger role in tackling the backlog of children needing placement with families. Funding of £16m, that will be available from later this year until the end of 2016, is to be used to increase recruitment of adopters by voluntary sector adoption agencies. £15m will be used over the next two years in expansion grants for new and existing voluntary adoption agencies to increase the recruitment of adopters and to create innovative ways of working. The remaining funds will be used for new business support for adoption agencies, providing advice, coaching, and guidance to expand their organisations.	Priority 3: improving outcomes for the vulnerable & independence
Children to be able to stay with foster carers until age 21 The government has announced it will establish, through the Children and Families Bill, a legal duty on local authorities to provide financial support for every young person who wants to stay with their foster parents until their 21st birthday. It will give local authorities £40 million over the next three years to put the support arrangements in place.	Priority 3: improving outcomes for the vulnerable & independence
Care Leavers Strategy The Care Leaver Strategy sets out in one place the steps the government is taking – from housing to health services, from the justice system to educational institutions – to support care leavers to live independently once they have left their placement.	Priority 3: improving outcomes for the vulnerable & independence
Children, Young People, Families and Education	
Audit of Maternity Care Services The National Audit Office looked at how services for expectant mothers and new babies had changed since the publication of the Department of Health's Maternity Matters strategy in 2007. It found good outcomes and positive experiences for most women, with a greater consultant presence on labour wards, and an increase in midwife numbers. Wide variations between some trusts in terms of quality and safety, and cost and efficiency, however, remain. The performance of individual trusts in relation to rates of complication and medical intervention varies widely, and litigation in maternity care has been rising.	Priority 1: giving children and young people the best start
Pupil premium expansion From April 2014, children in care will attract £1,900 additional funding per pupil (compared to the £900 per pupil 'Pupil Premium' rate for children from low income families awarded for 2013/14). Children will be covered as soon as they enter care, rather than if they have been looked after for six months or more as is the system currently. Children adopted from care and those who leave care under a special guardianship order or residence order will also attract the pupil premium plus.	Priorities 1 and 3

School floor standards and league table changes The Department for Education has made changes to school accountability and floor standards: Accountability: All schools will be required to publish core information sets on their website, in a standard format: pupils' progress across eight subjects, and how students achieve relative to expected performance; the average grade a pupil achieves in these same 'best eight' subjects, and the school average for each of the eight subjects, e.g. the school average grade for maths is a high C grade; and the percentage of pupils achieving a C grade in English and maths; and the proportion of pupils gaining the EBacc, which will continue in its current form. The DfE is also looking at including a destination measure to show the percentage of pupils who move on to further study or employment, including further training. Floor standards: The DfE is proposing a change to the way it measure underperformance and to the floor targets. A pupil's key stage 2 results, achieved at the end of primary school, will be used to set a reasonable expectation of what they should achieve at GCSE. Schools will get credit where pupils outperform these expectations. Pupils' progress and attainment will be assessed in eight subjects: English and maths, three further EBacc subjects, and three other 'high-value' qualifications. This final group can include further traditional academic subjects, such as art, music and drama, and vocational subjects, such as engineering and business. English and maths will be double weighted to reflect their importance. The DfE will define the new floor standard as progress half a grade lower than reasonable expectations. A school in which pupils average a full grade above reasonable expectations will not be inspected by Ofsted in the following year.	Priority 1: giving children and young people the best start
EYFS attainment results In summer 2013, 60% of Southwark school children achieved a good level of development at early years foundation stage, which is higher than national (52%), London (53%) and statistical neighbour averages (55%). The achievement gap between Southwark's lowest performing 20% of children and the overall cohort was 33.2% – a smaller gap than both national and London levels of 36.6% and 35.9% respectively.	Priority 1: giving children and young people the best start
Crime and Justice	
Serious and Organised Crime Strategy The government's new serious and organised crime strategy was announced alongside the formal establishment of the National Crime Agency, replacing the Serious and Organised Crime Agency, Border Policing and the Child Exploitation and On-line Protection Centre. The strategy uses the counter terrorism framework to set out action that will be taken to disrupt serious and organised criminals. It focuses on preventing people from getting involved in organised crime, improving Britain's protection against serious and organised criminality and ensuring that communities, victims and witnesses get the support they need when serious and organised crimes occur.	Priority 2: healthier communities & tackling ill health
Stevens Commission reports The Stevens Commission report made wide ranging recommendations for reforming the police, how they operate and police	Priority 2: healthier communities &

governance. The recommendation included creating a statutory definition of the role of the police; the introduction of a local policing commitment setting out what communities can expect; strengthening of accountability at a community safety partnership level; the abolition of police and crime commissioners with local authorities commissioning local policing from their force through retention of an element of the police precept, and the creation of police boards made up of council leaders to set the budget and strategic priorities; reviewing the impact of the Winsor recommendations; creating the concept of a police officer chartered by the College of Policing; the abolition of Her Majesty's Inspectorate of Constabulary and the Independent Police Complaints Commission and replacing them with a single body responsible for investigating and prosecuting serious complaints; a review of the number of police forces to reduce them from the current 43; and the development of a national procurement strategy.	tackling ill health
Revision of PACE Codes Following statutory consultation, PACE codes A (stop and search), B (search of premises and seizure of property), C (detention of suspects), E (audio recording of interviews), F (visual recording of interviews) and H (detention of terrorism suspects) have been revised. Notable revisions include ones to Codes C and H that: • require the police to provide 17 year olds with access to an appropriate adult when detained; • transpose into UK domestic law European Union Directive 2010/64/EU on the right to interpretation and translation in criminal proceedings.	Priority 2: healthier communities & tackling ill health
New Victims' Code The Victims' Code sets out what support and information victims of crime are entitled to from criminal justice agencies from the time at which they report a crime until after the trial. The revised code places a new duty on criminal justice agencies and Police and Crime Commissioners to include information about the Victims' Code on their websites to raise awareness more broadly of victims' entitlements.	Priority 2: healthier communities & tackling ill health
MoJ figures on reoffending released The Ministry of Justice data showed more than 500,000 offenders dealt with in the 12 months up to the end of March 2013 had at least one previous conviction or caution. 148,000 criminals (more than a fifth) dealt with in England and Wales in 2012/13 had 15 or more convictions or cautions apiece. It represented a 14% rise since 2008. More than 1,600 of them were children.	Priority 2: healthier communities & tackling ill health
Restorative justice training for Youth Offending Teams Local authorities are to receive support to boost restorative justice work with young offenders after the Youth Justice Board announced a £2m grant. The restorative justice development grant will be distributed among all 158 youth offending teams in England and Wales for basic training in the practice for all staff.	Priority 1: giving children and young people the best start

Police.uk re-launch Police.uk crime statistics now include data which allows the public to compare the performance of the police and courts in their area with the national average, and how the performance of the police in a local area compares with other 'most similar' forces.	Priorities 1 and 2
Initiatives to tackle domestic violence Following a successful pilot, the Domestic Violence Disclosure Scheme is to be rolled out nationally. The scheme allows individuals to request information about whether their new or current partner (or the partner of someone they know) has previously been known to police for violent offences. A disclosure can take place if it is lawful, necessary and proportionate to do so. Alongside the disclosure scheme, from March 2014, the police and magistrates in England and Wales will also be able to issue Domestic Violence Protection Orders (DVPOs). These can be issued where there is insufficient evidence to charge a perpetrator and provide protection to a victim via bail conditions. A DVPO can prevent the perpetrator from returning to a residence or from having contact with the victim for up to 28 days.	Priority 3: improving outcomes for the vulnerable & independence
Housing and environment	
Open consultation: rents for Social Housing 2015-16 The Department for Communities and Local Government is currently consulting on changes to its rent policy, namely moving annual weekly rent increases from RPI plus 0.5% to CPI plus 1%, removing landlords' flexibility to charge an addition £2 a week above formula rent, and setting cap for application of social tenant household at an income of £60,000. The consultation closes on 24 December.	Priority 2: healthier communities & tackling ill health
Payday loan companies, pawnbrokers and bookmakers banned from renting council property Southwark Council has decided to ban payday lenders, pawn shops or bookmakers from renting properties which it owns. The local authority is also looking at what powers it could use to refuse to renew the leases of such businesses already operating in its buildings.	Priority 2: healthier communities & tackling ill health

Item No. 11.	Classification: Open	Date: 19 December 2013	Meeting Name: Health and Wellbeing Board
Report title:		NHS Southwark Clinical Commissioning Group (CCG) Planning Round 2014/15 Briefing.	
Wards or groups affected:		All wards and all Southwark residents.	
From:		Andrew Bland, Chief Officer, NHS Southwark Clinical Commissioning Group	

RECOMMENDATIONS

1. The board is requested to:

   a) Review the briefing paper included as Appendix 1.

   b) Note the timetable and process for the CCG to undertake and complete strategic and operational plans.

   c) Note that planning will be completed in close partnership with the local authority.

   d) Note the involvement of the Health & Wellbeing Board in respect of these plans.

EXECUTIVE SUMMARY

2. So that the local health and care system can respond to the significant challenges it faces, CCGs, provider trusts, and local authorities must play a leadership role to drive forward change in their local areas.

3. The six south east London CCGs and NHS England commissioners, in close partnership with local providers and local authorities, have recently begun planning to develop and implement a five year commissioner-led, clinically-driven strategy programme.

4. The six CCGs in south east London are proposing to work together and with NHS England commissioners (specialised services and primary care) to develop a strategic plan for south east London.

5. This strategy will complement and build on the specific work of each CCG with its local authority and other local partners and will address those issues which cannot be addressed by one CCG alone or where the CCGs and their partners agree that there is added value from working together.

6. All CCGs are expected to produce two year plans and five year strategies focused on their borough. The two year plan is a borough-based detailed exposition of the first part of the strategic plan. The 5 year south east London document will be articulated at a high-level for the whole area and will be both informed by and will underpin local borough-level 5 year strategies.

BACKGROUND INFORMATION

7. The briefing note has been developed following the publication of a joint letter on 4 November 2013 sent by NHS England, NHS Trust Development Authority, Monitor and Local Government Association. This letter was communicated to all key NHS organisations and to local authorities in the health economy to articulate a joint view on the planning approach and to launch the process.

KEY ISSUES FOR CONSIDERATION

Policy implications

8. The planning round is currently at an early stage. Further policy implications will be identified as progress is made.

9. Use of the Integration Transformation Fund in Southwark.

10. Strategic plans must reflect local Health & Wellbeing Board priorities. Final plans should be agreed with the Health & Wellbeing Board.

Community impact statement

11. The CCG will complete an equalities impact assessment as part of the planning process. This will include assessment at both a borough and south east London level. The assessment will determine the extent of any differential impact of proposed strategic changes on various groups in Southwark.

Legal implications

12. None at this stage

Financial implications

13. Further details of the financial case for change and financial plan will be shared in later iterations of the strategic plan.

BACKGROUND PAPERS

Background Papers	Held At	Contact
JSNA Southwark CCG Commissioning Strategy Plan 2012/13– 2015/16 Southwark CCG Operating Plan 2013/14 Health and Wellbeing Strategy	www.southwarkccg.nhs.uk	Kieran Swann Head of Planning & CCG Performance 0207 525 0466

APPENDICES

No.	Title
Appendix 1	Briefing Paper – Planning Round. Southwark CCG.

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark Clinical Commissioning Group
Report Author	Kieran Swann, Head of Planning & CCG Performance
Version	Final
Dated	9 December 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		9 December 2013

NHS
Southwark
Clinical Commissioning Group

APPENDIX 1

NHS Southwark CCG – Planning Round

Briefing for the Southwark Health & Wellbeing Board

December 2013

The Context

1. The increasing demand for health services; the impact of inflation; and a projected flat funding settlement will mean that the NHS faces an unprecedented challenges over the next planning period to 2019. This is the conclusion of the recent '*Call to Action*' report issued by NHS England.

2. In order to respond to these significant challenges the NHS will have to change. CCGs, provider trusts, and local authorities will have a role to play in leading change in their local areas. It will therefore be necessary for these organisations to work collaboratively to develop and implement bold and transformative long-term strategies and plans for their populations and NHS and social care services.

3. Without this change it is likely that many parts of the health service may become financially unsustainable and the safety and quality of patient care will be at risk of decline.

Planning for Change

4. In a joint letter on 4 November 2013, NHS England, NHS Trust Development Authority, Monitor and Local Government Association wrote to all key organisations in the health economy to articulate their joint view that effective planning across the system would be of paramount importance to both providers and commissioners in meeting the challenges outlined above.

5. The joint letter sets out the key planning requirements over the next strategic planning period, which covers the five years from 2014/15 to 2018/19. The letter notes that in order to rise to the scale of the challenge we are facing, NHS organisations will need to move away from incremental one year planning and instead seek to develop ambitious plans over a longer period. Planning should be completed in collaboration with partners and providers and aim to enable organisations to take a longer term, strategic perspective on the direction of travel across the health and social care landscape.

Requirements of the Planning Round

6. Because the magnitude of change required is significant, there is a recognition that CCGs will need to act together and ensure their plans align with other organisations in the local health economy and can be delivered at the right scale. As such, CCGs will complete their own local plans alongside strategic plans developed as part of a larger-scale planning unit. Southwark CCG is part of the south east London (Lambeth, Southwark, Lewisham, Bromley, Greenwich and Bexley) planning area.

7. The South East London Commissioning Strategy Programme will encompass the south east London response to NHS England's requirement to produce a five year strategy covering the period 2014/15 to 2018/19. It is currently at a very early stage, defining its overall scope and delivery approach.

8. Building on the successful collaboration of the six south east London CCGs on the community-based care programme, the CCGs and NHS England commissioners, in close partnership with local

providers and local authorities, are planning to develop and deliver a new five year commissioner-led, clinically-driven strategy programme across the boroughs. The aim is to address the challenges faced across the south east London health system by working together to deliver local health and integrated care services which consistently meet safety and quality standards and are sustainable in the longer term.

9. This work will complement and take as its start point the very specific work of each CCG with its local authority and other local partners.It will address those issues which cannot be addressed by one CCG alone or where the CCGs agree that there is added value from working together.

10. Plans are expected to determine local priorities and levels of ambition for outcome improvement for the local population. These priorities must be based on the best available evidence of patient and public benefit.

11. The approach will have a strong focus on engagement, aiming to co-design with partners, including patients and local people. Initial thinking will be developed and amended through the engagement process.

12. Key principles for the approach in south east London , which are being developed with partners, include:

    a. Being based on local needs and aspirations, listening to local voices and building on work at borough level, whilst taking into account national and London policies.

    b. Focusing on improving health and reducing inequalities.

    c. Employing a strong partnership approach, led by NHS commissioners and driven by clinicians and involving closely a wide range of local partners, including patients and communities, to build agreement on priorities, strategic goals and outcomes.

    d. Creating solid foundations by ensuring all stakeholders have a common understanding of the scale of the challenge and then a shared vision and ambition for the next five years.

    e. Being open and transparent throughout the process, from identification of need, to implementation of the strategy.

    f. Engaging broadly, building on existing borough-level work with wider engagement activity to complement this as appropriate.

    g. Working with the Health and Wellbeing Board in each borough.

13. The arrangements for planning the Integration Transformation Fund (ITF) will be a key focus for the development of strategic and operating plans and should be considered as a catalyst for developing an integrated approach to planning across health and social care. It is seen to be essential that CCGs and local authorities approach their ITF plans as an integral part of their transformational plans.

14. It is expected that plans reflect local Health & Wellbeing strategies and have been discussed with providers before they are finalised.

Planning Documents

15. On conclusion, CCGs and partner organisations will have worked in collaboration to produce the following documents:

    a. A borough-specific 5 year plan, which will include all elements of the CCG's aspirations that are local defined and locally delivered and additionally, will articulate the south east London strategy in relation to the specific context of the CCG area.

    b. A 5 year strategic plan for south east London CCGs.

c. A 2 year operational plan at CCG level, which sets out in detail how the CCG will deliver the agreed strategy and address national and local operational priorities (e.g. delivery of NHS Constitution standards) over this period.

Planning Timetable

16. The five year strategy design and implementation cycle runs alongside the regular cycle of commissioning, operational planning and delivery.

17. Stakeholder and public engagement will be built into the plan from the earliest stages of the design of the five year strategy. CCGs will draw on the conclusions of recent engagement work and will make further use of existing borough-level and south east London-wide engagement routes.

18. Southwark CCG has taken forward a number of engagement programmes over the course of the last year to inform its strategic planning – the outcome of this work can be found here: http://www.southwarkccg.nhs.uk/about/ourboard/march%202013/ENC%20E%20%20Call%20to%20Action%20Report%20-%20October%202013.pdf

Task	Date
Planning Units received from CCGs (Southwark is part of south east London planning unit)	12 November 2013
Final guidance, templates and tools issued	w/c 16 December 2013
Allocations issued	w/c 16 December 2013
1st Submission of 2 year CCG Operating Plan to NHS England	14 February 2014
HWBs to return completed template on the ITF	15 February 2014
Contracts signed with providers	28 February 2014
Refresh of plan post-contract sign off	5 March 2014
Dispute resolution for 2014/15 with NHS TDA	From 5 March 2014
Plans approved by CCG and agreed with HWB boards	31 March 2014
Submission of final 2 year plans and draft 5 year	4 April 2014
Submission of final 5 year plans: years 1 & 2 of the 5 year plan will be fixed per the final plan submitted on 4 April 2014	20 June 2014

Programme governance

19. CCG governing bodies will need to agree their individual strategies and the south east London strategy. Governance arrangements to support the decision-making for the south east London strategy are being developed and will report through the Clinical Strategy Committee of the six south east London CCGs. This committee has created a Clinical Commissioning Board (which has local authority representation on it) specifically for this work.

20. The Clinical Strategy Committee and its Clinical Commissioning Board will be supported by a partnership group bringing together CCGs, NHS England, local authorities and NHS providers. In this way, governance will reflect the principles of partnership and clinical leadership, whilst ensuring that the strategy remains commissioner-led and locally-owned. The committee and board are chaired by Dr.Zeineldine.

21. Further detailed planning guidance – including financial allocations – will be issued in December 2013.

Agenda Item 12

Item No. 12.	Classification: Open	Date: 19 December 2013	Meeting Name: Health & Wellbeing Board
Report title:		Director of Public Health Report – Lambeth & Southwark	
Ward(s) or groups affected:		All wards	
From:		Director of Public Health	

RECOMMENDATION

1. That the Board note the Director of Public Health Report covering the period October to December 2013 attached as Appendix 1 to the report.

BACKGROUND INFORMATION

2. The Director of Public Health reports periodically on health issues in the borough.

KEY ISSUES FOR CONSIDERATION

3. This report is a quarterly report of the Joint Director of Public Health to the Lambeth & Southwark Health and Wellbeing Boards and the Lambeth & Southwark clinical commissioning groups. This report covers some current issues:

- Sexual Health Commissioning & Strategy Development
- Influenza Immunisation
- TB Update
- Physical Activity
- Teenage Pregnancy in Lambeth and Southwark
- Healthy Schools
- Health impact of the recession
- Health Profiles
- Consultation on Statistical Products 2013

Policy implications

4. This is an overview document and any implications for policy will be subject to a more detailed report

Resource implications

5. Any resource implications are set out in the Appendix attached.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Director of Public Health Report – Lambeth & Southwark

AUDIT TRAIL

Lead Officer	Dr Ruth Wallis, Director of Public Health – Lambeth & Southwark	
Report Author	Dr Ruth Wallis	
Version	Final	
Dated	9 December 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
Cabinet Member	No	No
Date final report sent to Constitutional Team		9 December 2013

APPENDIX 1

Public Health
in Lambeth and Southwark

Director of Public Health Report

Lambeth and Southwark Public Health

Joint Director of Public Health: Dr Ruth Wallis

1. Sexual Health Commissioning & Strategy Development

Within the new role of the Director of Public Health (DPH) in Local Government, the DPH needs to be assured that SH commissioning arrangements are in place and providing open access SH services to the local population.

The LSL Sexual Health Commissioning Team was transferred to Lambeth Council in the Spring of 2013. The team is managed by the AD for Social Inclusion, Elizabeth Clowes. The team consists of a senior sexual health commissioning manager, two sexual health commissioning managers and one contracts manager.

Since transferring to the local authority, the three boroughs have agreed a tri borough legal agreement, and the team in Lambeth has established a new LSL SH Commissioning Board which meets bimonthly. Membership includes commissioners from all three LAs, Public Health and other commissioners (e.g. CCG representatives). In addition, an LSL Provider forum has been set up and is open to all interested SH providers across LSL.

The development of a new LSL SH Strategy is underway and a working group has begun meeting. The LSL PH Teams are supporting this work by pulling together a report on local SH needs and on Wednesday 25th September, a stakeholder event to begin wider discussions about the SH Strategy. Additional stakeholder involvement is planned for later in the year. The strategy will be developed over the next few months and will be circulated as a draft document for consultation in the New Year. The strategy will inform future SH commissioning decisions for LSL and so it will be essential to capture the views of all stakeholders, especially CCGs to ensure their commissioning intentions capture local needs, evidence (e.g. HIV testing evaluation) and multiagency plans (e.g. SH24 development)

2. Influenza Immunisation

The annual flu immunisation programme is underway in Lambeth and Southwark. The public health team has reviewed local flu data from the last few years and found that at least 43% of flu related emergency hospital admissions were in an ‘at risk group’ or over 65 years old. The DPH has written to all local GPs sharing local flu immunisation uptake data and Department of Health best practice guidance on how to improve uptake locally.

In addition to immunising vulnerable clients, it is also important that health and social care workers are immunised for the benefit of themselves, their patients and their families.

This year sees the introduction of the immunisation of children to protect them against flu and

prevent flu circulating. This year 2 and 3 year old children will also be offered flu immunisation in general practices. In subsequent years, all children will be offered flu immunisation.

3. TB Update

Lambeth and Southwark, like other London boroughs, continue to have high rates of TB. Three year average rate per 100,000 population for TB in Lambeth and Southwark are 33.3 (27.1-4-.5 95% CI) and 37.8 (31-45.6 95% CI) respectively. Multi resistant TB is becoming an increasing problem across London.

Roles and responsibilities of Local Authorities and PHE in relation to TB are still being discussed and established. Public Health England has established a London TB group to develop a TB strategy for London. Lambeth and Southwark await further guidance on local action. The links between TB and poor/overcrowded housing are well documented, and may be a key area in which the Local Authority and PHE can begin working on this issue. The importance of stable housing and social support for patients with no recourse to public funds is another important issue which needs to be addressed jointly at the local level.

Local action:

1. People who have TB are also likely to have HIV. Locally, Kings offered 88.9% of TB cases an HIV test in 2012, whilst GSTT offered 94.4% which is in line with the London Metrics target of 90%.

2. TB Treatment completion rates in Lambeth are 85% and 84.1% in Southwark, against an expected 85% of patients should complete treatment within one year.

3. Local prevention includes:

- Tracing of contacts of TB cases
- Universal neonatal BCG vaccination
- TB treatment, including directly observed therapy (DOT) where required.

4. Locally, community TB nursing services are currently commissioned jointly across Lambeth, Southwark and Lewisham and based in their three acute hospitals. The TB nursing team provides the management of TB patients and their contacts, including through wider contact tracing in cases of infectious TB were screening needs to be extended beyond the household setting (eg: in a workplace, school, college, prison etc).

5. The TB nurses work closely with the SEL Public Health England Local Team to manage such incidents, in order to control and prevent the onward transmission of TB in the community.

4. Physical Activity

Get Active for Life – A new strategy for Southwark

Working in partnership with ProActive Southwark (physical activity and sports partnership) public health have advised and inputted to the development of the 'Get Active For Life' physical activity and sports strategy for the borough. The strategy aims to help more people in Southwark be more active, more of the time and to acknowledges that the wider system has a role in helping build in more movement to our everyday activities through active play, active travel and more active environments. The strategy will work with communities, schools and early years settings, workplaces, parks, transport and environment planners as well as NHS and sports and leisure providers. As well as promoting better access to defined sports and fitness activities it looks at opportunities for engaging people in wide range of activities including gardening, dance, walking, cycling and encouraging streets and buildings to help us be more active too.

KNEE HIGH project – in partnership with Design Council

On October 1, 190 applications were received by Design Council for grants of upto £180,000 in response to an early years Challenge called 'Knee High'. The challenge aims to kick-start new products, services or environments that will radically improve the health and wellbeing of young children living in Southwark and Lambeth. The project is run by Design Council in collaboration with Guy's and St Thomas' Charity, and supported by the London Boroughs of Southwark and Lambeth. It builds on six months of research with over 100 local families and professionals to identify where the greatest opportunities lay to make the most significant impact on a child's early development. The project seeks to uncover radical new ideas to tackle these complex issues by putting local families at the heart of the change, and supporting innovative new start-ups. Following the research phase, three briefs were created to guide and inspire people to come up with great new ideas that will have a significant impact;

1. Connect more families to the people and places beyond the boundaries of their homes
2. Make it possible for more young children to learn and develop in their everyday lives
3. Alleviate the stress, anxiety and depression experienced by parents during the ups and downs of everyday family life.

The winning teams to be selected this October will receive funding and mentoring from the Design Council to develop and rapid prototype their ideas. The new products, services or environments will be launched in autumn 2014.

5. Teenage Pregnancy in Lambeth and Southwark

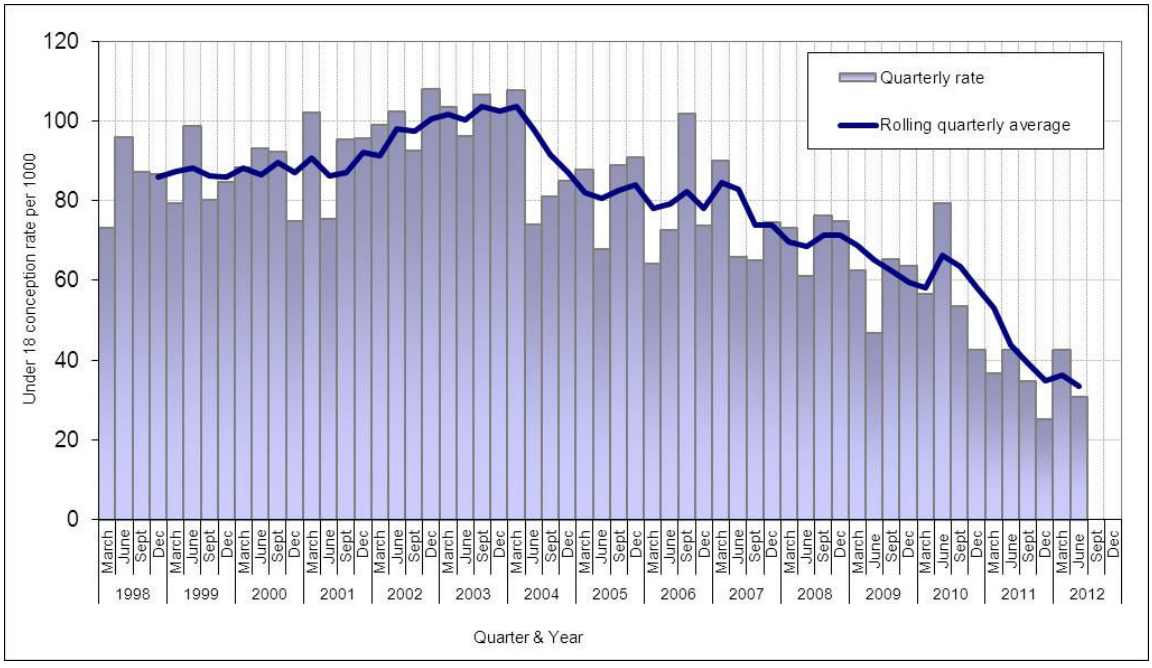
The 2012 Quarter 2 data was released by ONS on 28th August 2013. Under 18 conceptions in both Lambeth and Southwark declined in this quarter compared to the same quarter in 2011.

Lambeth

2012 second quarter data for Lambeth shows:

- The quarterly rate of under-18 conceptions was 31 per 1000 girls aged 15-17. That is 27.6% decrease since the same quarter in 2011.
- The number of under-18 conceptions was 33 which represents a decrease of 12 conceptions than the same quarter in 2011.
- The rolling quarterly average is 33.4 conceptions per 1000 girls aged 15-17.
- The rolling quarterly average for England is 29.3 and 27.7 for London which represents an ongoing decline.

Graph 1 Lambeth Under 18 conceptions

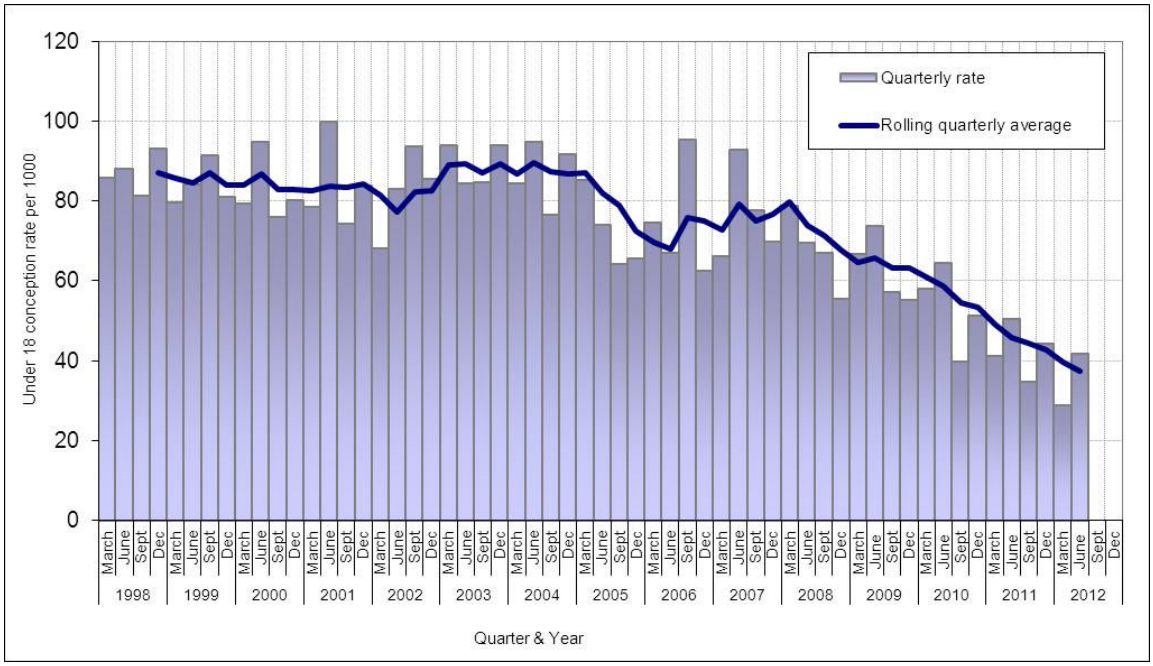


Southwark

2012 second quarter data for Southwark shows:

- The quarterly rate of under-18 conceptions was 41.9 per 1000 girls aged 15-17. That is 16.9% decrease since the same quarter in 2011.
- The number of under-18 conceptions was 44 which represents 9 fewer conceptions than the same quarter in 2011.
- The rolling quarterly average is 37.5 conceptions per 1000 girls aged 15-17.

Graph 2 Southwark under 18 conceptions



6. Healthy Schools

Local Healthy Schools Programme and Personal, Social Health and Economic Education (PSHE)

In May 2013 Ofsted produced a report 'Not Yet good Enough': personal, social, health and economic (PSHE) education in English schools. It was based on evidence of inspections in 50 maintained schools and on evidence from an online survey of 178 young people conducted on behalf of Ofsted. This report highlighted the quality of PSHE education is not yet good enough in a sizeable proportion of schools in England. It also stated that sex and relationships education required improvement in over a third of schools, leaving some children and young people unprepared for the physical and emotional changes they will experience during puberty, and later when they grow up and form adult relationships. It stated that such a lack may leave young people vulnerable to inappropriate sexual behaviours and exploitation, particularly if they are not taught the appropriate language, or have not developed the confidence to describe unwanted behaviours, do not know who to go to for help, or understand that sexual exploitation is wrong.

Lambeth

Post the cessation of the National Healthy School (HS) Programme in 2011 Lambeth decided to maintain a local HS Programme. This is supported by posts in the Education, Learning and Skills team. These Healthy Schools/PSHE consultants who support local schools achieve and maintain their healthy schools status by undertaking audits and the development of bespoke action plans and policy development. They co-ordinate the primary school PHSE leads network and the PSHE providers network.

In addition Lambeth Health and Well-being Partnership, a partnership between CYPS, Joint Children's Commissioning and Public Health continue to commission a Health and Wellbeing Programme which is offered to all Lambeth primary and secondary schools to support the delivery of PSHE and the attainment of Lambeth Healthy Schools status. The programme for the academic year 2013-2014 covers sex and relationships education (SRE) and the development of healthy non violent relationships, emotional health and wellbeing, drugs and alcohol education, and a healthy weight programme for primary schools. The partnership also funds the PSHE CPD programme for 2013-2014, for 12 teachers and school nurses. In 2011-2012: 20 schools (22%) achieved accreditation for Lambeth Healthy Schools programme and 10 (11%) were engaged in reviewing and updating their action plans.

Over 50% of Lambeth schools participate in the local Lambeth HS programme.

Southwark

Southwark was not able to maintain this work when the National Healthy School Programme ended in 2011. However, a whole school approach for health is still being promoted and the flagship programme for Southwark is the universal Free Healthy School Meal programme operating in all primary schools. To support this programme primary schools were offered the Phunky Food resource pack which includes lesson plans and a training offer around nutrition. Forty-two schools have taken this offer and have received training.

The council commissions a range of provision to support secondary schools deliver their PSHE Programme. Public Health has been mapping this provision to get an overview of what is offered, where and to whom. The Teenage Pregnancy Programme commissions a programme of support for the delivery of sex and relationships education (SRE) which is currently delivered in 13 secondary schools, plus a programme delivered by teenage parents which explore the reality of teenage pregnancy. This programme is delivered in nine schools. Health Huts offering holistic health advice to young people operate in the SILS, Newlands, Harris boys, the YOS and 9 youth clubs.

A programme on healthy relationships (peer education) and drug and alcohol education has been commissioned with funding from MoPac for work in 16 secondary schools. This will be delivered by Southwark Insight. Specific services have been commissioned on reducing child sex exploitation and domestic violence and schools can signpost young people to these services.

Healthy Schools London:

Healthy Schools London is an award scheme sponsored by the Mayor of London. Awards are given to schools in recognition of their achievements in supporting the health and wellbeing of their pupils. Schools register, complete and submit a health and welling audit to achieve Bronze, to achieve Silver schools must have identified actions to enable their pupils to maintain a healthy weight, healthy lifestyle and wellbeing and to achieve Gold they must show the impact of these actions.

Southwark have 5 schools registered who are working towards the Bronze award.

Lambeth have 14 schools registered 7 of which have achieved the Bronze award.

7. Health impact of the recession

Lambeth and Southwark Public Health has been involved through the London health Inequality network (LHIN), in addressing the health impacts of the economic recession.

LHIN is chaired by Ruth Wallis, Director of Public Heath Lambeth and Southwark

The process has included:

- A review of evidence of the impact of recession on heath, done by the Institute for Health Equity. [1]This review focused on three important social determinants of health – housing, income and employment – and their likely impact on health inequalities in London in the context of the ongoing economic crisis and the Government's welfare reforms. Evidence from previous economic downturns suggests that across the population there will be short term and long term health effects:

- More suicides and attempted suicides; possibly more homicides and domestic violence
- An increase in mental health problems, including depression, and possibly lower levels of wellbeing
- Worse infectious disease outcomes such as tuberculosis and HIV
- Possible negative longer-term health effects
- Health inequalities are likely to widen: Evidence from past recessions suggests that inequalities in health according to socioeconomic group, level of education and geographical area are likely to widen following an economic crisis
- Government policies and the extent of social protection will play a substantial role in exacerbating or mitigating the negative health and inequality impacts of economic decline, particularly for the most vulnerable
- The welfare changes are likely to impact low income households, and in particular workless households and households in more than 16 hours per week of low-paid work, Households with children, lone parents, larger families, some minority ethnic households, disabled people who are reassessed and considered ineligible for the Personal Independence Payment.
- It was observed that the number of homeless people has risen as well as the number of people living in overcrowded conditions since 2010. People are expected to move out of London to more affordable housing

[1]The Impact of the Economic Downturn and Policy Changes on Health Inequalities in London.UCL Institute of Health Equity. June 2012.
http://www.instituteofhealthequity.org/projects/demographics-finance-and-policy-london-2011-15-effects-on-housing-employment-and-income-and-strategies-to-reduce-health-inequalities/the-impact-of-the-economic-downturn-and-policy-changes-on-health-inequalities-in-london-full-report

- Development of a London-specific evidence-based indicator set and individual profiles for each borough which was co-produced with six pilot London boroughs (Lambeth, Southwark, Lewisham, Hackney and Tower Hamlets): it aims to monitor impact of recession and inform local commissioning. It includes four domains:

1. Employment – unemployment, Job Seekers Allowance, Employment Seekers Allowance, full/part-time employment, under-19s not in employment education or training
2. Economic Security – benefits (working-age, council tax, housing, free school meals), repossessions, insolvencies
3. Housing – e.g. overcrowding, homelessness, temporary accommodation, fuel poverty
4. Health and well-being – self-harm, depression, birth weight, tuberculosis, overall well-being

8. Health Profiles

The national health profiles for 2013 were released for every local council area in the country. Southwark & Lambeth has received their Health Profile from Public Health England and the results show that health in both the boroughs is varied compared with the England average.

Southwark's Health Profile shows improvement – but there is still work to be done

The figures confirm that over the last decade all-cause mortality rates have fallen in Southwark. Early death rates from cancer and from heart disease and stroke have also fallen, but still remain higher than the England average.

In Southwark levels of alcohol-specific hospital stays for under 18s, smoking in pregnancy and breastfeeding are all better than the England average, along with levels of healthy eating and obesity amongst adults.

Although life expectancy for women in Southwark is similar to the England average, it is lower for men and levels of deprivation remain high. Life expectancy varies across the borough - it is 10.4 years lower for men and 8.6 years lower for women in the most deprived areas of Southwark than in the least deprived areas - and about 16,700 children live in poverty. Rates of sexually transmitted infections, teenage pregnancy, road injuries and deaths and smoking-related deaths are also higher in Southwark than the England average, as is the level of child obesity with over a quarter (28.5%) of Year 6 children classed as obese.

Lambeth's Health Profile shows improvement – but there is still work to be done

The figures confirm that over the last decade all-cause mortality rates have fallen across Lambeth. The early death rate from heart disease and stroke has also fallen, but still remains higher than the England average.

In Lambeth levels of smoking in pregnancy, breastfeeding, GCSE attainment and alcohol-specific hospital stays for under 18s are all better than the England average, along with levels of healthy eating and obesity amongst adults.

Life expectancy for men and women is lower than the England average and levels of deprivation remain high. Life expectancy varies across the borough – it is 5.3 years lower for men and 3.8 years lower for women in the most deprived areas of Lambeth than in the least deprived areas – and about 17,900 children live in poverty. Rates of sexually transmitted infections, teenage pregnancy, road injuries and deaths and smoking-related deaths are also higher in Lambeth than the England average, as is the level of child obesity with nearly a quarter (24.0%) of Year 6 children classed as obese.

Conclusions

The profiles help local government and health services understand their community's needs. The priorities for Southwark include childhood obesity, alcohol and improving the detection and management of long term conditions (for example, heart disease and diabetes). The priorities for Lambeth include improving emotional wellbeing, healthy eating in children and young people, sexual health, mental health and improving services for HIV and AIDS.

For more information visit www.healthprofiles.info

9. Consultation on Statistical Products 2013

The Office for National Statistics (ONS) is the UK's largest producer of statistics in the country, responsible for a broad range of statistics on the population, society and the economy; about 650 outputs each year.

However like many publicly funded bodies, they are facing increasing financial pressures that impact on their ability to continue to produce all these outputs and invest in the future. The spending reviews require ONS to deliver annual savings of about £9 million in 2013-14 year and 2014-15. Most of the savings will come from streamlining their operations and reducing overheads to deliver greater efficiencies. To achieve the remaining savings (about £1 million) they will make some reductions to their statistical outputs.

Most outputs of ONS (~80%) are required by UK or European legislation. These will continue to be produced and include:

- Economic and business statistics
- Labour market statistics on employment, unemployment, inactivity, vacancies and earnings
- Population estimates, births, deaths and marriages
- Other outputs including income and living conditions statistics, and healthcare statistics

The ONS has some discretion on other outputs and has launched a consultation to seek views on reductions. http://www.ons.gov.uk/ons/about-ons/get-involved/consultations/consultations/statistical-products-2013/index.html The consultation is from 2nd September to 31st October 2013 and covers statistical outputs on:

- Outputs from surveys
- Regional and local outputs
- Health statistics and analyses, life events
- Health inequalities analysis

The ONS wants to hear from individuals and organisations about the impact these reductions would have. The outputs listed in the consultation questionnaire represent costs greater than need to be saved. Not all outputs will need to be cut. The questions are:

- What mandatory activities will you no longer be able to carry out?
- What other activities will you no longer be able to carry out?
- What policies will you be unable to inform?
- What additional costs will you or others incur?
- Any other impact.

Lambeth and Southwark Public Health Team have responded to the consultation as some of the proposals will have a substantial impact on local ability to prepare the Annual Public Health Report, complete a Joint Strategic Needs Assessment and other activities such as needs assessments eg loss of access to information on the wider determinants of health (eg economy, environment, leisure), on health inequalities, and national information to benchmark local progress (eg smoking prevalence, bulletins on deaths due to MRSA/ C difficile, alcohol, drug poisoning). Further information is available on request and a copy of the Public Health response will be sent to Lambeth & Southwark Councils and CCGs.

The ONS aims to publish a summary of the consultation findings in early 2014.

Agenda Item 13

Item No. 13.	Classification: Open	Date: 19 December 2013	Meeting Name: Health and Wellbeing Board
Report title:		Developing the Southwark Joint Strategic Needs Assessment (JSNA)	
Ward(s) or groups affected:		All wards	
From:		Dr Ruth Wallis, Director of Public Health	

RECOMMENDATIONS

That the board agree

1. The 'Framework for health and wellbeing' as an approach for assessing and understanding the health & wellbeing and social care needs of Southwark people.

2. The proposed structure of the Southwark JSNA.

3. The proposed delivery plan for the Southwark JSNA.

4. The establishment of a Southwark JSNA Steering Group.

5. The use of the draft templates and guidance for needs assessments.

6. The proposal that the JSNA is located on the Southwark Council website.

BACKGROUND INFORMATION

7. This paper outlines a proposed process to update the Southwark JSNA for 2013-14 and annually thereafter.

What is the JSNA

8. The JSNA is a process which includes a framework that identifies the current and future health & wellbeing and social care needs of a local population allowing commissioners to identify priority areas to improve outcomes and reduce inequalities. JSNAs are not an end in themselves but a continuous process of assessment and planning.

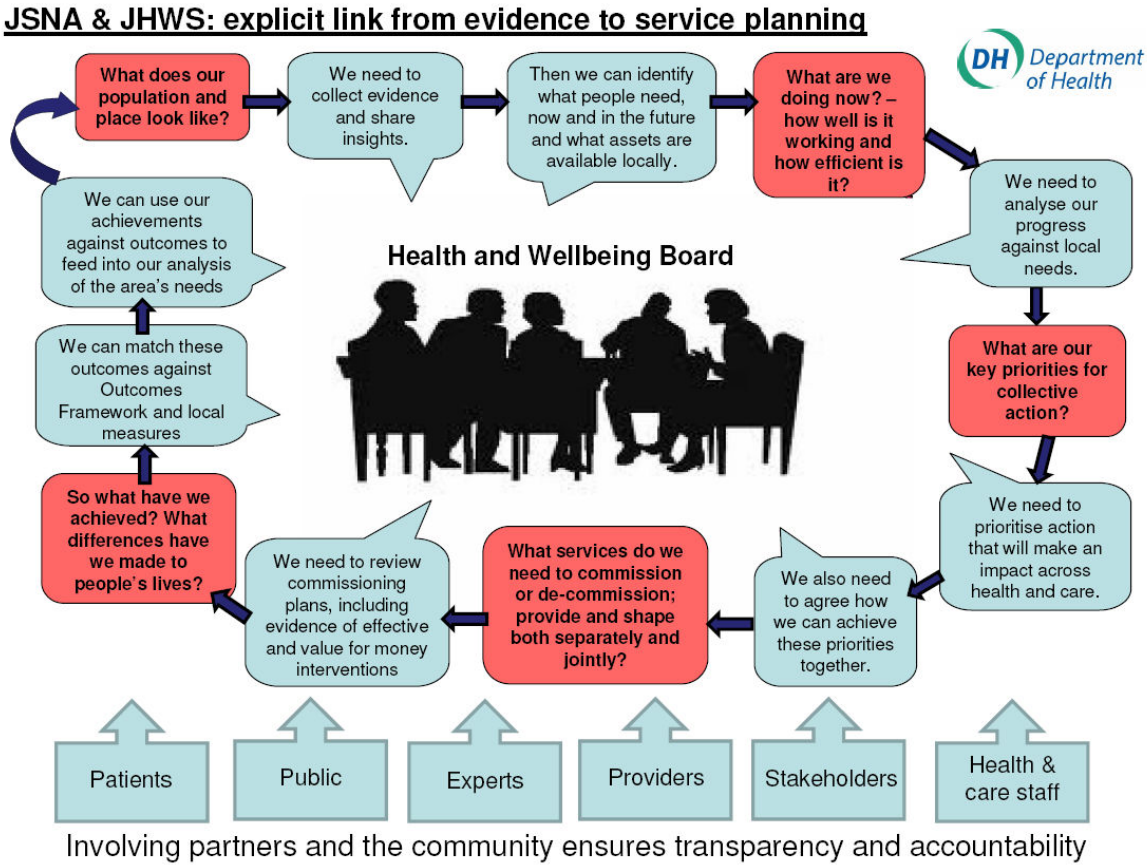
9. The JSNA process brings together several pieces of work including:

- local health statistics; outcomes analysis
- identification of gaps in knowledge and information
- assessment of local service provision
- evidence of what interventions work
- analysis of whether interventions provide value for money
- views of patients and the public through community engagement
- asset assessment

Purpose of the JSNA

10. The core aim of the JSNA is to provide intelligence and evidence to enable the local prioritisation process for commissioning which will be used to determine what actions local authorities, the local NHS and other partners need to take to meet health & wellbeing and social care needs, and to address the wider determinants that impact on health & wellbeing. These commissioning priorities will support devising strategies and delivery of plans through partnership work to improve the public's health and reduce health inequalities.

11. The Department of Health diagram below shows how the JSNA provides the evidence base from which strategies, such as the Joint Health and Wellbeing Strategy (JHWS), are developed and services are commissioned.



Working in partnership

12. A successful JSNA requires a collaborative approach including the involvement of the local community through the entire JSNA process.

Previous decisions taken by the Health and Wellbeing Board

13. The Health and Wellbeing Board have not taken any previous decisions in relation to the JSNA.

KEY ISSUES FOR CONSIDERATION

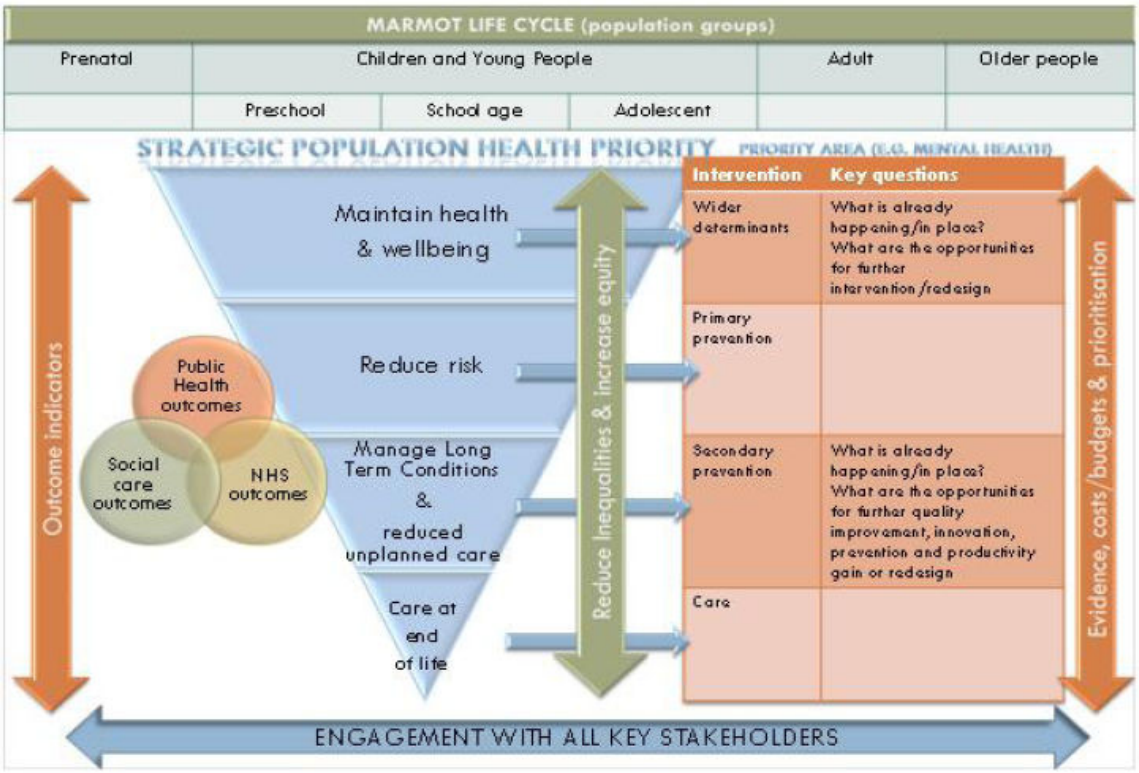
Health and Social Care Act 2012

14. Southwark Council and Southwark Clinical Commissioning Group (CCG) have a duty to undertake a JSNA in relation to the Local Authority area. This duty must be discharged via the Southwark Health and Wellbeing Board (*Summary table of the duties and powers introduced by the Health and Social Care Act 2012 relevant to JSNAs and JHWSs*, Department of Health, 26 March 2013).

15. Southwark CCG, the National Commissioning Board and Southwark Council have a legal obligation to have regard to the relevant JSNA (and Joint Health and Wellbeing Strategy (JHWS)) in exercising their functions.

A framework for health and wellbeing

16. The diagram below (developed by Lambeth & Southwark Public Health Directorate) describes a framework approach through which the health & wellbeing and social care needs of populations can be assessed and understood.



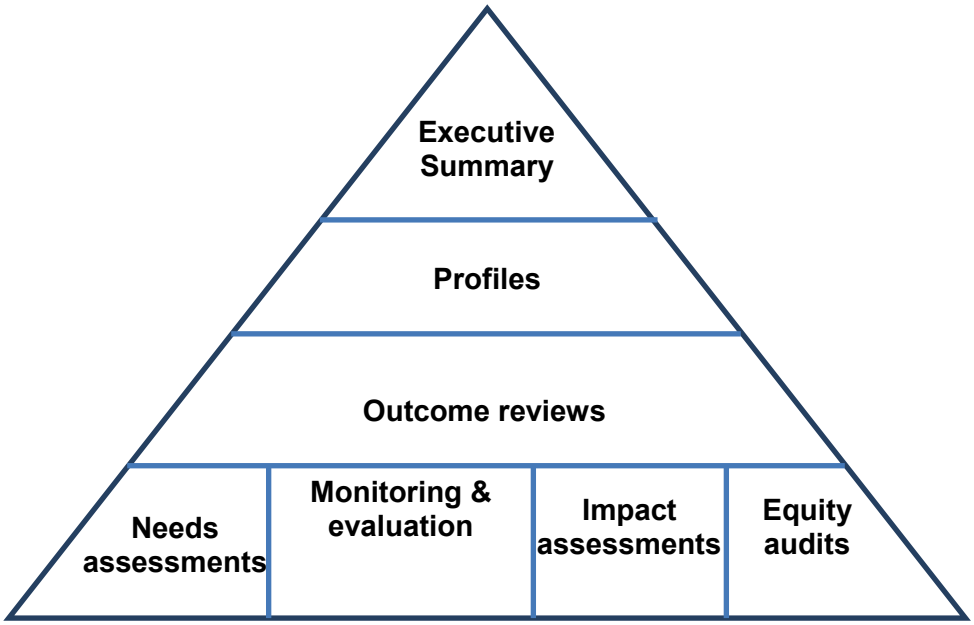
17. The framework acknowledges that:

- interventions are required across the life cycle (rather than at a single point in time)
- inequalities in health and wellbeing are the result of an accumulation of disadvantages through life
- a series of nationally-agreed outcome indicators are available to measure local improvement in health & wellbeing, social care and welfare status

- individuals and communities should be supported to maintain their current health & wellbeing; reduce future risks and manage existing conditions and have access to the highest standards of care at the end of their lives
- interventions must be evidence based and provide value for money
- work to improve health & wellbeing and social care must reduce health inequalities and promote equity of access to services and outcomes
- engagement with stakeholders, including the local community, is central to improving health & wellbeing and social care.

Structure and delivery of the JSNA

18. The figure below describes the proposed structure of the Southwark JSNA.



19. The table summarises the proposed outputs that will be included in the 2013-14 (and future) JSNAs, their production schedule and who is responsible for their production. These outputs reflect the framework for health and wellbeing.

20. The executive summary will be updated annually. The proposed JSNA Steering Group (see below) will need to decide how regularly the proposed profiles and outcome reviews are produced. The remaining components of the JSNA – specific needs assessment, monitoring & evaluations, impact assessments and equity audits – have no planned cycle for delivery. The JSNA Steering Group will also need to consider how work in these areas is prioritised for each annual cycle.

21. The current Southwark JSNA will be refreshed according to the delivery plan outlined below by 01 April 2014.

Delivery plan: annual production of JSNA outputs

Output	Production schedule	Responsibility for producing	Responsibility for signing-off
1. Executive Summary			
	Annually	Public Health	JSNA Steering Group
2. Profiles			
Demography profile	To be confirmed	Public Health	JSNA Steering Group
Life expectancy profile	To be confirmed	Public Health	JSNA Steering Group
Lifestyle and risk factors profile	To be confirmed	Public Health	JSNA Steering Group
Children and Young People's health profile	To be confirmed	Public Health	JSNA Steering Group
Older persons' health profile	To be confirmed	Public Health	JSNA Steering Group
Ward profiles (combined to provide Community Council and Locality profiles)	To be confirmed	Corporate Strategy and Public Health	JSNA Steering Group
Public Health England Profiles E.g. Health profile, Local Alcohol Profiles for England	To be confirmed	Public Health	JSNA Steering Group
3. Outcome reviews			
Public Health Outcomes framework	To be confirmed	Public Health	JSNA Steering Group
Adult Social Care Outcomes review	To be confirmed	Children's and Adults' Services	JSNA Steering Group
NHS Outcomes Framework	To be confirmed	Southwark CCG	JSNA Steering Group
Marmot indicators for local authorities	To be confirmed	Public Health	JSNA Steering Group
Economic downturn and health outcomes	To be confirmed	Public Health	JSNA Steering Group
4. In-depth needs assessments			
	No planned cycle	All stakeholders	JSNA Steering Group
5. Monitoring & evaluation			
	No planned cycle	All stakeholders	JSNA Steering Group
6. Impact assessments			
	No planned cycle	All stakeholders	JSNA Steering Group
7. Equity audits			
	No planned cycle	All stakeholders	JSNA Steering Group

Governance

22. It is proposed that a Southwark JSNA Steering Group is re-established (a group last met in January 2013).

23. The purpose of this group will be to co-ordinate the production of the Southwark JSNA. The Steering Group will need to develop a collaborative approach for developing the JSNA. The Group will also be responsible for signing-off outputs before making them publically available on the JSNA website.

24. This group will not be responsible for writing the content of the JSNA. A range of stakeholders including council departments and the Southwark Clinical Commissioning Group will contribute to the JSNA by collating and interpreting data and writing sections.

25. The Steering Group will also need to consider how regularly the proposed JSNA outputs should be refreshed and the prioritisation process for specific needs assessment, monitoring & evaluation, impact assessments and equity audits.

Needs assessment templates and guidance

26. The Lambeth & Southwark Public Health Directorate has produced a suite of templates (and associated guidance) which will support those individuals/groups who are undertaking needs assessment. The templates will encourage a standard approach to needs assessments across stakeholders (see Appendix 1)

Communication

27. Southwark JSNA will be hosted on the Southwark Council Website.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Summary table of the duties and powers introduced by the Health and Social Care Act 2012 relevant to JSNAs and JHWSs, Department of Health, 26 March 2013).	Public Health Directorate 160 Tooley Street London	Anna Richards 020 7525 7674

APPENDICES

No.	Title
Appendix 1	Pre Needs Assessment Guidance and Tools

AUDIT TRAIL

Lead Officer	Dr Ruth Wallis, Director of Public Health	
Report Author	Anna Richards, Consultant in Public Health	
Version	Final	
Dated	10 December 2013	
Key Decision?	Yes	
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
Public Health Senior Management Team	Yes	Yes
Cabinet Member	No	No
Date final report sent to Constitutional Team		10 December 2013

Appendix 1

Pre Needs Assessment Guidance and Tools

This guidance and accompanying tools are intended to ensure that needs assessments (NA) commissioned by Southwark Clinical Commissioning Group (CCG), The London Borough of Southwark, Lambeth CCG and The London Borough of Lambeth have maximum impact in helping us to achieve our aims to improve outcomes for Lambeth and Southwark people, provide high quality services and ensure the best use of public recourses.

It is intended to support the following people in shaping the NA prior to any work commencing.

Sponsors: The person or group responsible for commissioning the needs assessment, agreeing its scope and signing off the final report

Lead Officer: The person responsible for working up the proposal for the NA and for making it happen (in some cases this may be two different people)

Stakeholders: The people who need to be actively involved in undertaking the NA or who will need to act on its recommendations

The guidance includes:

1. Pre-Needs Assessment guidance

This is intended to support the officer working up the detail of the proposed NA. It provides detailed prompts on many of the key issues that need to be considered prior to seeking support for and embarking on a NA. It will support the officer undertaking this work to answer the questions sponsors are prompted to ask in the Sponsor's Score Sheet.

2. Needs Assessment Initiation Template

This is provided as a helpful format for officers working up the detail of the proposed NA to present their proposals to the NA sponsor. It has been designed so it can be completed in stages so officers can seek approval of governance, scope, approach, engagement and resources over two or three iterations, allowing you to tailor the NA to the requirements of the sponsor.

The NA Initiation Template is intended to be shared with stakeholders so they can feed in their views and requirements to ensure they are fully engaged in the process.

3. Sponsor's Score Sheet

This is intended to support the officer or group who commission/act as sponsor for a proposed NA. It should be used to assess the NA Initiation Document which will have been completed by the officer working up the detail of the proposed NA. It is intended to help them in identifying whether the proposed NA will:

- Add value

- Help to achieve agreed strategic or commissioning priorities
- Be undertaken in an effective way

4. Joint Strategic Needs Assessment Template and Guidance

This is a template (with associated guidance) to summarise the findings of the needs assessment and the resulting recommendations for commissioners. The template provides a standard format which will become familiar to readers (and therefore easy to navigate independent of the topic area) and will ensure that information (and the absence of information) is clearly documented.

Pre-Needs Assessment guidance

This is intended to support the officer working up the detail of the proposed Needs Assessment (NA). It provides detailed prompts on many of the key issues that need to be considered prior to seeking support for and embarking on a NA. It will support the officer undertaking this work to answer the questions sponsors are prompted to ask in the Sponsor's Score Sheet.

Confirming accountability, ownership and governance

These questions will help clarify who owns and who is responsible for the NA

Question	Response	Decision Required on the following
1. Sponsor: Has the correct sponsor been established?	You should be able to clearly state which group or person is responsible for commissioning and agreeing the scope of this work and for approving the final product Having the right sponsor is essential if the NA is to be owned by those who need to own the recommendations. In most cases the sponsor will be a group who also have responsibility for developing strategic priorities or commissioning intentions related to the subject of the NA.	• Which group or person(s) is responsible for agreeing the scope/brief; and, if different from this: • Which group or person(s) is responsible for signing of the final report • Should the need arise, which group or person(s) will be responsible for signing off any variation or amendments to the scope/brief
2. Lead Officer: Has an appropriate lead officer been agreed?	You should be able to clearly state which officer will be responsible for making sure this NA is completed in line with the specification agreed by the sponsor. It is really important to agree the leadership of the NA before commencing work. This may be the person undertaking the bulk of the work but it is more likely to be the manager responsible for overseeing the completion of the NA. A NA will only be successful if the right amount of time and leadership is given to it, a qualified project manager may be the best asset to your NA being completed on time and on budget. If existing staff cannot be deployed to the NA you will need to make decisions about external temporary staff - job descriptions and person specifications will then be required.	• Who is the lead officer responsible for developing the work in the NA

Question	Response	Decision Required on the following
3. Status: Has the correct partnership/ organisational ownership been agreed?	You should be able to clearly state which partnership, organisation or organisations own the NA? In most case this will be Southwark CCG, The London Borough of Southwark, Lambeth CCG, The London Borough of Lambeth or joint ownership between the Council and NHS. However there may be other forms of ownership including joint ownership with authorities in adjoining boroughs	• Which organisation(s) own the NA

Agreeing the scope, purpose and timing

These questions will help clarify the scope and purpose of the NA so that all partners can be clear what it will deliver

Question	Response	Decision Required on the following
4. Population/ Geographical Area: Is the population/ geographical area correct?	You need to be able to clearly define and justify the population(s) to be covered, where they are located and why have they been chosen? This might be based on a combination of place (living in or receiving services in all of Lambeth and/or Southwark, part of the borough or wider than Lambeth and/or Southwark), age, ethnicity, social situation, gender, disability, condition etc.	• What population(s) will be covered • What is the rational for prioritising this population
5. Aim(s): Is the aim clear, right and achievable?	The Aim of the NA should be defined in no more than 5 sentences, be clear to any reader and achievable. Ask yourself: What issues will the NA address and not address. Why is there a need to carry it out? What will it lead to e.g.: re-designed services, better access, equitable treatment. Are some elements more important than others?	• What is the overall aim

Question	Response	Decision Required on the following
6. Outcome(s): Are the objectives clear, aligned with strategic priorities and achievable?	You should be able to concisely define the big picture outcomes that the undertaking of the NA and the subsequent implementation of its recommendations is intended to improve. Outcomes need to be realistic and aligned with strategic and commissioning priorities. Ask yourself what will change as a result of this work and how will this improve the lives of Lambeth and/or Southwark people, the way services are delivered and the use of resources. Examples might be: • reduction in the gap in life expectancy • reduction in employment between the target group and the borough or national average • reduction in the number of people needing acute or residential care • improved satisfaction with services • improved value for money.	• What are the expected outcomes • Do these sufficiently align with agreed strategic or commissioning priorities? • Do they identify disparity in needs, risks, access or service outcome across groups?
7. Timing: Is the timing realistic, and timely to influence key decisions?	You should be able to state when the NA will start and end and why this is the right time to undertake it. Ask yourself: Which key strategy, commissioning and planning cycles does the NA need to inform? By when will the NA need to be completed to influence them? Are your timescales for undertaking it realistic? When will the capacity to do the work be available? How much time is needed to engage the public or stakeholders? When will it be possible to sign off the final report (is there a key meeting date it needs to be timed to hit)?	• What are the key planning cycles that this NA needs to inform and when do they happen • When will work start • When will the draft report be produced • When will the final report be signed off

Ensuring the assessment will be effective

These questions will help clarify whether the NA is needed and whether the proposed approach will meet the aims and objectives

Question	Response	Decision Required on the following
8. Starting Point: Has existing work been identified, and is there still a need for the NA as proposed?	To avoid duplication, it is imperative that as much previous work as practicable is identified. This should include transferable work completed in other areas or nationally. It may also include work that has not been called a needs assessment such as the development of a plan, strategy or service specification.	• Is there any previous recent local or national work that already fulfills all or part of the aims and objectives? • If so what is this? • What (if any) gaps remain?
9. Methodology: Is the methodology appropriate?	To be accurate and effective needs assessment need to be based on sound methodology. You will need to set out the key steps that will be taken to undertake the needs assessment. For some approaches you may need to consider data confidentiality and/or ethical approval. This may include: a literature review, review of recent consultations, stakeholder/community consultation, population/trend forecasting, service reviews etc. It will need to include an Equalities (Health and Wellbeing) Impact Assessment of the recommendations or equivalent. (Note: details of stakeholder/community consultation should be provided in the following section)	• What methodology/processes will be used to undertake the NA • Is ethical approval needed • How will equalities issues be identified
10. Likely Implications/ Capacity to Respond: Is there likely to be sufficient capacity to respond to the kinds of need that will be identified?	You should be able to identify whether there is likely to be sufficient commitment/capacity in key commissioning and service delivery functions to respond to the likely findings to justify undertaking the NA? Ask yourself: What kinds of need is the assessment likely to identify? Which commissioning functions or services are most likely to need a response? Have leads for these functions been involved and are they committed to doing things differently as a result of likely findings. Will there be the opportunity/resources to do things differently?	• What are the likely implications? • Is there likely to be sufficient commitment/capacity to respond?

Question	Response	Decision Required on the following
11. Implementation Plan: Are sufficient plans in place to ensure effective implementation of recommendations?	A NA is not an end in itself. For it to be worth undertaking things must improve as a result of the NA. There therefore needs to be a clear process in place for identifying who will be responsible for responding to findings and for identifying what improvements are achieved as a result of action taken in response to the NA. To ensure this happens, an appropriate person or body needs to be identified as responsible for overseeing this process. It will be essential that those partners likely to be responsible for responding to findings are committed to this process.	• What process will be followed to ensure effective action takes place in response to the findings • Who (which person or group) will be responsible for overseeing this process

Ensuring the right level of engagement

These questions will help to ensure that the NA will be supported by, informed by and acted upon by those who need to be involved to make it effective

Question	Response	Decision Required on the following
12. Stakeholder Engagement: Have stakeholders been identified and are appropriate plans in place to engage them?	Who needs to be involved in undertaking and implementing the NA and how will they be engaged throughout the process? Ask yourself who (in which organisations and services) is likely to hold or have access to the information, skills, resources etc. needed to undertake the NA; AND, which commissioners, service managers etc. (in the Council, NHS and beyond) are likely to need to respond to the findings? Have these people been sufficiently involved in developing this brief and are they in agreement of it? If not what needs to happen before progressing this work to build consensus/support. How will they be involved during the NA	• Who will need to be involved in undertaking the NA? • Who is most likely to need to respond to the findings? • Are these key stakeholders committed to supporting the NA? • How will these stakeholders be involved in undertaking the NA?

Question	Response	Decision Required on the following
13. Community Involvement: Will the views of Lambeth and/or Southwark people be heard and sufficiently incorporated?	A judgment needs to be made on the most appropriate way to ensure the views, experience and aspirations of Lambeth and/or Southwark people in general, and people from the target population in particular are reflected in the needs assessment. This may be from existing evidence from prior consultations, surveys or service feedback or may need a detailed consultation plan or something in between. Ask yourself: How and to what extend do Lambeth and/or Southwark people need to be involved in the assessment to achieve the aims and objectives and which groups of people's views need to be incorporated. Will people be directly involved or will evidence from existing surveys or consultations be used. What steps will be taken to ensure the views of marginalised groups will be heard?	• What existing evidence of Lambeth people's views will be used • Will Lambeth people be directly involved in this NA and if yes ○ Who will be involved, and ○ How will they be involved
14. Communication Plan: Is an appropriate communications plan in place?	It is imperative that the NA has a clear communications plan that covers the period during and following the completion of the report to ensure • Awareness and buy-in of the NA process • Relevant sign-off • Findings are taken forward	• Has an appropriate communications plan been agreed

Securing the resources needed to complete the assessment

These questions will help to ensure that the right resources are in available and in place to undertake the NA before it is commissioned

Question	Response	Decision Required on the following
15. Management & Administration: Has appropriate management and administration been agreed?	A NA will only be successful if well managed; an effective project manager may be the best asset to your NA being completed on time and on budget. Be aware that staff that work in the field may not be the best people to run the NA. Most NA will also require administrative support to ensure that meetings are set up and well attended etc. You will also need to identify who will author the final report; this person needs to have the skills to present findings in an accessible format.	• Who will project manage the NA? • Who (person or team) will provide administrative support? • Who will write up the final report? • Has officer commitment and managerial agreement been secured for the above?

Question	Response	Decision Required on the following
16. Specialist Knowledge & Skills: Has the specialist expertise needed to undertake the NA been identified?	Your specialist skills and knowledge assessment should cover the full range of expertise needed. This may be drawn from a mix of people across partner organisations or, if resources permit, contracted in to support the NA. You may need to re-assess the skills required throughout the NA. This should include communication and relationship management, project skills, specialist knowledge, technical skills (such as data analysis) or specialist expertise in working with the target population.	• What specialist skills are needed? • What specialist knowledge is needed?
17. Project Team: Has the right team of people been secured to undertake the NA and do they have the expertise and capacity to undertake the work?	When the skills and knowledge required are clear you should begin to work with appropriate managers across partner agencies to identify a team that has the expertise and capacity to undertake the NA. It is essential that this is based on an honest assessment of what people are capable of achieving. Wherever practical an agreement should be written down to ensure that the individual people and their line managers are clear about their role, time scales and proportion of workload. If existing staff cannot be deployed to the NA you will need to make decisions about external temporary staff - job descriptions and person specifications will then be required.	• Which existing staff (across partner agencies) will support the NA? • Have their roles been agreed and officer commitment and managerial sign off been secured? • What (if any) expertise/capacity will need to be bought in? • Is this expertise available from the market? • Has financial approval been secured?
18. Budget: Is a budget required for this work and if so has it been secured?	It is good practice to identify all the costs upfront and secure the required funding before you begin any NA. Failure to secure adequate funding can lead to delays and wasted opportunities. You will need to take into account any external temporary staff. Approved funding may not be required to carry out the NA directly, but time resources, temporary cover, photocopying, printing, travel costs and meeting time will need to be identified.	• Has a clear budget been secured for the NA? • Are all stakeholders aware of the financial requirements and are they signed up to deliver them • Has financial approval been secured?

Risk assessment

This question will help to identify those things that might hamper the production of your needs assessment and to identify actions that my prevent this

Question	Response	Decision Required on the following
19. Assessing Risks: Have the main risks been identified and actions been agreed to mitigate them	There are many factors that can set a NA off track, it is good practice to undertake a quick risk assessment to identify what these may be in advance, and think through how you would mitigate them so you are better able to respond to them should they happen. Examples include key staff leaving or becoming unwell, key partners withdrawing from the process, required information not being available. Ask yourself: What are the current demands from other projects, NA's or work load within the team? What priority has the organisation given to this NA? What pressures do the stakeholders have and what impact will this have on the NA timescales. Are all the stakeholders aware of the pressures that may delay/affect the NA?	• Has a risk assessment been undertaken?

Needs Assessment Initiation Document

NA Title:

Sponsor:
(Group or Person)

Date Initiation Document Agreed: **Due Date:**

Lead Officer

Name: Email:

Job Title: Tel:

Status

Southwark CCG : LBS: Lambeth CCG LBL:

Other:

Scope

Population/Geographical Area (Maximum 100 words)

Aim (Maximum 80 words)

Intended Outcome(s) (Maximum 100 words)

Approach

Starting Point (Maximum 100 words)

Methodology (Maximum 100 words)

Likely implications/capacity to respond (Maximum 100 words)

Timing (Maximum 100 words)

Implementation plan (Maximum 100 words)

Engagement

Stakeholder engagement (Maximum 100 words)

Community involvement (Maximum 100 words)

Communication plan (Maximum 100 words)

Management &administration (Maximum 100 words)

Specialist knowledge & skills (Maximum 100 words)

Project team (Maximum 100 words)

Budget (Maximum 100 words)

Financial approval secured: ☐

Risk assessment completed: ☐

----------This template should not go beyond 4 pages----------

Sponsor's Score Sheet

This score sheet is intended to support the officer or group who is commissioning/acting as sponsor for a proposed needs assessment (NA). It should be used to assess the NA Initiation Document which will have been completed by the officer working up the detail of the proposed NA. It is intended to help you identify whether the proposed NA will:

- Add value
- Help to achieve agreed strategic or commissioning priorities
- Be undertaken in an effective way

Question	Yes	Unclear	No
1. **Sponsor:** Has the correct sponsor been established?			
2. **Lead Officer:** Has an appropriate lead officer been agreed?			
3. **Status:** Has the correct partnership/ organisational ownership been agreed?			
4. **Population/ Geographical Area:** Is the population/ geographical area correct?			
5. **Aim:** Is the aim clear, right and achievable?			
6. **Outcomes:** Are the objectives clear, aligned with strategic priorities and achievable?			
7. **Timing:** Is the timing realistic, and timely to influence key decisions?			
8. **Starting Point:** Has existing work been identified, and is there still a need for the NA as proposed?			
9. **Methodology:** Is the methodology appropriate?			
10. **Likely implications/capacity to respond:** Is there likely to be sufficient capacity to respond to the recommendations?			
11. **Implementation plan:** Are sufficient plans in place to ensure effective implementation of recommendations?			
12. **Stakeholder engagement:** Have stakeholders been identified and are appropriate plans in place to engage them?			
13. **Community involvement:** Will the views of Lambeth and Southwark people be heard sufficiently and incorporated?			

14.	**Communication plan:** Is an appropriate communications plan in place?			
15.	**Management and administration: Has appropriate management and administration been agreed?**			
16.	**Specialist knowledge & skills:** Has the specialist expertise needed to undertake the NA been identified?			
17.	**Project team:** Has the right team of people been secured to undertake the NA and do they have sufficient capacity?			
18.	**Budget:** Is a budget required for this work and if so has it been secured?			
19.	**Assessing Risks:** Have the main risks been identified and actions been agreed to mitigate them			

Joint Strategic Needs Assessment : <Summary Template>

<Topic /Area of work>

Executive Summary

-
-
-
-

Background

-

Risk factors

-

Local picture

-

Local priorities and actions

-

Outcomes

-

Stakeholder views

-

Evidence and best practice (Literature review)

-

Local unmet needs and gaps

-

Knowledge and information gaps

-

Findings

-

Short, medium and long term priorities for improvement

-

Author/s, key contacts and links for further information

-

NOTES / GUIDELINES

Background	• State the original aim of the needs assessment • Briefly describe the target population and geographical area covered • Describe the extent of the problem and why it is important • Describe national policy drivers • What previous needs assessment work did this build on?
Who is at risk & why?	• Describe who in the population is at risk of the disease or condition and why. Risk factors include: • demographic (e.g. age, gender ethnicity) • lifestyle (e.g. smoking status) • wider determinants of health (e.g. socio-economic status) • Describe any factors related to resilience This section should be informed by published evidence (e.g. epidemiological studies) and well referenced national policy documents.
Local Picture	• Describe the current prevalence of the risk factors, disease or condition and the current associated health outcomes and compare different population groups and geographies • Describe trends overtime – up to 10 years. • Describe in relation to comparators. England and London as a minimum; ONS statistical neighbours for key indicators or outcomes • Describe other assets in the community, for example formal or informal resources and if possible how many people are benefitting. Ensure all the data are from reputable sources, validated and properly referenced or linked. You may have to use proxy (e.g. service use), qualitative or modeled data. Please ensure that the weaknesses of such data sources are clear to the reader.
Local priorities and action	• What strategies/plans are in place? • Describe local strategic priorities • Describe commissioned services and current level of service provision. How well are current services working? Are there any groups of people for whom current services work less well? • Describe providers, spend/budgets, programme budgeting data and short medium and long-term projects
Outcomes	• Describe local outcomes in terms of structure, process and outcomes • Are the outcomes for the target population better or worse than those for the borough, comparable areas, nationally, or comparable countries. Link outcomes to national outcomes frameworks • Include local and national performance indicators • Describe relevant equality impact assessments. Which groups of people are at highest risk of worse outcomes?
Stakeholder views	Which stakeholders were involved?

	Views of service commissioners, service users and other stakeholders on met and unmet needs, problems and concerns. • Local consultations • Patient/user satisfaction surveys • Complaints and compliments • Where local evidence is not available, use national evidence
Evidence and best practice	• What is the evidence on interventions that work? Describe published evidence of effectiveness. Use the hierarchy of evidence and where indicated do a literature review • Describe published evidence of cost effectiveness • Describe published evidence of service delivery models • Describe national best practice • Where research evidence is lacking or not relevant use best practice case studies / small case studies
Local unmet needs and gaps	• Highlights / Main findings. • Performance on outcome indicators: summary of service level datasets to note trends. Evidence to show impact locally. • Using the evidence gathered in sections 3-8, identify the key unmet needs and local service gaps. • Describe any over-provision of services or options for re-provisioning services in a different way.
Knowledge and information gaps	• List gaps with regard to understanding extent of problem, commissioning activity related gaps, • knowledge gaps in understanding local service provision, other gaps • Describe data that is missing or areas lacking good quality evidence.
Findings (Including Strategic Recommendations)	• Findings summary • Recommendations to take forward – e.g. evaluation of programs, audits, others. • Taking into account your analysis in this document and the identified unmet needs and gaps, identify the main areas of need/improvement for commissioners. • Prioritise your recommendations.
Short, medium and long term priorities	• List priorities identified to address needs, and gaps identified to improve and achieve outcomes. • List prioritised outcomes.

Item No. 14.	Classification: Open	Date: 19 December 2013	Meeting Name: Southwark Health and Wellbeing Board
Report title:		Pharmaceutical Needs Assessment: the role of the Health and Wellbeing Board	
Ward(s) or groups affected:		All wards	
From:		Dr Ruth Wallis, Director of Public Health	

RECOMMENDATIONS

1. Assign a Health and Wellbeing Board member to lead on the Pharmaceutical Needs Assessment (PNA).

2. Agree to put the PNA as a recurring item on the agenda of the Health and Wellbeing Board.

BACKGROUND INFORMATION

3. This is the first briefing to the Health and Wellbeing Board on the PNA. No previous decisions have been taken on this topic.

4. The purpose of the briefing is to:

    - provide a brief summary of the May 2013 Department of Health guidance;
    - notify the board of their responsibilities for PNAs;
    - suggest a process through which the Board can monitor progress of the PNA

5. If a person (a pharmacist, a dispenser of appliances or in some circumstances and normally in rural areas, GPs) wants to provide NHS pharmaceutical services, they are required to apply to the NHS to be included on a pharmaceutical list. This application must demonstrate that they are able to meet a pharmaceutical need as set out in the relevant PNA. There are exceptions to this such as applications for needs not foreseen in the PNA. Pharmaceutical lists are compiled and held by the NHS Commissioning Board, now known as NHS England. This is commonly known as the NHS “market entry” system.

6. A PNA should inform both the commissioning of community pharmacy services by NHS England and local pharmacy decisions and market entry.

KEY ISSUES FOR CONSIDERATION

7. The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to Health and Wellbeing Boards (from PCTs).

8. The PNA is a separate responsibility to that of developing the JSNA.

9. The Health and Wellbeing Board is required to produce its first PNA by 1 April 2015 (this does not preclude earlier publication).

10. The last PNA was published jointly by Southwark PCT and Southwark Council in February 2011. In this document it is stated that the PNA will be refreshed in February 2014.

11. The Health and Wellbeing Board must publish a revised PNA within three years of publication of the first assessment and publish revised assessments as soon as reasonably practical after identifying significant changes to pharmaceutical services (unless it is satisfied that making a revised assessment would be a disproportionate response to those changes).

12. The Board is required to have a consultation on the PNA of at least 60 days.

INFORMATION TO BE CONTAINED IN PNAs

13. The current provision of pharmaceutical services.

14. The gaps in provision of pharmaceutical services to meet current and future needs.

15. The current provision of other relevant services that provide improvements to the provision or better access for the public.

16. The gaps in provision of other relevant services that provide improvements to the provision or better access for the public whether at the current time or in the future.

17. The services provided/arranged by the HWB, NHS England, CCG or NHS trust which impact upon the need for pharmaceutical services or which would secure improvements in, or better access to, pharmaceutical services (current and future);

18. How the assessment was carried out. An explanation of how localities were determined; how different needs across localities and the needs of those with protected characteristics were taken into account; and how the consultation was undertaken.

19. The PNA should not only include providers and premises within the HWB area, but also those that may lie outside in a neighboring HWB area but who provide pharmaceutical services to the population within the HWB area. It will therefore be necessary to inform, and work collaboratively with, neighboring Health and Wellbeing Boards and other organisations.

Resource Implications

20. A comprehensive PNA should involve:

Partners	Role
Health and Wellbeing Board members	Strategic and Governance
Southwark CCG Board members	Strategic and Governance
NHS England (London)	Strategic
Medicine Management	Tactical and Operational
HealthWatch	Tactical and Operational

Partners	Role
Public health management and other public health staff	Tactical and Operational
Community pharmacists	Tactical and Operational
GPs	Tactical and Operational
Communication teams.	Tactical and Operational
Admin support	Operational

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Pharmaceutical Needs Assessments Information Pack for local authority Health and Wellbeing Boards' (May 2013)	Available on line	Department of Health
Link https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Dr Ruth Wallis, Director of Public Health
Report Author	Dr Anna Richards, Consultant in Public Health
Version	Final
Dated	5 December 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
Cabinet Member	No	No
Date final report sent to Constitutional Team		5 December 2013

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