Open Agenda

Health and Wellbeing Board

Monday 24 March 2014
3.00 pm
Ground Floor Meeting Room G01C - 160 Tooley Street, London SE1 2QH

Membership

Councillor Peter John (Chair)	Leader of the Council
Andrew Bland	NHS Southwark Clinical Commissioning Group
Romi Bowen	Strategic Director of Children's and Adults' Services
Councillor Dora Dixon-Fyle	Cabinet Member, 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	Cabinet Member, Health, Adult Social Care & 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: 14 March 2014

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Health and Wellbeing Board

Monday 24 March 2014
3.00 pm
Ground Floor Meeting Room G01C - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
1.	**APOLOGIES** To receive any apologies for absence.	
2.	**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 19 December 2013.	To follow
6.	**BETTER CARE FUND - DRAFT PLAN FOR SOUTHWARK** To note the draft vision for the integration of health and care related services and the draft Better Care Fund Plan submitted by the council, the clinical commissioning group and the health and wellbeing board setting out the approach to pooled budgets in 2015/16. To agree the proposed process for agreement of the final Better Care Fund Plan to be submitted in April 2014.	1 - 35

Item No.	Title	Page No.

OTHER REPORTS

The following items are also scheduled for consideration at this meeting:

13. DEVELOPING THE 2014-18 JOINT HEALTH AND WELLBEING STRATEGY

14. GOVERNANCE REVIEW

Date: 14 March 2014

Agenda Item 6

Item No.	Classification:	Date:	Meeting Name:
6.	Open	24 March 2014	Health and Wellbeing Board
Report title:		Better Care Fund – draft plan for Southwark	
Ward(s) or groups affected:		All	
From:		Alex Laidler, Acting Director of Adult Care, Southwark Council Tamsin Hooton, Director of Service Re-design, NHS Southwark Clinical Commissioning Group	

RECOMMENDATIONS

1. The Board note the draft vision for the integration of health and care related services "Better Care, Better Quality of Life in Southwark" (Appendix 1).

2. The Board note the draft Better Care Fund plan submitted by the Council, the Clinical Commissioning Group (CCG) and the Health and Wellbeing Board (HWB) setting out the approach to pooled budgets in 2015/16 (Appendix 2).

3. The Board agree to the proposed process for agreement of the final Better Care Fund plan to be submitted in April as set out in paragraph 24.

4. The Board note the proposed governance arrangements for the Better Care Fund set out in paragraph 25.

BACKGROUND INFORMATION

5. The Better Care Fund is a national policy initiative that requires local areas to agree plans for the integration and transformation of health and care related services. Under these arrangements Southwark Council and the CCG need to agree plans for a pooled budget to a minimum value of £22m in 2015/16, covering a range of health and care related services that effectively support people at risk in the community, reduce hospital and care home admissions and help people to be discharged smoothly and safely from hospital. (This is not new money, as it consolidates a range of committed resources into one pooled budget). In 2014/15 plans need to be agreed about the investment of a new NHS funding transfer of £1.3m to make early progress and prepare for the 2015/16 arrangements. The plans must be agreed by the Health and Wellbeing Board.

6. A draft Better Care Fund plan submission based on consultation with the Health and Wellbeing Board and other stakeholders was submitted on 14 February 2014, signed by the Council, the CCG and the Chair of the Health and Wellbeing Board. This is summarised in appendix 2.1 and the full plan is enclosed in appendix 2.2**.** A final plan will be submitted on 4 April, taking into account any comments received, including any changes arising from the national assurance process that is in place to confirm that plans meet national conditions.

7. The Better Care Fund is seen as potentially leading to transformational change through the integration of council and health services and it is therefore important that the Board is aware of the proposals at an early stage.

8. In order to give the Southwark Better Care Fund plan a strong foundation it was considered important to place it within an overall strategic framework. Local partners agreed to develop a draft vision for integration "Better Care, Better Quality of Life in Southwark" for this purpose (Appendix 1).

9. The draft vision and the draft Better Care Fund builds upon significant progress that has been made in Southwark on integration, including through the work of Southwark and Lambeth Integrated Care (SLIC). SLIC will continue to act as enabler of the changes set out in our plan.

10. The draft vision emphasises that the broader integration agenda is not just about health and social care. It includes all agencies involved in supporting people and promoting the wellbeing of the population. In particular the link with supported housing services is relevant and we wish to look at how these services can link into multi-disciplinary team working based around individuals.

11. Voluntary sector services contribution to the preventative agenda is also a key link. Some of these schemes are incorporated into the Better Care Fund, for example those tackling isolation.

12. The Better Care Fund is to be seen in the overall context of severe financial constraints across the local authority and NHS anticipated in 2015/16. It is essential that the Better Care Fund helps achieve the objective of financial sustainability by reducing demand for acute NHS care and intensive social care.

KEY ISSUES FOR CONSIDERATION

13. The summary in Appendix 2 sets out the key features of the draft Southwark Better Care Fund submission. This is intended to help deliver the vision for integration set out in Appendix 1, which sets out the overall goals for the population and indicates how services in Southwark will be different for service users.

14. 2014/15 is a preparatory year for the Better Care Fund in which Southwark Council has been allocated £1.3m (subject to agreement of the plan) in the form of a transfer from the NHS to make early progress and prepare for the delivery of full pooled budgets in 2015/16. It has been agreed that the bulk of this new transfer (£1.048m) should be used to fund existing discharge support and admissions avoidance services that were previously funded by Winter Pressures NHS funding which ceased in 13/14. These services are considered effective investments and the Better Care Fund provides an opportunity to mainstream their funding. This new transfer is being considered alongside the existing NHS funding transfers and grants totalling £7.6m (£7.9m in 14/15) for supporting social care of benefit to health. During 2014/15 the full portfolio of services will be reviewed to ensure it represents value for money and is effectively integrated to help deliver the local vision. The remainder of the allocation is being invested in service development capacity (£100k), including developing the integrated neighbourhood team model (to include looking at scope to redesign some housing services as part of this model); self management programmes for people with long term conditions (£107k) and psychiatric liaison services to assist people with mental health problems attending A&E (£54k).

15. 2015/16 sees existing resources totalling £22m being merged into a pooled budget which the Council and CCG will jointly manage. These resources mostly come from existing health budgets. The services to be funded locally from it are set out in appendix 2. During 2014/15 the precise plans for these services will be developed in greater detail, with the aim of maximising the extent to which the various services work together as one coherent whole to achieve the goals of integration. A number of the schemes protect social services of benefit to health, shielding local services in the face of central funding reductions. Other schemes have a preventative angle, including funding for voluntary sector services for isolated older people, and telecare equipment that helps people live at home safely. Other schemes fund NHS services, in particular those around admissions avoidance, hospital at home services and mental health services. Resources are provided to develop 7 day working, which is a key national condition. All the services are intended to reduce and delay the need for more intensive health and social care support in older people and people with long term conditions, and for the fund to be sustainable it is essential that they effectively reduce demand on the acute sector to release funds for community investment. As this is a crucial change for hospitals plans have been discussed with local acute trusts and the final submission should be based on an agreed view of what that impact is going to be.

16. The Better Care Fund schemes were discussed at a Health and Wellbeing workshop on 6th February which focussed on the extent to which proposals would effectively deliver on national conditions and performance requirements and local priorities.

17. The government have also indicated that certain costs associated with implementing the forthcoming Care Bill, which will place additional duties on local authorities for 2015/16, will need to be funded from the BCF resources, which translates to approximately £1m for Southwark which has been set aside for this purpose. In addition from 2015/16 the Council's Disabled Facilities Grant (£0.641m), which benefits people with disabilities in non-council housing, will be paid into the Better Care Fund. This sum will still be required to meet entitlements of individuals to grants, but there are opportunities for taking an integrated approach to this service alongside other services that support people with disabilities to live at home.

18. **Performance related payment:** The government is subjecting the Better Care Fund to a performance related payment scheme and 26% of the NHS monies within the scheme may be withheld (around £5m locally) if performance on 6 measures is not in line with targets agreed in the planning process. The targets relate to:

    - Reducing care home admissions in line with Council Plan target
    - Improving effectiveness of re-ablement at keeping people at home after discharge
    - Minimising delayed transfers of care from hospital
    - Reducing avoidable admissions to hospital
    - Improving user experience of integrated services
    - People feeling supported to manage their long term conditions

19. It is anticipated that non-achievement of targets would lead to a process of peer review and agreement of recovery plans, with some loss of discretion over local

arrangements. It is considered unlikely that the funding would be lost to the health and system in 2015/16.

20. **National conditions:** The Better Care Fund plan must also meet national conditions as follows:

- Plans jointly agreed by Health and Wellbeing Boards, Councils and CCGs
- Social care services of benefit to health are protected
- 7 day working across health and social care is funded to facilitate hospital discharge and prevent unnecessary admissions at weekends
- Better information sharing between agencies underpins integration plans
- Joint approach to assessments and care planning and single 'accountable professional' co-ordinating care of individuals with integrated care packages
- There is agreement on the impact of plans on the acute sector

21. **National assurance process**: A national assurance process is in place and the feedback received so far on the draft submission is very positive, achieving the top rating of "Confident that any concerns will be addressed"**.** In the assurance assessment a number of criteria are RAG rated and in the case of Southwark the only amber was on the issue of demonstrating affordability, which links to the risk that sufficient acute savings may not be generated (see paragraph 26). In our comparator group (12 boroughs of South London) all had amber on this criteria, and 8 boroughs had a greater number of ambers than Southwark overall. A specific point raised was that as a SLIC partner they expected to see "more evidence of strategic engagement with neighbouring boroughs reflected in the plan". The response to this point is to be considered with Lambeth, and will involve developing the narrative around joint working with local trusts. The national assurance team have also indicated that they will be doing further work to test the level of challenge in the performance targets.

22. **Pooling greater amounts than the minimum:** The guidance encourages local areas to go beyond the minimum pooled budget requirement by incorporating additional health and council budgets into the Better Care Fund. This option will be kept under review as the success of the approach at a national and local level is evaluated but there are no immediate local plans to exceed the minimum level.

23. **Link to public health funding:** It should be emphasised that the council's funding allocation for the delivery of public health responsibilities is separate and distinct from the Better Care Fund. The Better Care Fund is necessarily focused on services for older people and people with long term conditions, particularly those at risk of hospitalisation and in receipt of both health and social care (although there are schemes within it that have a wider preventative value such as the voluntary sector funding). Public health funding is focussed on services such as sexual health, substance misuse, smoking cessation and health checks. However the Southwark vision for integration has a clear public health and wellbeing focus, and the option of moving some public health budgets into the Better Care Fund is one that could be considered in future if the case can be made that delivery could be improved by integrating these with other services.

24. **Next steps:** The final submission will be prepared for 4th April deadline, taking into account all comments received from the Board. Under the current governance arrangements the final submission should be signed off by the Chair, in his capacity as Chair and Leader of the council. It is also proposed that

this will be done after consultation with and sign off by the Chief Officer from the CCG and the Strategic Director of Adults and Children. Following agreement of the plan a joint programme of work will be established to take forward implementation.

25. **Governance arrangements:** The Health and Wellbeing Board will be responsible for agreeing the Better Care Fund plan and overseeing its successful delivery. The terms of reference of the Board and appropriate underlying support and governance structures will be reviewed to ensure they are fit for this purpose. If further powers are to be delegated to the HWB, then this will need to be done through amendment to the council's constitution. Although jointly responsible for delivering on the objectives of the fund through the Health and Wellbeing Board, individual organisations will remain formally accountable for their own expenditure and services pooled within it through their existing governance arrangements. Roles, responsibilities and risk share arrangements will be clearly set out in the Section 75 agreement(s) under which the pooled funding will be managed. It is anticipated that highlight reports on progress made in implementing the Better Care Fund will be submitted to the Health and Wellbeing Board on a regular basis.

26. **Risks:** As part of the Better Care Fund a risk schedule is agreed between the council and CCG and the monitoring and mitigation of these risks will be part of the joint management and governance arrangements. The most highly rated risk at present is that anticipated reductions in hospital activity are not achieved, which may in turn undermine the investment available for community based services to shift the balance away from hospital based care. This will be mitigated at the detailed implementation and design phase and by close monitoring of the impact of schemes and taking prompt recovery action where necessary.

Policy Implications

27. Integration of services as set out in the draft vision and Better Care Fund plan involves agreeing shared policy goals with partners as set out in the draft vision, developing neighbourhood multi-disciplinary team models with care co-ordinated by a lead professional, and jointly agreeing how pooled resources will be invested under the Section 75 pooled budget arrangements. Specific policy implications will be identified during the detailed design phase and agreed through integrated governance arrangements.

Community impact statement

28. The health and care related services covered by the Better Care Fund and the goals set out in the vision have a positive impact on the community as a whole. In particular it will impact on older people and people with long term conditions (many of whom have disabilities or mental health problems) who are most at risk of admission to hospital or needing intensive social care support. The plan aims to promote the health and wellbeing, independence and quality of life of these groups who are recognised groups with protected characteristics under Equalities legislation. The informal carers of these groups will also benefit, who are disproportionately female. The draft vision will also contribute to the wider prevention and public health agenda benefitting the population as a whole in the longer term, and reducing health inequalities.

29. As individual schemes are further developed for implementation in 2015/16 they will be subject to a more detailed community impact analysis.

Economic considerations

30. The aim to improve health and wellbeing of the population set out in the draft vision has a direct impact on economic well being. In addition, the financial sustainability of the local health and care economy will be improved by the successful delivery of the Better Care Fund, by reducing demand for more intensive and costly services in hospitals and care homes.

Staffing implications

31. As set out in the draft vision there is a significant workforce development agenda that needs to be addressed to effectively deliver integrated working. The workforce will need to be well-informed, appropriately skilled and clear of its common purpose in delivering person-centred care. Some staff will need to work increasingly flexibly in integrated neighbourhood teams.

32. The specific development of 7 day working to support hospital discharge will have staffing implications that will be assessed as detailed arrangements are proposed.

Financial implications

33. The BCF totals £1.3m in 2014/15, increasing to £22m in 2015/16. The majority of the BCF represents existing budgets transferred directly from the NHS, where there are existing commitments from both the CCG and the council. The BCF is now included in the council's overall settlement and spending power calculation.

34. The BCF schemes proposed include a mix of existing funding, recognising the financial pressures experienced by the Council and CCG, as well as investment in new schemes. In 2015/16, a total of £2m is explicitly labelled as contributing to maintain social care services, an increase of £500k from the 2014/15.level. It is hoped that the impact of integration across the Council and CCG, including investment in schemes to reduce length and number of hospital and residential homes stays, will result in enduring savings for both organisations.

35. The pooled governance and financial arrangements for the BCF remain under discussion and will be agreed over the coming year.

Legal implications

36. The requirements of the Better Care Fund will mean the council will need to review the governance arrangements for the Health & Wellbeing Board to ensure that they will support delivery under the fund. In addition careful consideration will need to be given to type of commissioning arrangements for the pooled budgets.

Consultation

37. The plan is underpinned by a vision for improving services in the community through better integrated working that has been developed over several years and shaped by a range of engagement activity.

38. Our integration project (SLIC), which has developed much of the thinking behind our approach has actively consulted with the public through the Citizen's Forum over the past 18 months. Southwark and Lambeth commissioners, working with the SLIC team, held an engagement event with residents on the 28th January 2014 to identify what people wanted as outcomes from integration and to help us articulate those outcomes from a resident's perspective. This work supports our vision document, but will also help us as we work to further develop our local outcome measures for integrated care. This event included over 50 participants, including Healthwatch and the representatives of other engagement groups linked to the CCG and LA.

39. There will be further engagement activity as the plan is finalised for submission in April, and beyond as detailed implementation plans for 2015/16 are developed.

BACKGROUND DOCUMENTS

Background Documents	Held At	Contact
Better Care Fund – draft plan submitted 14 Feb. 2014 and supporting documents	160 Tooley St	Adrian Ward 0207 525 3345

APPENDICES

No	Title
Appendix 1	Draft vision for the integration of health and care related services in Southwark "Better Care, Better Quality of Life"
Appendix 2.1	Better Care Fund – summary - Plan on a page
Appendix 2.2a	Better Care Fund – draft submission –plan (14 February)
Appendix 2.2b	Better Care Fund – draft submission – finance and metrics template

AUDIT TRAIL

Lead Officer	Alex Laidler, Acting Director of Adult Care, Southwark Council Tamsin Hooton, Director of Service Re-design, NHS Southwark Clinical Commissioning Group
Report Author	Adrian Ward, Head of Performance (Adult Social Care)
Version	Final
Dated	12 March 2014
Key Decision?	No
Previous relevant reports	Reports on the BCF have been considered by the Cabinet and CCG governing body prior to this meeting.

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		13 March 2014

Appendix 1

Better Care, better quality of life in Southwark:

Our vision for integrated care and support for our local population through well co-ordinated, personalised health and care services.

This is a vision for the whole system, not just health and social care. It links key themes in the Southwark's Health and Wellbeing Strategy, Southwark CCG's Primary and Community Care Strategy, Adult Social Care priorities as set out in the Local Account, Southwark Council's Fairer Future priority to "support vulnerable people to live independent, safe and healthy lives by giving them more choice and control over their care", and the Housing Strategy which seeks to "help vulnerable individuals and families to meet their housing needs and live as independently as possible".

We want people to live healthy, independent and fulfilling lives, based on choices that are important to them.

Our vision for integrated care in Southwark is for people to stay healthier at home for longer by doing more to prevent ill health, by supporting people to manage their own heath and well-being and by providing more services in people's homes and in the community. We want people to feel in control of their lives and their care, with the services they receive co-ordinated and planned with them around their individual needs.

We will build upon our existing work to integrate services around people's needs, but recognise that we now need to transform the way we work together across health and care to really achieve this.

Our key aspirations for integrated care in Southwark are to deliver:

- More care in people's homes and in their local neighbourhoods
- Person-centred care, organised in collaboration with the individual and their carers
- Better experience of care for people and their carers
- Population based care that is pro-active and preventative, rather than reactive and episodic
- Better value care and support at home, with less reliance on care homes and hospital based care
- Less duplication and 'hand-offs' and a more efficient system overall
- Improvements to key outcomes for people's health and wellbeing
- Stronger, more resilient communities
- Southwark as a great place to live and work

We will know we have achieved our ambition for integrated health and care in Southwark when we need to rely less on hospital-based care and care homes, because more care that is better value will be delivered in people's homes and in their local neighbourhoods. People will be admitted to hospital quickly when they need to be, to access to the world class facilities and services. Hospitals will be able to discharge people quicker, because effective and pro active services at home and in the community will help people get back on their feet and stay healthy and independent for longer.

We will take a population based approach to health, so that rather than just treating sickness, we recognise and address the wider determinants of ill-health across Southwark and the role of different services in promoting the public's health. This is set out in Southwark's Health and Wellbeing Strategy.

Why do we need to transform and integrate services?

There is a strong national and local drive towards integration, supported by new funding arrangements which necessitate joint working. The Care Bill will place a statutory requirement upon local authorities to carry out their care and support functions with the aim of integrating services with health and housing, and the Health and Social Care Act requires the NHS to ensure organisations work together to improve outcomes.

The way services are currently commissioned and organised does not always achieve our aims and our ambition is to work together to achieve better outcomes for our population and improved quality of life for individuals.

Southwark is a richly diverse borough with a significant asset base in terms of its people, its public services, its business communities, local economy and its social capital. The challenges we face are however significant. We have some world class services and yet we know we can do more to improve individual experiences, to improve the health of our local population and tackle health inequalities.

Our aspiration to improve the experience of local people, the challenges of our changing population, the increasing demands on our system and the economic challenge all mean we need to change.

Experience of patients and public: People in Southwark have told us they want care and support delivered in, or close to, their own homes. They want a response that is integrated and personalised, as expressed by the definition created by people who contributed to the 'National Voices' work:

> ***"I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me"****

**This is an agreed national definition of integration from "Integration: Our Shared Commitment". It goes on to list a range of similar statements from the user perspective about what good integrated care should feel like.*

Population and demographic challenges: Southwark's population is younger, more transient, more ethnically diverse and more benefit dependent than is the case nationally and in many London boroughs. Although the older population is not increasing as quickly as in some regions, the over 85s population is rising. The number of hospital admissions and use of A&E has increased much more rapidly than the growth in population. People are living longer but in Southwark people's 'healthy life expectancy' is below the London average and poorer people continue to have lower life expectancy and lower healthy life expectancy. A very high proportion of older people in Southwark live in social housing, presenting an opportunity for valuable co-operation between health, social care and housing services.

Economic challenge: The unprecedented economic challenge means the need for health and social care to deliver better value is greater than ever. A significant proportion of the demand on our local health system and the council comes from increasing numbers of frail older people and people with multiple long term conditions, including mental health. Integrated care is most effective when it is focussed on support for those people who are identified as being at greatest risk of poor health outcomes without early intervention and much improved co-ordination of services.

Building on progress so far:

As partners of Southwark and Lambeth Integrated Care (SLIC) we have already taken some significant steps towards integrating care in the borough, including establishing more community based support for frail elderly people to respond quickly to prevent admission or facilitate early discharge. Community Multi Disciplinary Teams are in operation across the borough, and primary care services are beginning to be organised on a neighbourhood basis.

We have also taken steps to re-direct finances to support these new models of care, However, there is still much to do to transform the way that care is organised, experienced by citizens, and funded across the borough. Our plans for the future of integrated services will build on these successes but go further, focussing on delivering personalised, pro-active care to local communities.

The changes we want to achieve:

We want to create a sustainable system that supports the most vulnerable and delivers value for money. To achieve this we need a significant cultural shift across the whole system. This means a different set of relationships between the NHS, the Council and the community, moving to a model where local citizens are seen as people who can contribute and exercise control over their own lives, improving their own health and well-being.

We want to tackle health inequalities and develop a more effective approach to preventing poor health and supporting people to better manage their own conditions. We need better integrated early interventions so that people get the right help when they need it and we need to ensure that people who have more complex conditions receive an integrated and personalised service.

We recognise the vital role that carers play both in delivering care and in helping prevent further deterioration, so that people do not need more intensive packages of support over time. This means we need to ensure that carers can access the right support to maintain their own health and well-being and to continue in their caring role, wherever they seek help.

We recognise we need to invest in the development of social capital across the borough, with a particular focus on enabling people to take control and giving them the tools to manage their conditions effectively. 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, housing support workers 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.

The role of the third sector will be vital in driving forward the approach for building strong community engagement and the experience of the sector will be invaluable as we look to put the vision for effective prevention into practice.

We will mobilise our communities and recognise their assets, strengths and abilities, not just their needs. We will build on the assets in our community to support active self management by people, and support between peers, carers and families to take control of their own health and well being to address issues such as smoking, loneliness, exercise and eating.

Integrated care and support is about partnerships beyond the NHS and social care – involving individuals, communities, voluntary and private sectors and the Council's wider services, particularly employment and housing.

Healthwatch will help ensure that we are on track, and in particular that we provide services in a compassionate way that maintains people's dignity.

What does it mean for how we will commission services?

The Council and CCG are committed to using our joint resources to achieve our shared vision. The way that services are currently commissioned and organised does not always achieve these aims, and there are many 'hand offs' and differential incentives that work against our vision of services working together to support better health and more independence.

This will mean realigning finances to commission more pro-active support that offers continuity of care and is joined up around people's needs. Our plans, if successful, will mean less reliance on care in hospital or care homes, and more care in people's home or delivered in community based settings. We will work with partners in SLIC and the acute sector to enable this shift of resources to happen.

We will use our resources differently to remove organisational impediments to the provision of person-centred care and financially incentivising prevention, earlier intervention, recovery and re-ablement with our providers.

The pattern of services will be different in a number of ways:

The focus for the whole system is to enable people to live independently and well for as long as possible, using the widest range of mechanisms and support options possible. Some of the key aspects of change we want to see are:

- more care for older people and people with long term conditions will be delivered through locality based community multi-disciplinary teams with a lead professional responsible for co-ordinating the care of individuals, ensuring an integrated and personalised approach to case management by all services working with each person - GPs, Community Health, Social Care, Housing, Mental Health workers and hospital services.
- there will be less care needed in acute settings. A&E attendance and avoidable emergency admissions will reduce as community teams provide more targeted support to those at risk.
- When people do need acute care they will stay in hospital for shorter periods, returning home safely with the help of services such as @Home (Home Ward) and enhanced discharge support.
- re-ablement and intermediate care will increasingly provide effective short term interventions that rehabilitate people, restoring health and independence
- the balance of social care will shift away from care homes towards support in people's own homes and supported housing schemes including Extra Care.
- home care services will be funded with a view to radically improving quality and outcomes, with home carers linked in with other health and care professionals through the multi-disciplinary team approach
- there will be enhanced support for carers
- there will be a greater role for technology through using telecare to help people live safely at home
- a more integrated and coherent approach to preventative services including the voluntary sector tackling issues such as social isolation
- services will be responsive and accessible 7 days a week, including social care and admission avoidance community services as well as primary care
- new focus on developing dementia related services
- developing a neighbourhood health champions model

Achieving genuinely integrated care will have far reaching implications for the health and social care workforce and for the way that staff are trained and work together. Our **workforce** will need to be well-informed, appropriately skilled and clear of its common purpose in delivering person-centred care. We are committed to investing in the workforce so that they are appropriately skilled and trained for new ways of delivering care, and have a shared approach to coordinating care around people's needs.
Staff will need to work increasingly flexibly in integrated teams, with more staff working in the community and in people's homes. We will ensure that we have the right range of staff to respond flexibly to people's needs and that all staff across our system feel valued for their contribution to keeping Southwark people as healthy and independent as possible.

Appendix 2.1

Better Care Plan

The Council and NHS are required to agree a pooled budget of £22m in 2015/16 that integrates services and shifts the balance of care from hospitals to the community, improving access and outcomes, protecting adult social care and achieving financial stability in the face of increased demand and reduced resources. In 2014/15 there is an additional resource of £1.3m to make prepare and make early progress on objectives.

National aims

- Transform local services - better integrated care and support
- Help local areas manage pressures and improve sustainability
- Take forward integration agenda at scale and pace
- Right care, right place, right time - more care in community settings
- Place people at the centre of their own care and support
- Improve quality of life

National conditions

- Plans jointly agreed by Health and Wellbeing Boards
- Protects social care services
- Information sharing
- 7 day working
- Joint health and social care assessments and single 'accountable professional' co-ordinating care of individuals
- Agreement on impact on acute sector

Local vision and priorities

- More care in people's homes and in their local neighbourhoods
- Person-centred care, organised in collaboration with the individual and their carers through multi disciplinary teams
- Better experience of care for people and their carers
- Population based care that is pro-active and preventative
- Better value care at home, with less reliance on care homes and hospital based care
- Less duplication and 'hand-offs' and a more efficient system overall
- Improvements to key outcomes for people's health and wellbeing
- Southwark a great place to live and work

Performance targets – payment related (£5m)

- Reducing care home admissions
- Increasing the effectiveness of re-ablement
- Minimising delayed transfers of care
- Reducing avoidable admissions to hospital
- Improving service user experience of health and care services through integration
- People supported to manage long term conditions

+ local measures will be developed to support these

Who benefits?

- Older people and people with long term conditions who are at risk of hospital admission, or who need support to be discharged from hospital back into the community
- Carers of people needing health and care services

Plans 2014/15 - £1.309m

- **Preparatory year for making early progress on priorities - £1.3m additional NHS transfer:**

- New transfer picks up non-recurrent funding for Winter Pressures schemes that fell out in 12/13 (**£1.05m)**
- Some new investment in self management **(£107k)** and service development of multi-disciplinary team model **(£100k)**
- Investment in psychiatric liaison services to reduce demand on A&E **(£54k)**
- Existing discharge support, re-ablement and related services funded by NHS transfers added top the pot and reviewed in context of BCF aims and objectives **(£7.9m)**

Next steps

- April final submission after assurance process
- Develop programme over 2014/15
- Agree Section 75 pooled budgets clarifying role and responsibilities, accountability arrangements through Health and Wellbeing Board

Plans 2015/16 - £21.967m – not new money!

- **Full implementation with money paid into a pooled budget of £22m:**

- Rolling forward and implementing the redesign of the 2014/15 discharge support, re-ablement and related schemes **(£8.957m)**
- Integrated admissions avoidance and hospital at home services into the pooled budget **(£3.3m)**
- Home care quality transformation **(£1.9m)**
- 7 day working **(£1.493m)**
- Expand psychiatric liaison services in A&E **(£300k)** and community mental health services to reduce crisis admissions **(£870k)**
- Care Bill implementation (**£1m)**
- Voluntary sector prevention **(£910k)**
- Expand the use of telecare **(£566k)**
- Protecting adult care – eligibility **(£500k)**
- Carers Strategy **(£450k)**
- Expand the self management programme (**£307k)**
- Further developing the neighbourhood multi-disciplinary model **(£100k)**
- Social services capital **(£875k)** and council Disabled Facilities Grant **(£614k)**
- End of Life Care (**£200k)**

Schemes that are clearly social care total £13.937m (63%), CCG £4.877m (22%) and those that span both £3.153m (14%)

Appendix 2.2a

Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

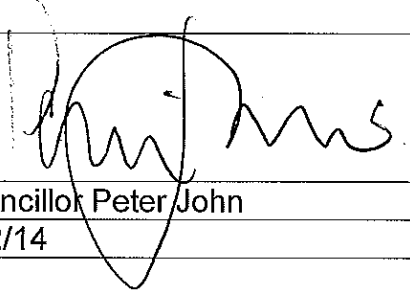
Local Authority	**Southwark**
Clinical Commissioning Groups	**Southwark**
Boundary Differences	Not applicable
Date agreed at Health and Well-Being Board:	Southwark's Health and Wellbeing Board held a seminar on the BCF on **6/2/2014** where it agreed the approach set out in this draft plan and delegated responsibility for the finalised submission to the chair of the HWB. The Health and Wellbeing Board is due to discuss and agree the final plan at its meeting on **24/03/2014**.
Date submitted:	**14/02/2014**
Minimum required value of BCF pooled budget: 2014/15	**£1.309m** Note: this will not be in form of a pooled budget until 15/16
2015/16	**£21.967m**
Total agreed value of pooled budget: 2014/15	**£8.957m** Notes: 1) this will not be in the form of a formal pooled budget in 2014/15. Pooled budget arrangements will be developed for introduction when the Better Care Fund formally starts on 1/4/2015, in line with the planning guidance. 2) This figure includes the £1.309m BCF allocation plus £5.835m existing NHS transfer plus £1.813m re-ablement grant rolled forward

	from 13/14.
Total agreed value of pooled budget :2015/16	**£21.967m** The CCG and the local authority will be evaluating options for extending the range of service budgets incorporated within the pool during 2014/15 prior to the finalisation of 2015/16 plans.

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	
By	Andrew Bland
Position	Chief Officer
Date	14/2/14

Signed on behalf of the Council	
By	Romi Bowen
Position	Strategic Director of Children's and Adults Services
Date	14/2/14

Signed on behalf of the Health and Wellbeing Board	
By Chair of Health and Wellbeing Board	Councillor Peter John
Date	14/2/14

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

Our health providers are key members of the Southwark and Lambeth Integrated Care (SLIC) programme and have been closely involved in producing and delivering the integrated care strategy to date, as well as delivering some of the new integrated service models, for instance the admission avoidance programme. A workshop on integration was held in November 2013 including representatives of our main health providers, which helped us establish the vision and narrative for integration which underpins our plans for the Better Care Fund (BCF).

Representatives of our main health providers were invited to the HWB seminar in February which agreed the vision for integration and priorities for investment from the fund.

Our detailed proposals for integration in Southwark, including the schemes to be funded from the BCF, have been shared and discussed with acute providers in a number of fora including; the Health and Well Being Board integration and BCF workshop on the 6th February, SLIC meetings and a Southwark and Lambeth joint planning meeting which includes CCG and Local Authority commissioners as well as representatives from our local providers (GST, KCH and SLAM).

Assumptions about acute activity reductions resulting from integrated care are also being agreed as part of the contracting round for 2014/2015. These reductions underpin Southwark CCG's overall acute QIPP requirements and have been shared with providers, both in the CCG's commissioning intentions and in more specific contractual negotiations. We will not have concluded contractual discussions until after the initial submission of the Better Care Fund, but the two processes are aligned.

Service providers have also been active participants in a number of change programmes and consultations that together help form our local integration programme. For instance, Social Care providers have been involved in My Home Life and other quality initiatives that form part of this wider plan, including the development of the re-ablement service model and home care redesign.

There will be further engagement activity as the plan is finalised for submission in April, and beyond as detailed implementation plans for 2015/16 are developed.

d) Patient, service user and public engagement
Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

The plan is underpinned by a vision for improving services in the community through better integrated working that has been developed over several years and shaped by a range of engagement activity.

Our integration project (SLIC), which has developed much of the thinking behind our approach has actively consulted with the public through its Citizen's Forum over the past 18 months. Southwark and Lambeth commissioners, working with the SLIC team, held an engagement event with residents on the 28th January to identify what people wanted as outcomes from integration and to help us articulate those outcomes from a resident's perspective. This work supports our vision document, but will also help us as we work to further develop our local outcome measures for integrated care. This event included over 50 participants, including Healthwatch and the representatives of other engagement groups linked to the CCG and LA.

There will be further engagement activity as the plan is finalised for submission in April, and beyond as detailed implementation plans for 2015/16 are developed

e) Related documentation
Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
Vision document	Attached
SLIC website and project plans and reports	http://slicare.org/
Southwark CCG 2yr plans	http://www.southwarkccg.nhs.uk/Pages/Home.aspx
South East London NHS 5 yr Plans	http://www.southwarkccg.nhs.uk/Pages/Home.aspx
CCG Primary and Community Care Strategy	http://www.southwarkccg.nhs.uk/Pages/Home.aspx
Local Account – Adult Social Care	http://www.southwark.gov.uk/localaccount
JSNA	http://www.southwarkjsna.com/
Health and wellbeing strategy	http://www.southwark.gov.uk/info/100010/health_and_social_care/2663/health_and_wellbeing_board
My home life (care home quality strategy)	Link to be provided
Carers Strategy	
Assistive Technology Strategy	

VISION AND SCHEMES

a) Vision for health and care services
Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

Our vision for integrated care and support for our local population through the provision of well co-ordinated, personalised health and care services ("Better Care, Better Quality of Life in Southwark") is set out in full in annex 1. It is a vision for the whole system, not just health and social care. In particular it links to Southwark's Housing Strategy and the Council's Fairer Future priorities.

We want people to live healthy, independent and fulfilling lives, based on choices that are important to them.

Through our vision people will feel more in control of their lives and their care, with the services they need co-ordinated and planned with them around their individual needs.

People will stay healthier at home for longer because we will do more to prevent ill health. We will support people to manage their own health and well-being and provide more services in people's homes and in the community rather than hospitals and care homes.

The pattern of services will be different in a number of ways:

- more care for older people and people with long term conditions will be delivered through locality based community multi-disciplinary teams with a lead professional responsible for co-ordinating the care of individuals, ensuring an integrated and personalised approach to case management by all services working with each person - GPs, Community Health, Social Care, Mental Health workers, Housing and hospital services.
- there will be less care needed in acute settings. A&E attendance and avoidable emergency admissions will reduce as community teams provide more targeted support to those at risk.
- When people do need acute care they will stay in hospital for shorter periods, returning home safely with the help of services such as @Home (Home Ward) and enhanced discharge support.
- re-ablement and intermediate care will increasingly provide effective short term interventions that rehabilitate people, restoring health and independence
- the balance of social care will shift away from care homes towards support in people's own homes and supported housing schemes including Extra Care.
- home care services will be funded with a view to radically improving quality and outcomes, with home carers linked in with other health and care professionals through the multi-disciplinary team approach
- there will be enhanced support for carers
- there will be a greater role for technology through using telecare to help people

live safely at home
- a more integrated and coherent approach to preventative services including the voluntary sector tackling issues such as social isolation
- services will be responsive and accessible 7 days a week, including social care and admission avoidance community services as well as primary care
- new focus on developing dementia related services

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

The aims and objectives are set out in (a) above and will be measured as follows:

Expansion of integrated community support to reduce need for intensive health and social care support will be measured by:

- Increases in the numbers of people benefitting from the community multi disciplinary team approach, and activity levels in the BCF funded services such as home ward, admissions avoidance and re-ablement.
- reductions in the rate of avoidable emergency admissions
- shifting the balance of care away from care homes, including reduced admissions
- impact of re-ablement in reducing the care needs of clients using the service
- delayed transfers of care
- length of stay in hospital and emergency bed days for older people

A key underlying aim of the SLIC programme, and of our BCF plan, is for integrated care to help achieve financial sustainability for the whole health and social care system, as well as to improve population health, improving key health and life outcomes. The success of this will be evaluated with reference to the financial position of all commissioners and providers. We are developing a 'balanced scorecard' tracking outcomes and costs across the health economy, which will help us to assess our impact on delivering better value care. As part of this, we are working to define a set of outcome measures that assess the impact on the health of our target population, which will include outcome measures defined by residents and measured through local surveys.

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

The main schemes and changes under the Better Care Fund that will deliver our objectives are set out in detail in the finance and metrics schedule. In summary they are as follows:

In 2014/15: we will roll forward the funding for the existing portfolio of services that are provided by the council with funding transferred from the NHS under section 256 arrangements. We will review the application of this funding and identify the most cost effective way of using this resource in the context of the wider Better Care Fund plans for 2015/16. This funding of £5.835m currently covers a range of services aimed at supporting discharge, preventing the need for higher levels of support, and protecting social care services of benefit to health. In addition, existing council spend on re-ablement currently funded from NHS grant of £1.8m will be rolled forward in to the scheme.

Southwark has been allocated an additional £1.3m in 2014/15 under the Better Care Fund in order to prepare for the full introduction of the Fund in 2015/16 and make early progress on goals. This resource will be used to pick up the funding of a range of current council services aimed at reducing demand on the acute sector that were originally funded under "winter pressures" funding that was withdrawn in 2013/14, and which support discharge support and move towards 7 day working. There will be specific investment in Psychiatric Liaison services to reduce pressures on A&E. In addition there will be an investment made in infrastructure costs for developing integrated neighbourhood services (including Housing) and the long term conditions self management programme. In addition in 2014/15 the CCG and Local Authority will be applying resources from outside the Better Care Fund to pump prime schemes in advance of 2015/16, including telecare, homecare, carers and mental health.

In 2015/16: the services described above will be reviewed during 2014/15 to ensure they provide value for money and support the integration agenda, and will be rolled forward into the 2015/16 Better Care Fund. In addition, as the minimum value of the Better Care Fund increases to £21.9m the following services will be covered by the fund:

- Admissions avoidance service and the home ward service
- discharge support and enhanced 7 day working across primary care and integrated community health and social care services
- home care quality improvement, capacity and capability to support integrated care
- self management : expert patient programme for people with long term conditions and building a community asset approach to keeping well
- telecare expansion
- voluntary and community sector prevention, particularly aimed at addressing issues around social isolation in older people
- mental health transformation and crisis response services
- end of life care

- protecting social services - maintaining access and eligibility levels in the face of central government funding reductions
- carers strategy

The Disabled Facilities Grant of £0.614m will also be absorbed into the Better Care Fund in 2015/16. Although the statutory duty to provide DFG to those who qualify will be unchanged we will be examining opportunities for taking an integrated approach to this service. Similarly the existing social care capital grant allocation is being absorbed by the fund, and opportunities arsing from this will also be considered in 2014/15.

The government have also stated that they expect the Better Care Fund to meet some of the costs of implementing the Care Bill, approximately £1m in Southwark.

Over 2014/15 and beyond the CCG and LA will explore options for pooling additional funds into the Better Care Fund where this is judged to be beneficial for the delivery of overall objectives. Areas to be considered include mental health, community equipment, end of life care and some public health services.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

The impact of our plan on NHS services will mean:

1. Expanded community based admission avoidance and discharge support services, preventing emergency admissions and reducing length of stay
2. Support for 7 day working from integrated social care and community services, which will enable more efficient discharge processes and shorter hospital stays
3. Extended access to primary care, 7 days a week, supporting improved health outcomes for local people and reduced reliance on urgent care services/A&E
4. More support to keep people living independently in their own homes, including self management support, telecare and better quality home care

Savings will be realised in acute hospital services, largely at Kings College Hospital and Guys and St Thomas NHS Foundation Trusts. Savings will come, primarily from reductions in emergency admissions and readmissions and shorter length of stays, as well as lower A&E attendances. The details of these savings are being agreed with providers both as part of our contractual negotiations and QIPP plans, but also through the SLIC programme, in terms of agreeing financial shifts across the health economy to support integrated care.

It should be noted that Southwark and Lambeth's main acute providers, Guys and St Thomas NHS Foundation Trust, and Kings College Hospital NHS Foundation Trust, are tertiary providers covering a large geographical catchment area, and the proportion of their work relating to the two boroughs is less than 50%. Although Southwark is an important local referrer and partner to the two hospitals in the integration programme, the

impact on our providers of changes to local demand is not as significant as it would be for district general type hospitals.

Within our local acute providers, capacity will be rebalanced to reflect the reduced use of emergency services by Southwark people. This will be through a combination of increasing the amount of tertiary work undertaken, through specialised services growth and consolidation, as well as bed reductions in some acute medical and older people's wards. This rebalancing of capacity will be agreed and tracked through the SLIC programme.

There are two key risks for acute providers:

1) That the bed savings do not materialise, in which case there would be a cost pressure within the local health economy. We are seeking to mitigate this in a number of ways:

- Proactively taking acute capacity out of service as the new integrated capacity is developed, or redeploying capacity in the community
- Performance managing the integration programme to deliver agreed benefits, and holding partners in the system to account through the SLIC structures
- Entering into risk management agreements between commissioners and providers
- Evaluating the impact of the overall integration and admission avoidance programme, and amending components of the programme where there is shown to be low impact or less value for money

2) That the programme does release acute capacity, but this is not taken up by more profitable specialised activity. In this case there would need to be rationalisation of total acute capacity and reductions in fixed costs to create efficiencies.

The impact on service delivery targets if savings and activity reductions do not materialise would include pressures on emergency capacity, leading to pressures on A&E performance and possibly also referral to treatment times for elective work. However, the comment re the proportion of our FTs' activity which relates to Southwark patients means that this impact is diluted by other demand and volume of activity from other commissioners, including other boroughs and NHS England specialist work.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

The Health and Wellbeing Board will be responsible for agreeing the Better Care Fund plan and overseeing its successful delivery. The terms of reference of the Board and appropriate underlying support and governance structures be reviewed to ensure they are fit for this purpose.

Although jointly responsible for delivering on the objectives of the fund through the Health and Wellbeing Board individual organisations will remain formally accountable for their own expenditure pooled within the BCF through their existing governance arrangements.

For different schemes within the fund, management responsibility for delivery will be delegated to different bodies that will be accountable to the Health and Wellbeing Board

via relevant CCG and Local Authority management arrangements.

Roles, responsibilities and risk share arrangements will be clearly set out in a Section 75 agreement(s) under which the pooled funding will be managed.

It is envisaged that a system of quarterly reporting to the HWB will be in place from 2015/16 covering all key schemes expenditures, milestones, activity and performance. A Health and Social Care Partnership Board has been established as a sub-group of the Board to ensure there is capacity to do this effectively. The Partnership Board will model a fresh approach to performance monitoring of integrated provision over 14/15 in preparation for the BCF in 15/16.

The Senior Management Teams of the Council and CCG meet on a monthly basis and will monitor progress on the integration and the BCF as a standing item.

2) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services

Protecting social services means ensuring that there are sufficient resources for social services that promote health and well-being and reduce demand on health services, in particular those at the interface of health and social care where seamless services are required to improve user experience and promote efficient use of resources.

This means focussing Better Care Funding on areas that would otherwise be vulnerable under current funding reductions facing local authorities, including maintaining current levels of eligibility criteria, assessment, care packages and personal budgets, re-ablement, intermediate care and hospital discharge and support to carers, and signposting to prevention and community support services for those below the eligibility threshold.

Please explain how local social care services will be protected within your plans

As set out in section 1 (c) the Better Care Fund supports a range of services that protect adult care services as defined locally. In particular, current section 256, re-ablement and discharge support services previously funded by winter pressures funding being rolled forward have assisted social services in providing a level of assessment and care management services and care packages that is consistent with existing eligibility criteria e.g. funding hospital discharge teams.

The additional BCF service proposals generally all have an impact in terms of reducing, delaying or preventing the need for more intensive health and social care services, and hence assist the financial sustainability of the social care. For example:

- support to carers helps prevent the breakdown of informal care arrangements and so reduces the pressure on statutory services
- self management support to enable people to keep themselves well and increase their levels of independence
- funding quality improvements in home care
- funding 7 day working in hospital social care teams
- funding telecare expansion

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Within Southwark we already have a range of services working 7 days a week to support discharge and prevent admission, including our admission avoidance service (@Home). Across the health economy, we are moving towards 7 day working, and are currently piloting weekend discharge support within the Supported Discharge Team, along with a pilot of a simplified discharge pathway led by SLIC, which operates 7 days a week interfacing with the @Home service and Enhanced Rapid Response.

Our local acute Trusts are also moving to 7 day working, and we will need to bring together all these plans and reach agreement on how we fund any additional costs in community based services to support these - through redistributing savings from acute bed day reductions, or making new investment across the system.

Southwark CCG plans to commission extended primary care working on a 7 day basis from September 2014, which would increase the capacity of primary care to offer both planned and urgent care. Increasing accessibility of GP services is expected to reduce the demand for urgent care services elsewhere on the system, avoid pressure surges on particular days of the week, and improve continuity of care for people who have ongoing care needs.

Our Better Care Funding plans include additional investment to increase the capacity of discharge support services (admission avoidance and other social care support), as well as a contribution towards the costs of extended access to primary care.

Reflecting this strategic commitment to 7 day working, a budget of £1.5m has been set aside in 2015/16 BCF plans specifically for delivering on this priority, supporting developments underway in specific areas.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

NHS number is being rolled out as the primary identifier across health and social care services and good progress is being made. Agreement from all partners is in place, and the recording of NHS number in all care records is improving.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

The system is in development.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Confirmed

We have made some progress on information sharing within the SLIC programme, including the 'Collaborator' service, which allows members of Community Multi-Disciplinary Teams to share data on case management patients in a secure way, which is IG compliant. The next phase of our work is to develop solutions which will allow more routine data sharing. The SLIC programme are leading work to develop an Information Sharing Strategy that will enable data sharing across health and social care, working to ITK standards.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott2.

Confirmed. The SLIC IT/IS data sharing workstream will deliver this.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

Currently, our approach to care co-ordination and accountable lead professional has been implemented for older adults/the frail elderly. We have an integrated approach to risk stratification and identification of high risk patients, and care co-ordination is led by Integrated Case managers in primary care, working as part of Community Multi-Disciplinary Teams (CMDTs). Risk stratification is led in primary care using a Population Health Management and Clinical Coding system that includes social care data. Overall 6,400 adults are considered at risk of admission. Of these currently 864 people are case managed (13.5% of the at risk group).

Our intention is to roll this model out to cover younger adults with Long Term Conditions or complex need.

We recognise that we have further work to do to establish joint assessment processes and the role of care coordinators or accountable lead professional across Southwark services. We will take this work forward over the course of the next twelve months. This will link to our work on developing neighbourhood models of integrated care.

3) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Note: a more detailed risk register will be developed as the details of BCF schemes are developed during 2014/15.

All risks will be mitigated by seeking to resolve any issues that arise through discussion between partners, with major issues escalated to the HWB where appropriate to unblock any obstacles to joint working.

Risk	Risk rating	Mitigating Actions
Non-delivery of acute demand reductions results in CCG deficit, non-delivery of community investment and capacity problems in acutes	Red	Progress on acute demand reductions will be monitored closely as part of the BCF governance arrangements and recovery plans put in place promptly where necessary. If targets not met, contingency plans to set out how any excess acute demand will be funded whilst protecting the development of community based services. Plans to be considered in context of South East London sector wide approach to sustainability of acute expenditure.
Non-delivery of targets to reduce care homes and community demand lead to social care financial unsustainablity	Amber	Progress on care home demand and the effectiveness of re-ablement and other services at reducing long term care needs in the community will be monitored closely and recovery plans put in place promptly where necessary. If targets not met, contingency plans to set out how any excess social

		care costs will be funded whilst protecting the development of community based services.
Non- delivery of targets results in loss of performance related portion of BCF allocation	Amber	Close monitoring of targets as part of overall programme management and governance. Agree recovery plan with NHS England and secure release of funding.
Acute provider financial stability if shift to community achieved (and freed up acute capacity not taken up by specialised activity)	Amber (local trusts considered to have robust plans for secondary business development with out of borough commissioners)	Close liaison with providers joint planning group, SEL sector planning groups, SLIC and contract monitoring to identify issues early.
Data quality – impacts on monitoring of delivery/ initial modelling assumptions incorrect	Amber	Existing data quality workstreams to focus on key BCF metrics
Data sharing and information governance issues hold up the development of multi-disciplinary working	Amber	Existing IT/IS and data sharing strategy – progress and milestones to be closely monitored. Unblock problems at HWB level if necessary.
Project milestones not delivered due to change management / capacity issues/ other demands on the system deflecting resources from delivering programme	Amber	Governance and monitoring to underpin programme management, identifying any slippage and addressing underlying reasons.
Better Care Fund overspends / underspends	Amber	Close monitoring of expenditure through the governance framework, rapid identification of problems and prompt recovery planning. Risk share arrangements set out in Sec 75 agreement specify arrangements for funding overspends by individual agencies or from with BCF as appropriate.

Workforce development across all agencies does not keep pace with requirements for integrated working	Amber	Workforce development issues identified for all schemes and overall requirements captured in programme.
Demographic pressures exceed overall public sector resources available after net reductions in 15/16 and beyond despite improvements in effectiveness arising from integration.	Amber	Contingency plans will include evaluation of value for money and continual review and re-commissioning of services within affordability envelope.
Improvements in health and wellbeing required to reduce demand on health and social care not forthcoming at sufficient pace	Amber	Review HWBS

		whilst protecting the development of community based services.
Non- delivery of targets results in loss of performance related portion of BCF allocation	Amber	Close monitoring of targets as part of overall programme management and governance. Agree recovery plan with NHS England and secure release of funding.
Acute provider financial stability if shift to community achieved (and freed up acute capacity not taken up by specialised activity)	Amber (local trusts considered to have robust plans for secondary business development with out of borough commissioners)	Close liaison with providers joint planning group, SEL sector planning groups, SLIC and contract monitoring to identify issues early.
Data quality – impacts on monitoring of delivery/ initial modelling assumptions incorrect	Amber	Existing data quality workstreams to focus on key BCF metrics
Data sharing and information governance issues hold up the development of multi-disciplinary working	Amber	Existing IT/IS and data sharing strategy – progress and milestones to be closely monitored. Unblock problems at HWB level if necessary.
Project milestones not delivered due to change management / capacity issues/ other demands on the system deflecting resources from delivering programme	Amber	Governance and monitoring to underpin programme management, identifying any slippage and addressing underlying reasons.
Better Care Fund overspends / underspends	Amber	Close monitoring of expenditure through the governance framework, rapid identification of problems and prompt recovery planning. Risk share arrangements set out in Sec 75 agreement specify arrangements for funding overspends by individual agencies or from with BCF as appropriate.
Workforce development	Amber	Workforce development

across all agencies does not keep pace with requirements for integrated working		issues identified for all schemes and overall requirements captured in programme.
Demographic pressures exceed overall public sector resources available after net reductions in 15/16 and beyond despite improvements in effectiveness arising from integration.	Amber	Contingency plans will include evaluation of value for money and continual review and re-commissioning of services within affordability envelope.
Improvements in health and wellbeing required to reduce demand on health and social care not forthcoming at sufficient pace	Amber	Review HWBS

Appendix 2.2b

Association

Finance - Summary

For each contributing organisation, please list any spending on BCF schemes in 2014/15 and the minimum and actual contributions to the Better Care Fund pooled budget in 2015/16.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Local Authority #1 Southwark	tbc	£8,766,000	£1,489,000	£1,489,000
CCG #1 Southwark	tbc	£191,000	£20,478,000	£20,478,000
BCF Total		£8,957,000	£21,967,000	£21,967,000

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

Where outcomes are not delivered this will in some cases lead to additional demand-led cost pressures, for example, increased care home or acute admissions costs. These issues will be dealt with on a case by case basis with the aim of protecting the planned investment in community based services whilst securing the performance related payment element for delivering recovery plans that will improve the effectiveness of the schemes at reducing future acute demand. Any overspend on acute or social care placement budgets will be absorbed within these budgets wherever possible rather than from the Better Care Fund.

Contingency plan:		2015/16	Ongoing
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Planned savings (if targets fully achieved)	£260,000	£260,000
	Maximum support needed for other services (if targets not achieved)	£260,000	£260,000
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Planned savings (if targets fully achieved)	£100,000	£100,000
	Maximum support needed for other services (if targets not achieved)	£100,000	£100,000
Delayed transfers of care from hospital per 100,000 population (average per month)	Planned savings (if targets fully achieved)	*n/a*	n/a
	Maximum support needed for other services (if targets not achieved)	*n/a*	n/a
Avoidable emergency admissions (composite measure)	Planned savings (if targets fully achieved)	£150,000	£150,000
	Maximum support needed for other services (if targets not achieved)	£150,000	£150,000
Local measure: people feeling supported to manage their long term conditions	Planned savings (if targets fully achieved)	*n/a*	n/a

Note: Further detail on cost benefits associated with BCF schemes will be provided with the final submission

Please list the individual schemes on which you plan to spend the Better Care Fund, including any investment in 2014/15. Please expand the table if necessary.

	BCF Investment	Lead provider	2014/15 spend		2014/15 benefits		2015/16 spend		2015/16 benefits	
			Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent
Scheme 1	Existing NHS transfers: range of social care services that support health. Includes protection of adult social care services that have a health benefit. To be reviewed over 2014/15 along with other existing schemes to ensure best integrated approach.	*LA*	£5,621,000		*tbc*		*£5,621,000*		*tbc*	
Scheme 2	Winter pressure grant funded services: additional social work and therapy input to support discharge & admissions avoidance: mental health re-ablement, enhanced rapid response, care home support, OT, reablement 7 day working, & Nightowls overnight care.	*LA*	£1,048,000		*tbc*		*£1,048,000*		*tbc*	
Scheme 3	Re-ablement: grant rolled forward, services to be reviewed and further integrated with discharge support, admissions avoidance and enhanced rapid response. Used to expand reablement in line with council plan targets.	*LA*	£1,813,000		*tbc*		*£1,813,000*		*tbc*	
Scheme 4	Service development: Change management capacity. Developing the neighbourhood model across health, social care and housing: community multi-disciplinary team with lead professional to all people with long term conditions.	*LA/CCG*	£100,000		*tbc*		*£100,000*		*tbc*	
Scheme 5	Self management including expert patient programme: enhance quality of life and independence of people with long term conditions. Community Asset model. Also tackling social isolation.	*CCG*	£107,000		*tbc*		*£307,000*		*tbc*	
Scheme 6	Home care quality improvement: improving quality and effectiveness of home care to help support people to remain at home.	*LA*			*tbc*		£1,900,000		*tbc*	
Scheme 7	Psychiatric liaison and related services: aimed at responding to people with mental health problems in A&E	*CCG*	£54,000		*tbc*		£300,000		*tbc*	
Scheme 8	Mental health: strengthen multi-disciplinary working in the community to prevent crisis admissions, and integrating physical/mental health as part of SLIC long term conditions programme. Includes social work input.	*CCG*			*tbc*		£870,000		*tbc*	
Scheme 9	Telecare expansion: supporting people to live at home through assistive technology.	*LA*			*tbc*		£566,000		*tbc*	
Scheme 10	Carers: investment to support implementing the joint carers strategy to help people continue in their caring roles.	*LA/CCG*			*tbc*		£450,000		*tbc*	
Scheme 11	Admissions avoidance services: existing health commitment to Homeward, enhanced rapid response and social work capacity.	*CCG (LA 14.15 sec 256)*	£214,000		*tbc*		£2,200,000		*tbc*	
Scheme 12	Hospital at home service: full year effect of extension to home ward (@home)	*CCG*			*tbc*		£1,200,000		*tbc*	
Scheme 13	Care Bill Implementation: amount of BCF identified by government as contributing to implementation of Care Bill, including additional assessments, safeguarding and Care Accounts for the care cost cap system (Dilnot).	*LA*			*tbc*		£1,000,000		*tbc*	
Scheme 14	Social Services Capital: existing grant rolled into BCF 15/16. Includes investment in centre of excellence for dementia	*LA*			*tbc*		*£875,000*		*tbc*	
Scheme 15	Disabled Facilities Grant: existing grant for home owners enabling disabled people to live at home nb.:excludes council top up circa. £800k	*LA*			*tbc*		*£614,000*		*tbc*	
Scheme 16	Protecting Adult Social Care of benefit to health services: further support in line with BCF conditions to maintain key service levels in context of LA funding cuts: assessment, care management and maintaining eligibility levels.	*LA*			*tbc*		*£500,000*		*tbc*	
Scheme 17	Seven day working: programme to fund seven day working across primary, community and social care to support 7 day discharge	*LA/CCG*			*tbc*		*£1,493,000*		*tbc*	
Scheme 18	Voluntary sector preventative services: existing commitments used to take an integrated approach to prevention and protect CCG and ASC funded services	*LA/ CCG*			*tbc*		*£910,000*		*tbc*	
Scheme 19	End of life care: additional spend relating to end of life care to integrate and improve overall approach (£1.2m in existing commitments).	*LA/ CCG*			*tbc*		*£200,000*		*tbc*	
	Total		£8,957,000				£21,967,000			

Association

England

Outcomes and metrics

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

The different schemes contribute in a number of ways to the overall targets of reduced care home admissions; effective re-ablement; low delayed transfers rates; reduced avoidable acute admissions and the number of people feeling supported to manage their long term conditions. The metrics will be measured using national reporting tools and definitions. A balanced scorecard including more local metrics will be developed to assist monitoring.

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below

N/a - using national metric

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

The draft targets set out below have been scrutinised by the joint senior management team meeting of the CCG and the Local Authority, and discussed at the HWB workshop on 6th February to ensure an appropriate level of challenge is set.

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

n/a

Metrics		Current Baseline (as at....)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Metric Value*	770.8	N/A	**697.8**
	Numerator	177		167
	Denominator	22965		23933
		(April 2012 - March 2013)		(April 2014 - March 2015)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	*Metric Value*	**77.20%**	N/A	**85%**
	Numerator	112		136
	Denominator	145		160
		(April 2012 - March 2013)		(April 2014 - March 2015)
Delayed transfers of care from hospital per 100,000 population (average per month)	*Metric Value*	87	86	85
	Numerator	212 days per month on average, 12 months to Nov 2013	note: delayed transfers currently optimal (22nd best nationally) - further significant reduction not desirable or achievable without risking excessive early discharge	note: delayed transfers currently optimal (22nd best nationally) - further significant reduction may not be desirable or achievable without risking excessive early discharge
			April - Dec 2014	Jan - June 2015
	Denominator	243,670	249,971	255,836
Avoidable emergency admissions (composite measure)	*Metric Value*	152 per 100,000 per month	144	144
	Numerator -	461 av number per month	449	449
	Denominator	303,859	310,830	310,830
		12 months to Sept 13	(April - September 2014)	(October 2014 - March 2015)
Patient / service user experience - for local measure, please list actual measure to be used. This does not need to be completed if the national metric (under development) is to be used]		n/a (using national measure)	N/A	n/a using national measure
				n/a (using national measure)
Local metric: NHSOF 2.1: Proportion of people feeling supported to manage their long term conditions	*Metric Value*	58.30%		60%
	Numerator			
	Denominator			
		2013 GP survey		2014 GP survey

Agenda Item 7

Item No. 7.	Classification: Open	Date: 24 March 2014	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(S)

1. That the Board note the Director of Public Health Report covering the period January to March 2014 attached as Appendix 1 to the report.

BACKGROUND INFORMATION

2. 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:

- Health Protection in Lambeth and Southwark
- Children
- Young People and Youth Offending Services in Lambeth and Southwark
- Promoting Physical Health
- Promoting Mental Wellbeing: Mindapple Tree
- Sexual Health: Update on SH24
- Drugs and Alcohol: Public Health and Licensing
- Healthy High Streets
- Public Health Budget: Commissioning for Health Improvement
- Integrated Care and Long Term Conditions: outcomes

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	7 March 2014	
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		7 March 2014

Lambeth

Southwark Council

Appendix 1

Public Health in Lambeth and Southwark

Director of Public Health Report

January - March 2014

Lambeth and Southwark Public Health

Director of Public Health: Dr Ruth Wallis

1. Health Protection in Lambeth and Southwark

Following implementation of the Health and Social Care Act 2012, public health responsibilities including health protection have been distributed between various organisations. The mandatory services and steps that were identified in *Healthy Lives, Healthy People: update and way forward* included: appropriate access to sexual health services; steps to be taken to protect the health of the population, in particular, giving the local authority a duty to ensure there are plans in place to protect the health of the population; ensuring NHS commissioners receive the public health advice they need. In Lambeth and Southwark health protection responsibilities are arranged as follows:

- Leadership for Infection control responsibilities as described in the Hygiene Code is provided by the Lambeth and Southwark Public Health Team (based in Southwark Council) on behalf of Lambeth and Southwark Clinical Commissioning Groups (CCGs).

- Directors of Public Health (DsPH, based in councils) must be assured that emergency planning in NHS England and in councils is robust and locally PH is developing extreme weather (health related) and pandemic flu planning.

- The Public Health Outcomes Framework (PHOF)[1] for which councils are responsible includes several outcomes for health protection including; immunisation, screening, Chlamydia screening, late diagnosis of HIV, TB and air pollution.

- Lambeth Council now employs the shared LSL Sexual Health Commissioning team. This is a statutory responsibility of councils. The Director of Public Health (DPH) must be assured that arrangements work properly to protect the local population.

- Immunisation against infectious diseases is provided by general practitioners and community health services. This service is commissioned by NHS England. CCGs are responsible for quality of immunisation services. The Director of Public Health (DPH) must be assured that arrangements work properly to protect the local population from these infections. Locally this includes reviewing immunisation data, identifying gaps and facilitating change.

- Screening programmes for certain diseases (eg breast cancer, cervical cancer, bowel cancer) are commissioned by NHS England. The DPH has to be assured that arrangements work properly for the benefit of the local population. Locally this includes reviewing data, identifying gaps and facilitating change.

[1] The Public Health Outcomes Framework is the set of priorities for improving the health of the population that councils are responsible for. The Framework is set by the Department of Health. More information at http://www.phoutcomes.info/

Because arrangements are so complicated the Lambeth and Southwark health protection team has started a programme of meetings for people and organisations who are involved in health protection to make sure that everyone understands what to do and who they need to work with. There have been two meetings so far. Four more are planned in the next six months:

- **December 2013: Extreme weather planning**. Heat wave and cold weather algorithms were agreed for both Lambeth and Southwark Councils. CCG staff shared their winter plans and contact details. Southwark Citizens Advice Bureau and the Lambeth *Warm And Well In Winter* project gave information about their activities.

- **January 2014: Health protection in care home and social care provision**. This meeting was attended by commissioners, a representative of the Southwark and Lambeth Integrated Care (SLIC) project[2], health protection specialists and infection control staff. The meeting identified gaps, areas of potential duplication and possibilities for joint working. Actions were agreed. A follow up meeting will be held in July 2014.

- **February 2014: Pandemic Flu Planning**. The Lambeth & Southwark Public Health Team will chair a multi-agency planning group to report to the Lambeth and Southwark Emergency Planning Committees.

- **Spring 2014: Air pollution**. The Health Protection Team will set up a meeting about the public health consequences of air pollution. Reducing air pollution is an outcome in the PHOF. DsPH have to be sure local arrangements work properly and if actions are needed that they can support.

- **Spring 2012: Tuberculosis (TB):** TB continues to be a London issue. Public Health England (PHE) has set up a London TB group that is preparing a model contract to commission TB services. The opportunity to include TB in the quality schedules for acute trusts serving Lambeth and Southwark populations is being looked at before contracts are signed at the end of February. TB will then be a focus for the Clinical Quality Reference Groups for GSTT and Kings College Hospital. A dedicated meeting will be held to discuss TB services and commissioning in more detail.

[2] SLIC is a programme across King's Health Partners (KHP) and Southwark and Lambeth CCGs to improve the health and care of older people with long term conditions including dementia

2. Children

2.1 Big Lottery

The Big Lottery invited bids for up to £50m from the *Fulfilling Lives: A Better Start Programme* to improve services for babies from conception to 3 years old. Successful projects will run for ten years. Bids are expected to improve diet and nutrition, communication and language, social and emotional development and achieve large scale changes to services so they are more focused on the needs of babies and their parents. Lambeth Council is one of 15 areas nationally to get through to the final stage. The application is due in by the end of February.

The L&S Public Health Team are part of the local partnership, the *Lambeth Early Action Partnership* (LEAP), preparing the bid. They are also on the steering group and have led on a detailed needs analysis across maternity and early-years pathways. Data from health, local authority and voluntary sector partners have been used. There has been extensive assessment of the Healthy Child Programme in Lambeth to identify priority areas for improvement. The Public Health team have worked closely with several departments in Kings Health Partners in the design of the programme and its evaluation.

In January 2014 two Strategy Days were held at the Oval, Kennington organised by the Big Lottery's academic support partner (Dartington Social Research Unit). About 50 stakeholders including parents attended. A local strategy was produced to inform Lambeth's bid. The Big Lottery indicated that the two days were well received with accolades for Lambeth's considerable ambition and senior representation.

2.2 Knee High

Public Health have worked with Lambeth and Southwark's Children's services, and the Design Council (leading the Challenge) to select promising concepts from the original 160 submissions for the Knee High Challenge to improve health and wellbeing for under 5s in Lambeth and Southwark. Eleven concepts have each now been awarded £10K.

Projects include pop up parks to engage families in outdoor play and social media interventions to support new dads in relating to their partner. Details of the 11 teams testing their ideas over the next three months can be found at http://www.designcouncil.org.uk/news-opinion/knee-high-design-challenge-announcing-11-funded-teams . Southwark and Lambeth Public Health team is helping the projects to prove their concepts and connecting them to local people and partners. The decision about who goes through to the next round for further investment will be made in April.

Contact Abdu Mohiddin, Abdu.Mohiddin@southwark.gov.uk or Rosie Dalton-Lucas, rosie.dalton-lucas@southwark.gov.uk for further information.

3. Young People & Youth Offending Services in Lambeth and Southwark

3.1 Lambeth

National and local research highlights that young offenders are a very vulnerable group and are less likely to use health services. This is illustrated in the Health Needs Assessment of Young Offenders completed in Lambeth in September 2013) which found that:

- Information was not consistently collected about the health of young people in the Youth Offending Service YOS).
- Not all young people known to the service were registered with a GP or a dentist
- Young people had a range of physical health needs such as drug misuse, sexual health needs, long term conditions such as asthma and sickle cell disease
- Young people had a poor understanding of appropriate sexual behaviour
- Young people had a poor understanding of nutrition and healthy eating/living
- Staff were concerned about the mental and emotional health young offenders
- Parents were also concerned about their young people's mental and emotion health
- People also wanted information about weight management/obesity and anger management

The L&S Public Health Team have been working with the YOS to address these needs. A new YOS Health Co-ordination Group has already improved communication between health workers in the YOS. In Lambeth there is also a pioneering primary care service for young people; the Well Centre based in Streatham. This service has developed expertise in working with vulnerable young people and provides an integrated multidisciplinary approach to meeting their health and social care needs. One of the GPs from the Well Centre has now started running a surgery in the YOS every two weeks. The GP goes through a comprehensive Teen Health Check with every new referral and will work closely with YOS personnel to ensure each young person gets the help they need. The arrangements will work as a pilot and will be evaluated.

3.2 Southwark

Ofsted recently awarded Southwark YOS a Gold Star for their work on health. To build on this the YOS

wishes to do a Health Needs Assessment of young people in the service. This work will begin shortly.

4. Promoting Physical Health

The L&S Public Health Team have set up a *Tackling Inactivity* group in Southwark to lead a work stream in Southwark's Physical Activity and Sport Strategy 'Active for Life'. Southwark's Community Sport and Physical Activity Network (CSPAN) is developing a broader approach to physical activity and sport bringing together partners from the local authority, NHS and voluntary and community organisations interested in:

- Revising and improving exercise referral pathways
- Increasing the number of people who walk or cycle as part of their regular travel plans ('active travel')
- Promoting a built environment (buildings, streets, open space) that makes it easy and safe for people to walk and cycle ('active design')
- Giving higher priority to physical activity in young children

Other work streams are being set up to focus on; disability (including impairment linked to old age) and schools and young people. A strategic group will work on cross-cutting themes such as communications, funding opportunities, and physical/social infrastructure.

For further details or to get involved contact Rosie Dalton-Lucas 020 7525 0271.

5. Promoting Mental Wellbeing: Mindapple Tree

A 'mindapple tree' visited the atrium of Southwark Council's main Tooley Street building and Lambeth Town Hall, to give staff a chance to reflect on their mental wellbeing for the year ahead. Promoting mental wellbeing is a central part of the Public Health Team's work programme including supporting NHS, council, third sector organisations and the public to understand and act on the Five Ways to Wellbeing[3]. Mindapples, an idea developed by http://mindapples.org/ are used as a prompt; people are asked to write down their '5 a day for your mind' ideas on a paper apple and hang it on the tree. Passers by can look at people's ideas and tips. For employers the information can be gathered

[3] The Five Ways to Wellbeing are a set of evidence-based actions individuals can do in their everyday lives which promote wellbeing. They are: **Connect**, **Be Active**, **Take Notice**, **Keep Learning** and **Give**. http://www.neweconomics.org/projects/entry/five-ways-to-well-being

together and used to inform plans to support employee wellbeing. The tree will be loaned out to other community groups as a way of generating discussion and ideas and supporting wider engagement on mental wellbeing.

Contact Rosie Dalton-Lucas rosie.dalton-lucas@southwark.gov.uk or Lucy Smith lucy.smith@southwark.gov.uk for more information.

6. Sexual Health: Update on SH24

The Lambeth and Southwark Public Health Team, sexual health commissioners and specialist sexual health services at Guy's and St Thomas' and King's College Hospital worked together to propose a new way of delivering sexual health services - SH24 (Sexual Health 24) for Lambeth and Southwark. A funding bid to Guy's and St Thomas' Charity (GST Charity) was successful and £3m has been awarded to develop and launch SH24 over four years.

The aim of SH24 is to improve sexual health in Lambeth and Southwark by providing more holistic, user centred sexual health services which are also expected to be more efficient because they will:

- Increase access to sexual health services including diagnosis and management of sexually transmitted infections and contraception
- Offer better access to information, risk assessment, sexual health promotion and self management for all including people at high risk who may find it difficult to access existing services
- Offer user held records
- Offer an online service for less complex issues which will also be lower cost per contact
- Free up capacity in specialist services for more people with more complex problems
- Deliver a sustainable business model through a Community Interest Company (CIC)

SH24 is implemented through four workstreams; governance, business modelling, service development and evaluation.

Governance

The SH24 advisory board was convened in September 2013. Its role is to challenge, enable and endorse decision making throughout the development and evolution of the SH24 service and to views of stakeholders including user groups are considered and represented. Members are from:

- The Lambeth and Southwark Public Health Department

- Lambeth Council
- Southwark Council
- Sexual health commissioners
- Lambeth CCG
- Southwark CCG
- Southwark and Lambeth Integrated Care (SLIC) IT reference Group
- South East London Health Protection Team (Public Health England)
- Guy's and St Thomas' NHS Trust
- Kings College London NHS Trust
- Design Council (independent innovation organisation)
- Brook (third sector provider of sexual health services)
- Kings Health Partners

Establishing SH24 as a Community Interest Company

SH24 was registered with Companies House as a Community Interest Company on 17th October 2013.

An operational board is responsible for SH24 programme management and ensuring delivery of the business model, evaluation and service development as well as reporting to the SH24 advisory board and GST Charity. GST Charity will also be represented on the board by James Murray.

Directors of SH24 are Gillian Holdsworth (programme director) and Paula Baraitser (evaluation lead). Four other directors are to be appointed; Chris Howroyd (Design Council Associate and service development lead), Nigel Field (Academic Clinical fellow, UCL), Anatole Menon Johansson (clinical service lead GSTT) and Michael Brady (clinical service lead Camberwell).

Three non executive director roles have been identified:

- Finance and business management; Kumar Jacob, Chair of the SLAM Charity and vice president of Christian Aid
- Health policy and strategy; Fiona Adshead, independent strategy advisor, PricewaterhouseCoopers, with five years experience as Deputy Chief Medical Officer and Director General in the UK Government responsible for Health Improvement and Health Inequalities, and recent Director of Chronic Disease and Health Promotion at the World Health Organisation.
- Digital - tbc.

Other SH24 appointments:

Finance manager: Graham Pomery, ACA qualified finance professional, director of Accelerate Accounts

(business advisory, accounts and taxation services to entrepreneurs, small businesses and individuals), and finance director at Maudsley Learning.

Programme manager: Glyn Parry, regional policy and strategy manager for young people at London Councils; responsible for delivery of Intelligent London, an interactive website for analysing data on the education and skills of young Londoners.

Finance and administrative coordinator: André Martey from GSTT R&D department

Service development

The first phase, 'discovery '(January to March 2014), will be mainly paper based working closely with sexual health services staff and aims to:

- develop a better understanding of service user needs
- map how data is exchanged between services
- generate a service blueprint
- develop a working R&D brief and a map of what expertise is needed

A small design team will work with staff at both sexual health clinics. To prepare for the next stage an appraisal of possible IT platforms for the online service has also been done.

Finance & business development

A resource plan and cash flow model have been generated for the project. Over the four year term it is expected that 48% of the resource will be spent on service development, 31% on evaluation and 21% on business modelling and governance. The first instalment of Grant funding was received in January 2014. Financial governance procedures have been set up and contracts are being prepared to deliver different elements of the project.

Evaluation

Led by Paula Baraitser at KCL, the evaluation team includes academic contributions from a number of departments including the London School of Hygiene and Tropical Medicine, University College London and Bristol University, to include expertise in health economic modelling and in sexual health.

The evaluation will use a range of methods; quantitative, some mini-randomised controlled trials around the four developmental stages of SH24, qualitative enquiry and health economic modelling. Consultation has clarified the questions the programme needs to answer; does it work? How does it work? What does it cost? Does it improve sex and reproductive health? What additional value does a

design led approach add?

User engagement

User engagement will inform both the service development and evaluation. Engagement will include clinic based activities, a user panel or panels and seeking input from expert users. The main local 'risk groups' will be targeted.

7. Drugs and Alcohol: Public Health and Licensing

Changes to the 2003 Licensing Act made Directors of Public Health a 'responsible authority'. This means that health has a say in local decisions about new licence applications and can request reviews of existing licences. The Director of Public Health now has the opportunity to present health-related evidence, such as data on alcohol-related ambulance call outs and hospital admissions to inform local licensing decisions. However health is still not a licensing objective, so information can still only be considered with regard to existing licensing objectives such as prevention of crime, disorder, nuisance or protection of children.

Alcohol misuse is a national problem. Southwark and Lambeth both have large numbers of people who are drinking above and beyond the safe levels. It is estimated that over 100,000 people (in both boroughs) are drinking at increasing or higher risk levels. This means drinking more than three to four units a day for a man or two to three units for a woman; one pint of lager or one large glass of wine can be over three units.

Organisations already do a lot to prevent alcohol-related harm in Lambeth and Southwark. The licensing process is one way the Public Health Team can use to reduce alcohol related harm. How to ensure public health knowledge and expertise influences licensing decisions is a challenge teams are facing across the country. As part of its Alcohol Strategic Action Plan, Lambeth have commissioned the Safe Sociable London Partnership (SSLP) to review all license applications made to the London Borough of Lambeth in January and February (Lambeth receives 20-30 applications a month). SSLP will assess all license applications against a set of locally developed criteria to see which licenses might impact on health. It will then collate data to quantify the impact and, where appropriate, take forward representations on behalf of the Director of Public Health to the Licensing Subcommittee.

Findings will help us to understand the potential role for 'health' and health data in informing licensing decisions and what capacity is needed for public health to be involved across Lambeth and Southwark.

8. Healthy High Streets

The density of off-licenses along roads is a priority for the London Healthier High Streets Working Group which is chaired by Lambeth & Southwark Public Health. The group is working with the Chair of the London Licensing Managers Forum, the Metropolitan Police's London Strategic Licensing Unit and Alcohol UK to address this. Several possible projects are being considered; strengthening Public Health's Responsible Authority role in licensing, peer led training for licensing stakeholders, a London Super Strength initiative and promoting best practice through the Statement of Licensing.

In mid 2013, the London Healthier High Streets Group produced "Fast Food Saturation – A Resource Pack for London Boroughs" www.lho.org.uk/viewResource.aspx?id=18208. Several boroughs have implemented hot food takeaways planning policy restrictions. On behalf of the group, a junior doctor is reviewing how effective the planning restrictions are. The report will be completed by April.

Betting shops continue to be of concern nationally and locally. The Healthier High Streets Group was at the forefront of innovative work to investigate whether there could be saturation zones for betting shops and published a report; "Responding to the cumulative impact of betting shops: A practical discussion guide for London boroughs" www.lho.org.uk/viewResource.aspx?id=18207 . This call is now supported by the chief executive of the largest chain of book makers.

http://www.dailymail.co.uk/news/article-2547767/We-need-curb-betting-shops-says-William-Hill-Bookmakers-chief-executive-says-clusters-outlets-cause-harm.html

The L&S Public Health Team continues to work with the Southwark Local Economy Team to see what else can be done and is also helping to assess the health impacts of betting shops to as a way to support use of planning policy regulation in Southwark.

9. Public Health Budget: Commissioning for Health Improvement

9.1 Lambeth

From April 2014 Lambeth Council will assume full responsibility for commissioning and contract management of services included in the transfer of public health duties to the local authority under the Health and Social Care Act 2012. This encompasses a number of services provided by primary care (both general practice and pharmacies) including sexual health, substance misuse, stop smoking and health checks, and health improvement and stop smoking services provided by Guy's and St Thomas's Trust.

The Council wishes to maintain continuity and stability of all existing services so 2014-15 contracts will be similar to 2013-14. A Waiver Report for Public Health services to enable this to happen has been submitted to the Lambeth Council Procurement Board (February 2014).

Investment and service specifications for Smoking Cessation, Health Checks and the Lambeth Early Intervention and Prevention Service (LEIPS) will therefore remain the same but with some service improvement actions. Specifications for Public Health Services to be provided by general practice and pharmacy are being finalised.

9.2 Southwark

As in Lambeth the general approach for commissioning health improvement services for 2014-15 is to maintain a steady state. There are to be slight modifications of service specifications for stop smoking and health checks delivered in general practice. Southwark CCG through a section 75 agreement will lead commissioning of existing primary care local enhanced services for stop smoking and health checks for 2014-15. These services will be commissioned as a population screening and management of care of long term conditions 'bundle' by the CCG and SLIC. Neighbourhood primary care bodies formed by local practices are expected to provide the services. Southwark Council will lead commissioning of the specialist smoking services and health checks outreach services delivered by community services.

During 2014-15 the L&S Public Health Team will work with Southwark and Lambeth local authority commissioners to review the services, assess local needs and review evidence and examples of good practice so that service specifications can be updated for 2015-16.

10. Integrated Care and Long Term Conditions: outcomes

Health and social care organisations in Lambeth and Southwark have been taking forward a substantial programme, Southwark and Lambeth Integrated Care (SLIC), to make health and social care more 'joined up' and centred around people's individual needs. The L&S Public Health Team have been working with colleagues to refine the scope and outcomes of what is a complex programme for an entire population. A brief review of past community engagement exercises in Lambeth and Southwark showed that there are things that people consistently say are important to them for instance; having the confidence, skills and support to look after their own health and enjoy a good quality of life including being able to stay active, involved and independent. These findings were explored and refined through a further community engagement event hosted by SLIC, Southwark and

Lambeth CCGs and councils in January 2014.

Public health have linked these patient/ person oriented outcomes to national outcomes frameworks (such as the Adult Social Care and the NHS Outcomes Framework) to see which shared indicators can be used to measure progress. They continue to contribute to this work, supporting and building on a SLIC commissioned programme (delivered by McKinsey) that started to define the scope, outcomes, financial model options and develop provider models. The SLIC work on integrated care for people with long term conditions (LTCs) is at an early stage and the L&S Public Health Team is involved in the design and understanding the needs of this population group.

Agenda Item 8

Item No. 8.	Classification: Open	Date: 24 March 2014	Meeting Name: Health and Wellbeing Board
Report title:		South East London 5 Year Strategic Plan: Draft Case for Change	
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 and comment on the draft case for change and the emerging strategic opportunities for south east London that will underpin south east London's 5 year strategic plan.

   b) Note the technical summary of the full case for change and emerging strategic opportunities attached. The full draft case for change document is available as a supplementary paper for Health and Wellbeing Board members and is available publically from Southwark CCG's website. A plain English summary and accompanying summary facts and figures document is also available from the CCG's website - *http://www.southwarkccg.nhs.uk/get-involved/our-projects-and-events/improving-south-east-london's-health-services-together/how-to-get-involved/Pages/default.aspx*.

   c) Note the engagement the CCG is carrying out on the draft case for change and the emerging strategic opportunities across south east London.

EXECUTIVE SUMMARY

2. The six CCGs in South East London and their co-commissioners from NHS England (London region) are working together to develop a south east London five year commissioning strategy. The south east London strategy is commissioner-led and clinically-driven and will continue to be shaped and developed to incorporate the views of all the partners and stakeholders.

3. The south east London strategy will establish a collaborative approach to tackling the major strategic challenges within the area's health economy over the course of the next five years. The strategy aims to improve health outcomes for our local population, take action to reduce health inequalities; ensure providers consistently deliver safe and high quality care; and support a financially sustainable health economy.

4. Commissioners of health services across south east London are working to develop the strategic plan for south east London in partnership with local councils, hospitals, community services, mental health services, patients, carers and local people to identify and address the most significant issues associated with local health and care services.

5. Local CCGs are also working to develop borough-specific strategic plans that will be reflected in and respond to the content of the south east London plan.

6. An initial stage in the development of the south east London strategy is to prepare a 'case for change' for local health services. The purpose of the case for change is to clearly articulate the main reasons that the local health economy requires transformation so that services can continue to deliver optimal outcomes for our patients.

7. Engagement on the strategy is being carried out by all CCGs in south east London and as part of this work an early version of the draft case for change was tested with members of the south east London CCG stakeholder reference group; the CCG's engagement and patient experience groups; and *Healthwatch* organisations. Their comments have helped to inform the current version of the draft case for change.

8. The full draft case for change, the summary versions and supporting documents are available from the CCG's website for local people and other stakeholders to comment.

9. Copies have been sent to all the partners in the south east London five year commissioning strategy programme - including all NHS organisations providing services in Southwark and Southwark Council - for review and comment and further engagement.

BACKGROUND INFORMATION

10. The CCG presented a planning briefing to the Health & Wellbeing Board's December 2013 meeting. This set out the CCG's proposed approach to developing the two year Operating Plan ahead of April 2014; its own 5 year strategic plan and the 5 year strategic plan for south east London ahead of June 2014.

KEY ISSUES FOR CONSIDERATION

Policy implications

11. National requirements of local NHS services included in national planning guidance published by NHS England – *Everyone Counts: Planning for Patients 2014/15 to 2018/19*.

12. CCG 5 year strategic plans and 2 year operating plans will be developed in alignment with the current priorities included in the Southwark Health & Wellbeing Strategy 2013/14.

Community and equalities impact statement

13. An equalities impact assessment is being undertaken to ensure that the commissioning strategy considers the potential impact on those protected under the Equality Act 2010, with specific regard given to the general equality duty/public sector equality duty, the programme is commissioning an Equalities Impact Assessment. This will cover people with the nine protected characteristics provided for in the Equality Act, plus the two south east London agreed areas: carers and deprivation (social and economic).

Legal implications

14. None at this stage.

Financial implications

15. Not at this stage.

BACKGROUND PAPERS

Background Papers	Held At	Contact
South east London five year commissioning strategy - full draft case for change	*http://www.southwarkccg.nhs.uk/get-involved/our-projects-and-events/improving-south-east-london's-health-services-together/how-to-get-involved/Pages/default.aspx*.	Kieran Swann Head of Planning & CCG Performance 0207 525 0466

APPENDICES

No.	Title
Appendix 1	South east London five year commissioning strategy - technical summary of draft case for change and emerging strategic opportunities across south east London.

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	12 March 2014	
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		13 March 2014

Draft Case for Change and Emerging Strategic Opportunities Technical Summary

APPENDIX 1

Purpose of this document

This is early thinking on the five-year south east London commissioning strategy. It is being produced by a Strategic Planning Group (SPG) of south east London's health commissioners, working as a Partnership Group with all local NHS providers and the six local authorities as providers of public health and social care services.

The strategy focuses on priority health issues for people across south east London which need collective action to address them successfully. The aims are to improve health, reduce health inequalities and to ensure the provision of health services across south east London that meet safety and quality standards consistently and are sustainable in the longer term. (Borough-level Joint Strategic Needs Assessments, commissioning plans and Health and Wellbeing Strategies will continue to be produced locally to identify borough-specific issues and challenges and the plans to address them).

The south east London commissioning strategy is being co-designed with local stakeholders and their feedback influences thinking and planning for the strategy - including proposals for south east London-wide priorities and identifying the level of ambition needed to drive the strategy forward over the next five years.

Draft Case for Change

The strategy's overarching draft case for change provides a south east London- level synthesis of the issues and challenges facing the six boroughs. This draft expands on the emerging case for change, which was developed by the partnership and tested with the South East London CCG Stakeholder Reference Group. Engagement on this by the CCGs began in January and continues until April 2014. Feedback is reported to the Partnership Group and is reflected in iterative drafts.

Emerging Collective Strategic Opportunities

The strategy is commissioner-led and clinically-driven. The Clinical Executive Group (CEG) is lead clinical group and comprises medical directors, directors of nursing and midwifery and senior social care leads from CCGs, local authorities and NHS providers. The draft collective opportunities represent the CEG's early thinking on where the strategy should focus to improve health and services across south east London in the future. This thinking is being influenced and developed by ongoing engagement with patients and local people.

Clinical Leadership Groups (CLGs) are sub-groups of the CEG and will be developing the draft collective strategic opportunities. Their work and thinking will be influenced by further stakeholder engagement.

Overview of health services in south east London

The six CCGs (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) commission most local NHS services, while specialised services and primary care services (and others such as prison and military healthcare services) are commissioned for south east London by NHS England – London.

NHS services in south east London:

Primary care	• 261 general practices, employing more than 1,100 GPs and 650 practice nurses • 242 dental practices • 360 community pharmacies • Out-of-hours care provided by the GP co-operatives Grabadoc Healthcare Society, South East London doctors Co-operative (SELDOC) & EMDOC Bromley doctors On Call.
Community health services	• **For Southwark and Lambeth**: Guy's and St Thomas' NHS Foundation Trust • **For Greenwich and Bexley**: Oxleas NHS Foundation Trust • **For Lewisham**: Lewisham and Greenwich NHS Trust • **For Bromley**: predominantly by Bromley Healthcare, a Community Interest Company.
Mental health services	• **For Lambeth, Southwark and Lewisham:** predominantly South London and Maudsley NHS Foundation Trust • **For Bexley, Bromley and Greenwich**: predominantly Oxleas NHS Foundation Trust.
Acute services ***(South London Healthcare NHS Trust - SLHT - was dissolved on 30 Sept 2013. Its sites and services were transferred to local NHS providers under the TSA programme for SLHT)***	• **Dartford and Gravesham NHS Trust**, operating from Darent Valley Hospital and Queen Mary's Hospital Sidcup • **Lewisham and Greenwich NHS Trust**, an integrated healthcare Trust operating from University Hospitals Lewisham and Queen Elizabeth Hospital Greenwich; with some services also provided at Queen Mary's Hospital Sidcup • **Guy's and St Thomas' NHS Foundation Trust**, operating from main sites at St Thomas' Hospital (including the Evelina Children's Hospital) and Guy's Hospital; with some services also provided at Queen Mary's Hospital Sidcup • **King's College Hospital NHS Foundation Trust**, operating from Denmark Hill and from Princess Royal University Hospital in Bromley; with some services also provided at Queen Mary's Hospital Sidcup.
Ambulance services	• **London Ambulance Service NHS Trust** responds to emergency calls and provides non-emergency patient transport services across all six boroughs.

Local NHS organisations work in partnership with the six local authorities providing social care services and public health services across south east London.

The NHS in south east London helps to fund four hospices and works with other local healthcare charitable and voluntary sector organisations.

Local NHS organisations also link with providers of residential and community social care services in each of the six boroughs.

King's Health Partners is an Academic Health Science Centre based in south east London. This strategic partnership between King's College London and the south east London NHS Foundation Trusts (Guy's and St Thomas', King's College Hospital and South London and Maudsley) closely integrates and aligns clinical research and NHS practice in local services.

South east London population demographics and health needs

The combined population of south east London is circa 1.67million and is expected to grow to circa 1.87million by 2021[1]. There have been significant recent improvements in south east London's population health, but there is more to do to meet those health needs which are worsening and the predicted future needs of the increasing population.

Extremes of deprivation and wealth:

- A high proportion of the population lives in the most deprived quintile of wards? in England.
- A smaller proportion lives in the most affluent quintile of wards in England.

Highly mobile population:

- In Southwark and Lambeth, the equivalent of roughly half the current population has moved in and out over a five year period.
- In Bexley, the borough with the most settled population, the equivalent of roughly a quarter of the current population has moved in and out over a five year period.

Child poverty and obesity:

- Population aged zero to fourteen years is set to increase from 310,000 in 2011 to 356,000 in 2021. This increase of 1.39% per annum compares with 1.21% across London and 1.27% across England.

[1] GLA 2012 Round Demographic Projections, 2013

- Four out of six boroughs are bottom quartile for percentage of children living in poverty, with an area average of 27.8% versus national median of 17.1%. (The average for CCGs in the top quartile is 10.5%).
- Five out of six boroughs are in the bottom quartile for childhood obesity (year 6 pupils). Levels range from 17.3% to 26%, which is consistently higher than the London average and significantly above the England average.

Older population - greater life expectancy and more long term conditions:

- National estimates are that 12% of people over 65 will have three or more long term conditions, 34% two or more and 67% one long term condition.
- Higher proportions of older people live in the outer boroughs. Bexley has 6.6% of males and 9.3% of females aged over 75 and Bromley has 6.9% of males and 9.7% of females aged over 75.
- Inner boroughs are seeing an increase in people living with conditions associated with older age through increased life expectancy. In Lambeth, men now live five years longer than in 1995 and women live 2.7 years longer.

Premature mortality rates and life expectancy variances:

- Difference in life expectancy between the most and least deprived wards in the six boroughs of 8.7 years for females and 9.3 years for males.
- Mortality rates for the biggest causes of premature mortality (cardiovascular diseases, cancers and respiratory diseases) have decreased significantly, but continue to be considerably above London average.
- About 11,000 people died prematurely across south east London between 2009 - 2011. Four boroughs in “worst” national premature mortality outcomes category.
- Under 75-years' deaths from cardiovascular disease have declined steeply and are in line with the London average, though still slightly above national average. But this masks significant variation between the boroughs with, in 2012, Greenwich having the highest directly standardised rate at 70 per 100,000 compared to Bromley with the lowest rate at 43 per 100,000.
- Deaths from COPD remain well above London and national averages. Also considerable variation exists between boroughs. In 2012, Greenwich had the highest standardised mortality ratio (SMR) of 155 and Bexley had the lowest at 86.
- There have been some improvements in cancer mortality rates across the six boroughs but prevalence is still above London average.
- Mental health disorders are associated with substantially lower life expectancy: 8.0 to 14.6 years lost for males and 9.8 to 17.5 years lost for females in south east London compared with the general population nationally, depending on the disorder *(2011 study).*

Across south east London, the outlook is improving for a number of 'high burden' ill health issues, but significant challenges remain:

- Above average admission rates for alcohol attributable diseases and an increase in alcohol-related mortality rates.
- Highest levels of HIV and STIs nationally in inner south east London, with health inequalities from HIV rates in gay men and black African populations.
- Diabetes rates increasing in parallel with London and England. It is estimated that about one in four people with diabetes are currently undiagnosed.
- Continuing rise in people with dementia - only about half the predicted number of current patients are diagnosed and included on GP dementia registers.
- Nearly one in five adults in south east London smokes - the biggest current direct cause of preventable mortality and morbidity. Smoking is a contributory factor to health inequalities as rates are far higher for men, people in lower socio-economic groups and in white, Irish, eastern European populations.
- Teenage conception rates significantly above national and London average in inner south east London. Southwark has the highest rate at 42.7 per 1000 conceptions for women under 18-years.

The national and London context is changing the way health and integrated care services are planned and delivered

London's growing and ageing population and rise in long-term conditions (single and multiple conditions) requires better primary care and more integrated care. Also, this means it is essential for people to take control of their health and for patients to have more control of their care. Research, education, new technologies and a better understanding of diseases will help transform the health service. But the current organisation of hospitals across London is unsustainable and does not support provision of high quality care for all.

As part of their national Call to Action, NHS England identified six transformational service models that will define the characteristics of the NHS in five years time:

1. **New approach to ensuring citizens are fully included in all aspects of service design and change and patients are fully empowered in their care.**

2. **Wider primary care, provided at scale:**
   - Population growth and health complexity places unprecedented demand and pressure on GPs. Primary care services are struggling to respond.

- Despite some practices achieving excellent clinical outcomes and patient satisfaction, there is significant variation in performance. London practices lag behind the rest of the country in measures of quality and patient satisfaction.
- London needs a primary care service that has the capacity and capability to provide the best care possible, in a modern environment that enables multidisciplinary working and training.
- Plans to change hospital services usually depend on boosting capacity in primary care. If we do not improve access to primary care, London's hospitals will be increasingly unsustainable.
- It is predicted there will be a £4 billion funding gap in London by 2020 and financial pressures are forcing some GP practices to close. If we do not address this in a planned way we will see a steady erosion of the quality of care and patients will suffer.

3. A modern model of integrated care.

- Integrated care services for tailored care for vulnerable and older people.
- Services must be integrated around the patient.
- Plans must take account of the £3.8 billion Better Care Fund for 2015/16 which is aimed at supporting the integration of health and social care.

4. Access to the highest quality urgent and emergency care:

- Many people are struggling to navigate and access urgent care services provided outside of hospital. A high rate of 999 calls is being experienced for both emergency and urgent care needs; and patients are defaulting to A&E.
- At the same time there are significant differences in the types and levels of service provided in A&E departments.
- The report on the first phase of the national Urgent and Emergency Care Review suggests that the quality of urgent and emergency care would be enhanced if patients were treated as close to home as possible and if networks were established, with major specialised services offered in between 40 and 70 major emergency centres, supported by other emergency centres and urgent care facilities.

5. A step-change in the productivity of elective care.

6. Specialised services concentrated in centres of excellence:

- This enables the best possible quality of services to be delivered at volume and sustainably, while connecting to research and teaching.

In south east London, significant developments and opportunities exist to make strong and innovative responses to these changes

South east London's CCGs provide local health system clinical leadership by:

- Maintaining a constant clinical focus on improving quality and health outcomes and reducing health inequalities
- Engaging and providing leadership to member practices.
- Ensuring that public and patient voice is at the heart of commissioning decisions
- Working on Health and Wellbeing Boards to deliver local Health and Wellbeing Strategies and develop and deliver plans in relation to the Better Care Fund.

South east London has a long history of partnership working including:

- Integrated governance and joint working arrangements.
- Strategic and transformational work.
- South East London Community Based Care (CBC) Strategy is starting to transform community-based care, via workstreams on primary care and community services, integrated care and planned care.
- Delivering organisational changes to support the dissolution of South London Healthcare Trust and provide a good acute sector foundation for the future.
- King's Health Partners (KHP) - an Academic Health Science Centre - works through Clinical Academic Groups bringing subject matter experts into operational units focused on ensuring that learning from research is used quickly, consistently and systematically to improve clinical services.
- KHP's work includes Southwark and Lambeth Integrated Care (SLIC) - a programme which organises local systems of health and social care more effectively and an Integrated Cancer Centre - a collaboration across Trusts and the university to combine cancer research with first-class clinical care.
- South London Health Innovation Network shares innovations across the health system, capitalising on teaching and research. Programmes being locally include diabetes, alcohol, musculoskeletal, dementia and cancer.

Already moving the right direction:

- Services moved from hospitals to local communities: audiology for over-50's, dermatology clinics and COPD clinics are three examples.
- Mental health services are among the best nationally for CPA reviews.
- Change in the London trauma system has transformed treatment of people with a serious injury or major trauma. At the end of the first year it was estimated 58 Londoners were alive who had been expected to die of their injuries.
- Four times as many patients with stroke are treated with clot-busting drugs, leading to shorter hospital stays, less post-stroke disability and fewer deaths.
- Significant programmes of work are underway across the capital to improve services for cancer, mental health and urgent and emergency care.

Our health services have many strengths but quality is variable and we have tolerated areas of mediocre quality for too long

No Trust in south east London fully meets the London standards for safety and quality in emergency care and maternity services and compliance with the London Adult Emergency Standards varies. All hospitals in south east London failed to meet five standards in medicine and surgery. No hospital either met or did not meet all the key national standards for Critical Care, Emergency Department, Fractured Neck of Femur, Maternity and Paediatrics standards.

Significant performance variation within and between acute Trusts:

- All showed better than average performance in terms of emergency readmissions within 28 days of discharge.
- Three out of four hospitals were in the first (top) quartile for the summary indicator on low hospital mortality.
- All hospitals were in the fourth (bottom) quartile for median time in Accident and Emergency from arrival to treatment.
- In three of four, patients reported bottom quartile experience of care.
- Patients diagnosed with cancer were experiencing higher than average over 31 day waits for their first treatment; one hospital was in the fourth (bottom) quartile.
- Only one hospital was above average for two week referrals to first outpatient appointment for breast symptoms, with two in the fourth (bottom) quartile.

Variable quality in primary care:

- All CCGs have lower than national average primary care spend.
- All south east London CCGs have lower than average GP access, with three in the fourth (bottom) quartile nationally and the others in the third quartile.
- Patients report fourth (bottom) quartile experience of care in four of the six CCGs with two in the third quartile.
- There is significant variation in achievement of GP outcomes, both within and between boroughs. Even the best CCG performance against GP outcomes across was lower than the equivalent average for England.

Quality, consistency and productivity in community & mental health services:

- Mental health services deliver top quartile performance on one of 11 outcomes.
- Three CCGs had high (bottom quartile) incidents of serious harm in mental health care with the rest in the third quartile.
- Three CCGs have low employment of adults with mental health conditions.
- Four CCGs are bottom quartile for childhood immunisation; two in third quartile.
- Five CCGs in the bottom quartile for pressure ulcer prevention and three in bottom quartile for falls in the community.
- All CCGs in third quartile on delayed transfer of care.

Patient satisfaction is low compared to national benchmarks:

- Four CCGs are in the bottom quartile nationally for patient experience of their primary care.
- Four CCGs are in the bottom quartile nationally for patient experience of their hospital care.
- In 2013, three of the four acute Trusts in south east London at the time scored in the bottom quartile nationally for the national Friends and Family Test - which measures whether people would recommend the service they received from a provider to a relative or friend who needed similar care or treatment.

But we're learning how patients wish services to be improved:

Engagement recently carried out by the CCGs has provided rich local feedback on how patients and local people would like to services improved. Some feedback is borough-specific and some are developing into common themes across boroughs. All the feedback is being used to develop the draft south east London commissioning strategy.

Feedback includes:

- Valuing highly the provision of primary care services.
- GPs should not need to send people to hospital unnecessarily.
- Bring more services into local communities rather than in hospitals.
- More services to care for people at home and avoid hospital admissions.
- Not all illnesses mean people need hospital attendance or admission.
- Older people and people with young children sometimes go to A&E if they can't easily get a GP home visit.
- More GPs to offer on line booking for appointments, telephone consultations and walk-in sessions.
- GPs to open for longer and at weekends.
- People need to be able to use their local health services more easily and at different times of the day and night.
- Want to know more about services available now and what's in the pipeline.
- Health, social care and local voluntary services need to be more integrated.
- Hospitals with consultants on duty 24/7 are better for emergencies.
- After-hours treatment and access to consultant care in hospital 24x7 is vital.
- Treatment and tests at weekends would be a great improvement.
- Need to look closely at children's health from birth and maternity services.
- Children with mental health disorders need easier transition to adult services.
- More prevention and self care advice needed.
- Older people's care and end of life care need to be looked at more closely.

Challenging financial position for the south east London partners

Currently, most of the spend on south east London's NHS services is focused on acute services. About 70% of NHS spend nationally is on long term conditions, with 2% of patients with chronic illnesses accounting for 30% of unplanned hospital admissions and 80% of GP consultations. Co-morbid mental health problems are also a significant cost pressure for the NHS.

For CCGs:

- Analysis by NHS England shows that if we continue with the current model of care and expected funding levels, there could be a national funding gap of £30bn between 2013/14 and 2020/21 - on top of efficiency savings already being met.
- Financial modelling carried out prior to the final national allocation settlement indicates that the scale of financial challenge for south east London CCGs increases from circa £60m in 13-14 to £74m, in 2014/15. This represents around 5% of budgets in each CCG.
- For 2014/15 the assumption is that there will be a net impact from the transfer of funds to local authorities to create the Better Care Fund. Proposals for these funds are being developed in collaboration with local authority colleagues and are being taken for approval through Health and Wellbeing boards by March 2014.

For primary care:

- The new allocation policy agreed in December 2013 results in London area teams being over target by 2.8% and therefore receiving a base level of funding increase in 2014/15 of 1.60% against a national average of 2.14%. This further impacts in 15/16 with a resource increase of 1.29%.
- National agreements on inflation uplifts through the Doctors' and Dentists' Remuneration Body are yet to be agreed but together with ONS population growth set a minimum uplift of circa 2.0% in 2014/15. This presents a minimum funding gap of 0.4%. Changes in the business rules regarding non-recurrent reserves put further pressure on available recurrent resources.
- Primary care across London achieved £28m financial savings agenda in 13/14 but has a carried forward requirement of £22m in advance of 14/15 settlement.

For specialised commissioning:

- The challenges faced follow the work done in 2013-14 to arrive at a baseline allocation for specialised services across London.

- There has been a significant loss of resources to other regions, and it is recognised that further allocation adjustments between NHS England and CCGs will be necessary at the end of quarter one 2014-15. Until then allocations are based on the outcome of the work done by the London technical group, which was agreed in December 2013.
- The challenge set by NHS England is to save almost 6-7% of the current expenditure on specialised services. This is particularly difficult when many are relatively small volume, high cost in nature.
- Some NHS providers are dependent on this income to maintain their workload.

For local authorities:

- Unprecedented pressures on resources, with some local authorities needing to save over 30% of their current expenditure over the next three to four years.
- Adult social care provision forms a large percentage of local authorities' budgets and the challenge is how to reduce expenditure and find cost effective ways of working, whilst maintaining services that are safe and of high quality.

Interrelated challenges faced by the south east London partners:

➢ A constrained financial environment.

- Diversion between demand growth and level of funding.
- The implications of regulatory changes and key safety, quality and patient care recommendations (Francis Report, Berwick Report, Winterbourne View, Urgent and Emergency Care review, and the Future Hospitals Commission)
- Significant changes in health and social care needs of population (ageing, high and increasing diversity, people not registered with a GP, mental illnesses)
- Meeting south east Londoners' expectations about health services and support available to them to live as independently and as full a life as possible.
- Changing profile of demand by illness (increases in alcohol-related, heart and lung illnesses and mental ill health)
- Uncertainty in the system about the long term provider landscape and future patient flows
- Local service integration including primary care and integrated community care
- Emergency centre designation
- Specialist service consolidation / designation in line with national strategic direction
- New workforce models in response to the need for ambulatory upskilling and staff shortages within the existing workforce
- Information Management and Technology changes will be key enablers of change, but will also demand time and investment from all organisations.

Draft emerging strategic opportunities for south east London

The south east London commissioning strategy is commissioner-led and clinically-driven. The lead clinical group is the Clinical Executive Group (CEG) comprising medical, nursing, midwifery and social care directors across the six boroughs. Clinical Leadership Groups (CLGs) report to the CEG and comprise a range of senior clinicians and social care professionals from across NHS and local authority organisations in south east London.

The emerging strategic collective opportunities list below represents the CEG's early thinking about key areas on which the strategy should focus in order to consider improvements to health and services across south east London and which would need collective action to address them successfully. The CLGs will be taking forward the planning and development of these:

- **Transforming primary care**.
- **Delivering integrated care**.
- **Transforming urgent and emergency care**.
- **Transforming maternity care**.
- **Transforming paediatric care**.
- **Transforming cancer care**.
- **Transforming planned care**

The emerging strategic collective opportunities are subject to stakeholder engagement until April 2014 and beyond. **Feedback from this engagement is being used concurrently to inform the CEG's thinking on these issues and the planning work of the CLGs.** In this way, the views of patients, local people, health and social care staff and other stakeholders directly influences the development of strategy, prior to submission of the full strategy in June 2014.

Borough-level Joint Strategic Needs Assessments, commissioning plans and Health and Wellbeing Strategies will continue to be produced locally to identify borough-specific issues and challenges and the plans to address them locally.

Agenda Item 9

Item No. 9.	Classification: Open	Date: 24 March 2014	Meeting Name: Health and Wellbeing Board
Report title:		NHS Southwark Clinical Commissioning Group (CCG) Operating Plan 2014/15 & 2015/16	
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 attached draft CCG Operating Plan.

   b) Note the nationally determined requirements of the CCG included in the Operating Plan and the plans the CCG has in place to meet these objectives locally.

   c) Note the locally-determined and agreed plans to deliver improved outcomes of the people of Southwark including a summary of the Better Care Fund developed and agreed with Southwark Council.

   d) Note the engagement the CCG has completed on the key commissioning intentions and work programmes included in the Operating Plan (section 2).

EXECUTIVE SUMMARY

2. The CCG draft Operating Plan is written in response to national planning guidance *Everyone Counts: Planning for Patients 2014/15 to 2018/19* (commonly known as the national Operating Framework) published by NHS England on 19 December 2013.

3. *Everyone Counts* requires CCGs to set an operational plan that sets a targeted level of ambition around four key requirements:

   a. The improvement of designated population-wide health outcomes;

   b. Consistent achievement of NHS Constitution commitments to residents (e.g. 18 week maximum waiting times) and other key performance standards;

   c. The CCG accurately forecasts, plans for and commissions the right levels of activity at acute hospital trusts on behalf of our population.

   d. The CCG provides an overview of the agreements in place for the use of the Better Care Fund and clearly illustrates how the use of the fund will contribute to the above requirements for improved patient outcomes.

4. Health & Wellbeing members should note that the Operating Plan is primarily an assurance document focused on addressing specific and required aspects of CCG business. It is not intended as a comprehensive description of all aspects of the CCG's work that will be captured in the CCG's five year strategy plan.

5. Beyond the above requirements, the CCG Operating Plan articulates our major commissioning intentions and work programmes over the planning period and sets out their planned impact on health outcomes for our population.

6. The plan also demonstrates how our major work programmes have been developed to align with the Health & Wellbeing Strategy and Better Care Fund for Southwark.

BACKGROUND INFORMATION

7. The CCG presented a planning briefing to the Health & Wellbeing Board's December 2013 meeting. This set out the CCG's proposed approach to developing the two year Operating Plan ahead of April 2014 and 5 Year Strategic Plan ahead of June 2014.

8. The Health & Wellbeing Board should receive assurance that the CCG's Operational Plan sufficiently demonstrates a credible plan, which will ensure Southwark patients receive the services they are entitled to; that we are planning appropriate interventions to improve the outcomes of Southwark's residents; and that our plans are aligned with the objectives of the Health & Wellbeing Strategy and Better Care Fund in Southwark.

KEY ISSUES FOR CONSIDERATION

Policy implications

9. National requirements of local NHS services included those set out in the NHS Constitution and the national planning guidance published by NHS England – *Everyone Counts: Planning for Patients 2014/15 to 2018/19*.

10. Use of the Better Care Fund in Southwark.

11. The draft Operating Plan has been developed in alignment with the current priorities included in the Southwark Health & Wellbeing Strategy 2013/14.

Community and equalities impact statement

12. The CCG will complete an equalities impact assessment as part of the strategic 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

13. None at this stage.

Financial implications

14. The case-for-change and finance sections of the draft Operating Plan set out in headline form, the CCG's planned expenditure; investments and savings programmes that underpin the delivery of national and local requirements whilst supporting financial sustainability.

BACKGROUND PAPERS

Background Papers	Held At	Contact
Southwark JSNA Southwark CCG Operating Plan 2013/14 Southwark Health and Wellbeing Strategy	www.southwarkccg.nhs.uk	Kieran Swann Head of Planning & CCG Performance 0207 525 0466
Everyone Count: Planning for Patients 2014/15 & 2018/19 (NHS England, December 2013)	http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf	

APPENDICES

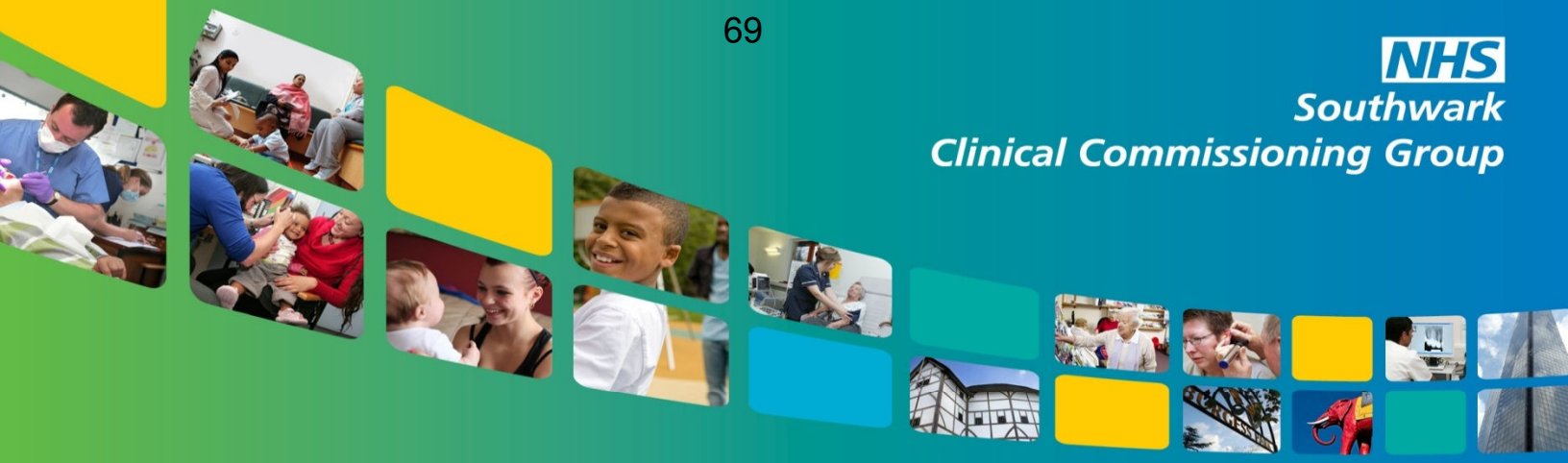
No.	Title
Appendix 1	NHS Southwark CCG draft Operating Plan 2014/15 to 2018/19

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	12th March 2014
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		13 March 2014

NHS Southwark Clinical Commissioning Group



NHS Southwark CCG

Operating Plan

2014/15 & 2015/16

DRAFT

Table of Contents

1. Introduction from the Chair, NHS Southwark CCG

I am pleased to introduce the NHS Southwark Clinical Commissioning Group (CCG) Operating Plan 2014/15 & 2015/16. The document sets out how the CCG will deliver our key responsibilities and achieve the transformational improvement of local health services over the course of the next two years and beyond.

The CCG has five key responsibilities to deliver for our patients in this year and the next:

1. To act to **assure, and work to improve, the quality and safety** of the healthcare services we commission.

2. To see that the rights and pledges set out to patients in the ***NHS Constitution*** are consistently delivered by commissioned providers of NHS services and that these providers contribute to our planned **improvement against a number of important population-wide outcome measures**.

3. To establish a **foundation for the delivery of our transformational five year strategic plan** across both Southwark and south east London, and to establish an approach to integration of health and social care services with the local authority, partners, providers and patients.

4. To ensure that in the services we commission and the developments we lead, we act to **reduce health inequalities** and as a result begin to see those vulnerable people in our community get better care, better services and better outcomes. As part of this we must also ensure we operate with a **parity of esteem**, which means we keep the same focus on improving mental health as we do on physical health.

5. To act prudently as custodians of public money, **using resources effectively** to achieve the ambitions we aspire to. We must continue to operate **within our resource allocation.**

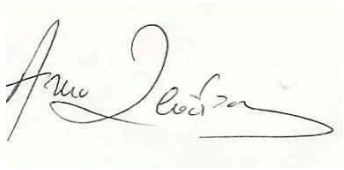
My clinical colleagues and I are enthusiastic about the plans we have put in place to improve the local NHS, but we also know that we must deliver these plans in a challenging financial environment.

Our annual Operating Plan has been developed to reflect the first two years of the emerging five year strategic plan for both Southwark and south east London and is aligned to the work and priorities of the Southwark Health and Wellbeing Board. As with our emerging strategic plan, our ambition over the next two years remains to improve the lives of our residents by working to make local health services the best they can be. To make this ambition a reality, we will work to achieve our goals by working closely with commissioned providers; partner CCGs and NHS England; Southwark Council, the Southwark practices that constitute our membership organisation and patients.

The *Southwark Primary & Community Care Strategy*; our approach to deploying the Better Care Fund; the leadership role we play in collaborative local planning; and significant programmes of service redesign – including that taken forward through the Southwark & Lambeth Integrated Care Programme – are major innovations in the way we will do business over the next two years. We are confident that working

together with local people and our partners as a clinically-led organisation we can make real

improvements to local services and enhance the lives of people in Southwark.



Dr Amr Zeineldine
Chair, NHS Southwark Clinical Commissioning Group

2. Introduction to the Operating Plan 2014/15 & 2015/16

NHS Southwark Clinical Commissioning Group (CCG) is a membership organisation of all general practices serving people in the London Borough of Southwark. The combined registered population of Southwark's 45 general practices is approximately 304,000 patients. Building on a strong track record of local clinical commissioning in Southwark, the CCG has now run for under a year as a fully authorised CCG with the full range of statutory responsibility for commissioning health services for our patients.

NHS Southwark CCG is led by our member practices who work through three locality groups. Each locality has elected clinical leads on the CCG's Governing Body. Clinicians from member practices have been involved throughout the year in the development of the CCG's commissioning intentions on which the Operating Plan is based. The CCG has run borough-wide clinical engagement events; monthly locality member practice meetings; the CCG's Council of Members as well as targeted multi-disciplinary focus groups to set this plan.

The list below is a short chronology of the **clinical and stakeholder engagement** completed by the CCG in order to develop our commissioning intentions for 2014/15 & 2015/16:

February-to-May 2013 – Consultation on improving health services in Dulwich & the surrounding areas

April 2013 – Stakeholder engagement event on Primary & Community Care Strategy (PCCS)

May 2013 – Stakeholder engagement event on review of Urgent Care Centre

July 2013 – Mental health stakeholder event

Spring & summer 2013 – Locality meetings/ PPGs on Dulwich and Primary & Community Care Strategy

September 2013 – Member practice engagement event on Primary & Community Care Strategy

September 2013 – Patient engagement event on manual therapies

Autumn 2013 – Locality meetings on commissioning intentions; CQuINS; PCCS

October 2013 – Council of Members roundtable on commissioning intentions

October 2013 – Call to Action stakeholder event looking at planning priorities for 2014/15 and beyond

October 2013 – Governing Body workshop exploring key areas of service development.

November 2013 – Member practice survey on review of Lister Walk in Centre.

November 2013 – Commissioning intentions focus groups with CCG practices; partners & clinical leads

November 2013 – Primary care engagement meetings on primary care counselling

November 2013 – Urgent primary care access stakeholder engagement event

November 2013 – *Big Health Check Day* for people with learning disabilities

December 2013 – Planning briefing to Southwark Health & Wellbeing Board

December 2013 – Joint Lambeth and Southwark practice event on Primary & Community Care Strategy

December 2013 – Joint Lambeth & Southwark GB workshop on joint programmes of work

2.1. What is an Operating Plan?

This document sets how the CCG will meet the full range of its responsibilities and achieve its priorities for improvement over the course of the coming two years. The CCG Operating Plan is a requirement of and written in response to *Everyone Counts* CCG Planning Guidance 2014/15 & 2015/16 (the national Operating Framework) published by NHS England on 19 December 2013.

The planning guidance requires CCGs to set an operational plan to include the key operational metrics needed to support the assurance of, and measure performance against, strategic plans. The Operating Plan is to be structured around four key themes: a) outcomes; b) NHS Constitution; c) planned activity; and d) Better Care Fund (BCF). The below table indicate the detail of these requirements:

Segment	Covering:
Outcomes	Improvement against the measures to support the seven outcome ambitions: Trajectory for *Clostridium difficile* reduction. Trajectory for dementia diagnosis. Trajectory for Improved Access to Psychological Therapies (IAPT) coverage and recovery. Trajectory for seven outcome ambition measures*. Trajectory for Quality Premium measures**.
NHS Constitution	The delivery of all NHS Constitution rights and pledges (through self certification in the context of CCG planned actions).
Activity	Trajectories for: Elective First Finished Consultant Episodes (FFCEs). Non elective FFCEs. Outpatient attendances. A&E attendances. Referrals
Better Care Fund	Improvement against the agreed BCF measures.

* 1: Securing additional years of life for the people of England with treatable mental and physical health conditions. 2: Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions. 3: Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital. 4: Increasing the proportion of older people living independently at home following discharge from hospital. 5: Increasing the number of people having a positive experience of hospital care. 6: Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community. 7: Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.

** 1: Reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality. 2: Improving access to psychological therapies. 3: Reducing avoidable emergency admissions. 4: Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator. 5: Improving the reporting of medication-related safety incidents based on a locally selected measure. 6: A further local measure that should be based on local priorities such as those identified in joint health and wellbeing strategies.

CCG operational plans must also demonstrate that the strategic plan is the driving force behind transformational change and as such, should contain outcomes and relevant local metrics which show our journey towards the tangible achievement of the overarching strategy. The commissioning intentions and trajectories for the above requirements included in this Operating Plan therefore covers the initial two years of a five year strategic planning period and describes what it is the CCG will do in the initial phase of the strategic period to enable system-wide transformation to be in years 3-5.

The full five year strategy for the CCG is currently under development and will be considered by the Governing Body and the Council of Members ahead of publication on 20 June 2014.

3. The Case for Change

The pressures facing the NHS at present are significant. The population continues to age, living longer with chronic illness, whilst the impact of other conditions such as obesity is forecast to significantly increase the demand for health and care services in the near future. At the same time the finance made available to the NHS and local authorities remains restricted. To respond to this challenge, NHS Southwark CCG will need to transform the way it commissions the services used by our patients.

The below table summarises the case for change affecting Southwark. Further detail is included as part of the draft South East London Five Year Strategic Plan and Southwark Joint Strategic Needs Assessment.

Aspect of Case-for-Change	Drivers
Health challenges	Mortality from bronchitis and emphysema and COPD under 75 is high compared to similar CCG populations and national benchmarks. Mortality from liver disease under the age of 75 is high compared to similar CCG populations and national benchmarks. % school children in Year 6 (age 10-11) classified as obese is one of the highest rates in the country. The rate of premature death attributable to cardiovascular disease; stroke; and cancer (all tumour types) are notably higher than the London average. Smoking rates and mortality caused by smoking remain higher than average. Differential life expectancy – 9.5 years for men and 6.9 years for women from most and least deprived parts of the borough.

Variations in the quality of care	There is broad variation amongst hospitals in south east London, with no individual hospital meeting all of the London quality standards at present. In primary care, some patients find it hard to get an appointment with their GP and the services available are inconsistent, with lower patient satisfaction scores compared to other parts of England. There are wide variations in quality and outcomes measures between different practices. The CCG has made significant progress in the implementation of its response to the Francis Report on Mid-Staffordshire NHS Trust; response to Berwick review of patient safety and the joint response with Southwark Local Authority to the Winterbourne View report. We need to continue with this approach to ensuring commissioned care is safe and high quality in the future health economy.
National context and approach to planning and delivering services	The national emphasis has shifted to firmly focus on commissioners' role of facilitating the integration of services. This includes planning jointly with the local authority to maximise impact of the *Better Care Fund*. Commissioners should ensure a 'parity of esteem' between services that address patients' physical and mental health needs. Effective integration is a fundamental to achieving this. National planning guidance requires CCGs to develop their strategic approach to transformational change in collaboration with partner organisations and with providers to deliver change at scale. The CCG is not currently performing within the top quartile of performance for a number of population health outcome indicators included in the NHS Outcomes Framework; CCG Outcomes Indicator Set and seven outcomes ambitions included in *Everyone Counts* guidance. There is recognition that effective models of primary and community care necessitate wider primary care, provided at scale with better access and outcomes for patients.

Patient experience of services	The CCG has an aspiration to hear from more patients about the experience of their care as a way of assuring the quality of commissioned services. The CCG also must act to ensure citizens are fully involved in all aspects of service design and feel sufficiently empowered in their own care. Patient satisfaction data tells us that improvements are required in some key areas including primary care; some specialist services such as cancer care at local trusts. An extended range of patient experience data is becoming available to the CCG and we must ensure we are able to properly interpret and effectively respond to what this tells us. Patients, their families and carers consistently tell us that they want more care commissioned which allows for self-management and is personalised to their particular needs. The Clywd-Hart Report and NHS Southwark CCG's own 'deep-dive' review into patient complaints highlighted discrepancies in the way providers handled, responded to and learnt lessons from patients complaints. The CCG has set out a set of recommendations to ensure this improves and must see that these changes happen.
Financial sustainability	Demographic growth of 1.7% and additional 2% annual inflationary pressures exert a demand on scarce resources. The CCG's financial allocations remain challenging and tighten further in years 3-5 of the strategic planning period. The CCG faces a significant net Quality, Improvement, Productivity and Prevention (QIPP) challenge of £15.5m in 2014/15 and approximately £13m in 2015/16 with limited scope for transactional efficiencies following a number of years of successful QIPP delivery.
Shared challenges	The constrained financial environment has a significant impact on commissioners and providers alike. To support an effective NHS we have a collective responsibility to ensure system-wide sustainability and, as part of this, must consider and respond to the impact of social care financial pressures on the NHS and *vice versa*. A similarly coordinated approach is required for us to commission well integrated services both between hospital, community and primary care settings and across health and social care services. Our services must increasingly address patients' physical and mental health needs. Information management and workforce development across a suitable scale is a crucial factor in achieving this aim. Emergency care and referral-to-treatment time pressures have remained a challenge for some local providers throughout 2013/14. The CCG has committed to ensuring these NHS Constitution standards are met consistently and will work closely with our commissioned providers and NHS England to achieve this.

4. CCG Commissioning Intentions 2014/15 – 2015/16

This section sets out the main commissioning intentions the CCG will deliver over the course of the next two years. The CCG has established three strategic ambitions, all of which contribute to an over-arching ambition of establishing the effective integration of services to deliver better quality care and improved patient outcomes. These ambitions are:

1. **Commission services to ensure local people can easily navigate and access appropriate care when they need it. Services will support the prevention of ill health and focus on improving patient wellbeing.**
2. **Commission effective and efficient pathways of care.**
3. **Commission services that are proactive and provide care which is personalised and supports people to maintain their independence.**

To deliver these ambitions the CCG has identified a series of transformation programmes within which we will work to deliver our key pieces of service redesign and integration. Both the structure of our transformation programme areas and the detail of the commissioning intention or work programme within each area, is designed to intersect with the priorities included within Southwark's Health & Wellbeing Strategy; our plan for the Better Care Fund in Southwark and also with the emerging opportunities outlined in the south east London five year strategic plan case for change. A more detailed description of strategic alignment is included in section 5, below.

The following part of this section outlines the CCG's key commissioning intentions for 2014/15 & 2015/16, split by transformation programme area. Further detailed business cases, Project Initiation Documents, project and programme plans have been developed for each area.

4.1. Integrated Care

- We will continue to work with the Southwark and Lambeth Integrated Care (SLIC) programme to develop infrastructure to support integrated care and an integrated Commissioning Framework with the Local Authority and partners in Lambeth including using innovative ways of incentivising the provision of integrated care and better outcomes. Through the SLIC programme we will also work on the key enablers of integration, including information sharing and workforce development.
- Implement a prevention strategy to contract for: *'every contact counts*' health advice interventions; delivery of alcohol and smoking brief interventions; hospital providers implementation of NICE smoking cessation guidance.
- Implement Joint Dementia Strategy to commission new community intervention services for people with dementia including a medicines optimisation programme; and specialist services for people with challenging behaviour.
- Programme of IT development to implement a system that will allow primary; community & hospital clinicians to view patients' test and diagnostic results and enable communication across primary and secondary care.

- Develop a primary care model of early diagnosis and integrated care for children with autism.
- Commission enhanced early detection; case-finding; care-coordination & risk management in primary care.
- Develop a sustainable and integrated model of psychological support for people living with Long term conditions and complex needs.
- Oversee extension of admission avoidance programme including full roll-out of @Home across Southwark, and further integration with other community admission avoidance services.
- Commission a model of community-based integrated service provision structured on a neighbourhood geography to improve outcomes for elderly patients and people with one or more long term conditions (including mental health). This will include an integrated approach to self-management, collaborative care planning and care co-ordination.
- Commission enhanced primary care support to Southwark care homes operating as part of a specialist multi-disciplinary model of care for patients living in residential accommodation in the borough.
- Commission for services 7-days-a-week in collaboration with Southwark local authority and NHS England commissioners to support admission avoidance and to improve discharge from hospital.

4.2. Planned Care

- Remodelling of psychological therapies pathway.
- Work with providers to drive secondary care productivity and efficiency through maximising non face to face contacts and removal of unnecessary follow ups and onward referrals.
- Strengthen system for referral review against agreed clinical protocols and enhance use of Choose & Book across the health economy.
- Develop a consistent model of out of hospital care in community hubs where this is clinically appropriate, cost effective and supports better patient experience and access. Redesign and or decommission appropriate hospital outpatient pathways to reflect this change of provision
- Review access policies including south east London Treatment Access Policy and consider management protocols and support pathways for people who require non-urgent elective admission.

4.3. Primary Care & Community Care

- Implementation of the CCG primary and community care neighbourhood development plan and broader CCG Primary and Community Care Strategy, focussing on reducing variation in primary care and enhancing patient access to an extended range of services out of hospital.
- Commission enhanced diagnostic capacity in primary and community care settings.

- Design and deliver a comprehensive primary care workforce development programme.
- Contribute to shaping Southwark Council's approach to commission enhanced community support services (home help and domiciliary services), linking to other integrated community services.
- Continued implementation of the service model for the Dulwich locality and programme of community hub development across the borough.

4.4. Urgent Care

- Review of urgent care pathway including A&E front-end; UCCs and WICs and commission a model of care to enhance access; quality; % appropriate attendances.
- Commission A&E 'front-end' assessment for patients with mental health conditions.
- Complete procurement for provision of NHS 111 service from April 2015.
- Commission London Ambulance Service to safely and effectively increase the proportion of calls treated 'on site' to reduce A&E conveyance rates.
- With social care services, commission new services targeted at people 'in-crisis'. This will be initially focussed on people with mental health, alcohol misuse issues and on those who are homeless.
- Deliver a programme of communication with local people on how to access the most appropriate service for their needs, including support for self-care and promoting use of pharmacies.

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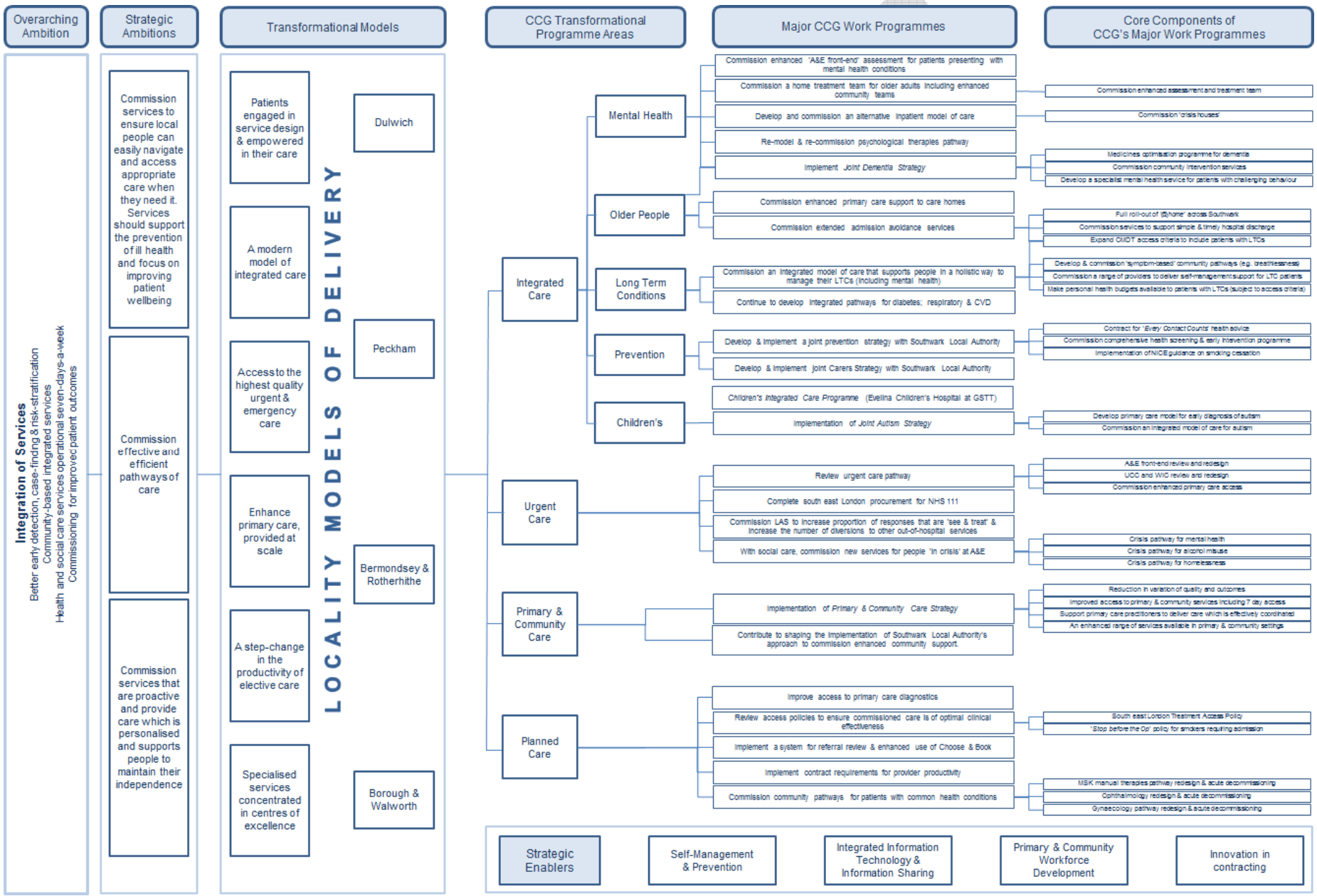
4.5. CCG Commissioning Intentions & Work Programmes: Plan-on-a-Page (Larger print in Appendix A)



5. Strategic Alignment

This section sets out in further detail how the transformational work planned for delivery by the CCG over the course of the next two years aligns with other key local operational and strategic drivers of change that will affect residents in Southwark.

5.1. Five Year Strategic Plan for Southwark and south east London

The south east London five year strategy sets out the collective objectives for the south east London health economy whilst 'framing and underpinning' the system objectives that have been developed at CCG level for each borough. Together with plans for NHS England Direct Commissioning, this approach to planning has been established across the broader area in order that we are situated to effectively address the scale of the challenge identified in respective borough cases-for-change.

The strategic programme, in the CCG and across south east London, has identified emerging priorities and opportunities for collective action at south east London level as well as local system priorities that we have identified within Southwark (see commissioning intentions, above). The collective opportunities across south east London were identified in December 2013 and have since formed the basis for detailed system design work with partners throughout Q4 in 2013/14.

The strategic planning work across south east London has identified seven collective opportunities for transformation:

- Transforming primary care
- Delivering integrated care for physical and mental health
- Transforming urgent and emergency care services to drive quality, experience and sustainability
- Transforming maternity and paediatrics pathways to drive quality, experience and sustainability
- Transforming cancer services
- Achieving compliance with the London Quality Standards and broader standards of quality
- Improving productivity and value for money across all services

These collective opportunities intersect with Southwark CCG's strategic ambitions and all contribute to the CCG's over-arching ambition of establishing the effective integration of services to deliver better quality care and improved patient outcomes.

The system objectives set out in CCG and south east London strategies will be supported by key commissioning intentions or 'improvement interventions' as they are named in the south east London plan (i.e. programmes of work, service improvement and redesign). These interventions will deliver outcomes which in turn will achieve the system objectives both within the borough and across south east London.

5.2. Southwark Health & Wellbeing Strategy

In July 2013 the Southwark Health & Wellbeing Board published its J*oint Health & Wellbeing Strategy 2013/14*. The strategy was developed by the borough's new Health and Wellbeing board, brings together the borough's key agencies – the council, the CCG, NHS trusts, the police, voluntary sector, and

Healthwatch, which represents local people's voice, with the aim of improving the health and wellbeing of the residents of our borough.

The *Health & Wellbeing Strategy* in Southwark built on the learning and achievements from the previous year (the shadow year of operation); findings from the *Joint Strategic Needs Assessment*; and what communities and partners have told us already, to identify three strategic priority objectives. The Health & Wellbeing Board committed itself to further develop these priorities over the course of 2013/14 in order to set a clear plan of improvement over the next planning period.

Health & Wellbeing Board priorities are:

1. **Giving every child and young person the best start in life** by working to improve maternal and child health outcomes; supporting educational achievement and quality; promoting healthier lifestyles; reducing youth unemployment and addressing teenage conceptions, young peoples' involvement in sport.

2. **Building healthier and more resilient communities and tackling the root causes of ill health** so that we reduce premature deaths and morbidity; improve screening and early diagnosis; improving mental health and emotional wellbeing.

3. **Improving the experience and outcomes for our most vulnerable residents and enabling them to live more independent lives** by reducing admissions to hospital and residential care homes; enhancing access to re-ablement service post discharge from hospital; early identification and management of dementia; personalised support available to those with high need support packages.

The CCG has reflected the Board's priorities into its Operational Plan for the years from 2014/15 & 2015/16 and will continue as an active participant in the Health & Wellbeing Board to develop clear programmes of work and a refreshed monitoring framework. This will be a keystone of the CCG's five year plan.

The Southwark Health & Wellbeing Strategy 2013/14 can be found here:
http://www.southwark.gov.uk/downloads/download/3570/joint_health_and_wellbeing_strategy_2013-14

5.3. Better Care Fund

The CCG, local authority in Southwark, providers and stakeholders have identified a vision for integrated care in our borough. The vision is for people to stay healthier at home for longer by doing more to prevent ill health, by supporting people to manage their own heath and well-being and by providing more services in people's homes and in the community. Both organisations want to see that people feel in control of their lives and their care, with the services they receive co-ordinated and planned with them around their individual needs.

The CCG, local authority and our providers and partners will build upon our existing work to integrate services around people's needs, but recognise that we now need to transform the way we work together across health and care to really achieve this. Our key aspirations for integrated care in Southwark are to deliver:

- More care in people's homes and in their local neighbourhoods
- Person-centred care, organised in collaboration with the individual and their carers
- Better experience of care for people and their carers
- Population-based care that is proactive and preventative, rather than reactive and episodic
- Better value care and support at home, with less reliance on care homes and hospital care
- Less duplication and 'hand-offs' and a more efficient system overall
- Improvements to key outcomes for people's health and wellbeing
- Stronger, more resilient communities
- Southwark as a great place to live and work

The CCG and Southwark Council are committed to using our joint resources to achieve our shared vision. The way that services are currently commissioned and organised does not always achieve these aims, and there are differential incentives that work against our vision of services working together to support better health and more independence.

We will use our resources differently to remove organisational impediments to the provision of person-centred care and financially incentivising prevention, earlier intervention, recovery and re-ablement with our providers. Our plans, if successful, will mean less reliance on care in hospital or care homes, and more care in people's home or delivered in community based settings. We will work with partners in Southwark & Lambeth Integrated Care Programme (SLIC) and the acute sector to enable this shift of resources to happen.

The main schemes and changes under the Better Care Fund that will deliver our objectives are as follows:

In 2014/15: The CCG and Council will roll forward the funding for the existing portfolio of services that are provided by the council with funding transferred from the NHS under section 256 arrangements. We will review the application of this funding and identify the most cost effective way of using this resource in the context of the wider Better Care Fund plans for 2015/16. This funding of £5.835m currently covers a range of services aimed at supporting discharge, preventing the need for higher levels of support, and protecting social care services of benefit to health. In addition, existing council spend on re-ablement currently funded from NHS grant of £1.8m will be rolled forward in to the scheme.

Southwark has been allocated an additional £1.3m in 2014/15 under the Better Care Fund in order to prepare for the full introduction of the Fund in 2015/16 and make early progress on goals. This resource will be used to pick up the funding of a range of current council services aimed at reducing demand on the acute sector that were originally funded under "winter pressures" funding that was withdrawn in 2013/14.

This will support development of the following:

- Discharge support and move towards 7 day working
- Specific investment in psychiatric liaison services to reduce pressures on A&E
- Investment made in infrastructure costs for developing integrated neighbourhood services
- In addition in 2014/15 the CCG and Local Authority will be applying resources from outside the Better Care Fund to pump prime schemes in advance of 2015/16, including telecare, homecare, carers and mental health.

In 2015/16: the services described above will be reviewed during 2014/15 to ensure they provide value for money and support the integration agenda, and will be rolled forward into the 2015/16 Better Care Fund. In addition, as the minimum value of the Better Care Fund increases to £21.9m the following services will be covered by the fund:

- Admissions avoidance service and the @Home service
- Discharge support and enhanced 7 day working across primary care and integrated community health and social care services
- Home care quality improvement, capacity and capability to support integrated care
- Self management : expert patient programme for people with long term conditions and building a community asset approach to keeping well
- Telecare expansion
- Voluntary and community sector prevention, particularly aimed at addressing issues around social isolation in older people
- Mental health transformation and crisis response services
- End of life care
- Protecting social services - maintaining access and eligibility levels in the face of central government funding reductions
- Joint Carers Strategy

The Impact of the Better Care Fund in Southwark: In making the above investments through the Better Care Fund, the CCG and local authority anticipates the following impact over the next two years:

- Increases in the numbers of people benefitting from the community multi disciplinary team approach, and enhanced activity levels in the BCF funded services such as home ward, admissions avoidance and re-ablement.
- Reductions in the rate of avoidable emergency admissions
- Shifting the balance of care away from care homes, including reduced admissions
- Impact of re-ablement in reducing the care needs of clients using the service
- Delayed transfers of care being maintained at a high level of performance
- A reduction in length of stay in hospital and emergency bed days for older people.

A key underlying aim of our BCF plan, and the SLIC programme, is for integrated care to help achieve financial sustainability for the whole health and social care system, as well as to improve population health, improving key health and life outcomes. The success of this will be evaluated with reference to the financial position of all commissioners and providers.

The CCG has jointly led the development of the Better Care Fund plan together with colleagues in Southwark Council having engaged providers and patients along the way. The CCG has developed our commissioning intentions together with the same partners and has worked to ensure a close alignment between those areas of transformation we will lead together through the Better Care Fund and those which are led primarily by the CCG.

The aims and objectives of the Better Care Fund are set out in above and will be measured as per the metrics included in the table below:

Better Care Fund Metrics		Current Baseline	Performance for October 2015	Performance for April 2016	Notes
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	**Metric Value**	**770.8**	**N/A**	**697.8**	
	Numerator	177	N/A	167	
	Denominator	22965	N/A	23933	
	Data Period	Apr 2012–Mar 2013		Apr 2014–Mar 2015	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services	**Metric Value**	**77.20%**	**N/A**	**85%**	
	Numerator	112	N/A	136	
	Denominator	145	N/A	160	
	Data Period	Apr 2012–Mar 2013		Apr 2014–Mar 2015	
Delayed transfers of care from hospital per 100,000 population (average per month)	**Metric Value**	**87**	**86**	**85**	Delayed transfers currently optimal (22nd best nationally) - further significant reduction not desirable or achievable without risking excessive early discharge
	Numerator	212			
	Denominator	243,670	249,971	255,836	
	Data Period		April - Dec 2014	Jan - June 2015	
Avoidable emergency admissions (composite measure)	***Metric Value***	**152**	**144**	**144**	Rate per 100,000 per month
	Numerator	461	449	449	Average number per month
	Denominator	303,859	310,830	310,830	
	Data Period	*12 mnths to Sep 13*	April – Sept 2014	Oct 2014 - Mar 2015	
Local metric - NHSOF 2.1: Proportion of people feeling supported to manage their long term conditions	***Metric Value***	**58.30%**	**N/A**	**60%**	Data from Annual GP Patient Survey
	Data Period	GPPS 2013		GPPS 2014	

6. Delivering the CCG's Commitments & Responsibilities

The CCG will act to ensure all commissioned providers deliver the rights and pledges as set out in the NHS Constitution. Throughout 2014/15 and 15/16 the CCG Integrated Governance & Performance Committee will be run in alignment with provider Clinical Quality Review Groups and contract monitoring meetings to oversee and assure the CCG that issues of performance, quality, safety and patient outcomes are identified, addressed and resolved with expediency. This section summarises the CCG's requirements and responsibilities over the next two years and sets the trajectory to be achieved.

6.1. Summary of Southwark CCG Performance in 2013/14

The table below sets out the CCG's performance against the requirements of the NHS Constitution to January 2013/14 (YTD at the time of writing). The table shows the performance position for each constitutional requirement for the CCG (Southwark patients); King's College Hospital & Guy's & St. Thomas' Hospital (all patients).

		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
RTT admitted (90%)	SCCG	90.6%	88.0%	90.7%	89.3%	88.4%	87.3%	86.0%	87.3%	89.0%
	GST	92.1%	92.0%	92.7%	92.4%	92.8%	90.7%	90.7%	90.4%	93.3%
	KCH	88.8%	88.2%	89.7%	88.1%	87.1%	88.7%	88.1%	87.8%	87.8%
RTT non-admitted (95%)	SCCG	97.1%	97.6%	97.1%	97.5%	97.7%	96.7%	96.9%	97.2%	97.2%
	GST	96.5%	96.6%	97.2%	96.6%	96.8%	95.9%	95.8%	95.4%	96.0%
	KCH	96.8%	97.3%	97.2%	97.0%	97.4%	96.3%	96.1%	96.3%	96.6%
RTT incomplete pathway (92%)	SCCG	93.5%	93.8%	93.7%	93.8%	93.5%	93.5%	93.8%	93.7%	93.1%
	GST	93.2%	93.8%	93.7%	93.8%	93.5%	93.4%	93.2%	93.5%	93.0%
	KCH	92.1%	92.3%	92.3%	92.6%	92.7%	92.4%	92.6%	92.2%	92.0%
Diagnostic waits > 6 weeks (99%)	SCCG	1.86%	1.95%	1.85%	2.63%	2.41%	2.48%	1.52%	1.71%	2.02%
	GST	2.00%	2.10%	3.08%	3.83%	5.13%	4.44%	2.17%	2.46%	3.17%
	KCH (Denmark Hill)	3.00%	4.20%	2.77%	2.57%	1.23%	0.94%	0.87%	1.40%	1.6%
A&E waits (95%)	GST	94.6%	96.5%	96.7%	94.5%	95.8%	96.9%	96.9%	96.8%	96.6%
	KCH (Denmark Hill)	96.3%	96.4%	96.3%	94.5%	95.2%	95.4%	94.5%	94.5%	93.6%
	KCH							89.7%	90.4%	87.9%
Cancer 2 weeks (GP referral) (93%)	SCCG	96.7%	98.2%	95.8%	97.5%	93.7%	95.9%	95.2%	94.7%	96.0%
	GST	94.4%	96.7%	95.4%	96.0%	94.1%	93.3%	95.7%	94.8%	94.2%
	KCH	96.9%	98.6%	96.6%	97.2%	95.3%	97.8%	97.1%	98.6%	97.8%
Cancer 2 weeks (breast symptoms) (93%)	SCCG	97.6%	97.1%	96.8%	97.4%	94.0%	97.9%	96.9%	93.7%	97.2%
	GST	92.3%	92.0%	95.1%	97.4%	96.8%	96.0%	94.4%	93.0%	93.3%
	KCH	99.1%	98.9%	98.8%	96.9%	96.1%	100%	100%	100%	100%
Cancer 31 days (first definitive) (96%)	SCCG	97.1%	98.7%	95.9%	100.0%	98.4%	96.8%	94.5%	95.9%	95.8%
	GST	98.3%	97.9%	96.5%	98.4%	96.9%	97.7%	95.5%	93.3%	96.0%
	KCH	100%	99.0%	97.9%	99.1%	97.8%	99.1%	97.9%	99.2%	97.3%
Cancer 31 days (subsequent treatment - surgery) (94%)	SCCG	100%	94.4%	93.3%	100.0%	100.0%	94.4%	93.8%	100.0%	100.0%
	GST	97.7%	96.3%	98.7%	97.6%	98.7%	91.8%	94.9%	84.4%	89.7%
	KCH	97.9%	97.9%	98.3%	97.4%	100%	100%	98.3%	92.5%	97.8%
Cancer 31 days (subsequent treatment - drug) (98%)	SCCG	97.4%	100%	94.6%	97.6%	100%	100%	100%	100%	100%
	GST	99.3%	98.8%	97.2%	98.9%	99.3%	99.4%	99.4%	99.2%	98.5%
	KCH	96.0%	100%	100%	100%	100%	100%	100%	100%	100%
Cancer 31 days (subsequent treatment - radiotherapy) (94%)	SCCG	96.2%	84.6%	100%	96.0%	95.8%	97.1%	100%	95.5%	100%
	GST	96.6%	94.8%	99.1%	95.7%	94.0%	96.1%	97.9%	98.2%	97.7%
	KCH									
Cancer 62 days (GP referral) (85%)	SCCG	83.3%	90.2%	82.4%	96.3%	83.3%	81.1%	78.4%	94.4%	86.4%
	GST	68.6%	80.5%	76.7%	77.9%	80.0%	70.1%	71.0%	78.0%	74.0%
	KCH	93.3%	87.9%	79.7%	97.2%	83.1%	92.5%	86.2%	84.0%	93.9%
Cancer 62 days (referral NHS screening) (90%)	SCCG	80.0%	100%	100%	100%	100%	100%			100%
	GST	83.3%	88.9%	100%	80.0%	71.4%	100%	100%	80.0%	88.9%
	KCH	95.5%	100%	100%	97.1%	86.1%	95.2%	95.3%	93.0%	91.9%
Cancer 62 days (first definitive - Consultant) (85%)	SCCG	85.7%	100%	66.7%	83.3%	100%		100%		100%
	GST	90.9%	94.9%	89.7%	90.2%		93.3%	75.0%	90.0%	61.5%
	KCH	100%	86.7%	80.0%	75.0%		100%	100%	100%	100%
Amb. Resp 8 mins (75%) Red 1	SEL Cluster	77.6%	78.1%	77.5%	77.4%	76.5%	72.4%	75.0%	74.2%	74.8%
Amb. Resp 8 mins (75%) Red 2	SEL Cluster	75.8%	77.7%	75.9%	73.3%	74.1%	70.8%	69.8%	70.9%	70.8%
Amb. Resp 19 mins (95%)	SEL Cluster	98.0%	98.5%	98.2%	97.7%	98.0%	97.2%	97.1%	97.5%	97.2%
Mixed-sex accommodation	SCCG	12	6	7	11	1	0	25	36	32
	GST	5	4	0	0	0	0	0	0	0
	KCH	49	19	29	40	16	0	27	99	85
52 weeks waiters (0)	SCCG	3	5	7	3	8	8	10	6	14
	GST	9	5	1	1	0	0	0	0	0
	KCH	49	44	31	24	28	29	33	27	78
		Q1 2013/14			Q2 2013/14			Q3 2013/14		
Cancelled ops 28 days	GST	1			8			9		
	KCH	9			6			45		
CPA 7 day follow up	SCCG	97.7%			94.0%			98.0%		

6.2. Ensuring commissioned providers deliver NHS Constitution standards

CCGs are required to ensure that the performance standards in the NHS Constitution will be delivered throughout 2014/15 and 2015/16. NHS Southwark CCG is fully committed to the delivery of the NHS Constitution performance standards. The CCG's expectation is that these rights will be met with the exception of patients waiting for treatment at King's College Hospital, a number of whom will wait in excess of RTT standards whilst the Trust's waiting list backlog continues to be cleared. The CCG is additionally committed to eliminating the number of patients waiting in excess of 52 weeks for treatment and we will be working with King's to finalise the performance improvement action plan and trajectory to ensure full compliance with this performance standard to the shortest feasible timescale in 2014/15. This agreement will be secured in the 2014/15 contract with King's.

6.3. Ensuring provider cost improvement programmes (CIPs) are deliverable without impacting on the quality and safety of patient care

The CCG together with the acute multidisciplinary team at the South London Commissioning Support Unit have in place a system of assurance around the impact of provider Cost Improvement Programmes and QIPP. CCG clinical and management leaders have worked with the CCG's major commissioned providers throughout the contracting round to ensure that CIPs will not adversely impact the quality of care and that there are effective governance arrangements – both within the provider and between provider and commissioner – to monitor the impact of provider COP through the contract management and quality assurance process over the course of the period.

The CCG's mental health team has undertaken the same assurance with South London & Maudsley (SLaM) as part of the contracting round for 2014/15.

6.4. Managing HCAIs so our patients have no cases of MRSA in 2014-15 and 2015-16?

The CCG has recorded MRSA breaches in 2013/14 and the below table shows MRSA cases assigned to the CCG following Post Infection Review (PIR). A case is deemed to be CCG assigned where the completed PIR indicates that a CCG is the organisation best placed to ensure that any lessons learned are implemented.

MRSA	Q1	Q2	Q3	YTD
Southwark CCG	1	0	2	3

MRSA rates at King's have generally been in-line with comparable providers nationally. However, in both November and December 2013 King's had been assigned three MRSA cases against an annual target of zero. GSTT has had four MRSA cases assigned to it so far in 2013/14. Post Infection Reviews of MRSA bacteraemias are producing information on the detail of local cases and learning. Most cases are very complex with numerous healthcare contacts.

Infection control is assured at both King's and GSTT through the Lambeth, Southwark and Lewisham Infection Control Committee (LSLICC). At King's and GSTT the CCG clinical, quality and contracting leads

review the trusts' performance against all infection control indicators at the respective Clinical Quality Review Group (CQRG) meetings. Both Trusts have been engaging well in multiagency working and have set development plans – shared with local CCGs and LSLICC, which includes actions to reduce rates of MRSA and other healthcare acquired infections.

These arrangements together with planned improvement actions give the CCG confidence that we will meet the standard for MRSA over the planning period.

6.5. Number of *c.difficile* infections in 2014/15

The CCG has remained within its *c.difficile* target as of January 2014, with most assigned *c.difficile* being identified in non-acute care settings. The target for 2013/14 is 49.

C.difficile infections 2013/14	Q1	Q2	Q3	YTD
Southwark CCG patients	**2**	**15**	**14**	**31**
Breakdown by care setting:				
Non - Acute	0	10	4	14
GSTT	1	2	5	8
King's	1	3	5	9

Clostridium difficile (CDI) cases are discussed at the monthly Clinical Quality Review meetings at King's and GSTT. These meetings are chaired by CCG Clinical Leads in Southwark and Lambeth. King's and GSTT undertake a Root Cause Analysis (RCA) on all *CDI* cases attributed in their organisation.

Following a local *CDI* summit in Q2 2013/14, a multiagency *CDI* Task and Finish Group is addressing surveillance, raising awareness, antibiotic prescribing and care pathway development. Southwark CCG completed a 'deep-dive' review of Infection Control within its local acute and community providers, which included a series of recommendations to be discussed and then taken forward with provider trusts.

The CCG's provisional trajectory for CDI infections for 2014/15 is set out below and we will commission on the basis that this is achieved by providers caring for Southwark patients. The recommendations of the 'deep-dive' review will be taken forward with local providers in Q4 of 2013/14 to further safeguard achievement of this standard.

2014/15	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Number of *c.difficile* infections	3	3	3	3	3	3	4	4	4	4	4	4	**42**

6.6. IAPT access and recovery rates planned in 2014/15 and 2015/16?

The CCG is planning to meet the national requirement of 15% of the population with depression/anxiety receiving IAPT services over each of the next two years. The CCG's IAPT performance in 2013/14 fell below our 12.5% target over the first two quarters of the year, but additional investment in autumn of 2013 has led to improved performance in quarters 3 and 4 of the year.

The CCG will take forward a redesign and procurement of IAPT provision in the borough over the course of the next year to ensure that capacity is sufficient to meet demand for this service and that patients in receipt of IAPT care achieve improved outcomes following their discharge from the IAPT programme.

Southwark CCG is committed to ensuring that the key principles in Talking Therapies are at the heart of delivery: The re-design of the new IAPT provision will provide:

- Better access to services;
- Clinical improvement and recovery;
- Improved social and economic participation, including employment for working-age people;
- Increased patient choice and satisfaction;

These objectives will be delivered by:

- Improved access, choice and movement across the stepped - care pathway for users via a single point of entry to services - more people of all ages are improving their mental health and wellbeing by accessing NICE-approved psychological therapies.
- New ways of working and innovative practice in the approach to treatment of common mental illnesses and to improve mental well-being.
- A strong focus on the common mental illnesses associated with having long term physical health conditions by early identification, self management and treatment - more people with long-term physical health conditions, medically unexplained symptoms or mild to severe mental illness are routinely offered evidence-based psychological treatments when appropriate, as part of personalised care planning;
- Better outcomes for users of services in terms of prevention of mental illness, early identification and least intensive intervention and good recovery rates - more people from the whole community, with lived experience of these situations, are involved in leading the changes this plan seeks to secure.
- Built in employment and vocational support for all users of services - more people are able to resume or start normal working lives after coming off sick pay or benefits linked to their depression or anxiety disorder.
- Delivery of equitable services across the borough of Southwark reflected by:
    - Increased numbers entering services

- Take up of services by the diverse groups of people represented in the borough as highlighted by the nine (9) protected characteristics of **Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex and Sexual Orientation**

	The number of people who receive psychological therapies	The number of people who have depression and/or anxiety disorders*	Proportion	IAPT Recovery Rate	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
Q1 2014/15	1,395	41,928	3.3%	50%	• Remodelling of psychological therapies pathway. • Enhance the 'front-end' assessment and triage functions for patients with mental health conditions.
Q2 2014/15	1,395	41,928	3.3%		
Q3 2014/15	1,749	41,928	4.2%		
Q4 2014/15	1,750	41,928	4.2%		
2015/16	6,289	41,928	15.0%		

* *local estimate based on National Adult Psychiatric Morbidity Survey(2000)*

6.7. Dementia diagnosis in 2014/15 and 2015/16

The CCG is planning to meet an enhanced standard of 67% diagnosis in 2014/15 and 70% the year following. This builds upon the achievement of the 65% target delivered by commissioned services in Southwark in the first three quarters of 2013/14.

The CCG has prioritised Dementia and Care of Older People in its work plans. The CCG is working collaboratively with SLIC, SLaM, local acute trusts, GPs, the Local Authority and third sector to deliver changes that will provide better outcomes and quality of life.

- Mental Health Services and Integrated Care: Mental Health Liaison teams are already in place and the Memory Service has been enhanced to carry out more assessment and support GPs and other primary care health professionals to support people in the community.
- A specialist challenging behaviour team have also been commissioned through the SLIC Older People's Programme to work collaboratively with the community mental health teams, care homes, day services and extra care to support clients with Dementia.
- A shared care protocol for prescribing of Memantine and other Dementia drugs has been developed and agreed with SLaM, King's, GSTT and Primary Care to support the discharge of patients back to the care of the GP where appropriate so creating additional capacity within the memory service.

E.A.S.1	Number of people diagnosed	Prevalence of dementia	% diagnosis rate	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
2014/15	1,115	1,664	67%	• Commission new community intervention services for people with dementia including a medicines optimisation programme. • Commission better primary care early detection; case-finding; care-coordination & risk management. • Commission a model of community-based integrated service provision structured on a locality/neighbourhood geography to improve outcomes for patients with one or more long term conditions.
2015/16	1,166	1,665	70%	

6.8. Quality Premium Local Measure

In January 2013 the CCG completed a broad engagement exercise to identify three key outcome indicators to adopt for the Quality Premium in 2013/14. CCG member clinicians, local patients and stakeholders identified a shortlist of suitable indicators. The CCG identified a scheme of principles to act as a framework to aid the choosing of the top three indicators. The CCG then further engaged with member practices through the CCG locality group structure and also patients through the CCG's Patient Participation Group (PPG) pyramid in order to confirm the indicators.

As the structure of the Quality Premium has changed into 2014/15, the CCG has agreed to continue to focus on achieving improvement against the following locally-defined indicator. This was felt to align well with our local priorities and with those included in the Better Care Fund in Southwark.

% of end of life patients on Southwark Gold Patient Register/CMC with a known preferred place of death

2012/13 baseline (projected from current position): 87/498 = 17.5%

2013/14 annual target: 293/836 = 35%

2014/15 annual target: 427/854 = 50%

Indicator Definition	Numerator	Denominator	Measure	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
% of end of life patients on Southwark Gold Patient Register/CMC with a known preferred place of death.	427	854	50%	• Commission enhanced primary care support to Southwark care homes operating as part of a specialist multi-disciplinary model of care for patients living in residential accommodation in the borough. • Commission for services 7-days-a-week in collaboration with Southwark local authority and NHS England commissioners to support admission avoidance and to improve discharge from hospital. • Roll out @Home model, and strengthen integration with other community based services

6.9. Securing additional years of life from conditions considered amenable to healthcare

The CCG will target a 3.2% reduction in the measure of potential years of life lost (PYLL) to causes amenable to healthcare. Southwark performed well compared to a group of the most comparable CCGs and is in the top quartile for the baseline year of 2012/13. Southwark's PYLL indicator has been successfully reduced by 4% from 2010/11 to 2011/12 and then again by a further 11% from 2011/12 to 2012/13. The CCG was established a trajectory of five years continual improvement in rates of PYLL at 3.2% improvement year-on-year.

E.A.1	PYLL (Rate per 100,000 population)	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
Baseline	2,171	• Commission a model of community-based integrated service provision structured on a neighbourhood geography to improve outcomes for elderly patients and people with one or more long term conditions (including mental health). This will include an integrated approach to self-management, collaborative care planning and care co-ordination. • Review of urgent care pathway including A&E front-end; UCCs and WICs and commission a model of care to enhance access; quality; % appropriate attendances. • With social care services, commission new services targeted at people 'in-crisis'. This will be initially focussed on people with mental health, alcohol misuse issues and on those who are homeless. • Implementation of the CCG primary and community care locality development plan and broader primary and community care strategy. • Develop a consistent model of out of hospital care in community hubs where this is clinically appropriate, cost effective and supports better patient experience and access.
2014/15	2,100	
2015/16	2,035	
2016/17	1,970	
2017/18	1,907	
2018/19	1,846	

6.10. Improving quality of life for people with long-term conditions

The CCG's baseline position for this outcome indicator shows Southwark to be in the top half of performers when compared to its comparator cohort of CCGs. The CCG has planned to continue to build upon our improved performance of 0.27% between 2011/12 and 2012/13 in the next two years of the planning period. The CCG has set an ambition to achieve a score of 75.4, which would bring the CCG within the top decile on the current baseline. The CCG has a significant number of work programmes underway and to be delivered within the next two years.

E.A.2	Average EQ-5D score for people reporting having one or more long-term condition	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
Baseline	73.90	• Commission better early detection; case-finding; care-coordination & risk management in primary care. • Commission a model of community-based integrated service provision structured on a neighbourhood geography to improve outcomes for elderly patients and people with one or more long term conditions (including mental health). This will include an integrated approach to self-management, collaborative care planning and care co-ordination • Implementation of the CCG primary and community care locality development plan and broader primary and community care strategy. • Commission enhanced diagnostic capacity in primary and community care settings.
2014/15	74.10	
2015/16	74.30	
2016/17	74.60	
2017/18	74.90	
2018/19	75.40	

6.11. Reducing emergency admissions

The CCG's baseline is an average of monthly composite indicator data over the period April 2012 – March 2013. Southwark CCG is currently in the third quartile compared to its group of comparable CCGs and so has targeted an improvement in the rate of admissions for our patients. The implementation of the Better Care Fund with Southwark Local Authority over the next two years, together with significant work programmes in urgent care access and redesign; community admission avoidance and the Southwark and Lambeth Integrated Care Programme, has meant that the CCG has set an ambitious target for reduced admissions. The CCG expects emergency admissions will reduce by 5% in 2014/15; a further 2.5% in 2015/16 and 1% every year thereafter. If we deliver this change in the rate of admissions we will achieve a score of 134.0 in 2018/19, which would put the CCG within the top half compared to our comparator cohort of CCGs.

E.A.4	Emergency admissions composite indicator	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
Baseline	149.2	• Oversee extension of admission avoidance programme including full roll-out of @Home across Southwark, and further integration with other community admission avoidance services • Commission enhanced primary care support to Southwark care homes operating as part of a specialist multi-disciplinary model of care for patients living in residential accommodation in the borough. • Commission for services 7-days-a-week in collaboration with Southwark local authority and NHS England commissioners to support admission avoidance and to improve discharge from hospital. • Complete inner south east London procurement for provision of NHS 111 service from April 2015. • Commission London Ambulance Service to safely and effectively increase the proportion of calls treated 'on site' to reduce A&E conveyance rates. • With social care services, commission new services targeted at people 'in-crisis'. This will be initially focussed on people with mental health, alcohol misuse issues and on those who are homeless. • Enhance the 'front-end' assessment and triage functions for patients with mental health conditions presenting at A&E.
2014/15	141.7	
2015/16	138.2	
2016/17	136.8	
2017/18	135.4	
2018/19	134.0	

6.12. Increasing the proportion of people having a positive experience of hospital care

Baseline data shows Southwark CCG to be the top performer compared to it's cohort of comparable CCGs. Lambeth CCG are second with a score of 138 in 2012. This broadly reflects good general levels of satisfaction with inpatient services experienced by patients using both King's College Hospital and Guy's & St. Thomas' NHS foundation trusts. The CCG will work with providers to maintain this strong level of performance over the course of the next five years and our plans reflect a further stretch target over this time period by the way of required performance.

E.A.5	The proportion of people reporting poor patient experience of inpatient care	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
Baseline	137.0	• Commission for services 7-days-a-week in collaboration with Southwark Council and NHS England commissioners to support admission avoidance and to improve discharge from hospital. • Programme of IT development to implement a system that will allow primary; community & hospital clinicians to view patients' test and diagnostics results. • Commission better early detection; case-finding; care-coordination & risk management in primary care. • Enhance the 'front-end' assessment and triage functions for patients with mental health conditions presenting at A&E. • Ensure delivery of constitutional standards relating to waiting times and access • Strengthen system for referral review against agreed clinical protocols and enhance use of Choose & Book across the health economy.
2014/15	137.0	
2015/16	137.0	
2016/17	137.0	
2017/18	136.0	
2018/19	136.0	

6.13. Increasing the proportion of people having a positive experience of care in general practice and the community

The CCG performs within the top half when baseline data is compared to it's cohort of comparable CCGs. However, patients' experience of primary care services in Southwark remains sub-optimal when compared to the wider picture in London and nationally. Further to this it is an area that our patients regularly tell the CCG should be improved. The CCG will plan to achieve a score against this indicator of 6.7 by 2018/19 so as to place it in the top quartile of it's cohort of comparable CCGs. We anticipate consistent progress over the next two years but then a sharp enhancement in satisfaction from 2016/17 as the CCG having delivered its Primary & Community Care Strategy operates with primary care provided at scale on a locality basis.

E.A.7	The proportion of people reporting poor experience of General Practice and Out-of-Ours Services	Main commissioning intentions or CCG work programmes that will contribute to an improvement in outcome.
Baseline	7.50	• Implementation of the CCG primary and community care locality development plan and broader primary and community care strategy, focussing on reducing variation in primary care and enhancing patient access to an extended range of services out of hospital including neighbourhood development plans focussed on quality improvement in primary care. • Commission extended access arrangements in primary care neighbourhoods. • Commission enhanced diagnostic capacity in primary and community care settings. • Design and deliver a comprehensive primary care workforce development programme. • Continued implementation of the service model for the Dulwich locality and other community hubs across the borough. • Programme of IT development to implement a system that will allow primary; community & hospital clinicians to view patients' test and diagnostics result. • Commission better early detection; case-finding; care-coordination & risk management in primary care.
2014/15	7.40	
2015/16	7.30	
2016/17	7.20	
2017/18	7.00	
2018/19	6.70	

6.14. Planned change in CCG commissioned activity by point of delivery (all providers, Southwark CCG patients only)

The CCG's commissioning intentions, programmes of service redesign, financial plans and QIPP schemes will impact acute activity over the planning period. The impact of this is shown in the table below.

		Elective Admissions - Ordinary Admissions	Total Elective Admissions - Day Cases (FFCEs)	GP Written Referrals (General & Acute)	Other referrals (General & Acute)	Non-elective First Episodes	All First Outpatient Attendances	First Outpatient Attendances - following GP Referral	First Outpatient Attendances - following GP Referral	A&E Attendances - All types
2014-15	Growth /Increase	2.4%	2.4%	1.7%	1.7%	0.0%	1.7%	1.7%	0.0%	1.7%
	Planned QIPP Reduction	0.3%	0.5%	4.0%	5.5%	5.0%	4.5%	4.8%	-10.0%	-3.8%
	NET EFFECT	2.1%	1.9%	-2.3%	-3.8%	-5.0%	-2.8%	-3.1%	-10.0%	-2.1%
2015-16	Growth /Increase	2.4%	2.4%	1.7%	1.7%	0.0%	1.7%	1.7%	0.0%	1.7%
	Planned QIPP Reduction	0.3%	1.0%	4.0%	5.5%	2.5%	4.5%	4.8%	-10.0%	-3.9%
	NET EFFECT	2.1%	1.4%	-2.3%	-3.8%	-2.5%	-2.8%	-3.1%	-10.0%	-2.2%

7. The Financial Context

7.1. Introduction

The CCG faces a challenging financial scenario for 2014/15, 2015/16 and in future years. Like all commissioning organisations the CCG faces continuing growth in the demand for and cost of services, driven by demographic changes and expansion of available health technologies. There is also an increased expectation of the quality and extent of health service delivery. At the same time the rate of increase of funding for the NHS has considerably slowed down. This means that there will be an underlying recurrent deficit if no action is taken.

The NHS England revenue allocations were announced last December, covering a two year period for 2014-15 and 2015-16. For Southwark, this means that we are deemed circa 3.3% below target spend at present, (old formula was 6% under target), so we will receive a greater growth rate than some CCGs. Southwark will receive 3.54% in 2014-15 and 2.78% in 2015-16. This is a higher uplift than our neighbouring CCGs, who are closer to target.

The assumptions used here are consistent with the NHS England (London region) and national planning guidance issued up until 24 January 2014.

Planning Assumptions – The Likely Case	2013/14	2014/15	2015/16
Recurrent uplift	2.30	3.54	2.78
Demographic growth	1.30	1.7	1.7
Non-demographic growth	2.00	2.00	2.00
Prescribing growth	5.00	4.0	4.0
Tariff inflation and other tariff uplift	2.90	2.60	2.90
Tariff efficiency assumption/ price efficiency applied	(4.00)	(4.00)	(4.00)

7.2. Opening Resources 2014-15

In the new financial year the CCG will receive two allocations, one for commissioned (programme) services and one for its running costs, which are limited to £24.73 per capita, based on the latest population estimate, updated from the 2011 census, of 291,750.

Opening Resources 2014-15 £'000	2013-14	2014-15
Recurrent Allocation	350,720	359,553
Anticipated adjustments	-488	2,953
"Programme resources"	**350,232**	**362,506**
Running Costs allocation	7,220	7,215
Total Resources 14-15	**357,452**	**369,721**

In 2015-16 this programme allocation will grow by 2.78% to £379.7m, but our running costs will be reduced by £645k, as part of a national 10% efficiency.

7.3. Opening Budget Envelopes and Financial Targets for 2014-15

At this stage appropriate budget negotiating envelopes have been drawn up locally, including input from our CSU acute contracting team, to enable the meetings with NHS trusts to go ahead. Despite the changes, the three largest contracts for Southwark remain Guys and St. Thomas', King's, and South London & Maudsley (SLaM), which between them account for 60% of our resources. We are working with approximate contract values at this time, and aiming to sign contracts by the national 28th February deadline.

There have been further changes to the acute Payments by Results tariff, and for this year the net tariff has reduced by 1.4%, releasing resource to commissioners. This is a combination of inflation of 2.6%, and net of 4% efficiency requirement savings.

We will still be required to make a 1% surplus in year, met from a carry forward agreed with the Treasury from 2012/13 and in order to achieve this and a balanced budget position, the CCG currently needs a net QIPP programme of c. £15.5m in total. This figure may still need to increase depending on the outcome of contract negotiations, and on the final level of reserves we deem necessary, and can afford to manage in year risk.

Opening Budget Envelopes 2014-15 £'000	**2013-14**	**2014-15**
Acute services	196,094	207,863
Mental Health services	62,974	58,987
Community services	28,612	32,581
Primary care prescribing	31,617	31,200
Re-ablement with Local Authority	1,813	1,844
Continuing care and Free nursing care	9,906	10,413
Corporate costs and property costs	4,078	4,021
Total Budget envelopes	**335,094**	**346,909**
Reserves and Contingencies	15,138	15,597
Total Programme Budget excluding running costs, net of QIPP savings	**350,232**	**362,506**

Additionally, the negotiations include agreement to the CQUIN quality improvement measures, which represent an addition of 2.5% to NHS Contract. New measures are being applied locally, alongside some national measures.

It should be noted that the Local Authority has received an increase in 2014-15, under the new "Better Care Fund " – which comes fully into being in 2015-16. This is an increase of £1.3m in 2014-15, with a much bigger increase of a further £10M funded from CCG baseline budgets in 2015-16, to give a total fund of £20.5m in that year. The plans to spend this money will have to be approved by the Health and

Wellbeing Board in March 2014. See also the section on the Better Care Fund (above) for further detail of the application on funds in Southwark.

7.4. Investment in 2014-15

For the coming year we want to invest in improved quality of community and primary care services, and achieve safety and quality improvements in all our contracts. Investments will be linked to QIPP programmes and quality outcomes for patients.

The CCG's investment plans are summarised below. In total we are aiming to invest £19.5m, to deal with cost pressures- such as outturn on contracts, and pick up of non recurrent funding. We are also investing in new and improved services, a total of £3m in acute community and primary care services, and £1.5m in mental health, continuing care and safeguarding.

These will be reassessed as the contracts are agreed and the overall position becomes firm.

Investment Area	£m
Primary care quality improvement scheme	0.4
Extended primary care access	0.6
Pulmonary rehab	0.06
Primary and Community Care Strategy implementation	0.8
Patient Referral Service	0.35
Home Ward (full year effect)	0.6
Care homes and residential care contracts	0.2
Diabetes Community Service	0.1
IT support / systems	0.2
Enhanced assessment and treatment team	0.3
Minor Ailment Pilot	0.1
Child and Adolescent Mental Health Services early intervention	0.1
Enhancing psychological therapies services	0.3
Specialist mental health intervention team	0.2
Personal health budget plans	0.05
Liaison post	0.04
Young Physical Disability consultant cover	0.08
Safeguarding training	0.03
Therapy centre of excellence	0.1
Health & wellbeing training workshops	0.05
Autism strategy	0.1
Safeguarding hub	0.05
Carers register	0.05
Total	**4.86**

7.5. QIPP Programme for 2014 -2015

The CCG has determined that it will need a net QIPP saving programme of circa £15.5m in the year, comprising both new schemes, and full year effect of some mental health schemes from 2013-14. This is after risk rating by the senior management team, and means that the gross programme, is significantly larger. The programme has been derived through examining areas where we feel confident that the CCG can achieve savings, and is linked to our service redesign programme.

The Financial Case for Change	2014/15	2015/16
QIPP net savings requirement	15,500	13,200

Net QIPP Programme 2014/15 £'000	2014-15
Acute services	10,000
Community services	500
Mental health /client groups	2,500
Corporate services	100
Continuing Care	200
Prescribing	2,200
Total net QIPP Programme	**15,500**

7.6. Reserves and Risk Mitigation

The CCG has had significant cost pressures to deal with in the past few years, most significantly the growth in acute activity. The current envelopes include an assumption of £14.7m being set aside for acute growth, for 12-13 outturn, unwinding non recurrent funding, and demographic growth, and meeting Referral to Treatment targets (RTT). Mental Health and client group contracts are over-performing, with an increase particularly in the use of acute MH beds and PICU facilities- costing circa £1.2m in 2013-14. Significant service change is planned for 2014-15, and to deliver the QIPP savings.

All CCGs have again been instructed to keep aside 2.5% of budget as a reserve to meet non recurrent pressures in year. In SEL, we have already effectively committed part of this, to implementing the SEL Community Based Care Strategy (CBC) as part of the redesign of services, supporting the realignment of Trusts. In addition we have set aside a ½% contingency fund, and funds to meet in year activity pressures.

Overall planned level of reserves for 2014-15	2013-14	2014-15
Set aside for Non recurrent pressures, Inc. Provisions	3,500	5,500
Set aside for Transformation fund / CBC implementation	3,514	3,700
Other reserves and risk pools		
General contingency ½ %	1,750	1,900
Activity pressures	2,634	1,547
General risk reserve	1,990	
Collaborative SEL risk pool ½%	1,750	1,900
MFF effect of Kings / PRU merging	n/a	1,050
Total	**15,138**	**15,597**

7.7. The financial context in 2015-2016 and beyond

We need to maintain our record of delivery of improving services, and delivering QIPP savings, to enable transformation and integration to take place, through revised models of Neighbourhood working.

The Operating Framework for 2014-2015 onwards was published in December 2013. This states the expectation that CCG's will maintain a 1% annual surplus each year, from 2014-15 onwards. The current 1% surplus is carried forward from year to year under Treasury rules. This is subject to the current rules remaining in place. We will receive smaller increases to our allocation, from 2016-17, and the pressures are expected to remain high, with possible increases in inflation, meaning that as commissioners their will be reduced benefit from tariff changes year to year. The CCG therefore is predicting a total QIPP of over £67m for the five years to 2018-19.

We are now implementing our Primary and Community Care strategy, developing our Business case for Dulwich, and developing integration, and regeneration opportunities jointly with the Council, NHSE and NHS Property Services. The CBC implementation is a four year programme, to support the return of all organisations in SEL to recurrent financial balance by 2018, Southwark expects to continue to pump prime investment and redesign, through its investments and non recurrent reserves, over this period.

Taken together, these issues represent an increased level of risk to achieve targets in 14-15, and it is expected hat the level of QIPP required will increase as a consequence. If the outcome of 2014-15 contract negotiations is favourable, then the CCG will consider making an increased surplus in 2014-15, to carry forward and assist with the scenarios for 2015-16 onwards, including the impact of the Better Care Fund on resources.

8. Delivering through our members and patients

In order to make our operational and strategic plans a reality, the CCG will need to work as a participative membership organisation with both our member practices and Southwark patients.

8.1. Delivering through member practices

CCG member practices have ultimate responsibility for assuring the quality of the services commissioned for Southwark patients and seeing that this operating plan is delivered. Clinicians from CCG member practices are engaged on and develop the main commissioning intentions the CCG Operating Plan and will convene on 24 March 2014 to consider and agree this plan and the CCG's Budgetary Framework at the CCG Council of Members ahead of the beginning of the new financial year. Responsibility for commissioning quality services is discharged through the governance structure of the CCG, via its member practice and committee structure, with the CCG Governing Body being operationally accountable for delivery of the plan.

Member practices also support the delivery of the CCG's assurance role by flagging issues and concerns through the CCG's Quality Alerts process. GP practices can raise quality issues relating to commissioned services and the CCG, through its contracting arrangements, ensures that these Quality Alerts are investigated and that the relevant provider gives an appropriate response, including remedial actions backed up with contracting changes as required. The CCG is able to review the Quality Alerts and monitor the emerging trends/themes so these can be fed into a broader commissioning process.

8.2. Delivering with our patients and communities

To engage with our patients and local communities the CCG as established a network of Patient Participation Groups (PPGs) across all practices in Southwark. The role of the PPGs is to capture patient views on the quality of local services. Each practice has one or two patient representatives who attend one of four locality patient participation groups. Each of these groups then nominates two representatives to sit on the Engagement & Patient Experience Committee (EPEC) which is one of three Committees of the Southwark Clinical Commissioning Group Governing Body. EPEC includes representatives from *Healthwatch Southwark*, the voluntary sector via Community Action Southwark and the Forum for Equality and Human Rights in Southwark to enable a wider dialogue between clinical leads and the wider community in Southwark.

Engagement through the PPG engagement structure; the CCG's flagship Call to Action event on 22 October 2013, attendance at community meetings; via online community forums; and through

borough-wide workshops has allowed the CCG to identify a consensus on a number of priority areas that

patients want to be addressed as part of Southwark's operational plans. These include:

- More services located in community neighbourhood settings including at GP practices and pharmacies, with services to be accessible both in terms of when they are open and where they are located;

- Support for enhanced self-management programmes and information;
- Further actions to deliver a programme of preventative care to support people to stay healthy and live in healthier communities and environments;
- Better interface and communication between primary and secondary care, including smoother system for discharge from hospital;
- Better alternative services to A&E for people in crisis;
- A greater focus on physical health for people with mental health conditions.

Patients recognised that underpinning many of the issues is the need for better communication between different parts of the system and particularly between secondary and primary care. We have resolved to address patients' improvement priorities as part of our plans.

Throughout the course of the operational planning period the CCG is developing a number of initiatives to broaden out its engagement in order to hear from a wider range of patients and local communities. This work will include developing training for patient representatives and those supporting PPGs, establishing a patient member database to enable more targeted communication and engagement, as well as exploring the use of social media to engage with younger people.

Full details of the ways the CCG's will engage with and listening to the views of patients is included in the NHS Southwark CCG Communication & Engagement Strategy: http://www.southwarkccg.nhs.uk/NewsPublications/Policies/Policies/Forms/AllItems.aspx.

8.3. Delivering with our partners and stakeholders

The CCG recognises that in order to successfully deliver our plans as detailed in this document, we will need to act with partners and stakeholders. The CCG is committed to working in close collaboration with our partners and stakeholders and has developed this Operating Plan in close alignment with our commitments to a number of key intra-organisational plans and programmes.

As such the CCG will continue to work as a partner in the following programmes for change over the course of the planning period:

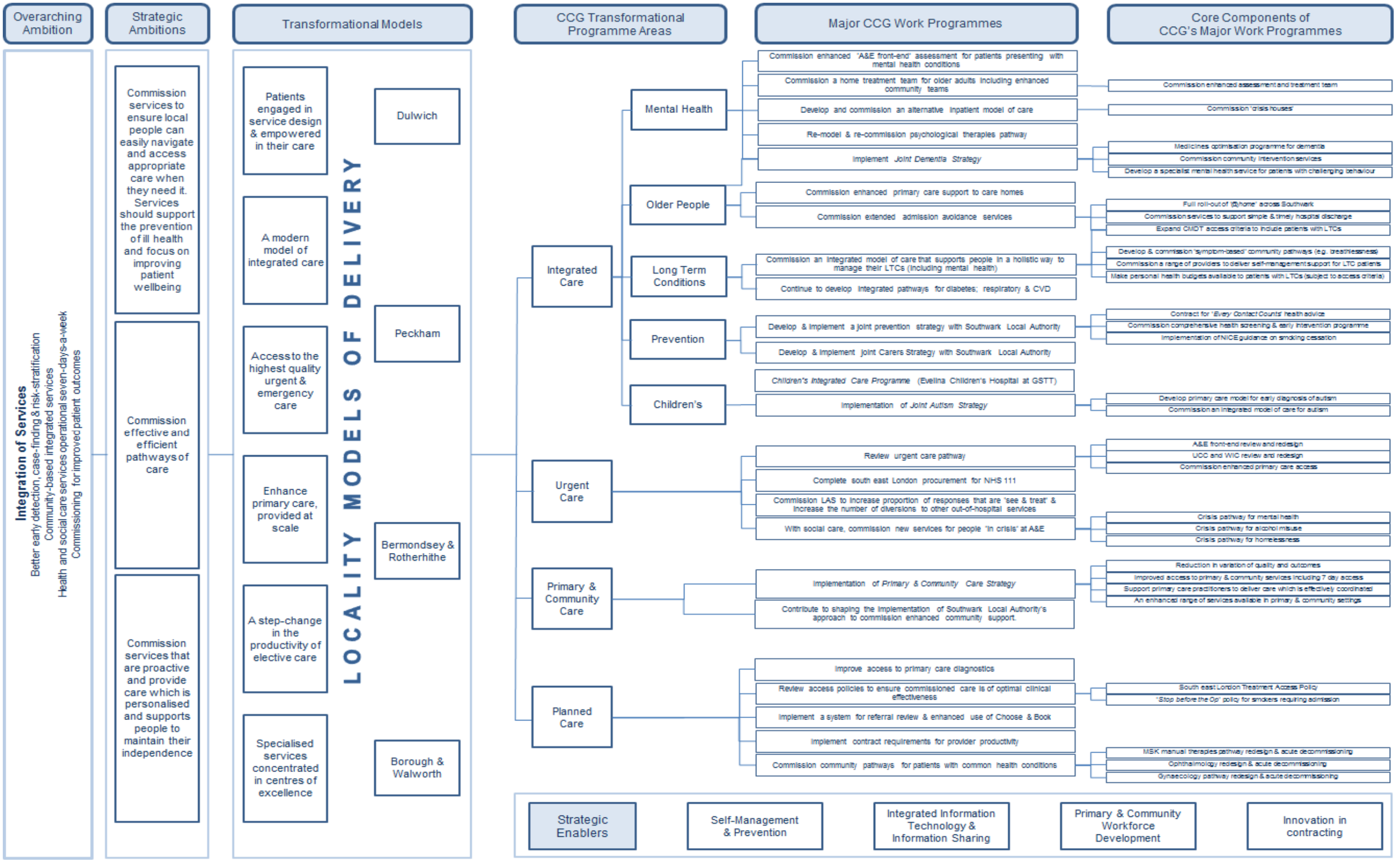
1. With King's Health Partners; Southwark Council; Lambeth Council; Lambeth CCG; local primary care providers and other associated organisations on the development of models of care as part of the the Southwark & Lambeth Integrated Care Programme.
2. With Southwark Council to deliver improved outcomes for local residents through delivery of the Southwark Health & Wellbeing Strategy; Better Care Fund; Primary & Community Care Strategy key joint transformational programmes of work such as the Joint Carers Strategy.
3. With NHS England on the improvement of Primary Care quality, specialised commissioning and pan-London programmes of development.

9. Summary of Risk

The below table provides a summary of the main risks associated with delivery of the CCG Operating Plan in 2014/15 and 2015/16. A further detailed appraisal of future risk is included as part of the CCG Board Assurance Framework and monthly Risk Report.

	Risk	RAG	Mitigation
1	CCG does not achieve full delivery of key QIPP programmes, which poses a risk to the financial sustainability of the CCG.		Effective programme management and oversight. QIPP 'Plan B' schemes developed at an early stage.
2	The CCG does not ensure providers deliver all NHS Constitution standards throughout the planning period		Performance management of providers through contract monitoring and CQRG process to deliver established recovery plans with these providers.
3	Service quality and safety is maintained and improved throughout the period of service change.		Monitor through CCG's Integrated Governance & Performance Group working in close proximity to CQRG groups, which have been established for all commissioned providers.
4	Transformation, the CCG's approach to integration and service changes does not balance provision at the right stages of patient pathways. A risk that for periods of time there exists either excess or insufficient capacity to meet demand for services.		Effective programme management and governance.
5	The CCG does not achieve the stated level of outcome ambition for population-wide indicators included within this plan.		Consistent focus on headline outcomes in CCG's operational contract monitoring process. CCG seeks to work with social services and through the Health & Wellbeing Board to promote a share approach to population health.
6	Risk associated with establishment of IT and workforce changes needed to support effective integration.		Engagement with LETB and procurement of effective IT expertise.

10. Appendix A – CCG Commissioning Intentions & Work Programmes: Plan-on-a-Page



Agenda Item 10

Item No	Classification:	Date:	Meeting Name:
10.	Open	24 March 2014	Health and Wellbeing Board
Report title:		Early Action Commission Proposal / Developments	
Wards or groups affected:		All	
From:		Gordon McCullough, Chief Executive Community Action Southwark (CAS)	

RECOMMENDATIONS

1. The board is requested to:

   a) Approve the creation of an independent Early Action Commission to look into how local needs can be met earlier, through innovative multi agency approaches, to improve residents' health and well-being outcomes.

   b) Request a further report for the next meeting which sets out the objectives, scope and terms of reference of the Commission.

EXECUTIVE SUMMARY

2. There was a discussion at the Health and Wellbeing Board in December, and through the 'Value the VCS' campaign, about how all board members and agencies believe that early action is the right principle to address the causes of problems, rather than the symptoms.

3. This paper takes the discussion forward and makes recommendations about next steps.

BACKGROUND INFORMATION

4. Community Action Southwark (CAS) proposed that the Health and Wellbeing Board consider establishing an independent Early Action Commission. It was argued that early action, as a needs reduction strategy, could lessen future liabilities and foster greater multi-agency working[1].

5. Although it was widely agreed that early action is the right approach to tackling intractable issues around demand management; we haven't quite worked out as a group of agencies, communities and individuals how best to do this together[2].

6. It is therefore proposed that we create an independent Early Action Commission to help us work out how we can act together earlier.

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[1] House of Commons Committee of Public Accounts *Early Action: landscape review. Second Report of Session 2013-14, 13 May 2013*

[2] Community Links (2013) *The Deciding Time: The second report of the Early Action Task Force* London: Community Links

KEY ISSUES FOR CONSIDERATION

7. It is suggested that the Commission uses, as a broad focus, the social determinants of health to help organise its focus and act as a lens through which it can be aligned to the Health and Wellbeing framework. An assessment of emerging and existing work into early intervention and prevention across agencies will be conducted to inform the scope of the Commission.

8. The recommendation is that the Commission's work would start in August 2014 and report in March 2015. During a scoping stage (between March and July 2014) detailed terms of reference will be developed, a rapid evidence review of early action conducted and an independent chair/commissioners recruited.

Next steps

9. A final paper on the scale and scope of the Commission will be presented, for approval, to the Health and Wellbeing board in July 2014, at which point the Commission will start its work.

Legal implications

10. There are no legal implications contained with this report.

Financial implications

11. Establishing the Early Action Commission as outlined in this paper is likely to have cost implications. It is anticipated that these will be met through pooling resources across members.

BACKGROUND PAPERS

Background papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead	Gordon McCullough, Chief Executive, Community Action Southwark	
Report Author	Gordon McCullough, Chief Executive, Community Action Southwark	
Version	Final	
Dated	13 March 2014	
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		13 March 2014

Agenda Item 11

Item No.	Classification:	Date:	Meeting Name:
11.	Open	24 March 2014	Health and Wellbeing Board
Report title:		Update on Services for People with a Learning Disability and / or Autism, including Winterbourne View, Joint Health & Social Care Self Assessment and Autism Self Assessment	
Ward(s) or groups affected:		All	
From:		Alex Laidler, Acting Director of Adult Social Care	

RECOMMENDATION

1. The board is requested to note the contents of this report and the associated plans for improving services for people with a learning disability and / or autism (including those whose behaviour challenges services) as set out in appendices 1 and 2 of this report

EXECUTIVE SUMMARY

2. The purpose of this paper is to update the board on:

   - The work being carried out on the development of more integrated health and social care services to provide more appropriate community based provision for people with learning disabilities and / or Autism, (including those people whose behaviour challenges services);
   - The work being carried out to ensure that people with learning disabilities and challenging behaviour are not inappropriately placed in a hospital setting;
   - The joint health and social care self assessment completed in December 2013; and
   - The Autism Self Assessment completed in October 2013.

BACKGROUND INFORMATION

3. At the July 2013 meeting of the Health and Wellbeing Board, Sarah McClinton, Director of Adult Social Care presented a report outlining how the Winterbourne View Concordat set out a series of actions that local systems are expected to take in order to ensure there is a joint strategic plan to commission a range of housing, health and social care services to better meet the needs of children and adults with a learning disability whose behaviour challenges services.

4. The Director presented Southwark's Winterbourne View Concordat stocktake and the associated action plan for improving services for this group.

5. The Health and Wellbeing Board asked that a progress report be received in six months time on the development of more integrated heath and social care services to provide appropriate community based provision for this client group.

6. This report provides an update on the work that is being carried out in Children's and Adults' Services across health and social care and with other partners.

7. It also updates the Board on the outcomes of two annual, national self assessment exercises undertaken in Autumn 2013 on the wider learning disability and autism service user group:

   - The Joint Health and Social Care Self Assessment Framework (JHSCSAF)
   - The Autism Self Assessment.

KEY ISSUES FOR CONSIDERATION

The Development of Integrated Health and Social Care Services

8. The document at appendix 1 sets out the work that is being carried out as part of the Transforming Care Programme for Learning Disabilities and Autism services for children, young people and adults.

9. The projects that form the programme show robust evidence of integrated working across health and social care, both formally in the structure of the programme and informally in the effective working relationships that have developed across these organisations.

10. In addition to the horizontal integration across different organisations, the programme shows good evidence of vertical integration through the development of the care pathway for 0 – 25yrs which has been highlighted as good practice in the Local Government Association's evaluation of the Winterbourne View Stocktake.

11. The programme also highlights the partnership working in place with other departments in the Council (e.g. Housing) as well as with independent sector providers, family carers and service users who are involved in many of the working groups and through the development and implementation of a co-production approach.

The Right Care in the Right Place

12. The expectations of Transforming Care (DH, 2012), is for a rapid reduction in the number of people with challenging behaviour in hospitals or in large scale residential care - particularly those away from their home area. By June 2014, no-one should be inappropriately living in a hospital setting. The DH identified a three stage process which involves:

    - Commissioners making sure they know who is in hospital and who is responsible for
    - them;
    - Health and care commissioners working together and with partners to review the care people are receiving;
    - Commissioners working with individuals to agree personal care plans and bringing home or to appropriate community settings all those in hospital.

13. Southwark's multi-agency Winterbourne Steering Group (which includes representatives from the Clinical Commissioning Group, Social Care, South London and Maudsley NHS Foundation Trust as well as a family carer

representative) meets monthly to discuss and challenge the placements of those people in hospital or specialist placements. Practitioners are working actively with patients to support them to move on where this is possible.

14. As at February 2014, 15 out of the 22 people identified in the Winterbourne View cohort were in secure, health funded settings. 7 people were in residential specialist placements (i.e. not hospital or assessment and treatment units).

15. One person has now had a successful planned move to a community based setting and is receiving support from the MHLD Team.

16. Issues such as Ministry of Justice restrictions and / or the need to engage in a Sexual Offender Treatment Programme apply to 6 people and impact on the ability to move them to alternative placements.

17. The Steering Group has commissioned a feasibility study for the development of a specialist residential care service in Southwark and this work involving both health and social care practitioners and commissioners is underway, with options for premises in a suitable location being pursued. 9 people in the Winterbourne View cohort have been identified as possibly being ready to move into this type of service within the next 2 years.

Joint Health and Social Care Self Assessment (JHSCSAF)

18. The governance arrangements for the JHSCSAF published by Improving Health and Lives (IHAL) state that Health and Wellbeing Boards should:

- Receive local JHSCSAF outcome to inform H&WB Strategy and JSNA.
- Hold the locality to account for completing, publishing, outcomes and quality of the JHSCSAF

19. The 2013 self assessment was expanded to include information about both health and social care services for people with learning disabilities and replaced the previous Learning Disabilities Health SAF and the Learning Disabilities Partnership Board Annual Report. It covered the period April 2012 – March 2013 and was completed jointly by the Local Authority and the Clinical Commissioning Group.

20. The framework was developed by IHAL to align as consistently as possible with key national policy and guidance, including:

- Winterbourne View Final Report
- Adult Social Care Outcomes Framework 2013 - 14
- Public Health Outcomes Framework 2013 – 16
- Health Equalities Framework (HEF)
- National Health Service Outcomes Framework 2013 – 14
- 6 Lives Report

21. The SAF consists of 2 main sections.

a) Demographic data on health and social care;
b) Self assessment of 3 key Target Areas

- Staying Healthy

- Being Safe
- Living Well

22. Each Target Area was self assessed as red, amber or green. Evidence was required to support ratings and there were opportunities to provide real life stories as part of the submission including through the Big Health and Wellbeing Check Up Day held for self advocates, family carers and other stakeholders.

23. As the Target Areas and measures for the 2013 SAF have changed and it is not possible to directly compare this year's performance with that of previous years.

	Measure (2013)	**RAG Rating 11/12**	**RAG Rating 12/13**
A	**Staying Healthy**		
B	**Being Safe**		
C	**Living Well**	New Target	

24. The completed self assessment was discussed and validated at SMT and the November meeting of the Learning Disability Partnership Board before being submitted on time to the IHAL website. The completed report has resulted in the development of a joint improvement action plan. (Appendix 2). These outcomes are also influencing the work of the department and feeding into the work of the JSNA.

Autism Self Assessment

25. Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. In 2009, the Autism Act was passed by the UK Parliament. This commits the Department of Health in England to producing, and periodically revising, an Autism Strategy for England and Guidance for local health and social care services about its implementation. "Fulfilling and rewarding lives: the strategy for adults with autism in England" was published in 2010. It focuses on five areas:

    1. Increasing awareness and understanding of autism
    2. Developing clear, consistent pathways for diagnosis of autism
    3. Improving access for adults with autism to services and support
    4. Helping adults with autism into work
    5. Enabling local partners to develop relevant services.

26. The Strategy is not just about providing special services for people with autism, but also about enabling equal access to mainstream services, support and opportunities through reasonable adjustments, training and awareness raising.

27. The Autism Act requires the government to review the Strategy and the associated Statutory Guidance from time to time. In doing this the government is required to work with a wide range of other government departments and agencies, local health and social service providers, self-advocates and family carers. In revising the associated Guidance it is also required to take into account progress made towards implementing the strategy.

28. This progress is currently measured via an Autism Self Assessment Framework (SAF) which was required to be completed by every local authority between August and October 2013. Questions covered nine key areas:

    1. Local authority area
    2. Planning
    3. Training
    4. Diagnosis led by the NHS Commissioner
    5. Care and support
    6. Housing and accommodation
    7. Employment
    8. Criminal Justice System
    9. Optional Self-advocate stories

29. Initial benchmarking shows that Southwark is generally comparable to other local authorities in most areas of the SAF, however, we are performing at a higher level in the areas of training (including training for advocates) and housing and accommodation.

30. Key outcomes of the SAF are:

    - Data collection processes are being reviewed to ensure that people with autism but not learning disabilities are clearly recorded on our systems. We currently only record if a person has both diagnoses. This is in line with most other local authorities (76%).
    - Training developed for staff and partner organisations will continue to be provided and a wider range of staff (e.g. police; probation service) will access training in 2014.
    - A new multi-disciplinary autism community support team for adults in Southwark will be established in partnership with the CCG. This will provide diagnosis for adults (who currently have no specialist diagnosis route) and ongoing support to maintain an independent life
    - A new autism strategy is being jointly produced with the CCG in 2014 with wide ranging consultation on the priority areas and issues in the summer.
    - The education, training and employment needs of younger people with autism will be reviewed and any necessary services developed in line with work to address the requirements of the Children and Family Bill.

Policy implications

31. As outlined above the continued progress in implementing the Winterbourne View Concordat and associated stocktake and the outcomes from the Joint Health and Social Care Self Assessment and Autism Self Assessment have implications for the development of the health and wellbeing strategy, joint strategic needs assessment and board work programme.

Community impact statement

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

Legal Implications

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

Financial Implications

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

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Transforming Care for People with Learning Disabilities and Autism – Integrated Working in Southwark
Appendix 2	Joint Health and Social Care Learning Disabilities Self Assessment 2013 Improvement Plans for 2013/14

AUDIT TRAIL

Lead Officer	Alex Laidler, Acting Director of Adult Social Care	
Report Author	Alex Laidler, Acting Director of Adult Social Care	
Version	Final	
Dated	13 March 2014	
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	Yes	No
Cabinet Member	Yes	No
Date final report sent to Constitutional Team		13 March 2014

Appendix 1

Transforming Care for People with Learning Disabilities and Autism – Integrated Working in Southwark

This report sets out the range of integrated working initiatives that have been developed across health and social care in Southwark to provide appropriate community based support for children and adults whose behaviour challenges services.

Integrated working is taking place not only across services e.g. between health and social care and with other providers but also vertically within services through an all age approach to all services.

Initiative	**Aims / Objectives**	**Partners Involved**
Learning Disabilities Transformation Programme		
Transformation Board	The Transformation Board for Learning Disabilities Services will provide leadership and strategic direction for the transformation of learning disability services.	ASC, CCG, Specialist Housing, Corporate Strategy, SLAM, Children's Services
Quality Improvement and Quality Assurance Group	A multi-agency Quality and Safeguarding Group has been set up and meets regularly. Members include key providers and representatives from GSTT, SLaM, the CCG and ASC. The meeting provides a forum to share information across teams and organisations, review actions and learning from Safeguarding investigations and quality alerts, and work with providers to improve quality. • CCG and Council have agreed to sign up to the 'Driving Up Quality' Code which was developed by The Driving Up Quality Alliance (a group of organisations that represent and support providers of housing and	SLaM, GSTT, CCG, ASC, service providers.

	care) following the abuse at Winterbourne View. The initiative has been endorsed by the Minister of State for Care Services and is supported by ADASS and the CQC. • Developing a capable environment – using lessons learned from the implementation of My Home Life in older people's services to develop staff skills in learning disability provider services. • Safeguarding – reviewing and analysing safeguarding alerts to improve practice.	
Developing options for integrated working across health and social care.	Set up workshop January 2014 - Objectives: • To identify opportunities for developing a joined up approach for the commissioning of health services for people with Learning Disabilities. (This includes formal arrangements e.g. Section 75 agreements - lead commissioning, pooled funds, integrated provision and informal arrangements e.g. joint meetings and multi-disciplinary consultation). • Sharing learning around existing services • Meeting the recommendations and drivers from policy and legislative reforms • Identification of opportunities to achieve better outcomes for people with learning disabilities. • Mapping out of existing services across education, health and social care identified a need to review services provided for children aged 5 – 15 to ensure services identify and work with children with learning disabilities and mental health issues to reduce the risk of placement in assessment and treatment units or out of borough placements in later life.	Adults' and Children's Social Care Services Southwark CCG SLaM GSTT

Actions arising from the Winterbourne View Steering Group		

Review and move on of people from hospital settings	Objectives:
	To ensure all service users who meet the Transforming Care (Winterbourne View) criteria have received robust, person-centred reviews and are placed in the least restrictive settings to meet their needs in their local community.
	• A multi-agency Winterbourne View Steering Group meets bi-monthly to review and challenge progress on reviews carried out by SLaM and ASC.
	• All children, young people and adults who fall within the Winterbourne View Concordat definition have received a person centred review. Whilst not all service users are well enough to move on, work is being undertaken to develop the market to provide personalised care for those who have been identified as ready to move.
	  ○ Multi-agency working group working with a provider to develop a local rehabilitation service for 6 Winterbourne View service users who have been identified as ready to move back to the borough.
	  ○ Multi-agency workshop with service providers in November 2013 to investigate development working relationships and service development for service users whose behaviour challenges. Following this key providers have been involved in a number of working groups, sharing good practice on improving quality and safeguarding of services.
	  ○ Working with local providers to develop step down services for those service users who are ready to move on to less restrictive settings.
		SLaM, GSTT, CCG, Adult Social Care Commissioners and Operational Staff, independent sector providers of specialist and step-down services.

Enhanced Psychology Support Service (Pilot). (Challenging Behaviour Pathway)	This pilot service which commenced in January 2014 is provided by SLaM and funded by Adult Social Care with the aim of supporting those people with challenging behaviour to continue to live in a community setting and divert them from placement in an assessment & treatment service through the provision of: • An intensive intervention service and additional support for during times of crisis for service users and their families or care providers; • To work with other partners who support people with complex needs in order to strengthen local services and help them develop crisis prevention skills. • To reduce expenditure on high cost specialist residential assessment and treatment services. The first month of the pilot has shown positive results diverting 3 people from specialist residential care. The Local Government Association evaluation of Southwark's Winterbourne View Stocktake identified the initiative as being 'worthy of follow up as an example of innovative practice'.	SLaM, CCG, Adult Social Care Commissioners and Operational Managers, Service Providers (supported living, respite care, day services).
Developing services for children and young people with learning disabilities / mental health issues / challenging behaviour	Objectives: • To identify and develop services which will support children and young people who may be at risk of being placed in assessment & treatment units or in specialist health services out of borough, and their families. This initiative has been developed from: • A multi agency reflective discussion of case studies of children and young people who receive services from children's social care and CAMHS; (Winterbourne View Steering Group);	SLaM, GSTT, CAMHS, Children's & Adults Social Care.

	• Initial results from the enhanced psychology support for adults pilot; • Issues identified in the integrated working workshop in January 2014.	
Co-Production	Objective: • To develop a co-production culture which will provide a more explicit focus on families being able to identify both the problems and solutions that we are trying to tackle through this work, and playing a more direct role in shaping future service development. The Winterbourne View Steering Group identified that effective engagement with families: a) Is a key mechanism to support future culture change across agencies b) Could act as a way to develop a more co-productive approach to future pathway development. ASC is developing a co-production approach in the way it designs and develops services. Family carers are already involved in various service transformation groups and further work is underway to expand this approach. The *Southwark Vision for Adult Social Care* explores the need for people using services, carers and other partners including health and the voluntary and community sector, to have a key role in developing solutions for a sustainable system where people have choice and control over the care and support they access.	Adult Social Care, CCG, SLaM

	The Enhanced Family Linkage Scheme will be coordinated by the Challenging Behaviour Foundation (an organisation originally set up by a family carer) and sit within Southwark Carers to promote and facilitate peer support networks to those families living in Southwark who live with people that display 'challenging behaviour'.	
Shifting the Balance of Care		
Shifting the Balance of Care & Accommodation Strategy	Objectives: • To de-register and reduce the number of residential care homes. • To attract alternative funding streams through the development of alternative accommodation models; e.g. supported living schemes. • To increase independence and choice through the use of personal budgets. Work is continuing to de-register residential care homes and increase supported living opportunities for young people and adults. The 2009 – 2013 Accommodation Strategy is being refreshed to identify the needs and plan the right accommodation for a wider cohort of people who would like to move back into the borough or to move into supported living.	ASC, Housing Department, RSLs, Supporting Living Care Providers.
Special Educational Needs and Disability (SEND) Programme		
Integrated Pathway for children and young people with Autistic Spectrum Disorder (ASD) and Learning Disability 0 – 25 yrs. (SEND Programme)	The LGA identified that Southwark has "very strong commissioning links, one of the few places that have a 0 – 25 approach...Very good emphasis on integrating children and adults commissioning. Objective:	ASC, Children's Services, CCG, GSTT, SLaM.

	• To redesign the pathway to provide continuity of planning and support to children and young people with special educational need and disability (SEND) aged 0 – 25, with a focus on ASD and LD. • To ensure a positive experience of planning and person centred support in Southwark to achieve better outcomes for young people with ASD and LD, and to offer the most effective support to prepare young people for adulthood. This work includes: • The establishment of an integrated health and social care community autism multi-disciplinary team offering diagnosis, assessment, planning and support for adults 18 yrs + with ASD; • The review and expansion of the Transitions Team to provide further capacity for preventative work with children with disabilities; • Developing services for young people with ASD and high needs aged 16+ • Developing a preparing for adulthood programme for young people aged 16+.	
Developing Services for People with Autism		
Autism Strategy and Multi-Disciplinary Team	Whilst services for children and adults with autism (with or without learning disabilities) is a theme which runs through the transformation programme however, the following specific actions are being undertaken: • Development of an Autism Strategy and action plan to support the delivery effective services; • The development of the business case for a multi-disciplinary autism team.	CCG, ASC, Children's Services.

Promoting Independence through Strengthening Community Support		
	Objectives: • To ensure services are in place to support people with learning disability and / or Autism to live as independently as possible in the community. Projects include: o Developing flexible models of respite and carers' support that also develop service users skills and encourage independence; o To develop a range of day time opportunities in parallel with use of personal budgets; o To increase the numbers of people with learning disability and / or autism who have a paid job; o To ensure advocacy is available to support decision making.	Children's Services, Transitions Team, ASC, in house and independent sector providers, service users and carers.
Learning Disability Transformation Enablers		
Joint Strategic Needs Assessment	An assessment of the current and future health and social care needs of the local learning disability and autism community that could be met by the local authority, CCG or the NHS CB. Its purpose is to improve the health and wellbeing of the local community and reduce inequalities for all ages.	ASC, Children's Social Care & Education Services, Public Health, CCG, GSTT, SLaM, Police, Probation Service. Service Users & Carers.
Section 75 Agreement	See Developing options for integrated working across health and social care.	
Effectiveness of Services for people with a learning disability in Southwark	Independent consultants' review of progress made to: • Reduce the number of people in residential care and re-provide at lower cost.	ASC

	• Ensure community support alternatives are affordable by creating the capacity to support more people cost effectively. • Tackle excessively high support costs by undertaking a high cost case review.	
Performance Management	Objectives: • To ensure that systems are in place to collect and analyse data, report on the results and use it to improve service performance.	ASC

RW 210214

Southwark Council

NHS Southwark Clinical Commissioning Group

Joint Health and Social Care Learning Disabilities Self Assessment 2013

Improvement Plans for 2013/14 to Address Key Objectives

The Joint Health and Care Self Assessment asked for information about 2012/13.

This improvement plan looks at the objectives that were self assessed as amber. No objectives were rated red.

There are a lot of improvements that have already happened in 2013 which will help us to improve RAG ratings in the next self assessment.

It was difficult to collect some of the numbers we needed for Children's, Transitions' and Adults' Services so the action plan also includes plans to improve this so that it will be easier to do next year.

Improving Health and Lives (IHAL) will start designing the 2014 self assessment (SAF) in January so we don't know yet what information we will need to collect in the next SAF.

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
A.	**Staying Healthy**					
1.	LD QOF Register in primary care			Community LD Team visiting each GP practice over 6 month period to support further development of LD registers and to provide training for practices on LD awareness and signposting to services. CCG GP Clinical Commissioner lead for LD supporting GP practices to identify people with a learning disability.	September 2014	
3.	Annual heath check and health check registers			A new template for Annual Health checks being implemented in	Ongoing	

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
				GP Practices to support annual health checks. CCG GP lead is supporting the roll out and use of the new template through Locality meetings.		
4.	Health Action Plans			Community LD Team is ensuring that the outcomes of HAP are communicated to GP practices through Practice visits to ensure the annual health checks reflect the health action plans. The GP Commissioning Lead for LD and CCG	Ongoing	

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
				Operational Lead for LD meet with the Community LD Team on a monthly basis to identify health issues relating to PWLD and agree actions to support better access to health services e.g. Cancer Screening - Community LD Team leading on a local pilot across LSL to support PWLD to access early diagnosis testing for bowel cancer. The community teams are piloting an enhanced health action plan for people	September 2014	

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
				with profound and multiple learning disabilities with a view to the development of a new health co-ordination model for this group. GSTT is developing a learning disability strategy (important as it covers both acute and community services.) The community teams are working closely with KCH to ensure people with sleep apnoea are referred to the sleep	 September 2014 September 2014	

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
				clinic.		
9.	Offender health and the Criminal Justice System			There are no prisons in Southwark. The following actions will be carried out with the Probation Service but are dependent on the national re-organisation of the service: • Probation Service to roll out of LD screening tool (being piloted in 4 London Boroughs) to identify those clients who may have LD. (Resources are	TBC by Probation Service	

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
				not available to carry out screening retrospectively). • Named workers in Probation Service and Adult Social Care to improve liaison where clients in the CJS are identified as having LD. • Directory of LD Services have been shared with the Probation Service. • Probation Service is represented on the Winterbourne View Steering Group.	January 14 Completed Dec 13 Dec 13	

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
B.	**Being Safe**					
9.	Mental Capacity Act and Deprivation of Liberty			• MCA & DOLS is part of the support plan and these are already sampled as part of the social care monitoring process. A new social care review form has been developed and includes information on MCA. SLaM is also looking at their practice as a result of a recent national CQC report.	Dec 13	

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
				• The CCG have submitted a bid for funding from NHS England to support: - MCA issues relating to supporting PWLD to access cancer screening and further investigations that my result from this screening - training of DoLS assessor in acute setting • The ASC Contracts Monitoring Team will look at how they can collect	Discussions with Organisational Development December 2013.	

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
				• data on staff (numbers and percentage) who have had MCA & DOLS training) and ensure that all appropriate providers can evidence action taken to improve and embed practice where necessary. • Commissioning and Organisational Development / Training are working together through the Quality and Safeguarding		

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
				Group to identify training needs for LD Providers. This includes looking at how lessons can be learned from the use of My Home Life.		
C.	**Living Well**					
5.	Supporting people with LD into employment			• Multi-agency project group (including self advocates) has been set up to look at how paid employment opportunities can be increased. This will look at how local	Project Group meeting February 2014	

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
				employers (including the Council) can be involved.		
6.	Effective transitions for young people			• The Transitions Team was set up in Jan 13 in order to ensure effective transition provision during 13/14. • Work on the development of a whole life pathway for Learning Disability and Autism has already commenced as part of the SEND Programme.	January 2014. Programme Plan is being developed	

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
8.	People with learning disability and family carer involvement in service planning and decision making including personal budgets			• A co-production project was set up in Autumn 2013 and will be supported by the Challenging Behaviour Foundation. • Family carer representatives are included on key working groups; (e.g. Winterbourne View Steering Group, Quality and Safety Group); and have been involved in workshops to develop provider	Dec 13 and ongoing	

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
				services.		
	Family carers			• Consultation about the Carers' Strategy was begun in November. • Family carer representatives have been involved in workshops to develop provider services.	To Cabinet in March 2014 Nov 13	
	Socio-demographic data held on Care First	This section is not RAG rated but the SAF identified that further work was needed to ensure data is readily available.	N/a	This relates to Children's, Transitions' and Adults' Services. Managers to ensure that:	Ongoing	N/a

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
				1. Ethnicity is recorded on Care First for all service users. 2. Completion of annual reviews is recorded on Care First for all service users. 3. Where there is a diagnosis of Autism records show whether or not the service user also has LD. 4. Care First to identify whether service users		

	Standard	RAG agreed for submission in November 2013	RAG agreed following Validation	Plan for improvement	Timescale	Expected RAG level to be achieved
						
				have complex or profound learning disability.		

Agenda Item 12

Item No. 12.	Classification: Open	Date: 24 March 2014	Meeting Name: Health and Wellbeing Board
Report title:		Recent policy and budget updates	
Wards or groups affected:		All	
From:		Elaine Allegretti, Head of Strategy, Planning and Performance, Children's and Adults' Services, Southwark Council	

RECOMMENDATION

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 that 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) MPs agree to give trust special administrators power to reorganise or close local hospitals

   b) Date of public health 0-5 commissioning transfer confirmed for October 2015

   c) Southwark Council takes up challenge to become 'age friendly' borough

   d) New guidance around addressing female genital mutilation announced, including mandatory duty on acute hospital to record relevant information on patients

   e) Latest teenage conceptions figures show record falls, but latest childhood obesity figures remain stubbornly high

   f) Launch of consultation on national Child Poverty Strategy

Policy implications

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

Legal implications

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

Financial implications

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

Community and equalities impact statement

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

BACKGROUND DOCUMENTS

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	13 March
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Strategic Director of Children's and Adults' Services	Yes	Yes
Date final report sent to Constitutional Team		14 March 2014

HWB policy and budgetary updates to March 2014

Housing, employment & environment	
Government programme to build up to 165,000 new affordable homes over 3 years Housing associations, councils and house builders will be invited to bid for government funding that, when combined with private investment, will deliver a £23 billion programme between 2015 and 2018. The Autumn Statement announced that the government would launch a review into the role that local authorities can play in housing supply. The review will consider how councils can maximise the use of their portfolio, and work more closely with housing associations, house builders and businesses to build more new homes.	Priority 3
Above inflation increase of the national minimum wage The Low Pay Commission has recommended a 3% increase in the minimum wage to £6.50 an hour for adults. At present, the minimum wage is £6.31 an hour for adults and £5.03 an hour for 18 to 20-year-olds. Those earning less than £7.70 per hour are considered to be low paid. Southwark pays and promotes locally the London Living Wage, which is currently £8.80.	Priority 2
Health	
Health secretary given new powers on hospital closures MPs have voted to give England's health secretary powers to reconfigure local hospitals including closure, even if they are performing well. Clause 119 in the Care Bill allows a hospital to be closed or downgraded if a neighbouring trust is struggling financially by giving trust special administrators the power to make changes to neighbouring services while trying to rescue failing NHS trusts.	Priority 3
Keogh NHS inquiry Professor Sir Bruce Keogh, NHS England's national medical director, has published proposals that set out 10 new clinical standards for hospitals. These include: that all emergency admissions should be seen by a consultant within 14 hours; there should be seven-day access to diagnostic tests, such as X-rays, ultrasound, MRI scans and pathology; patients in intensive care and other high dependency units should be reviewed by a consultant twice a day; and there should be weekend access to multi-disciplinary teams, which include expert nurses, physios and other support staff.	Priority 3
CQC inspections of GP practices From April 2014, the Care Quality Commission will introduce more inquisitive and robust inspections of GP surgeries. Inspectors will visit all of the NHS's 211 clinical commissioning groups once every six months, inspecting a quarter of the practices in that area. From October 2014 all GP surgeries in England have been given an Ofsted-style rating. From April GPs will be given at least two weeks' notice prior to inspection following CQC findings in December that one in three surgeries were failing to meet the inspection standards introduced in October.	Priority 2
NHS strategic and operational planning framework NHS England has published Everyone Counts: Planning for Patients 2014/15 to 2018/19 which describes NHS England's framework within which commissioners will need to work with providers and partners in local government to develop five year plans for the delivery of health and care services.	Priority 2

Good practice guide to major service change published NHS England has published a good practice guide for commissioners, to assist clinical commissioning groups to develop proposals for major service changes and reconfiguration. The guidance is supplemented by an assurance toolkit which sets out how NHS England will support and assure local commissioning proposals.	Priority 2
0-5 Public Health commissioning The government has announced that the responsibility for children's public health commissioning for 0-5 year olds, including health visiting and the Family Nurse Partnership programme, will transfer from NHS England to local authorities on 1 October 2015. This will mark the final part of the public health transfer.	Priority 1
Children and Young People's Health Outcomes Framework The Child and Maternal Health Intelligence Network has published a first version of the Children and Young People's Health Outcomes Framework. This new resource brings together and builds on health outcomes data from the Public Health Outcomes Framework and the NHS Outcomes Framework.	Priority 1
CCG funding allocations NHS England has published the funding allocations that clinical commissioning groups will receive over the next two years (2014/15 and 2015/16). The funding allocations will be aligned with new NHS planning guidance that will be published shortly.	Priority 3
Socio-economic determinants of health during the economic downturn Profiles published by London Health Observatory provide an overview of the socio-economic determinants of health in each London borough during the economic downturn. Southwark performed worse than average for unemployed and working age benefit claimants, but better than average for the use of temporary accommodation and the number of households living in fuel poverty.	Priority 2
Mental Health Strategy progress update The DoH has published the first annual mental health dashboard report to show progress against the objectives in the 'No Health Without mental health' strategy.	Priority 2
Crisis Care Concordat for those working with people experiencing mental health crisis The Crisis Care Concordat sets out the principles and good practice that should be followed by health staff, police officers and approved mental health professionals when working together to help people in a mental health crisis. It follows the refreshed Mandate for NHS England, which includes a new requirement for the NHS that "every community has plans to ensure no one in mental health crisis will be turned away from health services". More than 20 organisations, including NHS England, the Association of Chief Police Officers and the Royal College of Psychiatrists, have signed up to the agreement.	Priority 3
NICE care quality standard for anxiety disorders This quality standard covers the identification and management of anxiety disorders in primary, secondary and community care for children, young people and adults.	Priority 1
NICE care standard: Mental wellbeing for older people in care homes The National Institute for Health and Care Excellence has published new standards to help care homes tackle loneliness, depression and low self-esteem in older people.	Priority 3

New funding to link up police and mental health services The Home Office and Department of Health have announced that an extra £25 million will be invested in liaison and diversion trial schemes to join up police and courts across England with mental health support and other services. These trials will be evaluated and, if successful, extended to the rest of the country by 2017.	Priority 3
£10 million to support drug and alcohol recovery The government has announced it will invest £10 million capital funding into recovery-orientated drug and alcohol treatment centres across England. All recovery-focused adult drug and alcohol treatment services across England are entitled to bid for a share of the funding, provided that funding proposals are recovery-orientated and are committed towards improving recovery outcomes.	Priority 2
Improving Dental Care and Oral Health – A Call to Action NHS England wants to explore the potential wider role that dental professionals can play in promoting a healthy lifestyle and in identifying people at higher risk of other diseases, such as diabetes or hypertension.	Priority 2
NHS England action plan for diabetes NHS England's new plan, Action for Diabetes, outlines how it would like to see better prevention of type 2 diabetes, earlier diagnosis of all diabetes, and support for people to manage their diabetes better and improve their quality of life.	Priority 2
Plans to speed up the diagnosis of dementia The Health Secretary, Jeremy Hunt, has announced that by March next year those with suspected dementia should receive a diagnosis within six weeks. Hunt announced a number of pledges to reduce waiting times for diagnosis, and plans to work with businesses to train staff to spot signs of the disease, reduce stigma and help the most vulnerable.	Priority 3
Practical guidance on care for frail older people NHS England has published the commissioning guidance for implementing a care pathway for frail older people. The document summarises the evidence of the effects of an integrated pathway of care. It suggests how a pathway can be commissioned effectively using levers and incentives across providers.	Priority 3
Public health	
Conceptions in young adults in England Southwark's under-18 conception rate for 2012 is 31.8 per 1,000 girls aged between 15 and 17, representing an overall decline of 63.4% since the 1998 baseline (2nd best performance nationally). This represents a 25.5% reduction since the final 2011 rate. Southwark is now the fourth highest under-18 conception rate out of 13 Inner London authorities, and sixth highest out of 33 Greater London authorities. The borough has dropped from the top three for the first time.	Priority 1
Child measurement programme figures Statistics published from the National Child Measurement Programme show 14.2% of reception year children in Southwark are obese compared to a London average of 10.8%. In addition 26.7% of year 6 children are obese compared to a London average of 22.4%.	Priority 1
Children's diets contain excessive levels of salt A study has found that many children exceed the recommended intake of salt on a daily basis. Those aged five and six are eating 0.75g more than the recommended daily amount and teenagers are exceeding the limit by about 1.5g, the research suggests. The research found 36% of this salt	Priority 1

comes from cereal and bread-based products.	
Local authority adult excess weight data Local authority excess weight data has been published by Public Health England. In Southwark 41.1% of the adult population are of a healthy weight, 35.8% are overweight and 20.6% are obese. This means that overall 56.3% of Southwark's adult population has excess weight, which is lower than the England average of 64% of adults.	Priority 2
Public Health Grant funding allocation The PH budget allocation 2014/15 of £23m represents a 5.2% uplift on the 2013/14 allocation. Southwark's grant allocation is £22,946 (£74 per head).	Priority 3
Public Health England publishes the NHS Atlas of Variation in Diagnostic Services The NHS Atlas of Diagnostics identifies local variations for a wide range of diagnostic services covering imaging, endoscopy, physiological diagnostics, pathology, and genetics. The data shows that Southwark has among the highest rate for eligible premature babies tested for retinopathy or prematurity, high rates of emergency admission for children with epilepsy, and low rates of emergency admission for children with sickle cell.	Priority 2
Policy paper: Preparing for the health and wellbeing framework The Health and Wellbeing Framework, launching in summer 2014, aims to use Public Health England's (PHE) role as a national body for public health to get people talking about health and wellbeing, rather than illness. PHE is also launching a national conversation about health inequalities to better understand the English public's perception and experience. The project will involve speaking with public health professionals and community leaders and holding a series of workshops with members of the public. A toolkit for councils will be created based on research carried out.	Priority 2
Social care	
Southwark Council takes up challenge to become 'age friendly' borough The council has agreed to make the commitment and develop an age friendly strategy that ensures older people are a priority in all areas of council work and planning after accepting a challenge issued by a consortium made up of six voluntary organisations, including Age UK, that deliver older people's services.	Priority 3
Statutory Guidance on Children who Run Away or Go Missing from Home or Care 2014 As part of their framework to safeguard children, individual local authorities and police forces should have an agreed Run away or Missing From Home or Care (RMFHC) protocol. The protocols should be agreed and reviewed regularly with all agencies and be scrutinised by the LSCB. Police force operational areas often cover more than a single local authority area. RMFHC protocols should therefore be agreed by agencies on a regional or sub-regional basis to ensure a consistent approach.	Priority 3
Ofsted inspection framework: children's homes Ofsted's has revised the inspection framework for children's homes, short-break services, secure children's homes and refuges under section 51 of the Children Act 1989. The new inspection framework will be introduced from 1 April 2014 and will focus on the overall experience and progress of children, rather than the overall effectiveness of the home.	Priority 3
Directors of children's services will not have to personally approve care placements outside of their authority The government announced it is to amend draft regulations that would have required DCSs to sign off individual decisions to place a child in care that	Priority 3

was outside the home authority or a neighbouring authority. The amended regulations state that rather than having to approve individual cases each DCS must ensure "robust processes" are in place for challenge and scrutiny of decisions. The government has also said it will amend the duty requiring the DCS to ensure that robust processes are in place to scrutinise and challenge leaving care decisions for 16- and 17-year-olds, rather than requiring the DCS to make every decision on a personal basis.	
Failures to safeguard personal data An investigation by the Information Commissioners Office found "highly sensitive" information about children and adults is routinely emailed between independent agencies and local authorities for the purposes of arranging care placements without encryption safeguards being put in place.	Priority 3
Review of education for children's social workers Sir Martin Narey's review of children's social work education, which has been endorsed by the education secretary and the prime minister, makes 18 recommendations, including: ▪ the Chief Social Worker, Isabelle Trowler, should produce a single definition of what a newly qualified children's social worker needs to understand and be able to do, and universities should base their curricula on that, not ideological and theoretic concepts ▪ undergraduate trainees should be allowed to specialise in children's social work within their degree, and be given the option to complete all placements in children's social care	Priority 3
Re-visioning social work education: an independent review While Martin Narey's review of children's social work education strongly backed the introduction of specialised qualifications for students intending to work in children's services, based on a generic first year, Croisdale-Appleby strongly backs the retention of a single, generic initial social work qualification so that newly qualified social workers are qualified to practise with children and families, as well as with adults.	Priority 3
Consultation on court orders and pre-proceedings The Department for Education has published its revised statutory guidance on court orders and pre-proceedings for public consultation. It outlines the key principles of the Children Act and explains the changes in practice following provisions in the Children and Families Bill and reforms since the Family Justice Review.	Priority 3
Consultation on the care of unaccompanied asylum seeking and trafficked children This consultation seeks views on new proposed regulations and statutory guidance to improve the planning and provision of care for unaccompanied and trafficked children who are looked after by a local authority in England.	Priority 3
Adoption scorecards and thresholds published The Department for Education has published the adoption scorecards for 2010 to 2013 and the annual uprating of the thresholds to 2016. The scorecards and performance tables show that overall there has been no improvement in timeliness since 2009 to 2012. Against the uprated thresholds only 36 local authorities met both thresholds and 65 authorities failed to meet both thresholds.	Priority 3
Funding for adoption recruitment Local authorities will receive £50m in 2014/15 to continue with efforts to recruit more adopters. Alongside this funding, there will be the creation of a new Adoption Leadership Board that will support local authorities to reform the system and help adoption agencies to recruit more adoptive parents.	Priority 3

Consultation: Adoption: getting it right, making it work The planned guidance is published for consultation alongside a series of draft regulation changes. The package marks the next step towards implementation of comprehensive reforms to the adoption system and includes requiring councils to consider fostering for adoption wherever appropriate, removing prioritisation of ethnicity over other factors when matching children, making it mandatory for councils to tell prospective adopters about their support entitlements, and removing restrictions on the adoption register to allow adopters to identify children they might be suitable to adopt.	Priority 3
Consultation: Ill-treatment or wilful neglect in health and social care The government accepted the recommendation of the National Advisory Group on the Safety of Patients in England to develop a new criminal offence of ill-treatment or wilful neglect. This consultation outlines the recommendation and the government's current position, and sets out our proposals for the details of the offence.	Priority 3
Children, Young People, Families and Education	
Changes to secondary school league tables England's secondary school league tables are to be split and schools or colleges will be given three separate grades for their pupils' average performance in A-levels, academic qualifications, which includes A-levels and others such as the International Baccalaureate and vocational qualifications.	Priority 1
Government announces changes to school careers service Under new plans announced by government local authorities will be responsible for providing new vocational qualification websites holding the latest information from schools, colleges and employers. There will also be a requirement for schools to develop closer relationships with local employers. Selected Jobcentres will also give 16- and 17-year-olds access to personalised advice and support.	Priority 1
Guidance for schools on female genital mutilation The Education Secretary has confirmed all schools will receive guidance on safeguarding that will specifically tackle the issues of female genital mutilation (FGM). That material will cover issues including the statutory safeguarding duties of teachers and other school staff in relation to FGM.	Priority 1
Funding for additional school places The government will be providing £2.35 billion to create more school places up to 2017. This is in addition to the £5 billion that will have been spent on new school places by 2015. It is the first time councils have had 3-year allocations of funding to spend on school places.	Priority 1
Consultation: School food standards The Department for Education has published a consultation on revised school food standards regulations which will create a clearer, simpler set of food-based standards for school food. https://www.education.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1901&external=no&menu=1	Priority 1

Government funds SEN independent advocate role Advocates will provide one-to-one support and advice to families of children and young people with SEN to ensure they understand the new needs assessment process, which is being introduced through the Children and Families Bill. The government will provide £30m to train approximately 1,800 advocates.	Priority 3
NICE quality care standard for autism The National Institute for Health and Care Excellence (NICE) has issued standards to improve the quality of care and support for children, young people and adults with autism. The provision of services for people with autism is varied across England and the NICE quality standard is designed to standardise and improve the care and management of autism. http://publications.nice.org.uk/autism-qs51	Priority 3
Pupil premium allocations for the 2014 to 2015 financial year The pupil premium paid to primary schools for eligible children will increase to £1,300 from £953 in 2013/14. The premium paid to secondary schools will increase to £935 from £900 in 2013/14. The premium for children looked after will increase from £900 in 2013/14 to £1,900.	Priority 1
Consultation: Child poverty: a draft strategy The government is seeking views on the draft child poverty strategy, which sets out what action the government plans to take from 2014 to 2017 to reduce child poverty.	Priority 1
Crime and justice	
Domestic violence and abuse: how services can respond effectively National Institute for Health and Care Excellence (NICE) has published guidance which recommends that health care professionals should receive training so that they can recognise the signs of domestic violence and abuse and ensure that those affected are aware of the help and support available to them.	Priority 3
New restorative justice standards launched The UK's first national standards and quality mark for restorative services has been launched by the Restorative Justice Council (RJC). The new standards and Restorative Service Quality Mark (RSQM) have been designed to give those involved in the restorative justice process confidence that effective practice is taking place. The RSQM, which is backed by the Ministry of Justice, requires organisations to show that they are consistently meeting six service standards.	Priority 3
Ending Gang and Youth Violence Annual Report 2013 and Review of Year One published The Ending Gang and Youth Violence Annual Report 2013, and a review of the programme's achievements during 2012 – 13 have been published. The documents show the contribution that work by the government, policy, health professionals and community projects is making to reducing in gang violence.	Priority 3

Modern Slavery Bill The draft legislation enhance the law enforcement response, bring more perpetrators to justice, and protect and support more victims. It forms part of a government white paper setting out action needed to eradicate slavery from the UK. The draft Bill will be subject to pre-legislative scrutiny, with the aim of publishing a full Bill in the spring that could be passed and on the statute books by the end of the parliament.	Priority 3
New government measures to end FGM It will now be mandatory for all NHS acute hospitals to provide information on patients who have undergone female genital mutilation (FGM) which will be recorded centrally. In addition, the Home Office has launched a new £100,000 FGM Community Engagement Initiative. Charities can bid for up to £10,000 to carry out community engagement work aimed at raising awareness of FGM. The government has also appointed a consortium of leading anti-FGM campaigners to deliver a global campaign to end FGM.	Priority 3

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