Open Agenda

Health and Wellbeing Board

Tuesday 26 July 2016
2.00 pm
Ground Floor Meeting Room G01C - 160 Tooley Street, London SE1 2QH

Membership

Councillor Peter John OBE (Chair)	Leader of the Council
Andrew Bland	NHS Southwark Clinical Commissioning Group
Councillor Maisie Anderson	Cabinet Member for Public Health, Parks and Leisure
Aarti Gandesha	Healthwatch Southwark
Jonty Heaversedge (Vice-Chair)	NHS Southwark Clinical Commissioning Group
Eleanor Kelly	Chief Executive, Southwark Council
Gordon McCullough	Community Southwark
Professor John Moxham	King's Health Partners
Councillor Richard Livingstone	Cabinet Member for Adult Care and Financial Inclusion
David Quirke-Thornton	Strategic Director of Children's and Adults' Services
Carole Pellicci	Southwark Headteachers Executive
Dr Yvonneke Roe	NHS Southwark Clinical Commissioning Group
Dr Ruth Wallis	Director of Public Health

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

Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: 18 July 2016

PRINTED ON RECYCLED PAPER

Health and Wellbeing Board

Tuesday 26 July 2016
2.00 pm
Ground Floor Meeting Room G01C - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.

1. APOLOGIES

To receive any apologies for absence.

2. CONFIRMATION OF VOTING MEMBERS

Voting members of the committee to be confirmed at this point in the meeting.

3. APPOINTMENT OF VICE-CHAIR

To appoint a vice-chair for the 2016/17 municipal year.

4. 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.

5. 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.

6. MINUTES 1 - 4

To agree as a correct record the open minutes of the meeting held on 31 March 2016.

Item No.	Title	Page No.

OTHER REPORTS

The following item is also expected to be considered at this meeting.

15. SOUTHWARK AND LAMBETH STRATEGIC PARTNERSHIP BOARD - PROGRESS UPDATE

Date: 18 July 2016

Agenda Item 6

Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Thursday 31 March 2016 at 10.00 am at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Peter John OBE (Chair)
Andrew Bland
Councillor Barrie Hargrove
Jonty Heaversedge
Eleanor Kelly
Gordon McCullough
David Quirke-Thornton
Dr Yvonneke Roe

OFFICER SUPPORT: Everton Roberts, Principal Constitutional Officer

1. APOLOGIES

Apologies for absence were received from Councillor Stephanie Cryan, Aarti Gandesha, Professor John Moxham and Dr Ruth Wallis,

2. CONFIRMATION OF VOTING MEMBERS

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

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

The following late items were accepted as urgent:

Item 11 – Health Improvement Performance Report: childhood obesity, tobacco, alcohol, drugs & sexual health update

Item 12 – Review of Health and Wellbeing Board Membership

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

5. MINUTES

RESOLVED:

That the minutes of the meeting held on 28 January 2016 be approved as a correct record and signed by the chair.

6. SUMMARY VIEW OF RESPONSES TO THE LAMBETH & SOUTHWARK EARLY ACTION COMMISSION

Stephen Douglass, Director of Communities introduced the report.

RESOLVED:

1. That the responses from the Council, Community Action Southwark and the Southwark NHS Clinical Commissioning Group to the recommendations of the Lambeth & Southwark Early Action Commission be noted and the Commission be thanked for its work.

2. That the recommendation for board members to commit to working towards a cultural shift in their organisations to deliver the ambitions of the Early Action Commission be agreed.

3. That a progress report be submitted to the board in 12 months.

7. NHS SOUTHWARK CCG OPERATING PLAN 2016/17

Andrew Bland, Chief Officer, NHS Southwark Clinical Commissioning Group introduced the report. The board also heard from Mark Kewley, Director of Transformation and Performance.

RESOLVED:

1. That the section on the CCG's Forward View into Action, which describes the joint approach to transforming the local health and care system be noted.

2. That the mandatory requirements of the CCG, which are addressed in the plan be noted.

3. That the board's assurance that the document sufficiently constitutes a credible plan, which ensures Southwark patients receive the services they are entitled to; that the CCG are planning appropriate interventions to improve the outcomes of Southwark's residents; and that the plans are aligned with the objectives of the Health & Wellbeing Strategy and Better Care Fund in Southwark be noted.

4. That the CCG Operating Plan 2016/17 be endorsed.

8. LAMBETH & SOUTHWARK PANDEMIC FLU COORDINATION PLAN

Jin Lim, Assistant Director of Public Health introduced the report.

RESOLVED:

1. That the draft Lambeth & Southwark Pandemic Flu Plan (Appendix 1 of the report) be agreed.

2. That it be noted that a multi agency Pandemic Flu Exercise was held in February 2016 to resilience assure the Pandemic Flu plan.

3. That the multi agency roles and implications for the key local partners be noted.

9. COUNCIL OWNED LARGE FORMAT ADVERTISING HOARDINGS - INFLUENCE ON TYPE OF ADVERTISEMENTS

Bob Barber, principal surveyor introduced the report.

RESOLVED:

That in light of the revenue implications the issue be referred to cabinet for consideration, taking into account the wishes of the health and wellbeing board, the advice of the director of public health and the financial implications.

10. FREE SWIM AND GYM UPDATE

Councillor Barrie Hargrove, Cabinet Member for Public Health, Parks and Leisure introduced the report.

In respect of the free swim and gym scheme for people with disabilities at the new leisure centre at Elephant and Castle, Councillor Hargrove reported that the council was now in a position to offer free all day every day access at the leisure centre to people with disabilities from the date of launch instead of July 2016.

RESOLVED:

1. That the Free Swim and Gym scheme as detailed below be noted:

   Free Swim and Gym (FSG) pilot scheme for 18s and under and over 60s.

   The FSG health offer:

   - Free access at all centres, all of the time, for people with disabilities from July 2016 (and from the launch date at the leisure centre at Elephant and Castle).
   - Free swim and gym for health referral schemes from late April 2016.

The FSH offer for all residents from July 2016:

- Free access to gym and swimming for all residents – all day Friday; afternoons on Saturday and Sunday until close.

The FSG offer for all Southwark Council Staff from July 2016:

- Free access to gym and swimming for Southwark Council staff – all day Friday; afternoons on Saturday and Sunday until close.

11. HEALTH IMPROVEMENT PERFORMANCE PLAN

Jin Lim, Assistant Director of Public Health introduced the report.

RESOLVED:

That the update on performance and activity for childhood obesity, tobacco, alcohol, drugs and sexual health (Appendix 1 of the report) be noted.

12. REVIEW OF HEALTH AND WELLBEING BOARD MEMBERSHIP

RESOLVED:

1. That the Southwark Headteachers Executive be invited to join the membership of the board.

2. That further discussion on the review of the board membership be held over to the next meeting.

Meeting ended at 12.03 pm

CHAIR:

DATED:

Agenda Item 7

Item No. 7.	Classification: Open	Date: 26 July 2016	Meeting Name: Health and Wellbeing Board
Report title:		The Health Impact of Air Quality in Southwark	
Ward(s) or groups affected:		Electoral ward(s): All	
From:		David Littleton – Head of Regulatory Services	

RECOMMENDATION(S)

1. The board is requested to note this report and consider the impact of poor air quality on public health and consider making it a local public health priority.

2. That the board note that the draft Air Quality Action plan will be shared with the Board in October, the plan will include tangible costs of the measures.

EXECUTIVE SUMMARY

3. This report gives the background to the health impact of poor air quality and why the improvement of air quality should be a local priority for the Local Authority and Clinical Commissioning Groups.

4. The local authority is required by statute to regularly review air quality in its area and to check if it complies with objectives set out in the National Air Quality Strategy and Air Quality Regulations. In parts of Southwark the pollutants Nitrogen Dioxide (NO_2) and Particulate Matter (PM_{10}) are non-compliant with current air quality limits. It has been estimated that these two pollutants cause approximately 9,500 premature deaths in London per annum.

5. The new London Mayor has included air quality in his top 10 priorities for London. His aim is restore London's air quality to legal and safe levels, with action to make travel greener and pedestrianise Oxford Street, while protecting the green belt. On the 5th July 2016 the Mayor of London launched a consultation on a tough action plan to improve the air quality in the London.

6. An individual's health is influenced by many factors that may be personal, societal or environmental. Poor air quality is an environmental factor that has a measureable impact across exposed populations. The degree of personal impact depends on an individual's exposure to atmospheric pollutants and their underlying vulnerability or predisposition to those impacts manifesting as a chronic or acute health event, further details of the impact can be found in Appendix 1.

7. The sources of air pollution in Southwark and the pollutants from these sources are listed in Appendix 1. Details are provided in respect of the local air quality with maps to illustrate a) the most recent modeled pollutant concentrations for the Borough and b) the Nitrogen Dioxide concentrations across the Greater London area to show the extent of the issue of exceedence of air quality limits in the capital.

8. The London Local Air Quality Management Framework and the relationship between air quality and the public health outcomes framework is explained on page 10 of this report.

9. The report concludes with details on the progress of the Southwark Air Quality Action Plan review

10. The criteria for the borough to become a Cleaner Air For London Borough and have access to the Mayor's Air Quality Fund is provided in Appendix 3

BACKGROUND INFORMATION

11. The Environment Act 1995 requires that each local authority regularly reviews air quality in its district and assesses whether a range of air quality standards and health based objectives, established by the National Air Quality Strategy and translated into The Air Quality (England & Wales) Regulations 2010, are being achieved.

12. Where a local authority identifies that the pollutant objective limits will not be achieved by the target dates set within the regulations, the authority must declare that area an Air Quality Management Area (AQMA). It must also prepare an Air Quality Action Plan (AQAP) that sets out the measures the authority intends to take to reduce pollutants and achieve the air quality objective limits.

13. The council's current priorities, as set out in the Southwark Air Quality Strategy 2012 – 2017, are for improvements in Nitrogen Dioxide (NO_2), small particulate matter (PM_{10}) and fine particulate matter ($PM_{2.5}$).

KEY ISSUES FOR CONSIDERATION

Policy implications

14. The council has a duty under Part IV of the Environment Act 1990 to assess and review air quality within its area and work towards meeting the air quality objectives contained in The Air Quality (England & Wales) Regulations 2010 to protect the public health of all visitors and residents to the Borough.

Community impact statement

15. All areas of the borough are affected by poor air quality, but not all areas or people are affected equally. Poor air quality has a significant impact on health, with approximately 9,500 premature deaths in London each year attributed to it.

16. There is a complex link between air quality and inequality in London. In general, more deprived areas are likely to experience higher levels of pollution, although there is considerable local variation. The link between inequality and poor air quality is stronger in Outer London than in Inner London where there are high levels of pollution across the board.

17. Fine particles have the greatest impact on health as they can reach the bloodstream through the lungs. Young children and the elderly are the most susceptible to the effects.

Resource implications

18. The resource for managing the air quality review and assessment process for the Borough is currently within the Regulatory Services budget. Resourcing for many of the measures in the Air Quality Action Plan are within the budgets of the services delivering the actions for which they have responsibility. However, it is a challenge to introduce actions and measures that will together deliver the required reduction in emissions to ensure the air quality objective limits will eventually be met. This is due to the complexity of the interactions of cost, emissions improvements (effect) and the behavior change/habit breaking required to achieve this.

Legal implications

19. The Environment Act 1995 requires that each local authority regularly reviews air quality in its district and assesses whether a range of air quality standards and health based objectives, as established by the National Air Quality Strategy and translated into The Air Quality (England & Wales) Regulations 2010, are being achieved. The Air Quality (England) Regulations 2000, as amended by the Air Quality (England) (Amendment) Regulations 2002, provide the statutory basis for the air quality objectives under Local Air Quality Management framework in England.

20. Where a local authority identifies that these objectives will not be achieved by the target dates set within the regulations, the authority must declare the area an air quality management area (AQMA). It must also prepare a supporting air quality action plan (AQAP) which sets out the measures the authority intends to put into place to achieve the air quality objectives.

21. In February 2014, the European Commission sent a letter of formal notice to the UK government advising that the UK is in breach of its obligations under the Directive on ambient air quality and cleaner air in Europe. This is the early stage of the infraction process. Under the provisions of the Localism Act 2011 the UK government can, and has made clear it is their intention to, pass any fines they receive from the EC down to regional and Local Authorities, after due process has taken place.

22. Now as the UK prepares to leave the EU, at present there is no clear picture whether the air quality legislation will be retained, strengthened, weakened or scrapped.

Financial implications

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

Consultation

24. This report has been consulted with the Director of Public Health and their comments have been incorporated into the report.

25. There has been no other departmental consultation.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

26. That the Health and Wellbeing Board note the impact of poor air quality on public health and consider making it a local public health priority.

Strategic Director of Finance and Governance

27. This report is requesting the Health and Wellbeing Board to note this report and consider the impact of poor air quality on public health and consider making it a local public health priority.

28. The strategic director of finance and governance notes that there are no immediate financial implications arising from this report and any cost implications emerging from the Air Quality Action plan will be subject to separate report for formal approval.

29. Staffing and any other costs connected with this report to be contained within existing departmental revenue budgets.

APPENDICES

No.	Title
Appendix 1	Health and Wellbeing Board & Air Quality
Appendix 2	GLA / London Borough of Southwark Concentration Maps
Appendix 3	Air Quality Exemplar Qualifying Criteria
Appendix 4	Public Health Outcome Framework

AUDIT TRAIL

Lead Officer	David Littleton – Head of Regulatory Services		
Report Authors	Sarah Newman / Bill Legassick		
Version	Final		
Dated	14 July 2016		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		**Comments Sought**	**Comments Included**
Director of Law and Democracy		Yes	Yes
Strategic Director of Finance and Governance		Yes	Yes
Public Health Director		Yes	Yes
Cabinet Member		Yes	No
Date final report sent to Constitutional Team / Community Council / Scrutiny Team			14 July 2016

Appendix 1

Health and Wellbeing Board & Air Quality

Impact of poor air quality on public health

The World Health Organization recently estimated that 12.6 million people died as a result of living or working in unhealthy environment in 2012. Of these deaths, 8.2 million deaths were assessed to have been caused by environmentally non-communicable disease and were primarily linked to air pollution[1]. Kings College London has estimated that approximately 9,500 deaths per annum occur due to long-term exposure of particle matter and Nitrogen Dioxide[2] in London.

An individual's health is influenced by many different determinants including social and environmental factors, see Figure 1. Air quality is one of several environmental factors that have an impact on health. The degree of impact depends on the individual's exposure to pollutants.

Figure 2 demonstrates the severity of the health impact with the majority of the population shown as the base of the pyramid and as the severity of the health effect increases up the pyramid, the population decreases.

Poor air quality exacerbates asthma, causes cancer, heart attacks and causes low birth weight.[3] The 'Exhale Project' in east London has found that young children exposed to urban air pollution have their lung capacity permanently reduced by 5% to 10%, this result is also repeated by a study in Leicester[3]. Studies found that poor air quality causes stress on the immune system[3]. This can lead to loss of quality of life, longer recovery times from acute health events and premature deaths.

It has been found that after several days after a poor air quality episode there is spike in admissions to accident and emergency departments of hospitals in a similar pattern to that which follows extreme temperature weather events[4].

Air Pollution Sources

Poor air quality in London is almost exclusively due to human activity and is caused by emissions from road traffic, industrial, commercial and domestic sources. Intensive agriculture also causes air pollution but this source does not impact locally in Southwark. There are some natural causes of air pollution such as marshes, forest fires and volcanoes but these are dwarfed by the sources of emissions due to human activity.

Traffic – Vehicle exhaust fumes are the main cause of air pollution in Southwark. We have several arterial routes and major roads that have heavy traffic flows both to and from central London. Cleaner fuels, catalytic converters and particulate filters all help to reduce emissions

[1] WHO (2016) Preventing disease through healthy environments; a global assessment of the burden of disease from environmental risks (March 2016) ISBN 978 92 4 156519 6 accessed at http://www.who.int/quantifying_ehimpacts/publications/preventing-disease/en/

[2] Kings College (2015) Understanding the Health Impacts of Air Pollution in London (July 2015) accessed at https://www.london.gov.uk/WHAT-WE-DO/environment/environment-publications/understanding-health-impacts-air-pollution-london

[3] Royal College of Physicians (2016) every breath we take – The lifelong impact of air pollution (February 2016) accessed at https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution

[4] Short term exposure to air pollution and stroke: systematic review and meta-analysis accessed at http://www.bmj.com/content/350/bmj.h1295

from individual vehicles, when installed, used and maintained, but not all vehicles have these fitted and the sheer weight of traffic and the resultant congestion remains an issue.

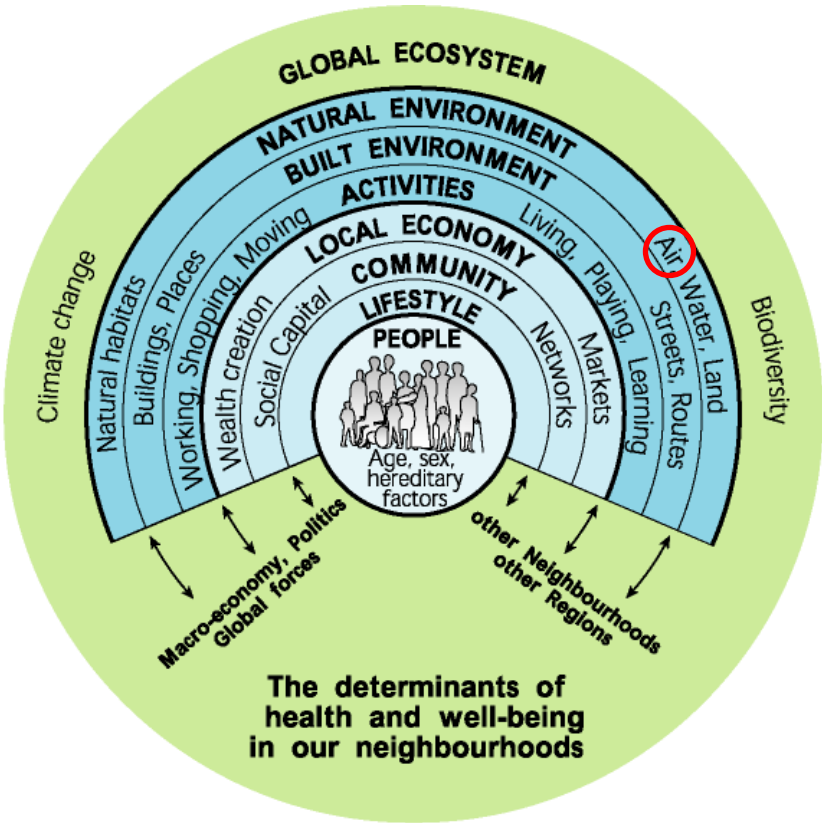
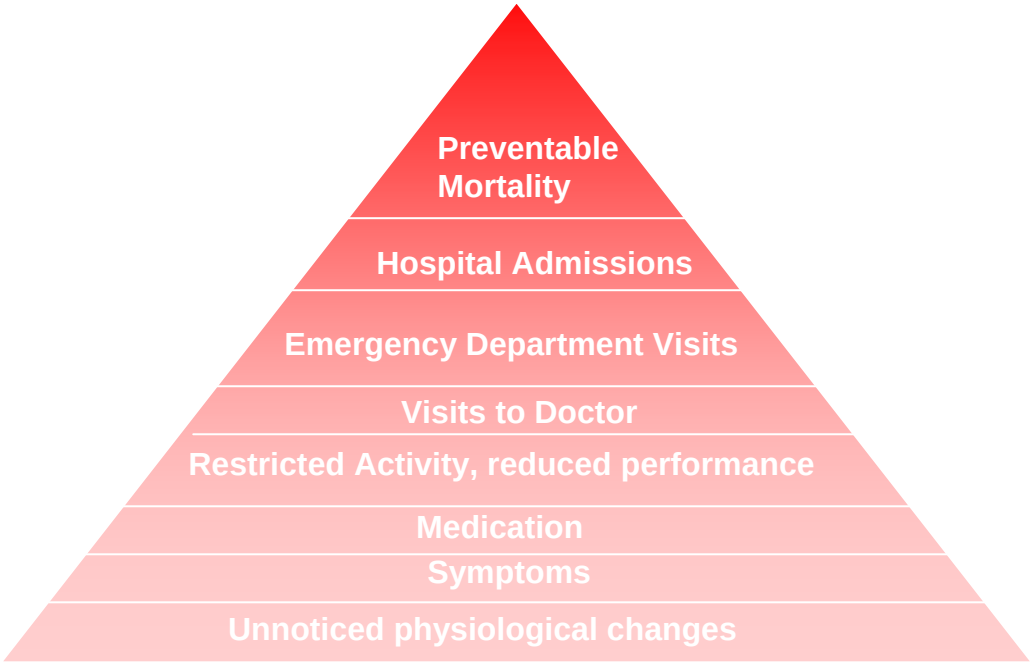


Figure 1 The determinants of health and well-being in our neighbourhoods[5]



[5] Barton H and Grant M. (2006) A health map for the local human habitat. The Journal for the Royal Society for the Promotion of Health, 126 (60 pp. 252 -253 ISBN 1466-4220

Figure 2 Impact of Air Pollution on Health[6]

Industrial activities – Just over the borough boundary, inside Lewisham, the SELCHP waste incinerator is the closest significant industrial source of air pollution to Southwark and is a Part A Prescribed Process under the Environmental Protection Act 1990. Its operations are regulated by the Environment Agency. Southwark regulates emissions from smaller processes such as crematoriums, print works, petrol stations and dry cleaners. These activities are called Part B Prescribed Processes.

Construction sites – Construction and demolition causes dust, fume and solvent pollution. Southwark have produced an Environmental Code of Construction Practice for contractors and developers. This is currently being revised to encompass the many recent changes in best construction practice.

Heating, hot water and energy use – All buildings in the borough need heating, hot water and electricity. Their production involves the creation of atmospheric pollution. All new developments in the borough are required to be carbon neutral and to have a Sustainability Assessment as part of the planning process. These requirements were introduced in the Southwark Plan 2012.

Commercial / Domestic burning – All the borough is a designated Smoke Control Area. This means that business and residents

- Must not cause smoke by burning 'smoky' unauthorized fuels (coal, wood, general waste or oil) in an open fireplace.
- May only burn 'smoky' unauthorized fuels in a legally approved appliance or exempted fireplace.
- May only burn 'smokeless' approved fuels in an open fireplace.
- May not have bonfires or burn in the open as the plume will affect neighbouring properties causing elevated local particulate levels and nuisance issues.

Pollutants from the pollution sources

The sources listed above produce numerous pollutants. The pollutants which are included in the Air Quality Regulations are

- Nitrogen Dioxide (NO_2)
- Particulate Matter (PM_{10}) – breathable fraction of particulates
- Particulate Matter ($PM_{2.5}$) – will cross the lung barrier into the blood
- Sulphur Dioxide (SO_2)

[6] WHO Regional Office for Europe (2006) Air Quality Guidelines Global Update 2005 (Particulate matter, Ozone, Nitrogen dioxide and Sulphur dioxide) ISBN 92 890 2192 6 2006accessed at http://www.euro.who.int/en/health-topics/environment-and-health/Housing-and-health/publications/pre-2009/air-quality-guidelines.-global-update-2005.-particulate-matter,-ozone,-nitrogen-dioxide-and-sulfur-dioxide

Pollutant	Sources	Health effects
Nitrogen dioxide	Road transport (especially diesel vehicles), domestic boilers, power stations and industry	Lung irritation and damage
Sulphur dioxide	Power stations, domestic boilers, industry	Coughing, irritation and narrowing of airways. Can make asthma and bronchitis worse
Fine Particulates (PM_{10} and $PM_{2.5}$)	Road transport (mainly diesel vehicles and tyre and break wears), power stations, domestic boilers	Increased chances of respiratory disease, lung damage, cancer and premature death
Ozone	Produced when sunlight reacts with vehicle exhaust fumes	Irritation to eyes, nose and throat. Can damage lungs and airways

Air pollution can also damage trees, plants and buildings and contribute to climate change.

Information on local air quality

In the Borough the Authority has two continuous monitors which are situated at

- Elephant & Castle (Urban background site)
- Old Kent Road (Kerbside site)

These stations continuously monitor for Oxides of Nitrogen (NOx) and Particulate Matter (PM_{10}) and (at Elephant & Castle only) Ozone (O_3). The data from these monitors is collected and displayed as part of the London Air Quality Network.[7]

The continuous monitors are supplemented with passive monitoring of Nitrogen Dioxide using diffusion tubes at a further 42 sites across the Borough.

The authority reviewed and assessed the air quality in the Borough found that the there are areas in the Borough that did not meet the Government's air quality objectives. The authority was obliged to declare an Air Quality Management Area (AQMA). The area covered by the current AQMA can be seen in Figure 3. With the declaration of an AQMA, the Authority was required to produce an Air Quality Action Plan (AQAP) to work towards reducing the exceedences of the objective limit values for NO_2 and PM_{10}.

The Southwark maps for NO_2, PM_{10} and $PM_{2.5}$ are the first three maps in Appendix 2, the fourth map shows the NO_2 concentrations across the Greater London Area. The key on the right hand side of the maps indicates the limit for the relevant pollutant. Therefore any concentrations which are above the limit are in exceedence of the objective limit value.

However there is no limit marked on the $PM_{2.5}$ map as there has been no limit set. In the Air Quality Directive a new approach for $PM_{2.5}$ was introduced in recognition of the lack of evidence to indicate that there is a concentration of particulate matter below which health effects do not occur. This new approach aims to achieve a reduction in the overall exposure of the population to $PM_{2.5}$ based on the concept that greater public health benefits could be obtained from a general reduction in exposure than from a policy aimed at reducing exposure in hot spots only.

[7] London Air quality Network accessed at http://www.;londonair.org.uk/LondonAir/Default.aspx

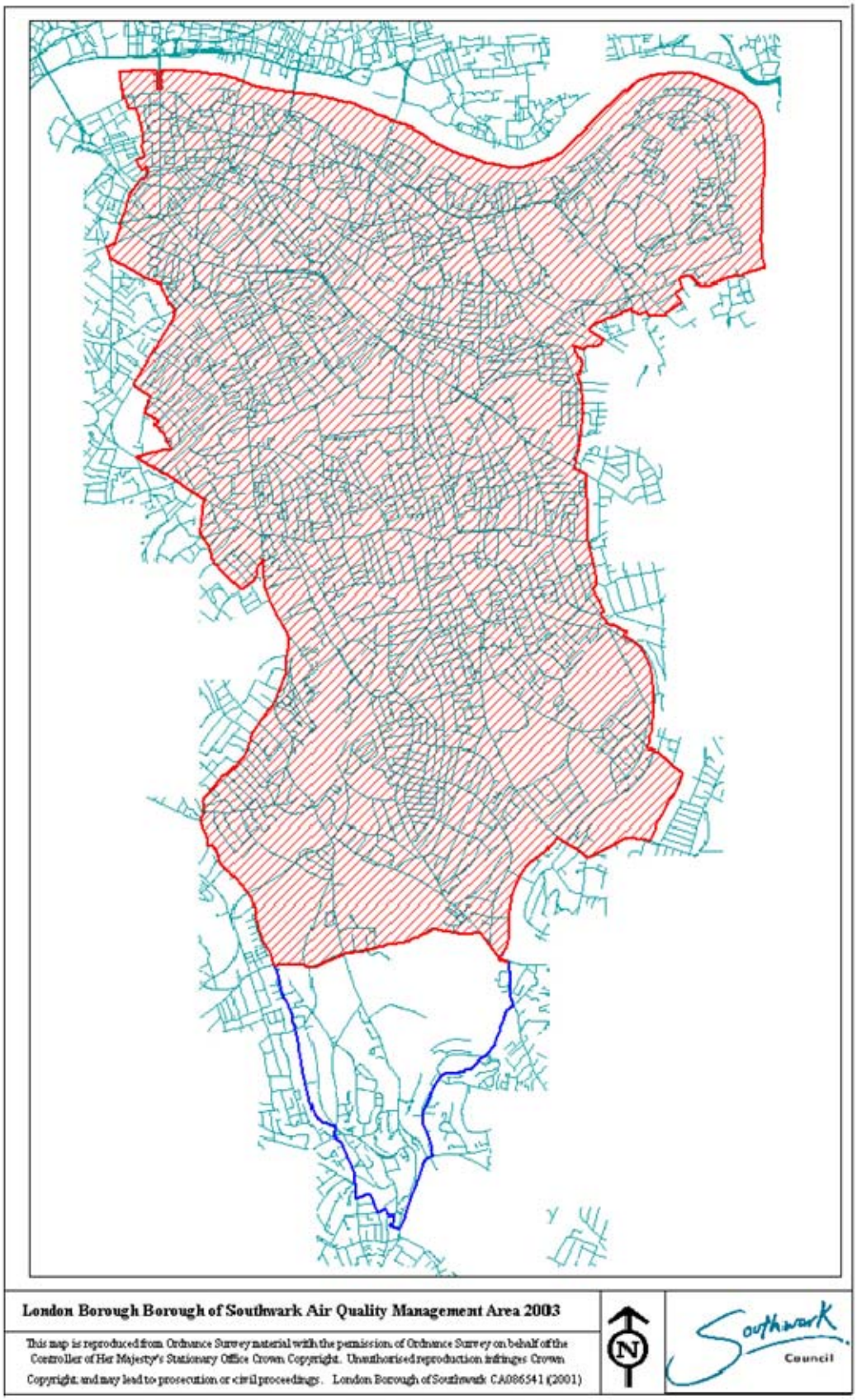


Figure 3 Map of AQMA Boundary

The GLA London Local Air Quality Management Framework (LLAQMF)

The legal framework for local air quality management is the National Air Quality Regulations and Part IV of the Environment Act 1995 (the 1995 Act). Until May 2016, London local authorities undertook their duties following the Government's Policy and Technical Guidance publication. However, DEFRA has recognised that London faces particular challenges in meeting the air quality objectives and has agreed that London Boroughs should refer to the relevant GLA air quality management policy and technical guidance for London. The GLA's London Local Air Quality Management Framework came into effect in May 2016. It has been designed to tackle the serious public health problem being caused by poor air quality in London and reduce the burden on Local Authorities in fulfilling the statutory requirements of their duties in respect of air quality under the 1995 Act. The LLAQMF reflects that the Mayor has broad "reserve powers" of intervention under Section 85 of the Environment Act 1995.

All local authorities in England must have regard to the relevant air quality advice and guidance when discharging their functions under Part IV of the Environment Act 1995. To fulfill this requirement, this authority is required to:

- Continue to monitor and assess air pollution in their area (Nitrogen Dioxide (NO_2), Particulate Matter (PM_{10}) and Sulphur Dioxide (SO_2);
- The Authority has followed the LLAQMF Policy[8] and Technical Guidance[9] documents
- Ensure that an Air Quality Management Area (AQMA) is declared in any locations exceeding the air quality EU Objective Limit Values.
- Complete an Annual Status Report (ASR) and its public-facing summary, the Annual Status Summary Report (ASSR),
- Ensure that a current and relevant Air Quality Action Plan is in place for any declared AQMA
- Re-assess any GLA Air Quality Focus Areas
- Have clear, approved governance arrangements for air quality.

There is a strong emphasis within the policy guidance that there is ownership of the Air Quality Action Plan at all levels of the Authority, including Cabinet, and that the Action Plan is signed off by the Borough's Director of Public Health and the Head of Transport.

Appendix 3 lists the criteria that need to be met for the Borough to become a Cleaner Air for London Borough and have access to the Mayor's Air Quality Fund

The relationship between poor air quality and public health outcomes framework

The Public Health Outcomes Framework (PHOF) is a Department of Health data tool for England intended to focus public health action on increasing healthy life expectancy and reducing differences in life expectancy.

In Appendix 4, there is a diagram showing the vision, the aims and the four different domains in connection with the PHOF.

[8] GLA (2016) DRAFT LONDON LOCAL AIR QUALITY MANAGEMENT (LLAQM) Technical Guidance 2016 (LLAQM.TG (16)) accessed at https://www.london.gov.uk/what-we-do/environment/environment-publications/draft-london-local-air-quality-management-technical.

[9] GLA (2016) DRAFT LONDON LOCAL AIR QUALITY MANAGEMENT (LLAQM) - Policy Guidance 2016 (LLAQM.PG (16)) accessed at https://www.london.gov.uk/what-we-do/environment/environment-publications/draft-london-local-air-quality-management.

Domain 1 **Improving the wider determinants of health** - Improvements against wider factors that affect health & wellbeing and health inequalities.

Domain 2 **Health Improvement** - People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.

Domain 3 **Health Protection -** The population's health is protected from major incidents and other threats, while reducing health inequalities.

Domain 4 **Healthcare public and preventing premature mortality** – Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

Each of the domains have a number of indicators, there is an indicator directly associated with air quality relating to fine particulate matter ($PM_{2.5}$). The indicator relates to the mortality effect of man made particulate air pollution expressed as the percentage mortality fraction attributable to particulate matter ($PM_{2.5}$) for an upper tier local authority. The current (2013) $PM_{2.5}$ indicator for Southwark is 7.2%. Comparing all the London Borough's this places Southwark 9th in a table of 33 Boroughs with the City of London having the highest level of 8.4%.

Boroughs are expected to work towards reducing emissions and concentrations of $PM_{2.5}$ in their area. It is not expected the Authority carry out any additional local review and assessment, but use the resources provided by the GLA in the Borough specific London Atmospheric Emission Inventory.

In their AQAP the Borough is expected to set out how they have chosen to work towards reducing $PM_{2.5}$ and include links to the PHOF. The policy and technical guidance give examples of how this can be achieved.

The second part of Appendix 4 lists all the indicators within each of the domains. The improvement of air quality in the Borough will not only improve the $PM_{2.5}$ indicator, but will also have a positive influence on 27 of the other indicators in the PHOF. The indicators highlighted in yellow are either directly or indirectly influenced by the implementation of the actions in the preliminary draft of the Air Quality Action Plan.

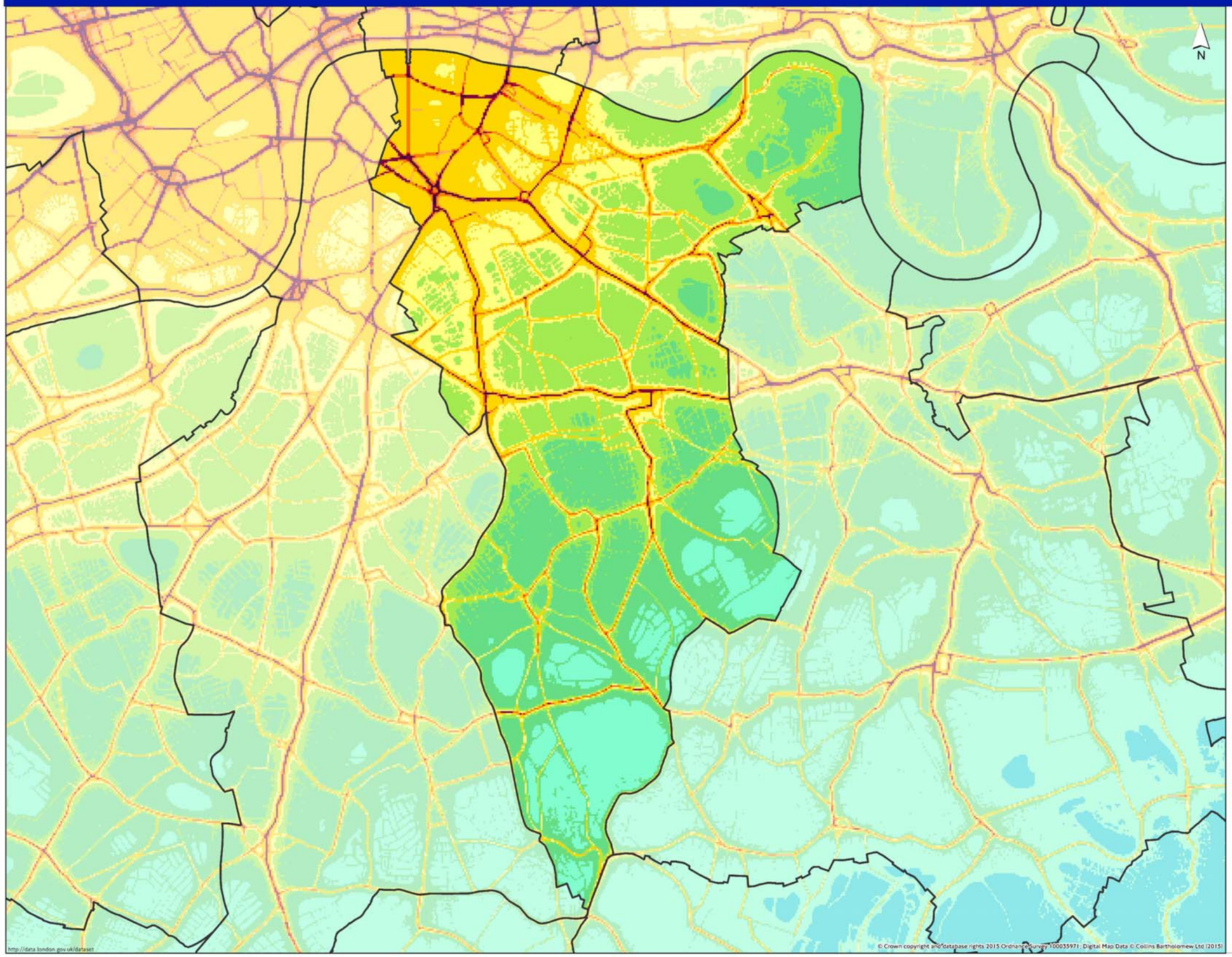
Southwark Air Quality Action Plan review

The current Air Quality Action Plan was adopted in May 2012 and was due to be reviewed in 2017. With the introduction of the London Local Air Quality Management Framework, the Authority is taking an opportunity to review its action plan. The preliminary draft is currently under internal consultation with the delivery services. In autumn 2016, the final draft of the new air quality action plan will be opened to wider consultation and a briefing will be given to the Health & Wellbeing Board during that consultation.

Appendix 2 GLA / Atmospheric Pollutant Concentration Maps

London Borough of Southwark
Annual Mean NO_2 concentrations 2013

LAEI 2013



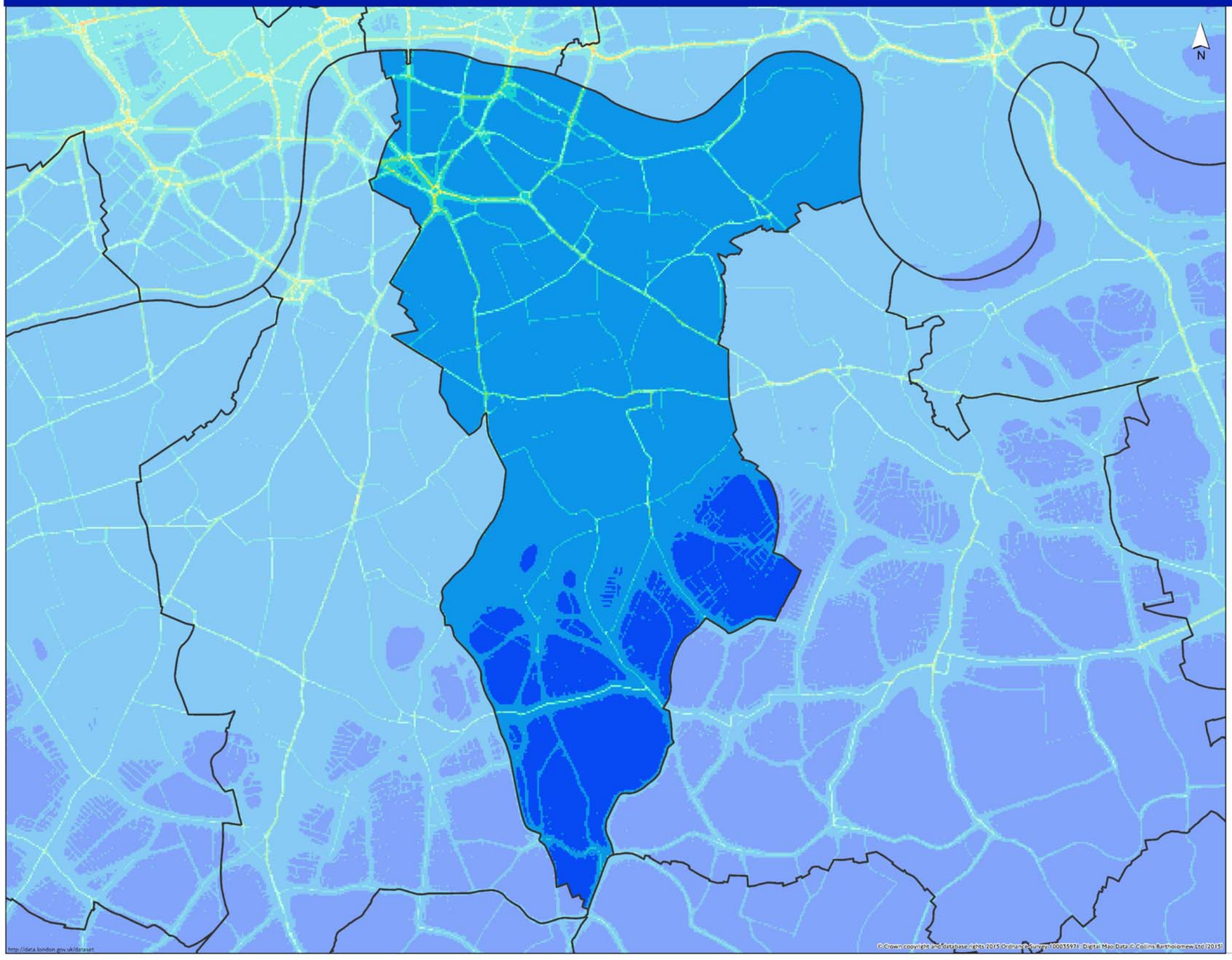
MAYOR OF LONDON

GREATERLONDONAUTHORITY

CLEANERAIR FOR LONDON

London Borough of Southwark
Annual Mean PM_{10} concentrations 2013

LAEI 2013



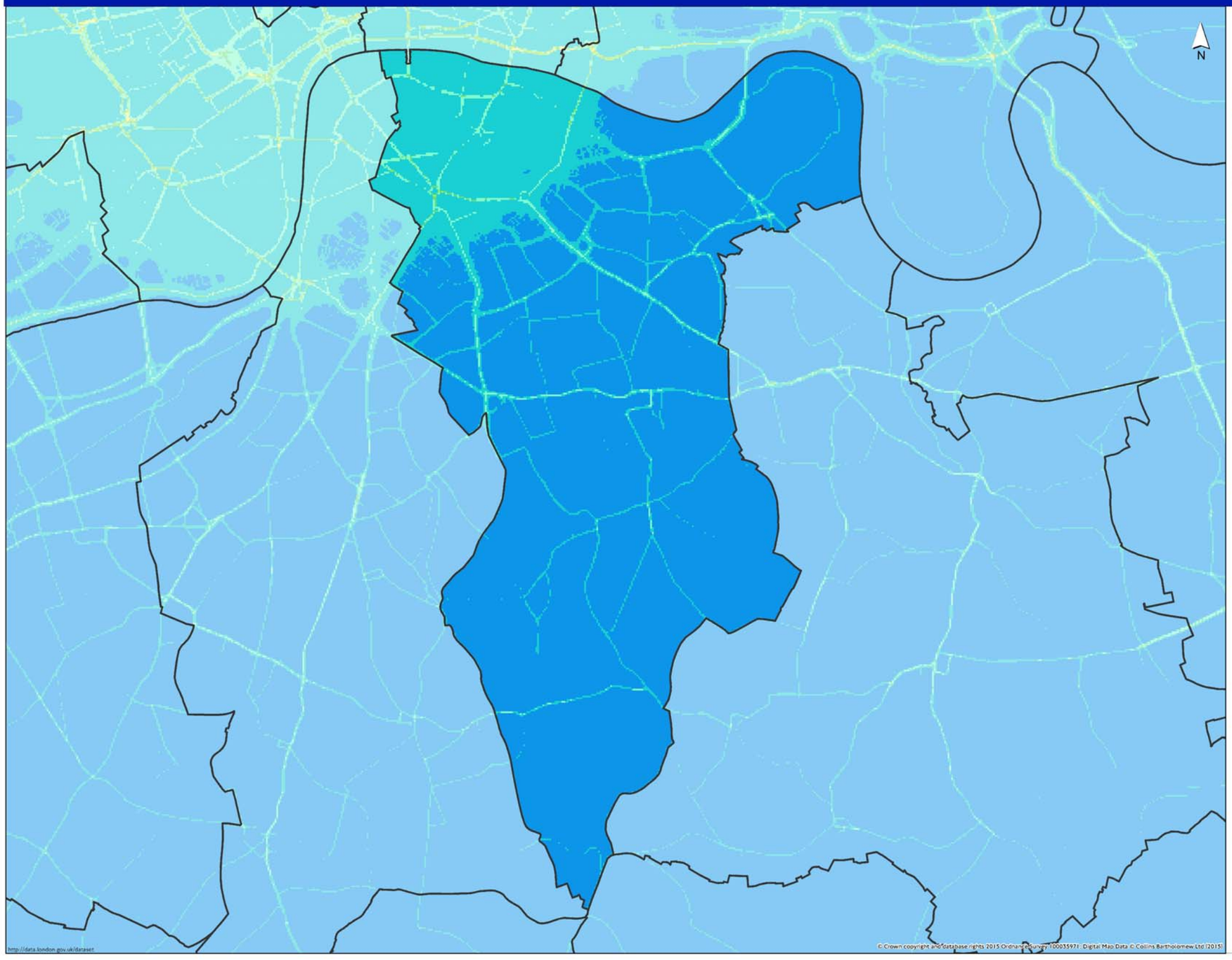
MAYOR OF LONDON

GREATERLONDONAUTHORITY

CLEANERAIR FOR LONDON

London Borough of Southwark
Annual Mean $PM_{2.5}$ concentrations 2013

LAEI 2013



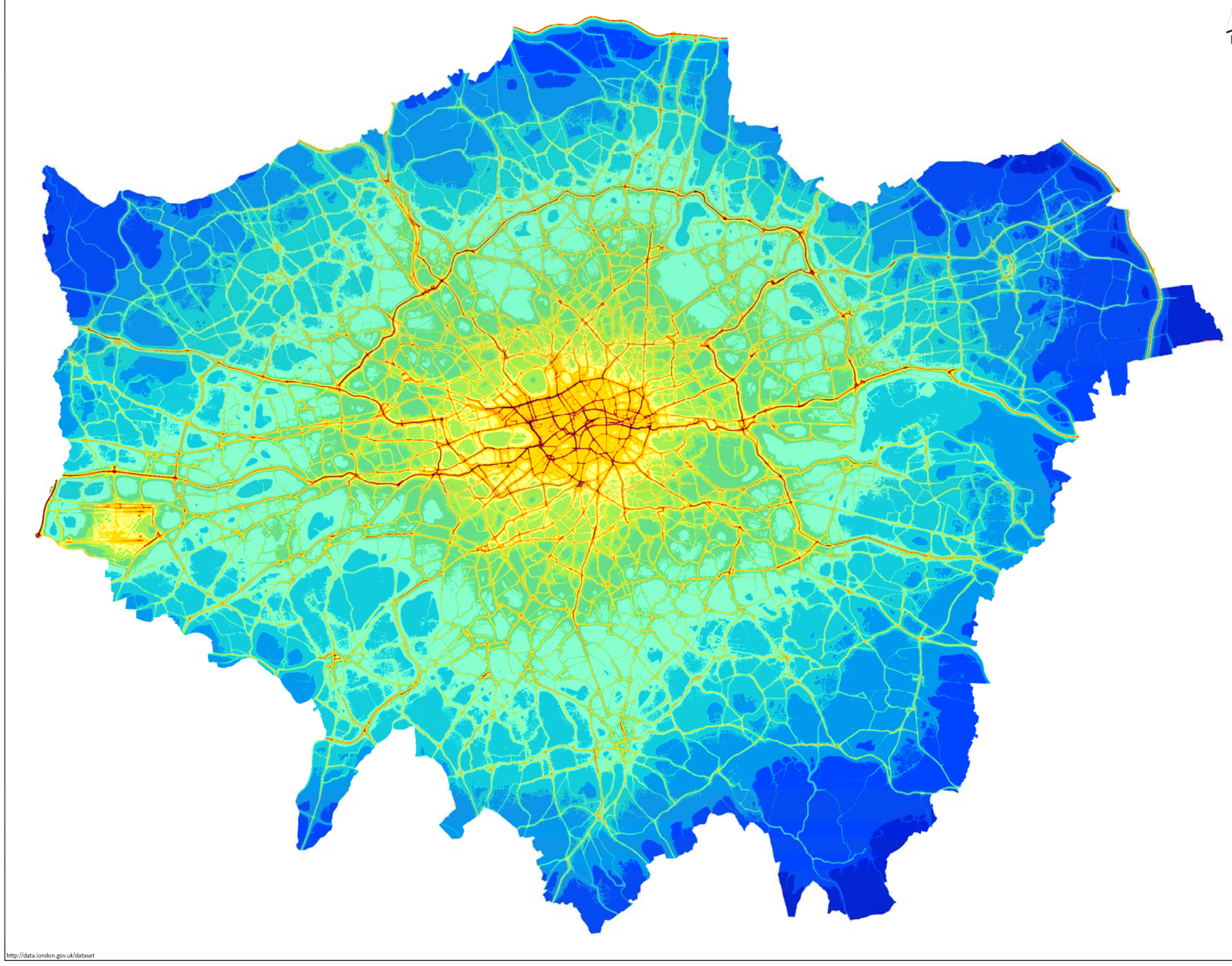
MAYOR OF LONDON

GREATERLONDONAUTHORITY

CLEANERAIR FOR LONDON

Greater London - Annual Mean NO_2 concentrations 2013

LAEI 2013



MAYOR OF LONDON

GREATERLONDONAUTHORITY

CLEANERAIR FOR LONDON

Appendix 3 Air Quality Exemplar Qualifying Criteria

To access funding from the new Mayor's Air Quality Fund, boroughs are asked to commit to make progress against each of the following criteria.

1. Political leadership

- To become a Cleaner Air for London Borough the authority will have to pledge (at cabinet level) to take significant action to improve local air quality and sign up to specific delivery targets.
- This includes having an up-to-date air quality action plan, fully incorporated into LIP funding and core strategies.

2. Taking action

Examples include:

- Taking decisive action to address air pollution, especially where human exposure and vulnerability (e.g. schools, older people, hospitals etc.) is highest.
- Integrate transport and air quality, including by improving traffic flows on borough roads to reduce stop/start conditions.
- Making additional resources available to improve local air quality, including by pooling its collective resources (s106 funding, LIPs, parking revenue, etc.).

3. Leading by example

Examples include:

- Maintaining an appropriate monitoring network so that air quality impacts within the borough can be properly understood.
- Reducing emissions from council operations, including from buildings, vehicles and all activities.
- Adopting a procurement code which reduces emissions from its own and its suppliers activities, including from buildings and vehicles operated by and on their behalf (e.g. rubbish trucks).

4. Using the planning system

Examples include:

- Fully implementing the Mayor's policies relating to air quality neutral, combined heat and power and biomass.
- Collecting s106 from new developments to ensure air quality neutral development.
- Additional enforcement of construction and demolition guidance, with regular checks on medium and high risk building sites.

5. Integrating air quality into the public health system

Examples include:

- Including air quality in the borough's Health and Wellbeing Strategy, including measures to promote adaptation amongst vulnerable groups.

6. Informing the public

Examples include:

- Ensuring consistency of branding by using the "Cleaner Air for London" marquee.
- Building a network of air quality champions in schools, businesses, public sector and social housing linked to the Mayor's programme.

Appendix 4 Public Health Outcome Framework

Vision: **To improve and protect the nation's health and wellbeing, an improve the health of the poorest fastest**

Outcome 1: Increased healthy life expectancy

Taking account of the health quality as well as the length of life

Outcome 2: Reduced difference in life expectancy and health life expectancy between communities

Through greater improvements in more disadvantaged communities

DOMAIN 1:	DOMAIN 2:	DOMAIN 3:	DOMAIN 4:
Improving the Wider Determinants of Health	**Health Improvement**	**Health protection**	**Healthcare public health & preventing premature mortality**
Objective: Improvements against wider factors which affect health and wellbeing and health inequalities	**Objective:** People are helped to healthy lifestyles, make healthy choices and reduce health inequalities	**Objective :** The population's health is protected from major incidents and other threats whilst reducing health inequalities	**Objective :** Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

The indicators highlighted in yellow below are either directly or indirectly influenced by the implementation of the actions in the preliminary draft of the Air Quality Action Plan. The highlighted green indicator is an air pollution specific indicator.

Domain 1 Improving the wider determinants of health

Objective

Improvements against wider factors that affect health and wellbeing and health inequalities

Indicators

- Children in poverty
- School readiness
- Pupil absence
- First-time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation
- People in prison who have a mental illness or a significant mental illness
- Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services
- Sickness absence rate
- Killed and seriously injured casualties on England's roads
- Domestic abuse
- Violent crime (including sexual violence)
- Re-offending levels
- The percentage of the population affected by noise
- Statutory homelessness
- Utilisation of green space for exercise/health reasons
- Fuel poverty
- Social isolation
- Older people's perception of community safety

Domain 2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions*
- Child development at 2-2½ years (under development)
- Excess weight in 4-5 and 10-11 year olds*
- Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years

- Emotional well-being of looked after children
- Smoking prevalence – 15 year olds (placeholder)
- Self-harm
- Diet
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adult (over 18s)
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol-related admissions to hospital
- Cancer diagnosed at stage 1 and 2
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take up of the NHS Health Check Programme – by those eligible*
- Self-reported wellbeing
- Falls and injuries in people aged 65 and over

Domain 3 Health protection

Objective

The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators

- Fraction of mortality attributable to particulate air pollution
- Chlamydia diagnoses (15-24 year olds)*
- Population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for Tuberculosis (TB)
- Public sector organisations with board-approved sustainable development management plan
- Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies*

Domain 4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.

Indicators

- Infant mortality
- Tooth decay in children aged 5
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory diseases
- Mortality from communicable diseases
- Excess under 75 mortality in adults with serious mental illness
- Suicide rate
- Emergency readmissions within 30 days of discharge from hospital
- Preventable sight loss
- Health-related quality of life for older people
- Hip fractures in people aged 65 and over
- Excess winter deaths
- Estimated diagnosis rate for people with dementia

Agenda Item 8

Item No. 8.	Classification: Open	Date: 26 July 2016	Meeting Name: Health and Wellbeing Board
Report title:		Better Care Fund 2016/17	
Ward(s) or groups affected:		All	
From:		Caroline Gilmartin – Director of Integrated Commissioning, Southwark CCG Dick Frak, Interim Director of Commissioning, Children's and Adult's Services, Southwark Council	

RECOMMENDATION(S)

1. The board is requested to:

   - Note and approve the latest iteration of the Better Care Fund (BCF) plan
   - Note the work being undertaken to refresh Key Performance Indicators (KPIs) for all schemes and the process for the reallocation of slippage resulting from any individual scheme
   - Note that whilst there are clear governance routes in place, these may be subject to change in line with the broader Clinical Commissioning Group (CCG) and Council governance review

BACKGROUND INFORMATION

2. 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 the use of a £22m budget, 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.

3. This year's plan builds on the plan submitted for 2015/16 which was approved without conditions. The planning guidance for this year has changed considerably, and the plan has thus been updated accordingly. Our draft submission was submitted in May 2016, and we have recently been advised that our plan has been rated as being 'fully assured', one of only 4 London boroughs to achieve such a rating at the initial review stage.

KEY ISSUES FOR CONSIDERATION

4. The attached paper gives full details of the proposed plan for 2016/17. The paper describes the intent of the BCF, and how the schemes included within it will help to meet these aims. 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.

5. The BCF pot in 2016/17 is marginally smaller than in 2015/16 (£21,828,441 vs £21,967,610). This is as a result of changes to central allocations to Local Authorities which need to be channeled through the BCF. Previously there has been an allocation for Social Services capital grants which has now been removed, with an increase to the allocation for Disabled Facilities Grant. As the Capital Funding supported the development of a Dementia Centre, this was always going to be a one off cost, so there is no direct impact on the running of any other BCF schemes. There are also a number of other schemes which were granted monies for one off costs in 2015/16, such as £100k for equipment for Telecare. As these schemes were always going to be non-recurrent, they have now ceased, with that allocation now going to support existing schemes, such as Nightowls.

6. It should further be noted that whilst a spending plan for the BCF is included in the plan, this is for indicative purposes. Learning from last year has indicated that there is likely to be slippage from different schemes throughout the year, and it is advisable for us to have sufficient governance in place to allow for reallocations to take place in year. All schemes financial performance will be monitored on a monthly basis, with the Integrated Working Group agreeing in-year reallocations of funding. In addition, over the course of the next few weeks, 'Star Chambers' will be held with scheme holders for those projects which are deemed to be higher risk, or which need to revise their KPIs for the current year. Once this process is complete, all scheme-holders will be informed of their final allocations.

Policy implications

7. In planning for the BCF for 16/17, we have also been mindful that we are likely to move to formal joint commissioning arrangements in Q3. As such, we would see this as a transitional year, and that significant focus will be given to reviewing and refreshing schemes and aligning them with joint commissioning intentions. Furthermore, it is felt that many schemes would benefit of a further year of 'bedding in' before they can be fully assessed, and therefore major changes are unlikely to take place until 17/18.

8. Alongside this, the firm intention of both the CCG and Local Authority is to set up the 'Partnership Commissioning Team' (PCT) during the course of 16/17. This will see many commissioning functions including children's, older adults and mental health become the responsibility of a joint CCG and Local Authority team. The BCF is an important building block for the development of this team, and we will work to ensure that BCF planning for 17/18 is incorporated into the development of the PCT.

Community impact statement

9. Our approach has been made possible by the relatively strong performance of the BCF since its inception, with significant progress made on a number of areas including:

    - Low levels of Delayed Transfers of Care (DTOCs), with Southwark one of the

top 12 performers nationally, with delays less than a third of the national average

- Improvements to re-ablement services, with a reduction in the number of patients re-admitted to hospital. Over 90% of patients remain at home 90 days after discharge.
- Care home admissions have been kept at low levels. Thanks to services such as Re-ablement, Night Owls, and @home, more people are being able to be cared for at home, helping rebuild confidence and mobility and reducing need for long-term placements.

10. However, we know there is more that we can do. Emergency Admissions, whilst reducing in Q3, are higher for the year as a whole. Although reductions in emergency admissions are no longer a core metric for BCF plans, locally we will maintain our focus on reducing admissions in order to ensure that we continue to develop out of hospital services, and reduce pressure on acute hospitals.

Resource and financial implications

11. Individual schemes will be monitored by the Adults Commissioning Development Group with the overview taken by the Integrated Working Group (IWG) and subsequently, Health and Social Care Partnership Board and Health and Wellbeing Board. The Head of Integration and System Resilience for the CCG and the Service Development Manager for the Council will also meet with individual schemeholders on a regular basis to track progress on implementation and operation of schemes and provide troubleshooting capability where required.

12. Finance teams from the CCG and Council have agreed a finance schedule for the year and processes for tracking expenditure. Should slippage occur on any individual scheme, the IWG will agree the reallocation of these funds to ensure that the full BCF allocation is spent in year to support reductions in delayed transfers of care, reduce admissions to hospital and support the integration of health and care services.

Consultation

13. It is noted that extensive consultation with local people was undertaken ahead of the development of the 2015/16 BCF plan. As this years plan has not markedly changed from last years plan we have not run a similar exercise this year. However, as we move on to developing plans for 17/18, we will engage local residents to ensure that the spending plan for the BCF reflects the priorities of local people.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Better Care Fund Planning Guidance	NHS England website	N/A
https://www.england.nhs.uk/wp-content/uploads/2016/02/annex4-bcf-planning-requirements-1617.pdf		
Better Care Fund allocations	NHS England website	N/A
https://www.england.nhs.uk/wp-content/uploads/2016/02/bcf-allocations-1617.xlsx		

APPENDICES

No.	Title
Appendix 1	Better Care Fund Plan 2015/17 (Appendix circulated separately)

AUDIT TRAIL

Lead Officer	Caroline Gilmartin – Director of Integrated Commissioning, Southwark CCG Dick Frak, Interim Director of Commissioning, Children's and Adult's Services, Southwark Council
Report Author	David Smith – Head of Integration and System Resilience, Southwark CCG
Version	Final
Dated	23 June 2016
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
List other officers here		
Cabinet Member	No	No
Date final report sent to Constitutional Team		4 July 2016

Agenda Item 9

Item No. 9.	Classification: Open	Date: 26 July 2016	Meeting Name: Health and Wellbeing Board
Report title:		South East London Sustainability and Transformation Plan (STP)	
Ward(s) or groups affected:		All wards and groups	
From:		Andrew Bland, CCG Chief Officer	

RECOMMENDATION(S)

1. The Board should note that the attached paper introduces a full summary of the draft south east London STP which was submitted to NHS England on 30 June 2016. The STP was endorsed by boards and governing bodies in SEL to demonstrate commitment to the strategic direction set out. The full STP will be available after it is assessed by NHSE, likely to be later this month.

2. The Health and Wellbeing Board is invited to note the STP plan and consider their role with its implementation.

BACKGROUND INFORMATION

3. Planning guidance was published on 22 December which set out the requirement for the NHS to produce five year sustainability and transformation plans. These are place based, whole system plans driving the Five Year Forward View.

4. The STP:

   - It takes a whole system approach to health and social care planning.
   - It requires systems to work together to produce a sustainable plan that both meets quality and performance standards and ensures financial sustainability.
   - Requires commissioner and provider plans to align activity and finance and achieve the national standards on quality and performance.
   - The STP is the single application and approval process for transformation funding for 2017/18 and thereafter.

5. A milestone submission was made in April setting out the geographical scope of the STP, “the footprint”, and the governance arrangements. A submission is required by 30 June but the planning and assurance process will continue thereafter.

6. Our starting point for the STP has been the CCG-led Our Healthier South East London strategy, but the STP has developed this work considerably further both in terms of collective governance and scope of plans across both commissioners and providers in our system. Under national guidance we have established a leadership team (the quartet) of four individuals from across each part of our

system and refreshed our joint governance arrangements through the establishment of a Strategic Planning Group. The quartet are:

- Amanda Pritchard, CEO Guys and St Thomas NHST (overall SRO)
- Andrew Bland, CO Southwark CCG
- Andrew Parson, Chair Bromley CCG
- Barry Quirk, CEO Lewisham Council

7. The STP covers a number of areas not originally within OHSEL such as specialist commissioning (and NHSE specialist commissioning are partners to the plan), mental health and learning disabilities (Transforming Care Partnerships).

8. In addition an important provider productivity strand has developed which seeks to identify significant savings from collective working.

KEY ISSUES FOR CONSIDERATION

Current stage of the process

9. The attached document was developed through a number of stages; including:

- Initial draft developed using content provided by OHSEL Delivery Groups and organisations in SEL
- Direction and feedback from SROs and Delivery groups
- Feedback from NHSE on an initial draft including the reflection of national guidance
- Review by the Strategic Planning Group on 19 May
- Updated to reflect additional guidance from NHSE issued on 19 May
- Subsequent feedback on this document from NHSE and the STP Quartet.

10. Additional guidance was issued by NHSE on 19 May which:

- Gave a greater emphasis than previous guidance to a ‘golden thread’ of finance and the need to be clear on how each of the priorities contributes to the financial position.
- Reiterated the need for a coherent strategy that reflects the 5YFV ambition
- Reiterated the need to focus on a 3-5 critical decisions required to shift the dial to close the three gaps
- Indicated that the submission will form the ‘basis of a conversation’ about the choices to be made and will be a work in progress
- Indicated that the plans will not need formal approval from boards or consultation
- Limits the submission to a maximum of 30 pages (with appendices including governance, workforce, estates and the local digital roadmap).

Collective decision making on our priorities

11. It is important to note that will be collectively held to account for the commitments in the STP. As we move into the delivery of the programme we will be required to make decisions that benefit the system as a whole – either financially or for quality – which may impact differentially on individual providers or organisations.

12. At SPG on 19 May it was agreed that a piece of work will be undertaken, to outline a process for dealing with these decisions through the delivery of the STP.

Next Steps

13. The submission of a plan is of course only the start of a journey both in terms of the scrutiny and assessment of the plan and the steps necessary to deliver it.

14. It is likely that submissions will be categorized as to how developed they are, with the most developed plans being judged ready to proceed with support, and less developed plans being asked to re-submit in the autumn.

15. There are some very significant commitments in our plans, some of which have been well-developed through OHSEL processes: community based care and much of the CLG work; and some which are new and much less well-developed: specialist services, mental health, the Transforming Care Programme.

16. For our plans to be transformational rather than tactical it will mean new ways of working with emerging entities such as GP Federations. We will need new ways of doing business through mechanisms that drive the incentives and behaviors we will need, such as budgets that for populations rather than episodes of care.

17. We are committed to a significant reduction in inequalities and improved outcomes, while at the same time seeking to improve value and drive a potential £1bn in additional costs out of the system.

18. We shall be developing further proposals for strengthening our delivery mechanisms which will include strengthening our CLGs, and making sure their leaders and members have the authority, information and resources they need. At the same time our collective governance arrangements will need to be ready for the challenge ahead, including how we work with our broader stakeholders and patients and residents as partners and full participants.

APPENDICES

No.	Title
Appendix 1	South East London Sustainability & Transformation Plan Briefing Pack – June 2016

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark CCG
Report Author	Mark Easton, Programme Director, *Our Healthier South East London*
Version	Final report
Dated	July 2016
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	N/A	
Strategic Director of Finance and Governance	N/A	
Cabinet Member	N/A	
Date final report sent to Constitutional Team		15 July 2016

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APPENDIX 1

South East London: Sustainability and Transformation Plan

Briefing Paper

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Final

Introduction and context

- In December 2015, health and care systems were asked to come together to create their own ambitious local blueprint for implementing the Five year Forward View, covering up to March 2021, known as Sustainability and Transformation Plans (STPs).
- The south east London draft plan was submitted 30 June 2016. This is the public summary of this plan.

- The STP is the "umbrella" plan for south east London and draws extensively on the Our Healthier South East London (OHSEL) strategy which has been in development since 2013.

- The STP process has broadened the OHSEL plan and has taken it much further by bringing organisations together to establish a place-based leadership and decision-making structure

- We have established:
  - A single responsible officer supported by a quartet leadership and a strategic planning board to provide direction and oversight
  - Collaborative oversight and decision-making bodies at various levels
  - A single reporting structure
  - A single plan setting out our challenges, including our financial challenge

Our commitments

Over the next five years we will:

- Support people to be in control of their health and have a greater say in their own care
- Help people to live independently and know what to do when things go wrong
- Help communities to support each other
- Make sure primary care services are consistently excellent and have an increased focus on prevention
- Reduce variation in outcomes and address inequalities by raising the standards in our health services
- Develop joined up care so that people receive the support they need when they need it
- Deliver services that meet the same high quality standards whenever and wherever care is provided
- Spend our money wisely, to deliver better outcomes and avoid waste

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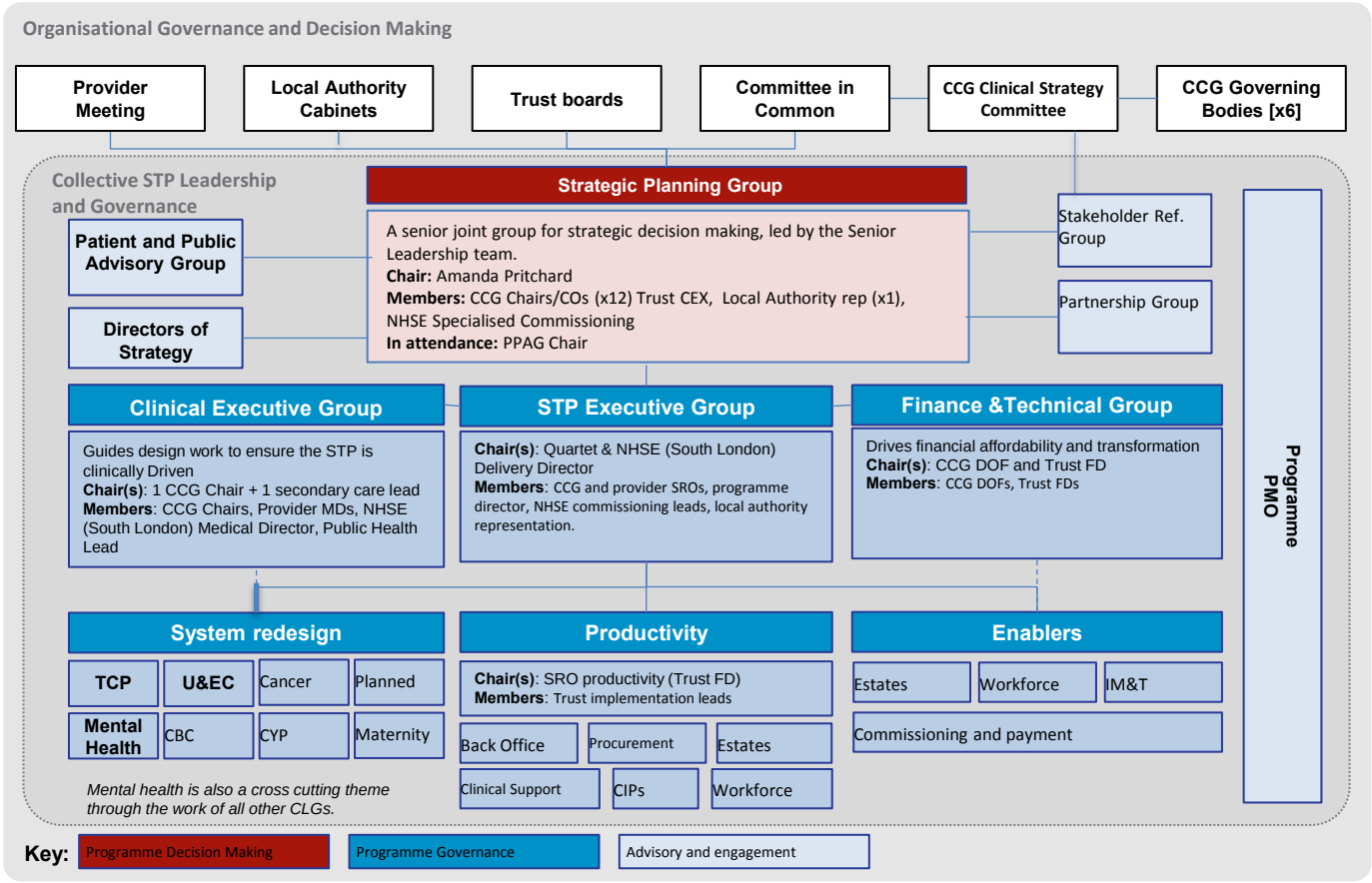
STP Governance

STP SRO and Leadership

- **SRO**: Amanda Pritchard, GSTT
- **CCG**: Andrew Bland, Southwark CCG
- **Council**: Barry Quirk, London Borough Lewisham
- **Clinical Lead**: Andrew Parsons, Bromley CCG



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STP: Plan on a page

Our challenges

- **Demand for health and care services is increasing.**
- **There is unacceptable variation in care, quality and outcomes across SEL.**
- **Our system is fragmented resulting in duplication and confusion.**
- **The cost of delivering health and care services is increasing.**

Our five priorities and areas of focus

1 Developing consistent and high quality community based care (CBC) and prevention	2 Improve quality and reducing variation across both physical and mental health	3 Reducing cost through provider collaboration	4 Developing sustainable specialised services	5 Changing how we work together to deliver the transformation required
• Promoting self-care and prevention • Improved access and co-ordination of care • Sustainability of workforce and estates • Co-operative structures across parts of the system • Financial investment by the system • Contracting and whole population budgets	• Integration of mental health • Reduce pressure on and simplify A&E • Implementation of standards, policies and guidelines • Collaborate to improve quality and efficiency through centres of excellence (e.g. EOC) • Standardise care across pathways	• Standardise and consolidate non-clinical support services • Optimise workforce • Capitalise on collective buying power • Consolidate clinical support services • Capitalise on collective estate	• Joint commissioning and delivery models • Strategic plan for South London • London Specialised Commissioning Planning Board • Managing demand across boundaries • Mental health collaboration	• Effective joint governance able to address difficult issues • Incorporation of whole commissioning spend including specialist • Sustainable workforce strategy • Collective estates strategy and management • New models of collaboration and delivery

The impact of our plans

• Reduction in A&E attends and non-elective admissions • Reduced length of stay • Reduced re-admissions • Early identification and intervention • Delivery of care in alternative settings (Net savings c.£110m)	Cross-organisation productivity savings from joint working, consolidation and improved efficiency. (Net saving c. £230m)	• Increased collaboration • Reduced duplication • Management of flow (Need to address £190m)	• Aligned decision-making resulting in faster implementation • Increased transparency and accountability	

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STP: Summary of our priorities

1. **Developing consistent and high quality community based care (CBC) and prevention**

Investment in CBC is essential to transform our system and move towards lower cost, higher value care delivery. Over the next five years we will continue to support the development of LCNs to establish coherent, multi-disciplinary networks that work at scale to improve access as well as manage the health of their populations. This will include fully operational federations and networks; adopting population based budgets and risk-based contracts; and fully integrating IM&T across organisations and pathways. Fully operational LCNs will deliver our new model of care - adopting population based budgets and risk based contracts, supported by sustainable at scale delivery of primary care and enabled by fit for purpose estate and integrated IM&T across their organisations and the pathways the deliver

2. **Improve quality and reducing variation across both physical and mental health**

We have identified a range of initiatives across our system to improve consistency and standards by working collaboratively. Our main areas of focus are:

- reducing pressure on A&E by providing high-quality alternatives (through CBC), simplifying access and developing a truly integrated offer;
- collaborating to improve value within planned care pathways, including the development of centres of excellence. We are starting with orthopaedics before expanding to other specialties;
- integrating mental health across health and care services adopting the mind/body approach

3. **Reducing cost through provider collaboration**

Our acute and mental health providers have identified opportunities for reducing the costs of delivering care in 5 priority areas; clinical and non-clinical support services, workforce, procurement and estates. Our immediate step is developing businesses cases for each opportunity and delivering quick wins payroll, workforce and non-clinical sourcing. Over the next 5 years we will continue to look for opportunities in other areas.

4. **Developing sustainable specialised services**

We wish to develop world class and sustainable specialised services that meets the needs of patients both locally and across England. Specialised services are a significant part of SEL health economy and provide services at a local, regional and national level – a third of patients come from outside of SEL. The size of this service has an impact on the sustainability of our system both in terms of financial sustainability and the quality of other services. Specialised services offer the potential to review pathways and explore consolidation to support quality improvement and better value for money. We are supporting NHSE to establish a London-wide board.

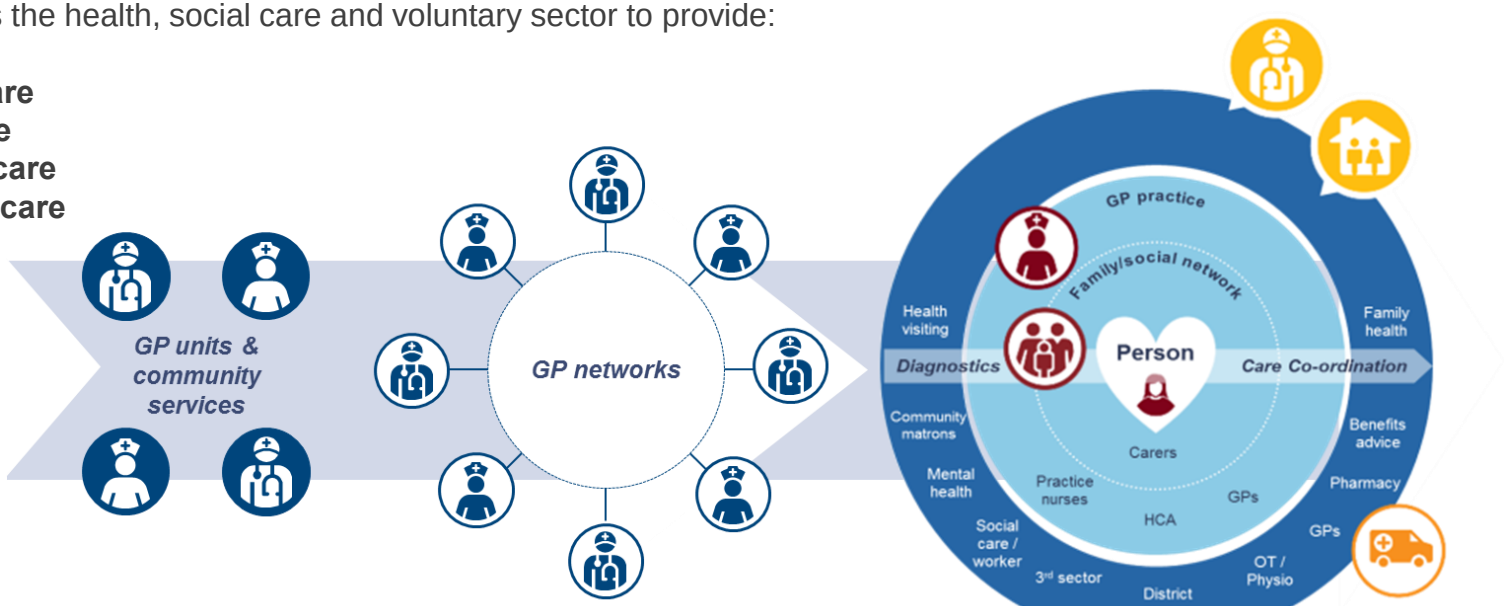
5. **Changing how we work together to deliver the transformation required**

To deliver this plan we must establish the right governance, secure appropriate resources and address system incentives. This transformation will mean having to think differently and more radically. Crucially our structures must allow us to make difficult decisions and investment in transformation for the benefit of the system rather than our own organisations. Our immediate priority is developing the appropriate infrastructure to deliver our plan, agreeing roles and functions across the system. We are learning from our acute care collaboration vanguard between Guy's and St Thomas' and Dartford and Gravesham.

1. Investment in CBC is essential to transform our system and move towards lower cost, higher value care delivery

Primary and community care (defined in its broadest sense) will be provided at scale by Local Care Networks and drawing on others from across the health, social care and voluntary sector to provide:

- **Accessible care**
- **Proactive care**
- **Coordinated care**
- **Continuity of care**



Primary care working within LCNs

Enablers supporting the transformation

The Local Care Networks are the super enabler for integration of services

IM&T, Commissioning Framework, Workforce, Estates, Leadership

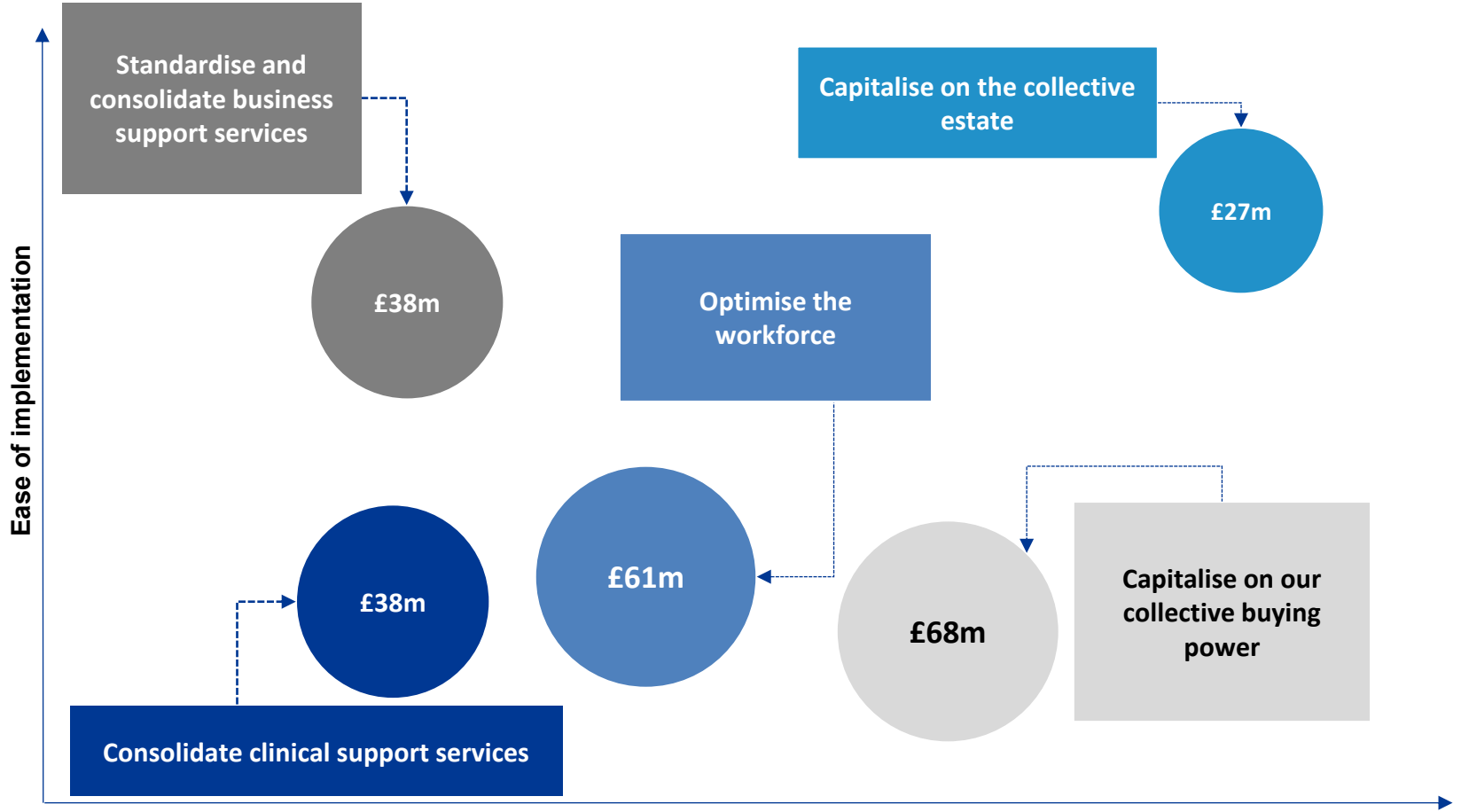
2. We have identified a range of initiatives across our system to improve consistency and standards by working collaboratively

Clinical Leadership Group	High level summary of the model of care	Estimated savings
Community based care	• Delivery of local care networks	£50m
Urgent and emergency care	• Improving access in Primary Care, in hours and out of hours, to unscheduled care. • Specialist advice and referral. • An enhanced single “front door” to the Emergency Department.	£71m
Planned care	• Standardisation of planned care pathways. • Enhanced diagnostics. • Elective care centres.	£41m
Children and young people’s care	• Children’s integrated community teams. • Short stay paediatric assessment units.	£13m
Maternity	• Early assessment by the most appropriate midwife team. • Access to assessment clinics. • Culture of birthing units.	£6m
Cancer	• Primary prevention including early detection. • Provider collaboration in treatment of cancer. • Enhanced end of life care.	£17m
	Net savings after 40% reinvestment **£119m**	**Gross Total £198m**

Integrating mental health is a key area of focus across our priorities

Community based care	• Integrated mental and physical health in CBC by aligning services, developing multi-professional working, supporting people with housing and meaningful occupation including employment and increase training of teams within LCNs • Building mental health into our approach for capitated budgets and risk sharing • Incorporating mental health into our population health management approach • Increase early access in primary care • Tackling wider determinants of health in children and their families • Improved services for people with dementia
Improving quality and reducing variation across both physical and mental health	• Embed an integrated mind/body approach to support both the physical and mental health of patients and service users • Deliver quality improvement methodologies across the provider landscape • Improving timely access to specialist mental health support in the community • Increase diagnosis rates for people with mental health conditions • Develop access to crisis care for children and adults • Explore how we can achieve the four hour target for mental health and ceasing OATs • Ensure sufficient and appropriate capacity is available to meet future demand
Improving productivity through provider collaboration	In addition to the collaborative productivity work across all SEL providers we are: • Establishing a pan-London procurement approach for mental health providers, and a shared approach to procurement of legal support across south London • Implementing A joint approach across providers in south London to managing the budget for forensic provision and which could potentially be extended to specialised commissioning of mental health services for children and young people • Collaborative approaches to estates planning to support new models of care and more integrated working
Optimising specialised services	• We are trialling a new way to manage budgets for specialised services through our collaboration between the three south London mental health trusts to take on the specialised commissioning budget for adult secure services. We will assess how this approach could be extended to other areas
Standardised care across pathways	• Ensure a standardised approach to Making Every Contact Count • Encourage open and positive discussion about mental health and wellbeing across settings. • Promote excellence in relation to mental health across all services and conditions • Increase early identification and early intervention, including the use of screening for mental health needs

3. Our acute and mental health providers have identified opportunities for reducing the costs of delivering care in 5 priority areas



4. We wish to develop world class and sustainable specialised services that meets the needs of patients both locally and across England

We have been working collaboratively with NHSE to develop the specialised content for the STP. We now have a greater understanding of the challenge, the future programme of work and the need to work with colleagues in South London to ensure sustainable and high-quality services.

Involvement to date in developing the STP	• An indicative high-level estimate (in a 'do-nothing' scenario) on the projected specialised commissioning funding gap for the April STP submissions (based on a top-down approach). Updated modelling outputs will be ready for inclusion in the June • A portfolio of transformation projects, as part of the Healthy London Partnership, is being developed to improve quality, consistency and efficiencies in specialised services. Initial London projects are focusing on: neuro-rehabilitation; CAMHS Tier 4; HIV services and paediatric and neonatal transport
Development of a London-wide programme board	• Given the scale and challenge of specialised commissioning there needs to be a specific London-wide focus on specialised services • A new regional Specialised Commissioning Planning Board is being set up to include all five STP 'system leaders', representatives of specialised providers and national and neighbouring regional specialised commissioners to set strategic direction and priorities
Sustainable services across South London	• There are potential opportunities for reviewing current service provision across South London and discussions have started between NHSE, and SEL & SWL STP leads

5. To deliver this plan we must establish the right governance, secure appropriate resources and address system incentives

- **Balancing system benefit and impact on individual organisations** to make decisions that are in the best interest of patients and sustainability of the system
- **Aligning transformation funding to the objectives of the STP** by building processes to ensure that investment across the system supports our collective vision
- **Investing in shared planning and delivery** to ensure that a collaborative approach runs throughout the programme with the appropriate resources
- **Align system incentives** that drive population health and value and shared risk.
- **Have an ongoing dialogue with our stakeholders** through existing and new communication channels
- **A system-wide delivery plan and agreed measures** to monitor the implementation of the STP
- **Working collaboratively across London** with existing partners including HLP
- **Adopting new models of collaboration and delivery** by collaborating and learning lessons from local and national vanguards

Our Healthier South East London
Improving health and care together

NHS

Improving productivity and closing the local financial gap

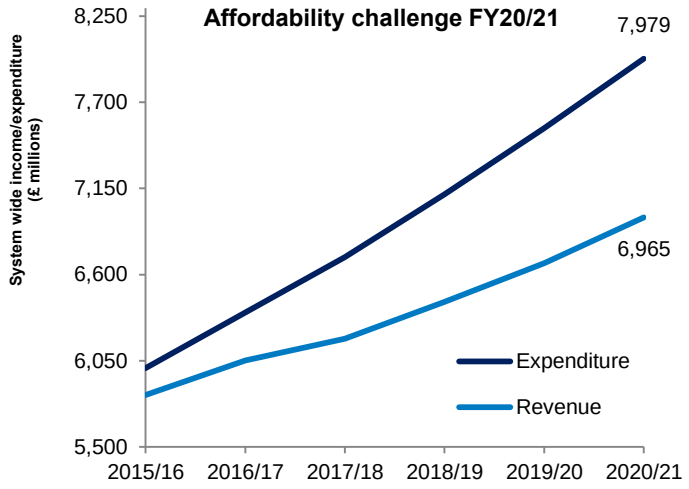
Our financial challenge

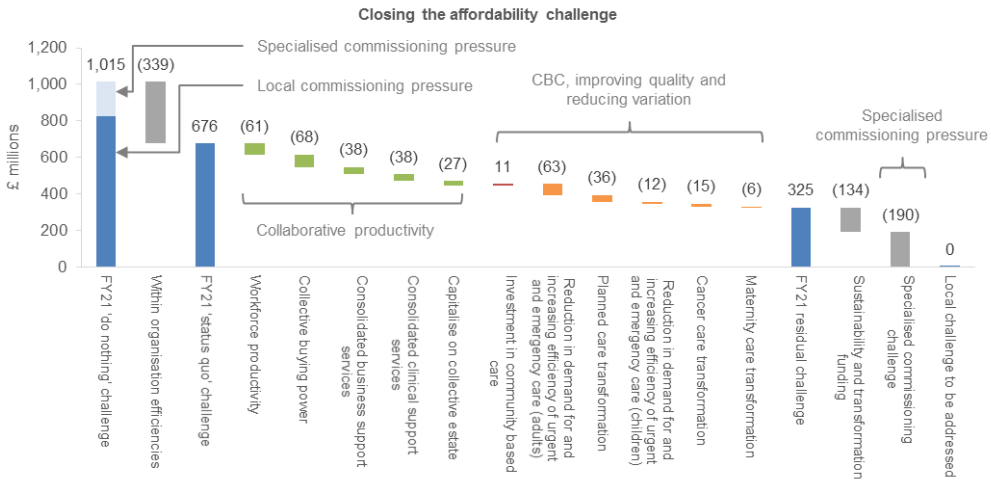
- The 'do nothing' affordability challenge faced by the south east London health economy is £1,015m by 2020/21. NHS England (Specialised) have estimated an indicative £190m five year affordability challenge for specialised commissioning.

Closing the affordability challenge

- 1.6% per annum CIPs across our five provider organisations contributes £339m
- Collaborative productivity contributes savings of £232m
- Service transformation leads to net savings of £119m
- Indicative Sustainability and Transformation Funding of £134m would reduce the challenge to £190m, with all of this relating to specialised commissioning for which savings plans have not yet been developed.

If ongoing work is able to fully address this specialised commissioning pressure, then this would address the entire affordability challenge across south east London by 2020/21. This challenge translates into an **average annual 4.1% productivity improvement** –BAU CIPS (1.6%), Clinical Interventions (0.5%), Collaborative Productivity (1.1%) and NHSE (0.9%). Central funding support (£134m – 0.6%).





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

Agenda Item 10

Item No. 10.	Classification: Open	Date: 26 July 2016	Meeting Name: Health and Wellbeing Board
Report title:		Lambeth, Southwark and Lewisham (LSL) Sexual Health Strategy update	
Wards or groups affected:		All	
From:		Jin Lim, Acting Director of Public Health	

RECOMMENDATIONS

1. The board is requested:

   a) To note the on going challenges for sexual health and sexual health services and the actions 2015/16 to address the challenges.

   b) To note the progress made on the LSL sexual health strategy and key actions for 2016.17.

EXECUTIVE SUMMARY

2. The Health and Wellbeing Board sets the strategic direction for improving the health of the borough and this is captured in the Southwark Health and Wellbeing (HWB) Strategy.

3. The HWB Strategy has a number of major priorities, including sexual health, obesity, alcohol and tobacco and smoking. Southwark Council has also signed up to halving the rate of late HIV detection.

Summary of strategy

4. The LSL Sexual Health Strategy has a number of priorities including promoting good sexual health, reducing stigma and focusing on those most at risk of poor sexual health.

5. The strategy continues many of the themes of the Sexual Health Modernisation Initiative and links with the wider work of the London Sexual Health Board.

Policy implications

6. Southwark Council and the Southwark CCG have a statutory duty under the 2012 Health and Social Care Act to produce a health and well being strategy for Southwark. The health and wellbeing board leads the production of the strategy. The Health and Wellbeing Strategy is underpinned by more detailed thematic strategies and action plans – of which the LSL Sexual Health Strategy is one.

Community impact statement

7. The health and wellbeing strategy and associated action plans seek to improve the health of the population and to reduce health inequalities. It is acknowledged that some communities and individuals are less likely to access or make use of the services offered and targeted support or initiatives are expected to address this.

Financial implications

8. There are no financial implications contained within this report. However, the open access nature of gentio-urinary medicine services means there is considerable financial pressure on sexual health budgets. The priorities identified in the LSL Sexual Health Strategy will have implications the development of commissioning intentions to control spend.

BACKGROUND PAPERS

Background papers	Held at	Contact
Lambeth Southwark and Lewisham Sexual Health Strategy and Epidemiological Needs Assessment	http://moderngov.southwark.gov.uk/documents/s47068/LSL%20Sexual%20Health%20Strategy%20Consultation.pdf	Public Health 020 7525 0280
Link: http://moderngov.southwark.gov.uk/documents/s47068/LSL%20Sexual%20Health%20Strategy%20Consultation.pdf		
Southwark Joint Strategic Needs Assessment	www.southwark.gov.uk/jsna	jsna@southwark.gov.uk
Link: www.southwark.gov.uk/jsna		
Southwark Health & Wellbeing Strategy 2015/20	http://www.southwark.gov.uk/downloads/download/3570/southwark_health_and_wellbeing_strategy_2015-2020	Public Health 020 7525 0280
Link: http://www.southwark.gov.uk/downloads/download/3570/southwark_health_and_wellbeing_strategy_2015-2020		

APPENDICES

No.	Title
Appendix 1	Update on LSL Sexual Health Strategy
Appendix 2	Map of current service provision across Southwark and update on current priorities for 2016.

AUDIT TRAIL

Lead officer	Jin Lim, Acting Director of Public Health
Report Author	Kirsten Watters, Consultant in Public Health
Version	Final
Dated	10 July 2016
Key decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		14 July 2016

APPENDIX 1

SUMMARY

There remain a number of challenges for sexual health and sexual health services within Southwark attributable to:

- The continued high rates of sexually transmitted infections and HIV.
- The diversity of population need and the range of services required to meet them.
- The requirement to make significant savings to the public health sexual health budget
- The risks to population health if access to testing and treatment is not maintained.

This paper provides an update on the Lambeth Southwark and Lewisham Sexual Health Strategy.

Lambeth Southwark and Lewisham Sexual Health Strategy 2014 – 2017

- The Lambeth, Southwark and Lewisham Sexual Health Strategy was completed in May 2014 by the LSL Strategy working group. It was informed by:
    - Extensive engagement with public health specialist and commissioners throughout LSL.
    - An in-depth Epidemiology Report written by LSL Public Health Teams and is available alongside the Strategy document for consultation.
    - Stakeholder engagement, including a stakeholder engagement day held in September 2013 attended by representatives from the NHS, Local Authority, and the Voluntary and Community Sector.

- **The aims of the LSL sexual health strategy are to:**

    1. Promoting good sexual health, not just the absence of disease and deliver better prevention.
    2. Reduce the stigma attached to sexually transmitted infections and sexual health
    3. Focus on those statistically most at risk of poor sexual health and health inequalities.
    4. Reduce the rates of unplanned pregnancy and repeat terminations, especially for under 18 year old conceptions.
    5. Reduce rates of undiagnosed sexually transmitted infections and HIV (including late diagnosis).
    6. Improve access to testing and treatment.
    7. Align strategic priorities with CCGs, other Council strategies and Joint Health and Wellbeing Strategies.
    8. Commissioning to improve cost effectiveness.

- **These are underpinned by seven key actions for 2016/17**

    1. Refocus activity away from clinics towards home sampling, online services, and primary care and pharmacy to:
        i. Better meet complex need by increasing capacity within clinics to deliver more complex work.
        ii. Reduce costs and produce cashable savings.
        iii. Deliver services closer to home.
    2. Working with primary care and pharmacy to enhance their capacity and offer within sexual health and HIV testing.
    3. Deliver improved services for people living with HIV by implementing the recommendations of the HIV Care and Support Review.
    4. Reduce rate of abortion and repeat abortions.
    5. Safeguard young people and reach out to the most vulnerable to improve their sexual health.
    6. Promote service user involvement.

- The strategy is overseen by the Lambeth Southwark and Lewisham Sexual Health Board, chaired by the director of Integrated Commissioning at Lambeth Council.
- Table 1 provides an update on the strategy and table 2 provides an overview of current and future service provision.

APPENDIX 2

TABLE 1: UPDATE ON LSL SEXUAL HEALTH STRATEGY

Action 2016 / 2017	Update	Link to Strategy Aim
1. Prevention Invest in prevention and reshape the commissioning of sexual health promotion to deliver improved health outcome	• Committed to 2 years funding of Pan-London HIV Prevention Programme. • LSL-wide HIV prevention programme for African communities and MSM procured (NAZ and Rise and GMFA Partnership).	- Promoting good sexual health - Reducing Stigma
2. Transforming Services Develop and implement new model for sexual health services, whereby basic needs are met in the community, freeing up services to focus more in those most in need. This will include identifying optimum contracting mechanisms.	• Led the London GUM Collaborative Commissioning Partnership and developed contacting mechanisms, basic service specification and contracts which resulted in cost efficient tariff prices for first and follow. • Worked across London to refine the new Sexual Health Integrated Tariff payment mechanism which will deliver savings. • Agreed a new model of service provision with GSTT, KCH and SH24 which will be operational in October 2016. • Refined service specifications, care pathways and clinical skills mix within specialist GUM/RSH services.	- Improve access to testing and treatment. - Align strategic priorities. - Commissioning to improve cost effectiveness.
3. Primary Care and Pharmacy Increase the capacity of primary care and community pharmacy to improve the cost effectiveness of sexual health services.	• Primary Care review completed and developing models to support the expansion of primary care HIV testing. • Engagement with pharmacy and contracting models explored with LPC. • Presentations to pharmacy on sexual health across LSL. • Commissioning plan for primary care and pharmacy developed.	- Improve access to testing and treatment
4. HIV Deliver improved services for people living with HIV by implementing the recommendations of the HIV Care and Support Review	• Consultation on the proposals to mainstream HIV care and support services opened on 09.05.16 and ended on 29.06.16. These proposed that: o Advice and advocacy and counselling being provided by local non-HIV specialist services and assessment and signposting provided by the peer support service. o A new pathway for counselling and mental health support o Extension of the Peer Support assessment and signposting service.	- Reduce rates of undiagnosed sexually transmitted infections and HIV

	○ No change to specialist HIV social care support (non-statutory) to families affected by HIV. • 203 survey responses were submitted and there were a number of focus groups and facilitated engagement events. The findings are currently being analysed.	
5. Abortions Reduce rate of abortion and repeat abortions	• Introduced brief alcohol assessments. • Strengthen and develop pathways for post abortion contraception with a focus on under 18s and 25-35 year olds. • Review pathways for long acting reversible contraception post abortion.	- Reduce the rates of unplanned pregnancy and repeat terminations, especially for under 18 year old conceptions.
6. Young People and vulnerable groups Safeguard young people and reach out to the most vulnerable to improve their sexual health	• Completed a strategic review of sexual health provision for vulnerable young people and first meeting held to look at how best to meet sexual health needs of vulnerable young people and integrate with other services across LSL. • Condon card scheme for young people procured and provide by Brook and went live in April 2016. • Re-commissioned WUSH service for young people for 2016/17. • Continue to support SRE provision in schools including faith schools.	- Focus on those statistically most at risk of poor sexual health to health inequalities
7. Service user involvement Service user engagement	• August 2016 will review our engagement mechanisms and ensure they are fit for purpose going forward.	- Improve access - Reduce stigma

TABLE 2: MAP OF CURRENT SERVICE PROVISION ACROSS SOUTHWARK AND UPDATE ON CURRENT PRIORITIES FOR 2016

New service provision in italics

AREA	PROVISION ACROSS SOUTHWARK	UPDATE AND PRIORITIES FOR 2016 / 2017
Reproductive Health		
Health Promotion	SRE support and Healthy Schools Programme	• Will be working with Education to review SRE provision in schools and how HSP can support good quality PHSE.
Teenage pregnancy	SRE support and Healthy Schools Programme Condom Distribution Scheme 'C Card'	• In year 1 of C card condom distribution scheme. • Will be reviewing targeted teenage pregnancy preventative work as part of the strategic review of sexual health services for vulnerable young people. • Will be reviewing pathways between emergency hormonal contraceptive use and referral for long acting reversible contraception.
Young People	WUSH service for Young People at GSTT Brook Southwark GSTT / KCH	• Strategic review of sexual health provision for at risk young people and first meeting held with stakeholders across LSL to review how best to integrate sexual health into other services for vulnerable young people. • Will work with Safeguarding Lead at GSTT to audit how sexual health needs of vulnerable young people are identified and met.
Contraception	Primary Care GSTT and KCH Brook *Pharmacy, SH24, new LARC referral and provision*	• Increasing LARC uptake remains priority and will be reviewing pathways for contraception and LARC. • Will work with primary care and pharmacy to support their contraceptive offer and improve pathways into LARC and work with SH24 to offer contractive pill online and LARC referral online.
Emergency Hormonal Contraception	Pharmacy provision of free EHC	• Evaluation of pharmacy LARC provision completed and service contracts to consolidate provision within high volume pharmacies as part of a wide sexual and reproductive health offer.
Abortions	Marie Stopes, BPAS, KCH	• Will be reviewing abortion provision and pathways in relation to ward level rates and post abortion care to reduce repeat abortions and from this will be re-specifying tenders for 2017-2020.
Sexually Transmitted Infections		
Health promotion/ prevention of	NAZ Rise GMFA Partnership for black Africans and MSM	• In year 1 of contract.

AREA	PROVISION ACROSS SOUTHWARK	UPDATE AND PRIORITIES FOR 2016 / 2017
infection	HPV vaccination pilot commenced in GSTT for MSM	
Asymptomatic STI Testing	SH24, *pharmacy*	• Continue to move asymptomatic testing online. • Will support pharmacy to offer STI testing
Symptomatic STI testing	GUM services, *primary care*	• Moving asymptomatic people online will ensure better triaging of symptomatic and vulnerable patients so that they can be seen quicker in acute GUM clinics.
Vulnerable groups	GUM services, RSH services, Brook, WUSH	• Moving asymptomatic people online will ensure better triaging of symptomatic and vulnerable patients so that they can be seen quicker in acute GUM clinics. • Review of sexual health services for vulnerable young people.
Partner notification	KCH/GSTT GSTT SEXT service	• Development and expansion of online partner notification through GSTTT SEXT and SH24
HIV		
Health promotion / Prevention	London HIV prevention programme NAZ RISE Partnership Condom distribution in primary care	• Committed £100K to continuation of London HIV prevention programme after successful interim evaluation. • In year 1 of NAZ RISE partnership for at risk black Africans and MSM
PrEP	Not currently commissioned	• Judicial review launched by National Aids Trust and Council awaiting outcome of this.
Testing	SH24, National HIV testing service, primary care, pharmacy, GUM services	• Working with CCG to expand primary care HIV testing.
Post exposure prophylaxis	GUM services	

Agenda Item 11

Item No. 11.	Classification: Open	Date: 26 July 2016	Meeting Name: Health and Wellbeing Board
Report title:		Southwark Healthy Weight Strategy 2016 – 2021	
Wards or groups affected:		All	
From:		Jin Lim, Acting Director of Public Health	

RECOMMENDATIONS

1. The board is requested:

   a) To note the Southwark Healthy Weight Strategy (Appendix 1)
   b) To agree the 4 priority programmes:
      - Early Years and Maternity
      - School age
      - Adults
      - Healthy Weight environment
   c) To agree the Action Plan for the next 12 months as set out in the Strategy
   d) To request a report back in 6 months.

EXECUTIVE SUMMARY

2. The Health and Wellbeing Board sets the strategic direction for improving the health of the borough and this is captured in the Southwark Health and Wellbeing (HWB) Strategy.

3. The HWB Strategy has a number of major priorities, including obesity, sexual health, alcohol and tobacco and smoking. Challenging targets have also been agreed for childhood obesity. The Southwark Healthy Weight Strategy and Action Plan sets out how obesity will be tackled and how the targets will be achieved. It is proposed that progress on the implementation of the action plan is reported back to the HWB Board in six months.

Summary of strategy

4. Southwark has some of the highest rates of overweight and obesity in the country, with 56% of adults and 43% of children (year 6) classified as obese or overweight with our most vulnerable populations at increased risk. The strategy aims to bring obesity to the fore in Southwark and is a comprehensive plan for uniting everyone together in its prevention and treatment.

5. The Senior Leadership Group (lead members of the HWB Board) led the development of the strategy with input from a range of partners. The strategy was informed by national and local learning and subject to external scrutiny and assurance.

6. The strategy sets out a number of challenging ambitions for childhood obesity over the next five years. Progress towards these will be monitored using data

from the annual National Child Measurement Programme in Reception and Year 6 pupils.

7. The strategy is comprehensive, including elements of both prevention and treatment of overweight and obesity with actions across the whole life course including pregnant women, children and adults. Key prevention activities include promoting breast feeding and healthy weaning for young children, increasing physical activity through play and active transport for all and providing tailored, evidence based advice to individuals through GPs and other health professionals. Treatment services will include three healthy weight referral and care pathways providing effective, age appropriate weight management services for 0-4 years, 5-12 years and adults.

8. The strategy also aims to influence the environment in which people live in order to make the healthy choices the easiest choices to make. This will involve working with partners in planning, regeneration and transport to provide appropriate spaces for play and physical activity including active transport and ensuring affordable healthy food options are available to all.

9. Crucially the strategy takes a whole systems approach, including partnership working between numerous Council departments, the CCG and other provider organisations. Obesity cannot be tackled in isolation and the strategy aims to make it clear that obesity is 'everybody's business'.

10. The development of an effective communication plan that increases the awareness and system wide consideration of unhealthy weight, including 'big conversations' with local communities, will underpin the strategy.

11. Training on healthy weight so that there is confident and consistent messaging and brief interventions will also be implemented.

12. Two implementation groups will be established in the first instance: People (life course) and Place to support the implementation of the strategy and action plan. The unhealthy weight targets that have been set will also be subject to the Council's performance challenge process.

Policy implications

13. Southwark Council and the Southwark CCG have a statutory duty under the 2012 Health and Social Care Act to produce a health and well being strategy for Southwark. The health and wellbeing board leads the production of the strategy. The Health and Wellbeing Strategy is underpinned by more detailed thematic strategies and action plans – of which the Healthy Weight Strategy is one.

14. The Healthy Weight Strategy will sit alongside other Southwark strategies that will themselves impact on levels of overweight and obesity. These include the Physical Activity and Sport Strategy, Transport Strategy and the Children and Young People's Wellbeing Strategy.

Community impact statement

15. The Healthy Weight Strategy acknowledges that some communities and individuals are both more likely to become overweight or obese and less likely to access services to prevent or treat it. The interventions commissioned to deliver

the strategy will be appropriately targeted in the expectation that they will address this issue.

Financial implications

16. There are no financial implications contained within this report. However, the priorities identified in the Healthy Weight Strategy will have implications for other key local strategies and action plans and the development of commissioning intentions to improve the health and wellbeing of Southwark's population.

BACKGROUND PAPERS

Background papers	Held at	Contact
Southwark Joint Strategic Needs Assessment	www.southwark.gov.uk/jsna	jsna@southwark.gov.uk
Link: www.southwark.gov.uk/jsna		
Southwark Health & Wellbeing Strategy 2015/20	http://www.southwark.gov.uk/downloads/download/3570/southwark_health_and_wellbeing_strategy_2015-2020	Public Health 020 7525 0280
Link: http://www.southwark.gov.uk/downloads/download/3570/southwark_health_and_wellbeing_strategy_2015-2020		

APPENDICES

No.	Title
Appendix 1	Southwark Healthy Weight Strategy 2016 – 2021 (Appendix circulated separately)

AUDIT TRAIL

Lead officer	Jin Lim, Acting Director of Public Health	
Report Author	Russell Carter, Consultant in Public Health	
Version	Final	
Dated	15 July 2016	
Key decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		14 July 2016

Agenda Item 12

Item No. 12.	Classification: Open	Date: 26 July 2016	Meeting Name: Health and Wellbeing Board
Report title:		Tobacco control - update	
Ward(s) or groups affected:		All	
From:		Jin Lim, Acting Director of Public Health	

RECOMMENDATION(S)

1. The board is requested to receive and note progress update on tobacco control in Southwark.

BACKGROUND INFORMATION

2. Smoking prevalence in Southwark is 16.5% which is lower than the national average, and lower than the average for London (17%). In 2014, there were an estimated 46,000 smokers in Southwark.

3. Smoking prevalence in routine and manual workers is 23.4% in Southwark, which is also lower than the average in England and London.

CURRENT POSITION

4. A new tobacco control strategy for Southwark is currently under development which will deliver the internationally recognized strands of an effective tobacco control strategy. Actions will be delivered in four key workstreams:

   - Preventing the uptake of smoking amongst young people
   - Helping tobacco users to stop
   - Reducing harm to non-smokers, especially children
   - Communications, social marketing, monitoring and evaluation

5. The smoking cessation service will be re-commissioned with services in place by April 2017. This will follow a model that prioritises key target groups:

   - Pregnant smokers
   - Smokers with long-term conditions
   - Smokers in routine and manual occupations

6. New legislation was introduced in the UK in April 2016 requiring plain packaging on all tobacco products.

KEY ACTIONS FOR NEXT QUARTER

7. Key actions for the next quarter include:

- Complete new tobacco control strategy for Southwark including developing and implementing an appropriate engagement process.
- Develop a new model for smoking cessation delivery in Southwark that focuses the service on target groups highlighted in the new strategy.
- Maintain strong trading standards presence in tobacco regulation work including age restricted sales and legislation relating to sales of e-cigarettes.

Policy implications

8. Tackling smoking is incorporated within the priorities of the Southwark Health and Wellbeing Strategy

Community impact statement

9. Local and national evidence shows that some communities and individuals are more likely to smoke. Interventions to reduce smoking prevalence will be targeted at those most at risk of smoking, including use of shisha and illegal tobacco products.

Legal implications

10. There are no specific legal implications contained in this report.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark JSNA	www.southwark.gov.uk/jsna	jsna@southwark.gov.uk
Link: www.southwark.gov.uk/jsna		
Southwark Health and Wellbeing Strategy 2015/20	http://www.southwark.gov.uk/downloads/download/3570/southwark_health_and_wellbeing_strategy_2015-2020	Public Health 020 7525 0280
Link: http://www.southwark.gov.uk/downloads/download/3570/southwark_health_and_wellbeing_strategy_2015-2020		

AUDIT TRAIL

Lead Officer	Jin Lim, Acting Director of Public Health
Report Author	Russell Carter, Consultant in Public Health
Version	Final
Dated	15 July 2016
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		15 July 2016

Tobacco Control Update July 2016

Performance Overview		**RAG rating**	AMBER
Benchmarking	London Smoking prevalence (adults): 17.0% London Smoking prevalence (adults – routine and manual): 25.3%		
Actions to sustain or improve performance		**By when**	**Partner agency**
Tobacco Control Review Action plan being developed		Completed September 2016	Southwark Council and Southwark CCG
Implementation of illegal sales campaign		December 2016	Southwark Council
Review of peer education programme		September 2016	Southwark Council
Promote smoke free: playgrounds		Completed	Southwark Council
Re-commission tobacco and smoking services to provide targeted support		April 2017	Southwark Council and Southwark CCG
Consider implications of supporting the licensing of tobacco sales		Sept 2016	Southwark Council and Southwark CCG

Tobacco Control Update July 2016

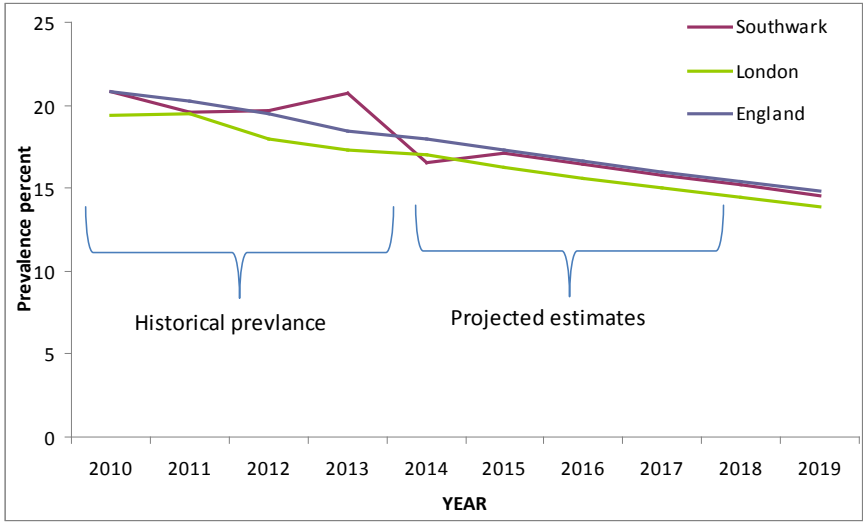
Health and Wellbeing Board 1. Tobacco			July 2016
Definition	Prevalence: % of smoking among persons aged 18 and over	**How this indicator works**	Integrated Household Survey analysed by PHE
What good looks like	Smoking Prevalence of 14.5% by 2019/20 (23% reduction over 5 years)	**Why this indicator is important**	Smoking is the single most preventable cause of ill health, health inequalities and premature mortality in the borough
History with this indicator	Smoking prevalence (adults): 16.5%		

Actual Smoking Prevalence (2010-2014) and Projected Smoking Prevalence (2015-2019) for the Adult Population

Period	2010	2011	2012	2013	2014
Southwark (%)	**20.8**	**19.6**	**19.7**	**20.7**	**16.5**
London (%)	19.4	19.5	18.0	17.3	17.0
England (%)	20.8	20.2	19.5	18.4	18.0

Period	*2015*	*2016*	*2017*	*2018*	*2019*
Southwark (%)	***17.2***	***16.5***	***15.8***	***15.2***	***14.5***
London (%)	*16.2*	*15.6*	*15.0*	*14.5*	*13.9*
England (%)	*17.3*	*16.6*	*16.0*	*15.4*	*14.8*

Trajectories showing actual Smoking Prevalence (2010 – 2014) and Projected Prevalence (2015 - 2019) for Southwark, London and England



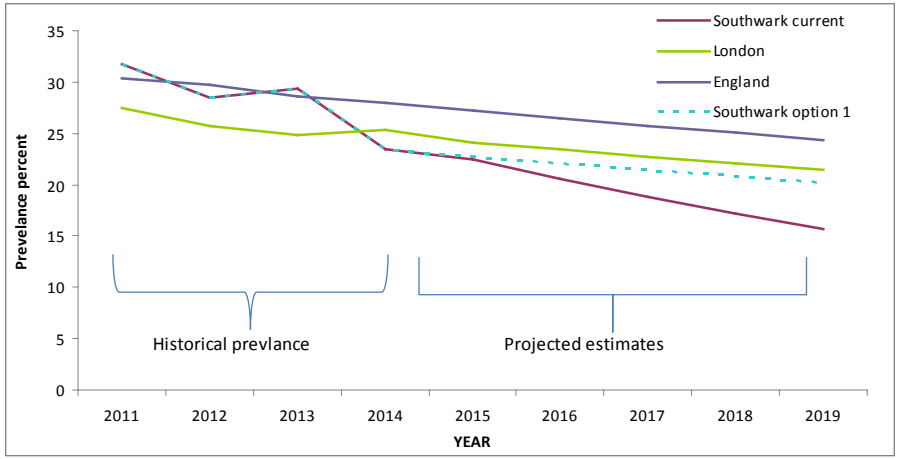
Health and Wellbeing Board 2. Tobacco			July 2016
Definition	Prevalence: % of smoking among persons aged 18 and over – routine and manual	**How this indicator works**	Integrated Household Survey analysed by PHE
What good looks like	Smoking Prevalence of 20.2% by 2019/20 (26% reduction over 5 years)	**Why this indicator is important**	Smoking is the single most preventable cause of ill health, health inequalities and premature mortality in the borough
History with this indicator	Smoking prevalence (adults – routine and manual): 23.4%		

Actual Smoking Prevalence (2010-2014) and Projected Smoking Prevalence (2015-2019) for Routine and Manual Occupations

Period	2010	2011	2012	2013	2014
Southwark (%)	n/a	31.8	28.5	29.3	23.4
London (%)	n/a	27.5	25.7	24.9	25.3
England (%)	n/a	30.3	29.7	28.6	28.0

Period	***2015***	***2016***	***2017***	***2018***	***2019***
Southwark (%)	***22.8***	***22.1***	***21.5***	***20.8***	***20.2***
London (%)	*24.1*	*23.4*	*22.8*	*22.1*	*21.5*
England (%)	*27.2*	*26.5*	*25.7*	*25.1*	*24.4*

Actual Smoking Prevalence for Routine and Manual Occupations (2010 – 2014) and Projected Prevalence (2015 - 2019) for Southwark, London and England



Agenda Item 13

Item No. 13.	Classification: Open	Date: 26 July 2016	Meeting Name: Health and Wellbeing Board
Report title:		Review of Health and Wellbeing Board Membership	
Wards or groups affected:		All	
From:		Proper Constitutional Officer	

RECOMMENDATIONS

1. That the Health and Wellbeing Board note the current membership and consider whether there are other organisations / stakeholders that could add benefit to the work of the board through participation as a member or observer of the board.

2. That officers be instructed to liaise with suggested organisations / stakeholders with a view to seeking the nomination of named representative(s), to join the board for the 2016/17 municipal year.

BACKGROUND INFORMATION

3. At the January 2016 meeting of the board, it was agreed that the membership of the board be reviewed to see how involvement of schools could be best incorporated into the work of the board. Subsequently the chair requested that the scope of the review be widened to consider whether there are other organisations / stakeholders that could provide a beneficial contribution to the work of the board by way of membership.

4. At the last meeting on 31 March 2016, the Board received a report on the current membership and agreed to invite a representative from the Southwark Headteachers Executive to join the board and also agreed that further discussions on the wider review of the board be considered at the next meeting.

KEY ISSUES FOR CONSIDERATION

5. Health and Wellbeing Boards must include six statutory members which are:

   - At least one councillor, who will be (or be nominated by) the Leader of the Council
   - The director of adult social services of the local authority
   - The director of children's services of the local authority
   - The director of public health of the local authority
   - a representative of the local Healthwatch
   - a representative of the clinical commissioning group

6. The Southwark Health and Wellbeing Board was established by council assembly on 27 March 2013 with the following membership:

   - The leader of Southwark Council
   - The cabinet member for health and adult social care
   - The cabinet member for children's services

- The chief executive of the council
- The strategic director of children's and Adults' Services
- The director of public health
- Three representatives form the Clinical Commissioning Group
- A representative of Healthwatch Southwark
- A representative from King's Health Partners
- Southwark Borough Commander, Metropolitan Police Service
- The Chief Executive of Community Action Southwark Council

7. There have been three changes to the membership since the establishment of the board. In August 2015, the Southwark Borough Commander indicated that he was no longer able to take up representation on the board due to organisational restructuring, and other pressures but was satisfied that input could be effectively achieved through their representation on the Southwark Safer Partnership Board.

8. The elected member representation also changed on the board due to the splitting of the health and adult social care portfolio in the 2014/15 municipal year. This has resulted in the children's services portfolio no longer being represented on the board at councillor level as the three reserved councillor places on the board are currently held by the leader of the council, cabinet member for public health, parks & leisure and cabinet member for adult care & financial inclusion.

9. Following an invitation agreed at the last meeting, the Southwark Headteachers executive have joined the membership of the board.

Membership of other South London local authority health and wellbeing boards

10. Beyond the statutory membership of health and wellbeing boards, the memberships' of the South London local authorities are similar, not taking into consideration job and portfolio titles and areas of responsibility split. The current total membership of the Southwark Health and Wellbeing board is 13. The main difference in terms of additional representation between Southwark and other South London authorities are set below:

Bexley (Total Membership 14)

NHS England representative
Chair of Adult Safeguarding Board
Chair of Children Safeguarding Board

Bromley (Total Membership 19)

Larger councillor representation (9 councillors)
NHS England representative
Chair of Safeguarding Children Board

Greenwich (Total Membership 15)

Additional Councillor
Additional Clinical Commissioning Group (CCG) member
Local NHS Trust representative (Lewisham & Greenwich)

Lambeth (Total Membership 14)

Larger councillor representation (5 councillors)
NHS England representative

Lewisham (Total Membership 13)

NHS England representative
Local NHS Trust representative (Lewisham & Greenwich)
Local Medical Committee representative
Family Mosaic (Housing Association)

Resource implications

11. There are no specific resource implications arising from a change to the board membership.

Legal implications

12. The board has the power to appoint additional members as it sees fit. The local authority may also appoint additional members as it sees fit (in consultation with the board). It is for the board to determine whether these members are voting or non-voting members.

13. All members of the board are subject to Southwark's Code of Conduct, which apply to elected members and co-opted members, when acting as a member of the board and are required to complete a declaration of interests form and declare disclosable pecuniary interests as appropriate.

BACKGROUND PAPERS

Background papers	Held at	Contact
Report to Council Assembly 27 March 2013 – Establishing Southwark's Health and Wellbeing Board as a Committee of the Council (Item 7.1)	Council Website	Lesley John 020 7525 7228
Link: http://moderngov.southwark.gov.uk/ieListDocuments.aspx?CId=132&MId=4242&Ver=4		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Ian Millichap, Proper Constitutional Officer	
Report Author	Everton Roberts, Principal Constitutional Officer	
Version	Final	
Dated	15 July 2016	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Date final report sent to Constitutional Team		15 July 2016

Agenda Item 14

Item No.	Classification:	Date:	Meeting Name:
14.	Open	26 July 2016	Health and Wellbeing Board
Report title:		Primary Care Joint Commissioning Committee – Health and Wellbeing Board Observer	
Ward(s) or groups affected:		N/a	
From:		Proper Constitutional Officer	

RECOMMENDATION

1. That the health and wellbeing board nominate a named member to attend the (NHS Southwark) Primary Care Joint Commissioning Committee and the South East London Primary Care Joint Commissioning Committee in the capacity as an observer from the health and wellbeing board.

BACKGROUND INFORMATION

2. The NHS Southwark Clinical Commissioning Group has in place a Primary Care Joint Commissioning Committee in response to an invitation by NHS England for clinical commission groups to expand their role in primary care commissioning.

3. The previous Board representative Observer Councillor Barrie Hargrove is no longer a member of the health and wellbeing board and a new representative is therefore sought.

KEY ISSUES FOR CONSIDERATION

4. The role of the committee is to work jointly with NHS England and in association with clinical commissioning groups in South East London, namely:

   - NHS Bexley Clinical Commissioning Group
   - NHS Bromley Clinical Commissioning Group
   - NHS Greenwich Clinical Commissioning Group
   - NHS Lambeth Clinical Commissioning Group
   - NHS Lewisham Clinical Commissioning Group
   - NHS Southwark Clinical Commission Group

   to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management. The joint committees of the six CCG's will usually meet together.

5. Various health professionals form the membership of the joint committee. In addition there is a standing invitation issued to the local Healthwatch, Local Medical Committee and Health and Wellbeing Board who may attend but not vote.

6. In order to facilitate attendance and participation of a health and wellbeing board member at the NHS Southwark Joint Committee meetings and the wider South East London Joint Committee a named member is sought to receive the agenda papers and attend the meetings.

7. It should be noted that both Andrew Bland and Dr Jonty Heaversedge (members of the health and wellbeing board) are members of the joint committee due to their position in the NHS Southwark clinical commissioning group. As there is provision for a local Healthwatch representative to attend the joint committee it is proposed that the board representative be sought from the councillor/ officer membership of the health and wellbeing board. The cabinet member for public health, parks and leisure, Councillor Maisie Anderson has within her portfolio, particular responsibility for the council's relationship with the NHS, it is therefore recommended that she be the nominated member to attend the joint committee.

Policy implications

8. There are no specific policy implications arising from this decision.

Community impact statement

9. There are no specific community impact issues arising from the nomination of a member representative for the board.

Resource implications

10. There are no significant resource implications identified. A number of the joint committee meetings will be held outside of the borough and therefore some travel costs may be incurred.

Legal implications

11. The Health and Wellbeing Board member representative will be attending the joint committee in the capacity as an observer and will therefore not have voting rights. There are no specific legal implications identified however the nominated representative is required to declare any relevant interests on the matters to be considered.

Financial implications

12. There are no specific financial implications.

Consultation

13. The Southwark clinical commissioning group, strategic director of children's and adults' services and councillors on the board have been consulted / made aware of the proposed recommendation.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
NHS Southwark Primary Care Joint Commissioning Committee Terms of Reference	NHS Southwark Clinical Commissioning Group, 160 Tooley Street, London SE1 2QH	Tom Bunting 020 7525 1720

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Ian Millichap, Proper Constitutional Officer		
Report Author	Everton Roberts, Principal Constitutional Officer		
Version	Final		
Dated	15 July 2016		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		**Comments Sought**	**Comments Included**
Director of Law and Democracy		No	No
Strategic Director of Finance and Governance		No	No
Cabinet Member		No	No
Date final report sent to Constitutional Team			15 July 2016

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HEALTH AND WELLBEING BOARD AGENDA DISTRIBUTION LIST (OPEN)
MUNICIPAL YEAR 2016/17

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Dated: July 2016