

Health and Wellbeing Board

Tuesday 4 October 2016
10.00 am

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Membership

Councillor Peter John OBE (Chair)
Dr Jonty Heaversedge (Vice-Chair)
Councillor Maisie Anderson
Andrew Bland
Sally Causer
Aarti Gandesha
Eleanor Kelly
Jin Lim
Councillor Richard Livingstone
Gordon McCullough
Councillor Victoria Mills
Professor John Moxham
Councillor David Noakes
Carole Pellicci
David Quirke-Thornton
Dr Yvonneke Roe

Leader of the Council
NHS Southwark Clinical Commissioning Group
Cabinet Member for Public Health, Parks and Leisure
NHS Southwark Clinical Commissioning Group
Southwark Law Centre
Healthwatch Southwark
Chief Executive, Southwark Council
Director of Public Health (Acting)
Cabinet Member for Adult Care and Financial Inclusion
Community Southwark
Cabinet Member for Children and Schools
King's Health Partners
Opposition Spokesperson for Health
Southwark Headteachers Executive
Strategic Director of Children's and Adults' Services
NHS Southwark Clinical Commissioning Group

INFORMATION FOR MEMBERS OF THE PUBLIC

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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: 26 September 2016



Health and Wellbeing Board

Tuesday 4 October 2016
10.00 am

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
1.	APOLOGIES	
	To receive any apologies for absence.	
2.	MEMBERSHIP	
	To note the membership of the Southwark Health and Wellbeing Board as set out on the agenda summons.	
3.	CONFIRMATION OF VOTING MEMBERS	
	Voting members of the committee to be confirmed at this point in the meeting.	
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 - 5
	To agree as a correct record the open minutes of the meeting held on 26 July 2016.	

Item No.	Title	Page No.
7.	SOUTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (STP)	6 - 19
	To note the update on the draft south east London sustainability and transformation plan submitted to NHS England on 30 June 2016.	
8.	URGENT CARE RESILIENCE	20 - 25
	To note the work being undertaken across commissioners and providers on winter preparedness and to approve the messaging to local residents on the use of local services to ensure that people are informed over which services are available to support them.	
9.	HEALTH IMPROVEMENT PERFORMANCE REPORT: CHILDHOOD OBESITY, TOBACCO, ALCOHOL, DRUGS & SEXUAL HEALTH UPDATE	26 - 45
	To note the update on performance and activity for childhood obesity, tobacco, alcohol, drugs and sexual health.	
10.	BREAKING THE CHAIN - A NEW TOBACCO CONTROL STRATEGY FOR SOUTHWARK 2017 - 2020	46 - 77
	To receive the strategy and agree the proposed work streams.	
11.	VOLUNTARY AND COMMUNITY SECTOR STRATEGY	78 - 85
	To note and comment on the draft Southwark voluntary and community sector strategy.	
12.	HEALTHWATCH SOUTHWARK ENGAGEMENT UPDATE	86 - 93
	To note the Healthwatch Southwark's engagement update covering the period April 2016 to September 2016.	
13.	THE FUTURE OF PRIMARY CARE CO-COMMISSIONING IN SOUTHWARK	94 - 109
	To note the opportunity for NHS Southwark CCG to enhance its level of responsibility for the commissioning of local primary care services.	
14.	REFRESH OF THE COUNCIL PLAN 2014-18	110 - 130
	To note the proposed refresh of the Council Plan 2014-2018 agreed by cabinet on 20 September 2016 for recommendation to Council Assembly for final approval.	

Item No.	Title	Page No.
15.	SOUTHWARK FIVE YEAR FORWARD VIEW UPDATE	131 - 144

To receive an update on the Southwark five year forward view.

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING

Date: 26 September 2016



Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Tuesday 26 July 2016 at 2.00 pm at 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Peter John OBE (Chair)
 Andrew Bland
 Councillor Maisie Anderson
 Aarti Gandesha
 Dr Jonty Heaversedge
 Eleanor Kelly
 Gordon McCullough
 Professor John Moxham
 Councillor Richard Livingstone
 David Quirke-Thornton
 Dr Yvonneke Roe

OFFICER SUPPORT: Eva Gomez, (Board Co-ordinator)
 Everton Roberts, Principal Constitutional Officer

1. APOLOGIES

Apologies for absence were received from Ms Carole Pellicci and Dr Ruth Wallis.

2. CONFIRMATION OF VOTING MEMBERS

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

3. APPOINTMENT OF VICE-CHAIR

RESOLVED:

That Dr Jonty Heaversedge be appointed vice-chair for the 2016/17 municipal year.

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

The chair gave notice of the following late item:

Item 15 – Southwark and Lambeth Strategic Partnership – Progress Update

5. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

6. MINUTES

RESOLVED:

That the minutes of the meeting held on 31 March 2016 be approved as a correct record and signed by the chair.

7. THE HEALTH IMPACT OF AIR QUALITY IN SOUTHWARK

Councillor Maisie Anderson, Cabinet Member for Public Health, Parks and Leisure introduced the report. The board also heard from Sarah Newman, Team Leader, Environmental Protection Team.

RESOLVED:

1. That the report be noted and the impact of poor air quality on public health be made a local public health priority.
2. That it be noted that the draft Air Quality Action plan will be presented to the Board in October and that it will include tangible costs of the measures.

8. BETTER CARE FUND 2016/17

Andrew Bland, Chief Officer, NHS Southwark Clinical Commissioning Group introduced the report. The board also heard from Dick Frak, interim Director of Commissioning, Children's and Adults' Services, and David Smith, Head of Integration and Winter Resilience, NHS Southwark Clinical Commissioning Group.

RESOLVED:

1. That the latest iteration of the Better Care Fund (BCF) plan be noted and approved.
2. That the work being undertaken to refresh key performance indicators for all schemes and the process for the reallocation of slippage resulting from any individual scheme be noted.
3. That it be noted that whilst there are clear governance routes in place, these may be subject to change in line with the broader clinical commissioning group and council

governance review.

9. SOUTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

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

RESOLVED:

1. That it be noted that the South East London, Sustainability and Transformation Plan (STP), appendix 1 of the report 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 south east London to demonstrate commitment to the strategic direction set out.
2. That the STP plan be noted and the board welcomes any further involvement.

10. LAMBETH, SOUTHWARK AND LEWISHAM (LSL) SEXUAL HEALTH STRATEGY UPDATE

Jin Lim, Acting Director of Public Health introduced the report. The board also heard from Kirsten Watters, Consultant in Public Health.

RESOLVED:

1. That the on going challenges for sexual health and sexual health services and the actions to address the challenges be noted.
2. That the progress made on the Lambeth, Southwark and Lewisham sexual health strategy and key actions for 2016/17 be noted.

11. SOUTHWARK HEALTHY WEIGHT STRATEGY 2016 - 2021

Russell Carter, Consultant in Public Health introduced the report.

RESOLVED:

1. That the Southwark Healthy Weight Strategy, Appendix 1 of the report be noted.
2. That the 4 priority programmes as set out below be agreed:
 - Early years and maternity
 - School age
 - Adults
 - Healthy weight environment
3. That the Action Plan for the next 12 months as set out in the strategy be agreed.
4. That a report be brought back in 6 months.

5. That officers look at the inclusion of 12 – 19 year olds in the strategy.

12. TOBACCO CONTROL - UPDATE

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

RESOLVED:

That the progress update on tobacco control in Southwark be noted.

13. REVIEW OF HEALTH AND WELLBEING BOARD MEMBERSHIP

Councillor Peter John, Leader of the Council introduced the report.

RESOLVED:

1. That the current membership be noted and the following be invited to join the board:
 - Cabinet member for children and schools
 - Opposition spokesperson for health
2. That Gordon McCullough consider whether an additional representative from the community sector can be identified to join the board.
3. It was noted that the opposition spokesperson for health would be seeking advice on whether there would be a conflict of interest due to his position on a scrutiny committee.

14. PRIMARY CARE JOINT COMMISSIONING COMMITTEE - HEALTH AND WELLBEING BOARD OBSERVER

Dr Jonty Heaversedge introduced the report.

RESOLVED:

That Councillor Maisie Anderson be nominated as the 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.

15. SOUTHWARK AND LAMBETH STRATEGIC PARTNERSHIP BOARD - PROGRESS UPDATE

Dr Jonty Heaversedge gave a presentation on the strategic partnership and local care networks that have been put in place following the end of Southwark and Lambeth Integrated Care (SLIC) programme. The board also heard from David Quirke-Thornton, Strategic Director of Children's and Adults' Services.

RESOLVED:

That the presentation be noted.

The meeting ended at 4.15 pm

CHAIR:

DATED:

Item No. 7.	Classification: Open	Date: 4 October 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, NHS Southwark CCG Chief Officer	

RECOMMENDATION(S)

1. The Board should note that the attached paper introduces an update on the draft south east London STP which was submitted to NHS England on 30 June 2016. The STP was endorsed by NHS boards and governing bodies in SEL to demonstrate commitment to the strategic direction set out.
2. The Health and Wellbeing Board is invited to note NHSE's feedback on the STP plan and the steps being taken to refresh the plan for the next submission on 21 October.

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 submission was made on 30 June and feedback was received which is being addressed. A further development is the acceleration of the normal NHS planning round such that contracts for 2017/18 and 2018/19 are expected to be agreed by the end of December which are aligned to the STP.

KEY ISSUES FOR CONSIDERATION

6. An important workstream is that of collective leadership and governance development. We are planning for an event on 6 October to develop this further and one of the questions we need to address is how we get greater alignment

with local government colleagues. Invitations have been sent to a number of senior Southwark directors to participate in this event.

7. An updated STP submission will be made on 21 October. This will describe further progress against our work programmes including delivery templates and a refreshed financial model.

APPENDICES

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

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark CCG	
Report Author	Mark Easton, Programme Director, <i>Our Healthier South East London</i>	
Version	Final report	
Dated	19 September 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		19 September 2016

South East London: Sustainability and Transformation Plan

Progress Update 14 September



SEL 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), primary care development 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
- Sustainable primary care
- 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.£119m)

Cross-organisation productivity savings from joint working, consolidation and improved efficiency.
(Net saving c. £232m)

- Increased collaboration
- Reduced duplication
- Management of flow
(Need to address £190m)

- Aligned decision-making resulting in faster implementation
- Increased transparency and accountability

STP Next Steps

- 16 September: finance submissions including more detail on capital, efficiency sources and investments for all STPs
- 20 September: publication of NHS planning guidance for 2017/18 and 2018/19
- 21 October: full STP submissions including an updated finance template and delivery templates
- End-November: CCGs and NHS providers to share first drafts of operational plans for 2017/18 and 2018/19
- End-December: CCGs and NHS providers to finalise two-year operational plans.

N.B. It is intended that two years of operational planning and contracts are agreed by end December with the expectation of alignment between the STP and operational plans

NHSE Feedback on SEL STP

General Comments on STPs

- Have greater depth and specificity in your plans
- Provide year on year financial trajectories
- Articulate more clearly the impact on quality of care.
- Include stronger plans for primary care and wider community services
- Set out more fully your plans for engagement with local communities
- Capital is in very short supply

Specifically for SEL

- Set out what plans you have to strengthen your collective leadership towards an implementation focus, given the maturity of your STP and local leadership. This should include completing the work on and agreement of your MOU for inclusion in the October submission.
- Develop further the orthopaedic project
- Develop further the specialist services project
- Finalise agreement of the savings targets at organisational level for your collective productivity improvements.
- Further develop your oversight and analysis of activity data and CIP and QIPP.
- Strengthen further the clinical and financial business case for the proposed service transformations, including setting out year-on-year benefits.
- Include stronger plans for mental health drawing on the recent publication of the Forward View for Mental Health.

Key Messages

Our response to the national feedback letter is set out in the coming pages, focusing on the progress we've made since June and our trajectory to respond to the October STP refresh deadline. Since 2013, our STP has been working on a system-wide plan. Therefore, our October submission will not be changing

any of our workstream ambitions but rather setting the delivery trajectory & infrastructure.

To aide in transforming our strategic plan into implementation we have since June:

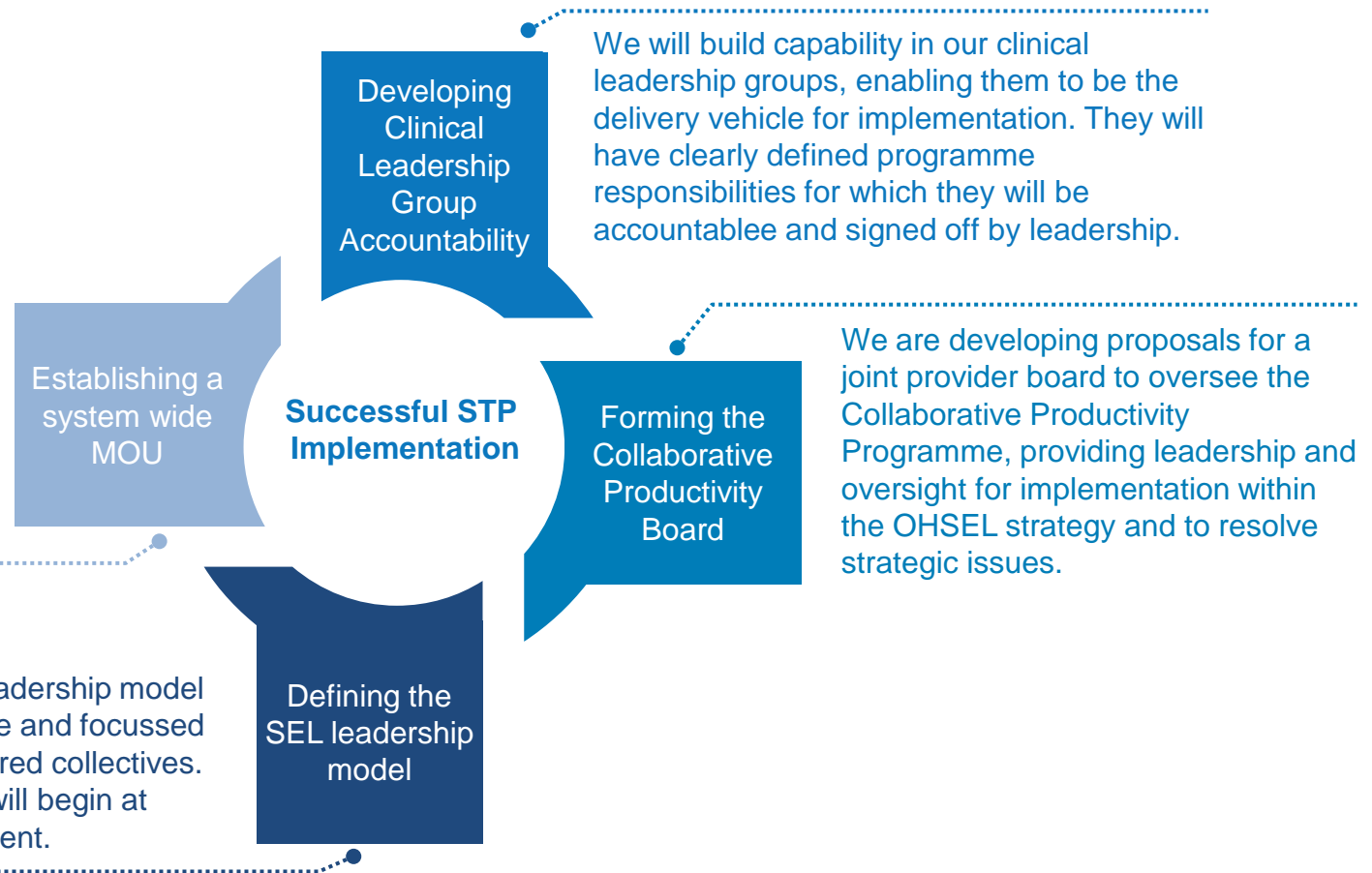


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We are strengthening our collective leadership towards an implementation focus

We will develop and agree a system-wide MOU between providers and commissioners setting out how we will work together to make decisions to improve patient care and outcomes. This will build on existing MOUs to confirm organisational commitment to our plans. It will also include a clear set of principles upon which decisions will be based.

We need a collective leadership model that will remain cohesive and focussed in the pursuit of our shared collectives. The definition process will begin at October's leadership event.



We have received four provider submissions to be considered as a host site for one of two inpatient Orthopaedic Elective Centres across SEL



	Provider	Proposed Site
1	Guy's and St Thomas NHS Foundation Trust	Guy's Hospital
2	Lewisham and Greenwich NHS Trust	Lewisham Hospital
3	Dartford & Gravesham NHS Trust and Oxleas NHS Foundation Trust	Queen Mary's Hospital, Sidcup
4	Kings College Hospital NHS Foundation Trust	Orpington Hospital

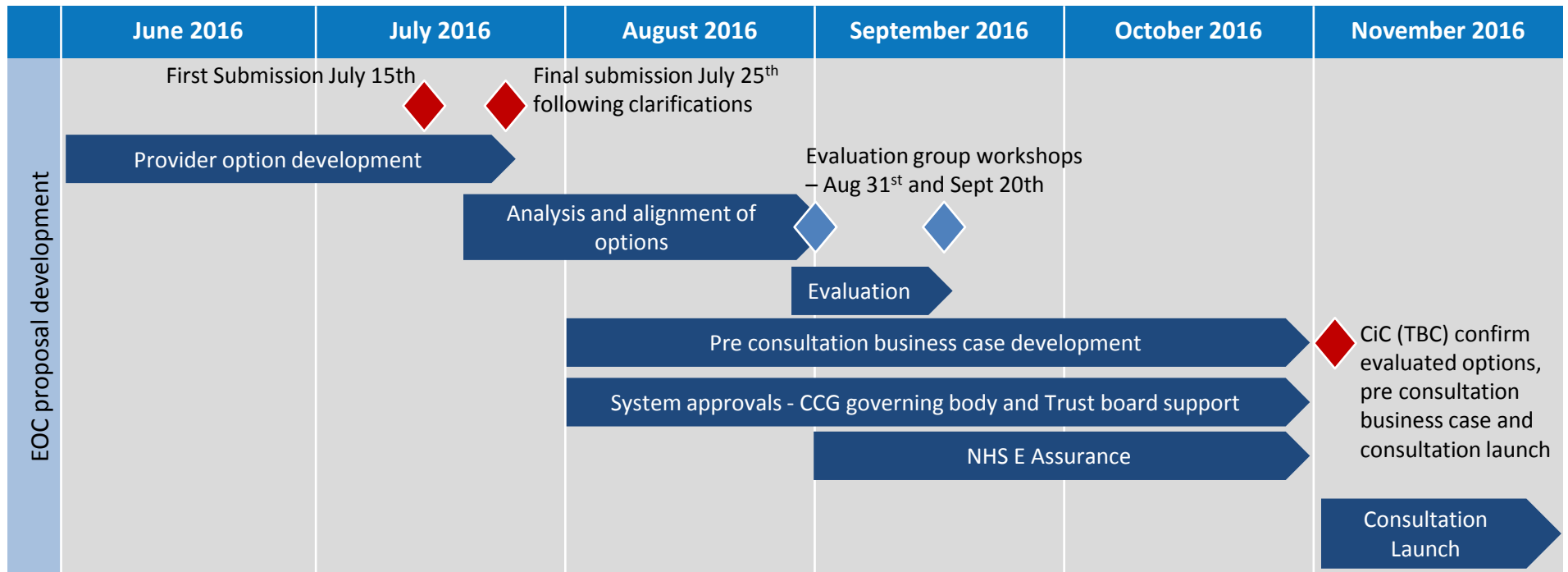
Queen Mary's Hospital would not be able to serve medically complex patients; therefore, the site is not able to meet at deliver 50% of the SEL demand and capacity. Queen Mary's did not meet the required hurdle criteria and is recommended to not be considered in configuration option evaluation.

Our timeline to complete a Pre-Consultation Business Case (PCBC) for NHSE assurance prior to consultation on elective orthopaedics to be launched in November 2016

Providers have submitted final proposals to host an EOC in mid July. This will enable evaluation by the evaluation group in September and CiC confirmation of options in early November.

At this time, we have completed the non-financial evaluation of the three options and will conduct a financial evaluation on September 20th. We have also

commissioned further support to complete the PCBC.



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Review of specialist services across south London

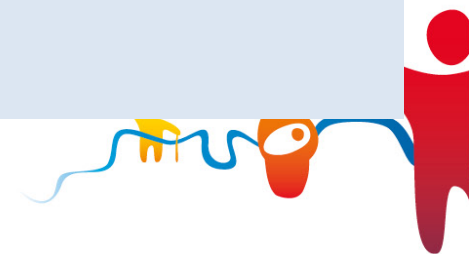
The 30 Jun STP submission set out a proposals for reviewing specialised services across south London. Since this submission we have held a number of meetings with NHS England and the South West London STP footprint. We have:

- Developed a prioritisation framework to identify the focus of work
- Mapped services across South London
- Five areas have been identified for further review, based on service overlap analysis :
 - Blood and infection
 - Cardiothoracic/ vascular
 - Neuroscience
 - Renal
 - Paediatric
- We have agreed on the need to develop communications and engagement support, which is being sourced.

Alongside this work, NHS England has secured support to undertake a pan-London review of the 'do nothing' financial position for specialised commissioning. This will:

- Estimate the projected London specialised commissioned activity over the five year period to 2020/21 inflated each year by historical trends and agreed planning assumptions.
- Provide a split of the projected London specialised commissioned activity by Clinical Reference Group, provider and CCG (including identification of in-flows and out-flows).
- Estimate the cost of commissioning this activity.
- Benchmark service cost and quality provision, providing an indication of transformational opportunities.

This will provide more detail on the £190 million financial challenge that has been allocated to South East London. It is an important first step required in order to identify transformation opportunities across south London. It is expected that this work will take place prior to the 21 Oct STP submission.



For each CLG we are finalising the commissioner and provider accountability of savings by intervention—each intervention with provider savings will have delivery plans in the October submission

We have programme plans by CLG which are being translated into detailed delivery plans. We have established a Clinical Executive Group for CCGs and

MDs to advise on the clinical interventions, their delivery, and to enable stronger clinical leadership to drive change.

Clinical Leadership Group	High level summary of the model of care	Commissioner Contracting Gross Savings £m	Provider Transformation Gross Savings £m
Community based care *	<ul style="list-style-type: none"> • Delivery of local care networks • Improving access in Primary Care 		
Urgent and emergency care	<ul style="list-style-type: none"> • Community rapid response • Specialist advice and referral. • An enhanced single “front door” to the Emergency Department. 	£60.6	£10.9
Planned care	<ul style="list-style-type: none"> • Standardisation of planned care pathways. • Elective care centres. 	£5.4	£35.2
Children and young people’s care	<ul style="list-style-type: none"> • Children’s integrated community teams. • Short stay paediatric assessment units. 	£12.5	£0.5
Maternity	<ul style="list-style-type: none"> • Early assessment by the most appropriate midwife team. • Access to assessment clinics. • Culture of birthing units. 	£4.8	£1.5
Cancer *	<ul style="list-style-type: none"> • Primary prevention including early detection. • Provider collaboration in treatment of cancer. • Enhanced end of life care. 	£6	£3.6
Net savings after 40% reinvestment £119m		£89.4	£51.7

** Note: the above savings do not currently include CBC (£50.4m) and savings for which the provider commissioner split has not been calculated; Cancer Early Diagnosis (£7.2m).*

We are developing the role of the STP with regards to delivering CIP, QIPP and Performance plans

STP Role in Delivering CIP/ QIPP Plans

SEL STP will understand business as usual CIP/ QIPP plans and recognise that individual organisations will be responsible for delivering those alongside regulators

SEL STP will be responsible and take an active role in strategic coordination and designing areas collaboration, and be accountable for collaborative programmes

SEL STP will continue to explore opportunities for collaboration and seek opportunities to solve problems which are best tackled on a footprint- wide basis

STP Role in Delivering Performance Plans

SEL STP will understand business as usual supply and demand pressures on healthcare; individual organisations remain accountable to their regulator

SEL STP will provide a strategic coordination function to monitor our progress to meet performance targets

SEL STP will problem solve and explore opportunities to enhance our performance position where this makes sense on a footprint-wide basis



Our plans for mental health drawing on the recent publication of the Forward View for Mental Health



Item No. 8.	Classification: Open	Date: 4 October 2016	Meeting Name: Health and Wellbeing Board
Report title:		Urgent Care Resilience	
Ward(s) or groups affected:		All	
From:		Andrew Bland – Chief Officer, Southwark CCG Caroline Gilmartin – Director of Integrated Commissioning, Southwark CCG David Smith – Head of System Performance, Southwark CCG	

RECOMMENDATION(S)

1. The board is requested to:
 - Note the work being undertaken across commissioners and providers on winter preparedness
 - Note and approve the messaging to local residents on the use of local services to help ensure that people are informed over which services are available to support them, whatever their health and care needs
 - Note that winter planning, performance and assurance will be overseen by the newly formed Lambeth and Southwark A&E Delivery Board.

BACKGROUND INFORMATION

2. Winter preparedness is a crucial part of the annual planning cycle. Although attendances at Emergency Departments (EDs) are often lower than during the spring or summer, admissions and levels of acuity tend to be higher. This can lead to bed occupancy levels at acute hospitals rising to at, or near, 100% which can consequently lead to overcrowding of EDs as patients wait for beds to become available prior to being admitted.
3. In addition, winter can often see outbreaks of flu and of norovirus, which causes diarrhea and vomiting. Whilst both viruses can occur at any time of year, they are most common in winter, with special precautions needed to help prevent spread amongst vulnerable groups such as pregnant women and the frail elderly.
4. It is also noted that performance against the 4 hour standard for patients to be assessed, treated, admitted or discharged from EDs has not been consistently met at either St Thomas' or King's College Hospital (Denmark Hill) during 16/17. This indicates that the health and care system as a whole is running 'hot' and is under sustained pressure. As such, there is an even greater focus that usual on winter preparedness to ensure that corrective measures and performance improvement plans continue to be driven at pace to avoid any further deterioration in quality and performance.

KEY ISSUES FOR CONSIDERATION

5. The below outlines some of the key steps that are being taken to prepare for winter:
6. **Introduction of A&E Delivery Boards** - In line with the national guidance issued by NHS England and NHS Improvement in July to help strengthen financial performance and accountability, partners across SE London are in the process of setting up A&E Delivery Boards. These groups are successors to System Resilience Groups, and bring together senior representatives from across health and social care to help deliver improvement across the urgent and emergency care pathway. In line with our Sustainability and Transformation Plans, there will be a SE London wide group providing overarching strategic oversight, supported by a Lambeth and Southwark A&E Delivery Board which will focus on local delivery. The Lambeth and Southwark A&E Delivery Board will also oversee the disbursement of £4.234m of winter resilience funding to support all system partners (including social care and the voluntary sector) implement a range of winter pressure schemes.
7. **Re-specified Urgent Care Centre at Denmark Hill** – The Urgent Care Centre (UCC) at Denmark Hill provides treatment for patients with minor illnesses and injuries. Whilst there is general agreement across the local health economy that the UCC has supported more effective management of minors demand, the CCG has sought to revise the specification in order to further ease pressure on the ED and reduce the level of minors' breaches. Minors' breaches can number in excess of 100 per week, with particularly high levels in the overnight period, which is considerably higher than other UCCs in London.

As such the CCG has revised the specification to extend the opening hours of the UCC to 24 hours a day from the current 16 hour a day model, increase staffing levels, and agreed revised key performance indicators to support the delivery of A&E performance targets and ensure compliance with London Quality Standards. Crucially, the UCC will be given its own dedicated space to ensure there is sufficient physical capacity to manage patient volumes, and reduce the risk that majors needs to 'overspill' into the minors area. The UCC development will also see the creation of 3 mental health suites to ensure that patients attending the ED at times of crisis will benefit from purpose built facilities appropriate to their needs.

The re-specified UCC is scheduled to be operational from February 2017, and is expected to have a significant impact on wait times, and reduce the risk of risk of overcrowding within the ED department reduce, leading to improved quality of care and better outcomes and experience for patients.

8. **Additional bed capacity at Denmark Hill** – An additional 24 inpatient beds are due to open at Denmark Hill in January 2017. This additional capacity will help ensure that flow from ED to wards is maintained, whilst also seeking to avoid the need to cancel elective work to free capacity for emergency admissions. In addition, 40 beds are being opened at Orpington hospital to allow work to be transferred from the Princess Royal site. This will, in turn allow some elective work undertaken at Denmark Hill to be repatriated to the Princess Royal, thus releasing a further 20 beds at Denmark Hill. As a consequence, a total of 44 additional beds are expected to be available at Denmark Hill from January onwards. Work also progresses on internal efficiencies regarding bed utilization. This has been the main focus of the SAFER week which ran from 14th September, and helps support better

discharge planning, and criteria led discharge at weekends.

9. **Implementation of ED Action Plan at St Thomas'** – The Health and Wellbeing Board will be aware that the ED department at St Thomas' hospital is currently in the process of being rebuilt. This redevelopment will see an 'emergency floor' created which will co-locate all key emergency services and provide additional physical space and capacity. However, this work is not due to be completed until late in 2017, and so mitigation plans are in place to provide resilience in the interim. Steps include:
 - A review of the medical staffing model and rotas to deliver increased responsiveness to manage surges in demand
 - An expansion in the capacity within the Urgent Care Centre through the use of an additional nurse and ED doctor within the UCC
 - Dedicated vascular ambulatory care beds to improve patient pathways and reduce unplanned admissions
 - A review of @home services to maximize impact on ED performance and to alleviate bed pressures

10. **Review of Mental Health Pathways** - There have been 16 breaches of 12 hours or more for patients attending the emergency department at Denmark Hill who require onward placement to a mental health bed. Due to lack of capacity at mental health providers, patients are experiencing very long delays particularly if they are voluntary admissions (as opposed to those admitted under the Mental Health Act). These can lead to poor patient experience, as well as significant disruption for the ED. Similar issues are also occurring at St Thomas', though GSTT have a policy to admit patients to the acute medical unit, thus only 1 breach in excess of 12 hours has occurred. It should be noted that whilst the majority of these patients would fall under SLaM, similar issues occur with non-local mental health providers across both the adults and children's pathways. A joint workshop between SLaM, GSTT and KCH is planned for the 4th October to agree an action plan. CAMHS commissioners from NHSE will also be in attendance.

11. **Surge Management Planning** - Surge Management is the response to rapid and sustained increases in demand. As part of winter planning a full escalation plan has been developed. This plan details what actions need to be taken by all parties (commissioners, acute, community, social care, mental health) as pressure builds in the system. This will ensure that escalation procedures and responses are uniform across the sector and that each partner organisation is clear on their role and responsibilities. Examples of escalation procedures include the cancellation of non-urgent meetings to increase front-line provision, flexing of admission criteria, and increasing capacity of discharge teams to promote improved patient flow. The SE London Surge Management team oversee the implementation of actions at a system level, and ensure that communications are clearly disseminated.

12. **Review of Intermediate Care Capacity** – Ahead of winter, a review is being undertaken to assess intermediate care capacity. Whilst community services are able to provide a wide-range of hospital at home services, it is recognised that there may be a further cohort of patients who have to remain in hospital for longer than is optimal. For this group of patients, they may no longer need acute hospital-based care, but neither are they yet ready to return home, even with a significant package of care. However, were an increased number of intermediate

care beds available, there would be a suitable bridging point between hospital and home, where intense rehabilitation and reablement support could be offered. This environment may be more conducive to recovery than a hospital ward, as well as reducing hospital occupancy levels, and potentially reducing system wide costs. In addition, a similar offering could be available so that patients are admitted directly to an intermediate care facility where appropriate. Again, this would reduce admissions to hospitals, whilst ensuring that people are cared for in the most appropriate environment in relation to their needs. A project manager has been engaged who is working closely with social care, community services, and hospital to make clear, evidence based recommendations as to whether additional step-up/step-down beds are required to reduce demand on hospital based services, and reduce the need for care home placements.

13. **System Wide Communications Plan** – In previous years, the health and care economy have run successful communications campaigns to help support local residents in making informed choices as to where to seek medical attention and advice. In 2015/16 CCGs were asked not to commission their own bespoke campaigns in order to cross promote the national ‘Stay Well’ campaign. ‘Stay Well’ focused its attention on those at highest risk of illness, such as the frail elderly, pregnant women, and young children. However, whilst the CCG will continue to be supportive of this campaign, action is also needed to reduce the levels of minors attendances in ED, which have increased by around 10% over the last year. A recent survey at Denmark Hill indicated that 42% of patients attending ED expected to be seen and treated within an hour, indicating that expectations on the responsiveness of ED services may be greater than what is possible to be delivered. This is further supported by the conclusions of the ‘*Enter and View*’ reports conducted at both St Thomas’ and Denmark Hill EDs which suggested that many patients with minor conditions utilise ED as a first point of call, and are unaware of alternative options in the community

Work is therefore underway to develop a local communications plan, built around the ‘Health Help Now’ app and website which aims to help people find the right service for their health needs, especially when they need medical help fast but it is not a life-threatening emergency. Health Help Now lists common symptoms and offers suggestions for treatment. It then links through to local services, and shows whether they are open or closed, their location and directions. In order to ensure that there is system wide ownership of the campaign, and that all local organisations promote its messages, we are seeking to ensure that the campaign be developed and delivered as a joint endeavour between providers, commissioners and patient groups such as Healthwatch.

It is important to recognize that efforts to reduce minors attendances at EDs are principally being done to safeguard quality and safety. Overcrowding in ED departments can lead to long waits for patients with the most serious conditions, and thus, all possible steps need to be taken to avoid this eventuality. As such it is important that materials stress that re-direction protocols are in place from EDs to primary care services, and therefore if patients attend with non-urgent conditions they may well not be seen within the ED, but instead be offered an appointment at the Extended Primary Care Service (EPCS) which would offer a more appropriate service requisite to the patient’s need. Whilst a difficult message to convey, it is vital that emergency services are protected and action is taken to reduce the levels of non-urgent A&E attendances. Due to our investments in primary care, over 100,000 extra GP appointments are available across Lambeth and Southwark, meaning that all patients should be able to

access primary care when they need to.

Policy implications

14. The Health and Wellbeing Board is asked to note the steps that are being taken to safeguard system resilience, and are particularly requested to note and support the key messages that the communications campaign will contain. Whilst we will always uphold the right of all residents to receive timely access to medical care and treatment, we are mindful of the need to support local residents to make appropriate choices in where they seek medical attention and the need to protect emergency services.

Community impact statement

15. The range of measures described seek to ensure that all local residents will benefit from effective services that can respond to increased pressure and demand. The A&E Delivery Board will oversee system wide performance and implement corrective actions as needed to ensure system resilience is maintained.

Resource and finance implications

16. As noted, £4.234m of system resilience funds (£1.971 for Southwark and £2.263 for Lambeth) will be distributed to providers. All providers have been developing proposals for use of funding during the course of the year, with final decisions on allocation to be agreed in late September.

BACKGROUND PAPERS

Background papers	Held at	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Andrew Bland – Chief Officer, Southwark CCG	
Report Author	David Smith – Head of System Performance, Southwark CCG	
Version	Final	
Dated	15 September 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 September 2016	

Item No. 9.	Classification: Open	Date: 4 October 2016	Meeting Name: Health and Wellbeing Board
Report title:		Health improvement performance report: childhood obesity, tobacco, alcohol, drugs & sexual health update	
Wards or groups affected:		All	
From:		Jin Lim, Director of Public Health (Acting)	

RECOMMENDATIONS

1. The board is requested:
 - a) To note the update on performance and activity for childhood obesity, tobacco, alcohol, drugs and sexual health (Appendix 1)

EXECUTIVE SUMMARY

2. The Health and Wellbeing Board receives thematic updates on performance and activity. This update is on the childhood obesity, tobacco, alcohol, drugs and sexual health themes of the Health and Wellbeing Strategy.
3. The Health and Wellbeing Board has previously agreed challenging targets for childhood obesity and tobacco and also received a report on a range of indicators for alcohol, drugs and sexual health for monitoring purposes.
4. This update provides a regular reporting template for activity and key indicators relating to the 4 HWB Board priorities: childhood obesity, tobacco, alcohol, drugs and sexual health themes. As the strategies and action plans are developed or refreshed, activity will be reported back to the HWB Board. The range of indicators will be refined as new data becomes available.

Policy implications

5. 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. Local health and wellbeing commissioning and service plans have to pay due regard to the health and wellbeing strategy.

Community impact statement

6. 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.

Legal implications

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

Financial implications

8. There are no financial implications contained within this report. However, the priorities identified in the health and wellbeing 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	Quarterly Performance & Activity update for childhood obesity, tobacco, alcohol, drugs and sexual health

AUDIT TRAIL

Lead Officer	Jin Lim, Director of Public Health (Acting)	
Report Authors	Richard Pinder, Consultant in Public Health Kirsten Watters, Consultant in Public Health Russell Carter, Consultant in Public Health	
Version	Final	
Dated	26 September 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	26 September 2016	

Health and Wellbeing Board	October 2016
PERFORMANCE & IMPROVEMENT PLAN	
<ol style="list-style-type: none">1. Obesity2. Tobacco3. Alcohol and drugs4. Sexual health & HIV	

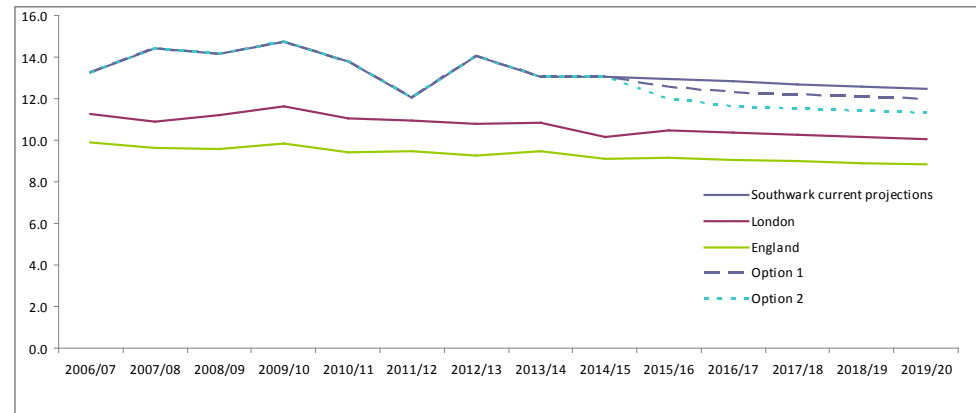
Health and Wellbeing Board			October 2016	
1. Child obesity – National Childhood Measurement Programme Yr R				
Definition	Obesity Prevalence: % of children in reception or Year 6 whose weight is above the 95 th centile of the population Excess Weight Prevalence: % of children in reception or Year 6 whose weight is above the 85 th centile of the population		How this indicator works	Reception and Year 6 pupils have their height and weight measured to inform local planning and delivery of services for children and to provide population level surveillance data to analyse trends in growth patterns and obesity. The NCMP is an important source of data to support national and local work to address child hood obesity.
What good looks like	<u>Reception Year Children</u> <ul style="list-style-type: none"> Reduce the obesity prevalence to 11.3% by 2019/20 Reduce the excess weight prevalence to 23.6% by 2019/20 		Why this indicator is important	Southwark has some of the highest rates of overweight and obesity in the country, with 56% of adults and 43.6% of children (year 6) classified as obese or overweight. Our most vulnerable populations are at increased risk of becoming overweight and obese.
History with this indicator	Obesity prevalence (2014/15) <ul style="list-style-type: none"> Reception: 13.0% 	Excess Weight prevalence (2014/15) <ul style="list-style-type: none"> Reception: 26.4% 		

Reception Year (Obesity And Excess Weight)

Reception Year Obesity Prevalence figures (2012/13 – 2014/15) and Projected Figures (2015/16 – 2019/20) * Actual published figures

	2012/13*	2013/14*	2014/15*	2015/16
Southwark Ambition	14.0	13.1	13.0	12.0
London (%)	10.8	10.8	10.1	10.5
England (%)	9.3	9.5	9.1	9.1
	2016/17	2017/18	2018/19	2019/20
Southwark Ambition	11.6	11.5	11.4	11.3
London (%)	10.4	10.3	10.2	10.1
England (%)	9.1	9.0	8.9	7.3

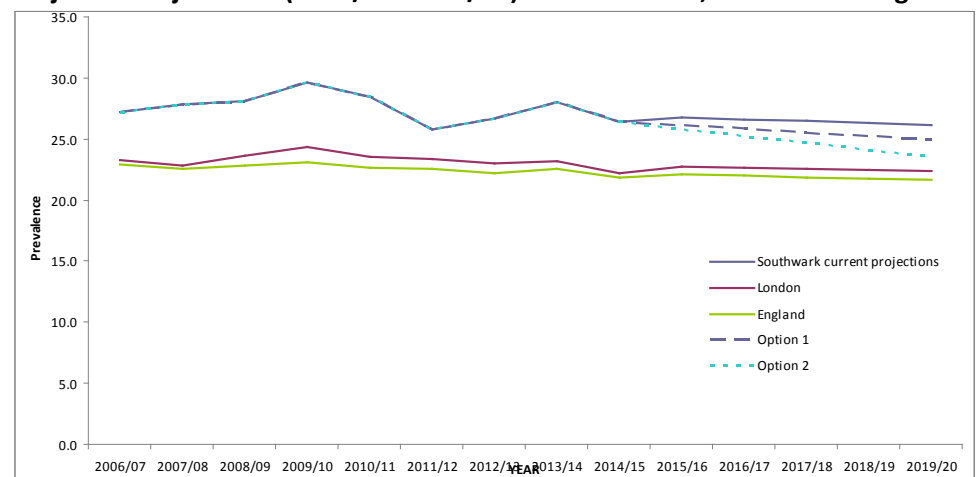
Reception Year actual Excess Weight Trajectories (2012/3 – 2014/5) and Projected Trajectories (2015/6 – 2019/20) for Southwark, London and England



Reception Year Excess Weight Figures (2012/13 – 2014/15) and Projected Figures (2015/16 – 2019/20) * Actual published figures

	2012/13*	2013/14*	2014/15*	2015/16
Southwark Ambition	26.7	28.0	26.4	25.8
London (%)	23.0	23.1	22.2	22.8
England (%)	22.2	22.5	21.9	22.1
	2016/17	2017/18	2018/19	2019/20
Southwark Ambition	25.2	24.7	24.1	23.6
London (%)	22.7	22.6	22.5	22.4
England (%)	22.0	21.9	21.8	21.7

Reception Year actual Excess Weight Trajectories (2012/3 – 2014/5) and Projected Trajectories (2015/6 – 2019/20) for Southwark, London and England



Health and Wellbeing Board			October 2016	
2. Child obesity – National Childhood Measurement Programme Yr 6				
Definition	Obesity Prevalence: % of children in reception or Year 6 whose weight is above the 95 th centile of the population Excess Weight Prevalence: % of children in reception or Year 6 whose weight is above the 85 th centile of the population		How this indicator works	Reception and Year 6 pupils have their height and weight measured to inform local planning and delivery of services for children and to provide population level surveillance data to analyse trends in growth patterns and obesity. The NCMP is an important source of data to support national and local work to address child hood obesity.
What good looks like	<u>Year 6 Children</u> <ul style="list-style-type: none"> Reduce the obesity prevalence to 24.9% by 2019/20. Reduce the excess weight prevalence to 38.9% by 2019/20. 		Why this indicator is important	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. Our most vulnerable populations are at increased risk of becoming overweight and obese.
History with this indicator	Obesity prevalence (2014/15) <ul style="list-style-type: none"> Year 6: 27.9% 	Excess Weight prevalence (2014/15) <ul style="list-style-type: none"> Year 6: 43.6% 		

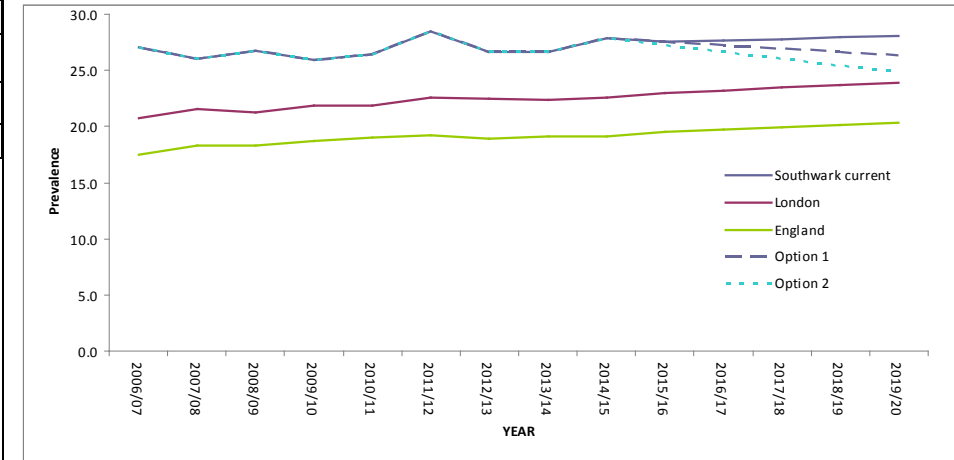
Year 6 (Obesity And Excess Weight)

Year 6 Obesity Prevalence Figures (2012/13 – 2014/15) and Projected Figures (2015/16 – 2019/20) * Actual published figures

	2012/13*	2013/14*	2014/15*	2015/16
Southwark Ambition (%)	26.7	26.7	27.9	27.3
London (%)	22.4	22.4	22.6	23.0
England (%)	18.9	19.1	19.1	19.6

	2016/17	2017/18	2018/19	2019/20
Southwark Ambition (%)	26.6	26.0	25.5	24.9
London (%)	23.2	23.6	23.7	23.9
England (%)	19.8	19.9	20.1	20.3

Year 6 Obesity Prevalence Trajectories (2012/13 – 2014/15) and Projected Trajectories (2015/16 – 2019/20)

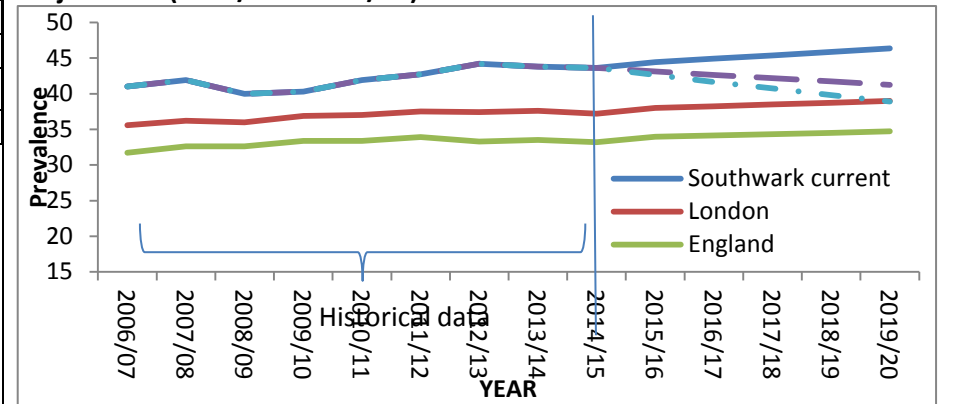


Year 6 actual excess weight figures (2012/13 – 2014/15) and projected figures (2015/16 – 2019/20) * Actual published figures

	2012/13*	2013/14*	2014/15*	2015/16
Southwark Ambition (%)	44.2	43.8	43.6	42.5
London (%)	37.4	37.6	37.2	38.0
England (%)	33.3	33.5	33.2	34.0

	2016/17	2017/18	2018/19	2019/20
Southwark Ambition (%)	41.7	40.7	39.8	38.9
London (%)	38.2	38.5	38.7	39.0
England (%)	34.1	34.3	34.5	34.7

Year 6 Excess Weight Trajectories (2012/13 – 2014/15) and Projected Trajectories (2015/16 – 2019/20)



Performance Overview			RAG rating	RED
Benchmarking	Reception – London Average Obesity: 10.5% Excess Weight: 22.2%	Year 6 – London Average Obesity: 22.6% Excess Weight: 37.2%		
Actions to sustain or improve performance			By when	Partner agency
Develop comprehensive healthy weight strategy			Completed – July 2016	All partners
Continue engagement with stakeholders (including voluntary sector) and general public including Southwark stakeholders engagement event.			Stakeholder event – November General engagement - ongoing	Southwark Council
Implementation of the Baby Friendly Initiative: Achievement of Stage 1			March 2017	Southwark Council and CCG
Work to continue successful implementation of the NCMP programme to identify children of excess weight and support into healthy weight care and referral pathways.			Ongoing	Southwark Council GSTT
Commission training for frontline staff on management of healthy weight.			March 2017	Southwark Council
Commissioning and monitoring of tier 2 and tier 3 weight management service for unhealthy weight children			Completed -2016	Southwark Council
Support schools to promote healthy eating, physical activity and health and wellbeing through the London Healthy Schools Programme Award			Ongoing	Southwark Council & schools

Health and Wellbeing Board
3. Tobacco

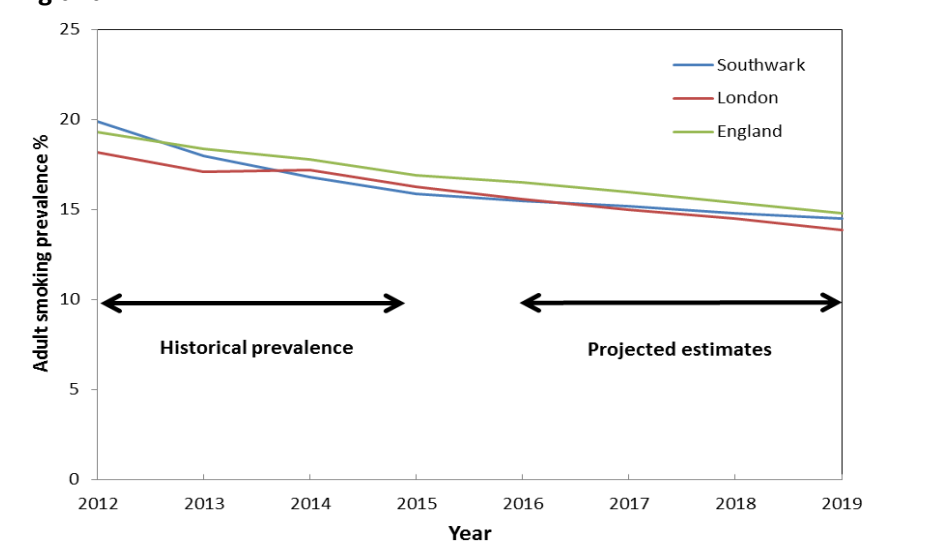
Definition	Prevalence: % of smoking among persons aged 18 and over	How this indicator works	Annual Population Survey - analysed by PHE
What good looks like	Smoking Prevalence of 14.5% by 2019/20	Why this indicator is important	Smoking is the single biggest preventable cause of ill health, health inequalities and premature mortality in the borough
History with this indicator	Smoking prevalence (adults) 2015: 15.9%		

Actual Smoking Prevalence (2010-2015) and Projected Smoking Prevalence (2016-2019) for the Adult Population

Period	2012	2013	2014	2015
Southwark (%)	19.9	18.0	16.8	15.9
London (%)	18.2	17.1	17.2	16.3
England (%)	19.3	18.4	17.8	16.9

Period	2016	2017	2018	2019
Southwark (%)	15.5	15.2	14.8	14.5
London (%)	15.6	15.0	14.5	13.9
England (%)	16.5	16.0	15.4	14.8

Trajectories showing historical Smoking Prevalence (2010 – 2015) and Projected Prevalence (2016 - 2019) for Southwark, London and England



Health and Wellbeing Board
4. Tobacco

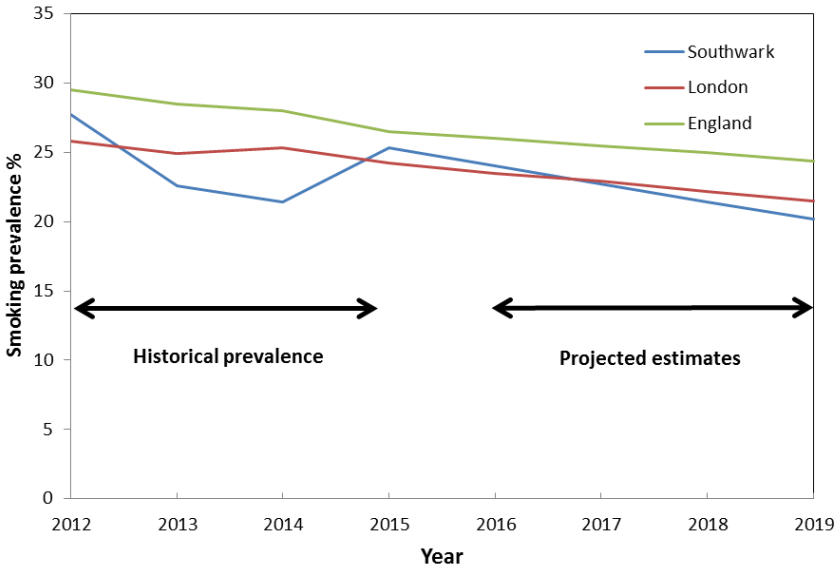
Definition	Prevalence: % of smoking among persons aged 18 and over – routine and manual occupations	How this indicator works	Annual Population Survey - analysed by PHE
What good looks like	Smoking Prevalence of 20.2% by 2019/20	Why this indicator is important	Smoking is the single biggest preventable cause of ill health, health inequalities and premature mortality in the borough
History with this indicator	Smoking prevalence (adults – routine and manual) 2015: 25.3%		

Actual Smoking Prevalence (2010-2015) and Projected Smoking Prevalence (2016-2019) for Routine and Manual Occupations

Period	2012	2013	2014	2015
Southwark (%)	27.7	22.6	21.4	25.3
London (%)	25.8	24.9	25.3	24.2
England (%)	29.5	28.5	28.0	26.5

Period	2016	2017	2018	2019
Southwark (%)	24.0	22.7	21.4	20.2
London (%)	23.5	22.9	22.2	21.5
England (%)	26.0	25.5	25.0	24.4

Historical Smoking Prevalence for Routine and Manual Occupations (2010 – 2015) and Projected Prevalence (2016 - 2019) for Southwark, London and England



Performance Overview		RAG rating	AMBER
Benchmarking	London Smoking prevalence – adults (2015): 16.3% London Smoking prevalence - adults – routine and manual (2015): 24.2%		
Actions to sustain or improve performance		By when	Partner agency
Tobacco Control Review		Completed - 2015	Southwark Council and Southwark CCG
New tobacco control strategy developed		October 2016	Southwark Council
Implementation of illegal tobacco sales campaign		December 2016	Southwark Council
Monitor compliance with plain packaging legislation		May 2017	Southwark Council
Review of schools peer education programme		October 2016	Southwark Council
Promote smoke free: playgrounds		Done - April 2016	Southwark Council
Re-commission tobacco and smoking services to provide targeted support to identified key groups.		April 2017	Southwark Council and Southwark CCG

Health and Wellbeing Board 5. Alcohol		October 2016																																	
Definition	Admission episodes for alcohol-related conditions (narrow definition); directly standardised admission rate per 100,000 population. <i>Data source: Public Health England from NHS Digital and Office of National Statistics for period 2014/15; last updated September 2016.</i>	How this indicator works	This indicator comprises the estimated number of admissions among Southwark's population that can be attributed to alcohol, and is calculated on the basis of actual hospital admission data.																																
What good looks like	Statistically lower than London average. <i>London as a comparator is a more stretching target than England as mean alcohol consumption per head is lower in London than nationally. Moreover, Southwark is an inner London borough and call-outs are generally higher within inner-London boroughs.</i>	Why this indicator is important	This metric quantifies the impact of alcohol across a number of different conditions.																																
History with this indicator	At present we are developing a system that will enable quarterly reporting with lag of 9 months; this is expected to go-live once the information governance compliance and IT infrastructure have been implemented (expected winter 2016/17).																																		
<table border="1"> <caption>Estimated data from the line graph</caption> <thead> <tr> <th>Year</th> <th>Southwark (per 100,000)</th> <th>London region (per 100,000)</th> <th>England (per 100,000)</th> </tr> </thead> <tbody> <tr> <td>2008/09</td> <td>550</td> <td>520</td> <td>550</td> </tr> <tr> <td>2009/10</td> <td>580</td> <td>550</td> <td>600</td> </tr> <tr> <td>2010/11</td> <td>600</td> <td>580</td> <td>650</td> </tr> <tr> <td>2011/12</td> <td>620</td> <td>580</td> <td>680</td> </tr> <tr> <td>2012/13</td> <td>600</td> <td>550</td> <td>650</td> </tr> <tr> <td>2013/14</td> <td>580</td> <td>550</td> <td>620</td> </tr> <tr> <td>2014/15</td> <td>594</td> <td>526</td> <td>641</td> </tr> </tbody> </table> <p>Southwark: 594 admissions per 100 000 population (count 1401 calculated admissions) Compared to 526 admissions per 100k in London, and 641 admissions per 100k in England.</p>		Year	Southwark (per 100,000)	London region (per 100,000)	England (per 100,000)	2008/09	550	520	550	2009/10	580	550	600	2010/11	600	580	650	2011/12	620	580	680	2012/13	600	550	650	2013/14	580	550	620	2014/15	594	526	641		
Year	Southwark (per 100,000)	London region (per 100,000)	England (per 100,000)																																
2008/09	550	520	550																																
2009/10	580	550	600																																
2010/11	600	580	650																																
2011/12	620	580	680																																
2012/13	600	550	650																																
2013/14	580	550	620																																
2014/15	594	526	641																																

Performance Overview	Southwark has a downward trend (since 2011/12). Although, the Southwark rate is higher than London, the gap is narrowing. The rate is statistically lower than the national average.	RAG rating	AMBER
Actions to sustain or improve performance		By when	Partner agency
Increase commitment and resource to Identification and Brief Advice (IBA) through general practice or broader 'Make Every Contact Count' (MECC) work in hospitals and elsewhere; introduced into Southwark CCG's commissioning intentions for primary care in September 2016.		2016/17	CCG and Acute Trusts
Strengthen the supply-side constraints through licensing and the development of cumulative impact zones (CIZs)		On-going, but plan for CIZ work to conclude by end of 2016.	Southwark Council and partner Responsible Authorities including Metropolitan Police
Refresh alcohol strategy into alcohol action plan; process agreed at Southwark Alcohol Summit in July 2016.		March 2017	Southwark Council, CCG and partners

Health and Wellbeing Board 6. Drugs		October 2016	
Definition	Proportion of successful completions of treatment for i. opiate clients and ii. non-opiate clients <u>and</u> who do not go on to re-present to services within 6 months. <i>Data source: Public Health England, for period 2014 last updated September 2016.</i>	How this indicator works	This indicator tracks the proportion of clients who complete the drug treatment programme for different classes of drug misuse. It is a measure of the retention of clients in the programme, with the assumption that as more people complete treatment, fewer will go on to have continued drug dependency or relapse. It is used nationally as a quality indicator for drug treatment services.
What good looks like	Achieving comparable levels of treatment with London (giving amber), leading to placement in the top quartile of national performance (giving green).	Why this indicator is important	This indicator assesses the outcomes of the drug treatment service commissioned by Southwark Council. It is however focused on those at the more severe end of the spectrum – typically already dependent.
History with this indicator	While this indicator is provided in a restricted format by Public Health England on a quarterly basis, the statistics are only available publically on an annual basis, and with an approximate 12 month lag. Public health and the drugs and alcohol commissioning team have discussed what alternatives, but have concluded that the nationally available data are the most robust data presently available for a public reporting. A new provider began operating on 4 January 2016.		
	<p>Successful completions of treatment for:</p> <p>Opiate Users 6.4% N=217; difference is not statistically significant to London. Target for top quartile $\geq 52.5\%^*$ Non-opiate Users 40.1% N=71; difference is not statistically significant to London. Target for top quartile $\geq 8.0\%^*$</p> <p><i>Top quartile target for completion statistics apply to current 2016 performance.</i></p>		
Performance Overview	Not applicable at this time.	RAG rating	AMBER
Benchmarking	Benchmarked against comparator boroughs.		
Actions to sustain or improve performance		By when	Partner agency
Public health is undertaking a deeper dive into substance misuse and will attempt to gain a clearer insight into the breadth of substance misuse issues in Southwark. This work will lead to a better understanding of the epidemiology of misuse locally and inform service		June 2017	Southwark Council DAAT and Southwark CCG

development for the future; this work will likely affect the non-opiate outcomes more than opiate users.		
The DAAT (commissioning) service meets regularly with the provider to monitor and improve services; 'bedding-in' issues have been identified and are being managed on a collaborative basis.	On-going	Southwark Council DAAT

Health and Wellbeing Board			
7. Reduce the numbers of people contracting HIV and other sexually transmitted infections			
October 2016			
Definition	Proportion of eligible people who access a sexual health testing service (clinic or online) who have an HIV test.	How this indicator works	The number of eligible new GUM episodes plus online contacts where a HIV test was accepted as a proportion of those where a HIV test was offered.
What good looks like	At least 77.5% of people eligible for an HIV test are tested when they access sexual health services.	Why this indicator is important	HIV testing is integral to the treatment and management of HIV. Knowledge of HIV status increases survival rates, improves quality of life and reduces the risk of transmission.
History with this indicator	76.7 of Southwark clinic residents who access a clinic have an HIV test (SH24 data to be added).		

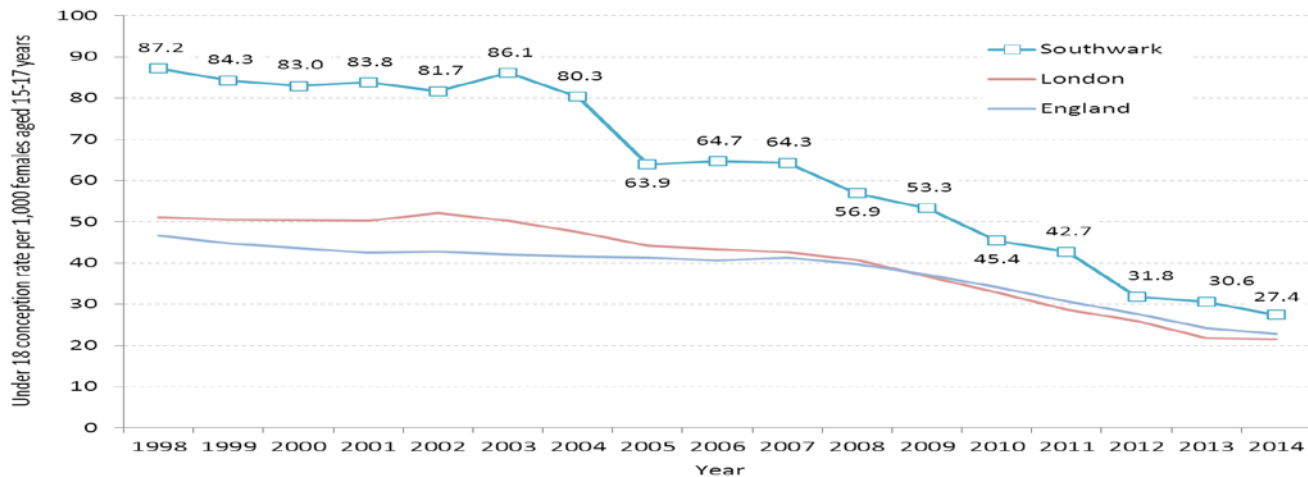
	2015/16 Target	2016/17 Target	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17
Proportion of eligible GUM patients who accepted an HIV test	76.5%	77.5%	This data is released by PHE annually in October				
Proportion of eligible SH24 service users who have returned an HIV test	76.5%	77.5%	76.6%	78.5%	80.6%	81.1%	80.7%
Proportion of SH24 service users who have not been to an STI clinic previously	Monitor over time to get a baseline		77.6%	79.8%	81.6%	80.7%	82.2%
Total number of tests returned by SH24 service users (individual tests - Chlamydia, Gonorrhoea, Syphilis & HIV)	N/A	N/A	7218	7538	8215	11919	13336
SH24 is a new Southwark and Lambeth service which provides free and confidential sexual health service online which can be accessed 24 hours a day. Data reported is for Southwark and Lambeth residents. SH24 is working with Kings College Hospital and Guys and St Thomas' Hospital to move more asymptomatic testing out of clinics and on-line. New clinic models and pathways are being implemented to support this and targets will be reviewed and set once these models have been fully established.							

Performance Overview		RAG rating	AMBER
Benchmarking	London (GUM services only) 77.5%		
Actions to sustain or improve performance	By when	Partner agency	
Focused prevention and HIV testing awareness amongst black African groups through the new RISE NAZ partnership.	March 2017	NAZ and RISE	
Increased uptake of HIV testing amongst eligible groups by examining current barriers to testing.	March 2017	SH24	
To work with clinics and SH24 to collect data on Latin American community to ensure our services are reaching those who need them.	March 2017	GSTT & Kings	

8. Sustain the reduction in teenage pregnancy

Definition	Under 18 conception rate (reduction trend).	How this indicator works	This indicator shows number of conceptions to women aged 15-17 per 100 women of that age.
What good looks like	No yearly increase in the conception rate amongst women aged 15-17.	Why this indicator is important	Teenage pregnancy is associated with poorer outcomes for young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.
History with this indicator	Southwark now has the third greatest reduction in teenage conceptions within London. We want to sustain this trend.		

Under 18 conception rate per 1,000 females aged 15-17 years, 1998-2014, Southwark



Performance Overview		RAG rating	GREEN
Benchmarking	London		
Actions to sustain or improve performance	By when	Partner agency	
Healthy schools – increase the participation of Secondary Schools in the London Healthy Schools Programme	March 2018	Education, Schools, GLA	
Condom scheme – increase the number of venues distributing condoms and health promotion contacts with young people	March 2017	Brook	
Contraception – increase the number of women at risk of unplanned pregnancy on long acting reversible contraception	March 2017	Brook, GSTT, Kings, SH24, Primary Care and Pharmacy	

Item No. 10.	Classification: Open	Date: 4 October 2016	Meeting Name: Health and Wellbeing Board
Report title:		Breaking the Chain – A new tobacco control strategy for Southwark 2017 - 2020	
Ward(s) or groups affected:		All	
From:		Jin Lim, Director of Public Health (Acting)	

RECOMMENDATION(S)

1. The board is requested:
 - a) To receive the new Southwark tobacco control strategy – *Breaking the Chain* (Appendix 1).
 - b) To agree the 4 work streams:
 - Preventing the uptake of smoking amongst young people
 - Helping tobacco users to stop
 - Reducing harm to non-smokers, especially children
 - Communications and evaluation

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. The major population health improvement priorities identified in the HWB Strategy include tobacco control, obesity, sexual health and alcohol.
3. Following expert review and local engagement, a new approach has been developed for tobacco control in Southwark to support the delivery of the ambitious targets set by the Health and Wellbeing Board for reducing smoking prevalence in the borough.

Summary of Breaking the Chain – Southwark’s new tobacco control strategy

4. According to the PHE Local Tobacco Control Profiles, smoking prevalence in Southwark is currently 15.9% which is lower than the England average (16.9%), and lower than the average for London (16.3%). This marks a change from the situation in 2012 when prevalence in Southwark was slightly higher than both London and England. Smoking prevalence in routine and manual workers is 25.3% in Southwark, which is similar to the average in both England (26.5%) and London (24.2%). According to PHE data, in 2014/15 there were a total of 753 smoking related deaths and 1,659 hospital admissions in Southwark. In 2014, there were an estimated 46,000 smokers in Southwark.

5. In January 2016, the Health and Wellbeing Board set ambitious targets to reduce adult smoking prevalence to 14.5% by 2019/20 and prevalence in routine and manual workers to 20.2%.
6. To support the development of a new approach, the current work was reviewed. This included completing the CLeaR Audit – an assessment tool to assess the whole systems approach to tobacco control; carrying out a health equity audit into the smoking cessation services to better understand who is accessing the services and where service improvements can be made; and working closely with the Tobacco Control Collaborating Centre to ensure that the new strategy is informed by best practice. There were also local engagement exercises.
7. The strategy sets out four work streams for tobacco control over the next 3 years to deliver these ambitions. Progress towards these will be monitored using smoking prevalence data from the local tobacco control profiles, specifically data from the Annual Population Survey together with other local data sources.
8. The strategy is comprehensive, including elements of both prevention and treatment. Key prevention activities include monitoring underage sales, reducing the supply of illegal tobacco and raising awareness of shisha and illegal tobacco, both of which are important issues in Southwark.
9. Informed by the health equality audit, the Southwark Stop Smoking Service was reviewed. The service is being redesigned with improved referral pathways and data collection. The new model from April 2017 will target those who would most benefit from additional support:
 - Pregnant women
 - People with long-term conditions
 - Routine and manual workers.
10. The strategy is dependent on good partnership working with clear and consistent communication. The established tobacco control alliance where various partners meet will take a lead role in coordinating and monitoring the actions and progress.

11. Figure 1 displays the proposed strategic approach to achieving reductions in smoking prevalence in the population.

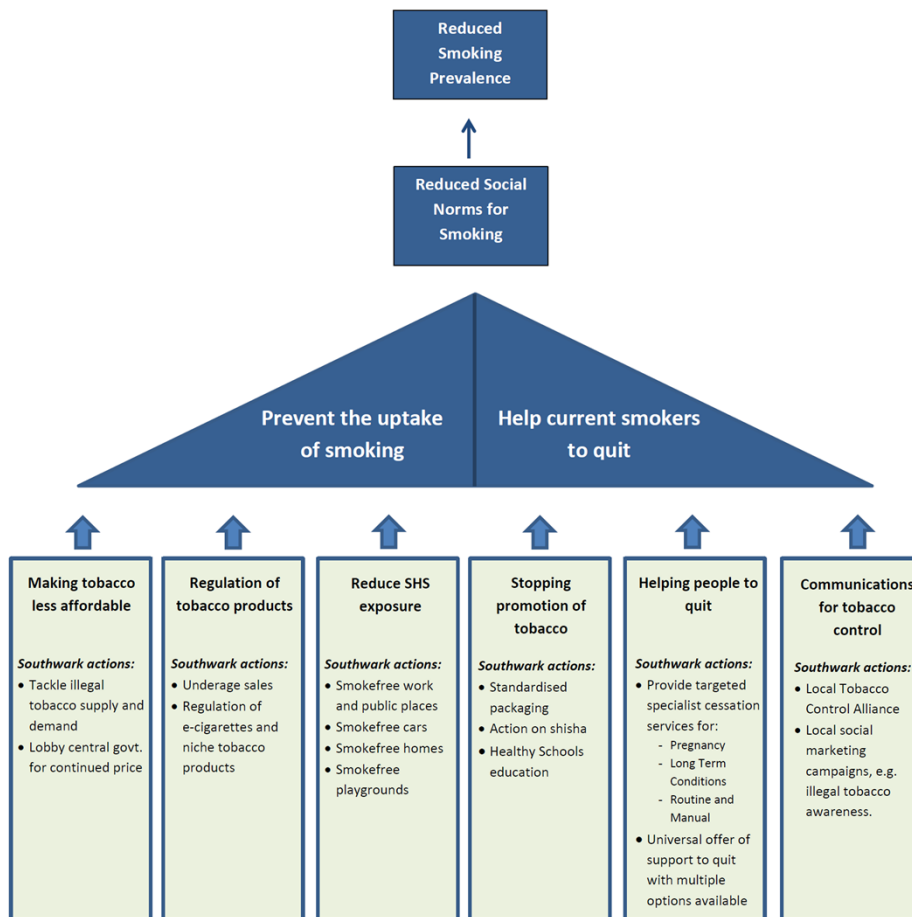


Figure 1 Overview of the Breaking the Chain approach

Policy implications

12. Southwark Council and Southwark CCG have a statutory duty under the 2012 Health and Social Care Act to produce a health and wellbeing 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 *Breaking the Chain* - is one. *Breaking the Chain* sits alongside other Southwark Council and partner strategies that impact on levels of tobacco control. These include Young People's Wellbeing Strategy, Alcohol Strategy and Kings Health Partners Tobacco Strategy.

Legal implications

13. The board is required to produce and publish a Health and Wellbeing Strategy on behalf of the local authority and clinical commissioning group. The proposals and actions outlined in this report will assist the board in fulfilling this requirement and will support the HWB Strategy's implementation.

Financial implications

14. There are no financial implications contained within this report. The recommissioning of smoking cessation and any financial implications will be considered in a separate report subject to Council decision making process.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark JSNA	www.southwark.gov.uk/jsna	jsna@southwark.gov.uk
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		

APPENDICES

No.	Title
Appendix 1	Breaking the Chain – A new tobacco control strategy for Southwark

AUDIT TRAIL

Lead Officer	Jin Lim, Acting Director of Public Health (Acting)	
Report Author	Russell Carter, Consultant in Public Health	
Version	Final	
Dated	26 September 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	26 September 2016	

Breaking the Chain

A New Approach to Tobacco Control in
Southwark

DRAFT

Southwark Health and Wellbeing Board

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DRAFT

Foreword (DRAFT)

Southwark Council's vision is for a 'Fairer Future for All'.

Living longer and healthier lives is central to that vision and we know that smoking remains the single biggest cause of premature death and disease nationally. In addition, effective tobacco control is critical to any strategy to tackle health inequalities as smoking accounts for around half of the difference in life expectancy between the lowest and highest income groups.

Our new tobacco strategy '*Breaking the Chain*' sets out bold ambitions and a new approach to reducing smoking in our population while protecting young children from tobacco smoke and helping our young people to stay smokefree throughout their lives.

Everyone has a role to play in empowering our residents to be healthier. An effective tobacco control strategy needs all local partners to work together. With this strategy, we challenge ourselves and our partners to raise the quality of care and to identify further opportunities to work together for effective tobacco control across the whole borough. We are determined to reduce inequalities in health by targeting population groups with high rates of smoking and parts of the borough where cheap, illegal tobacco is being sold. We will also tackle underage sales to prevent young people taking up smoking. We also know it is difficult to stop smoking and we will improve the support for people who find it hardest to stop and who would benefit most. In particular, more support will be available to pregnant women, people with poor health and people on lower incomes.

Stopping smoking and remaining smokefree means longer healthier lives as well as more money in the pocket. It is my ambition to make Southwark a place where 'the healthier choice is the easier choice.' I very much want to break the chain and welcome Southwark's new Tobacco Strategy.

Councillor Maisie Anderson – Cabinet Member for Public Health, Parks and Leisure

Executive Summary

Smoking is still the single biggest cause of premature death and disease nationally and locally. Half of all long-term smokers will die from smoking related diseases. In Southwark there were over 750 smoking related deaths and 1,650 smoking attributable hospital admissions in 2014. Smoking also has a significant economic impact on both health services and more widely to society as a whole. It is estimated that treating smoking-related illnesses costs NHS Trusts in Southwark £7m a year while the overall economic burden of tobacco use to the whole Southwark system is estimated to be far higher at £78 million a year. Smoking is also the single biggest cause of inequality of death rates between rich and poor in the UK.

Nationally, prevalence of adult smoking has been declining over recent decades, from a peak in 1974 of 45% to around 19% today. However, experience from other countries shows that more can be achieved and smoking prevalence can be reduced even further. In Southwark, just under 16% of all adults currently smoke, which is slightly lower than the national and London averages. However, this is still an estimated 46,000 adult smokers, the majority from disadvantaged communities.

Reducing smoking prevalence, particularly among the most deprived communities is a key ambition of the Southwark Health and Wellbeing Board. In 2016 it was agreed to work towards reducing adult smoking prevalence to 14.5% by 2019/20 and prevalence among routine and manual workers to 20.2% by 2019/20. These are ambitious targets that will require a new approach to tobacco control in Southwark. This approach will be firmly based on the evidence that in order to reduce population prevalence, a holistic approach is needed which incorporates prevention of children starting to smoke as well as help for existing smokers to stop. This will be achieved through a co-ordinated, multi-agency approach to tobacco control focussing on the following widely recognised strands of tobacco control:

1. Making smoking less affordable
2. Regulating tobacco products more effectively
3. Reducing exposure to second hand smoke
4. Stopping the promotion of tobacco products
5. Helping smokers to quit
6. Effective communications for tobacco control

The Southwark Stop Smoking Service will continue to be an important part of the approach to tackling smoking in the Borough but we will increase the focus of this service on the groups of smokers with the highest levels of need. These groups will include routine and manual workers, smokers with long term conditions and pregnant smokers. We will also improve the quality of the service by establishing an integrated referral pathway that ensures smokers receive the most appropriate service for their needs. We will also work to explore new, innovative approaches to supporting smokers to quit such as online and phone support. Services will also include appropriate harm reduction approaches, particularly for smokers who have had repeated attempts to quit, in line with NICE guidance and emerging evidence of the benefits of e-cigarettes.

Alongside the stop smoking service, we will work to strengthen enforcement of tobacco regulations, promote the establishment of smokefree environments including cars,

playgrounds and homes as well as work with schools to prevent children from taking up smoking and continue to work with South East London boroughs to tackle illegal tobacco. Finally, we will ensure we communicate the risks of smoking, including novel tobacco products such as shisha, to all of our residents.

Together these approaches will help us to reduce our smoking prevalence, meaning smoking is seen as the exception rather than the norm. In this way we can 'break the chain' of smoking and achieve our first smokefree generation.

DRAFT

1. Background

1.1 Adult smoking prevalence - the local and national picture

Smoking is still the single biggest cause of premature death and disease nationally and 1 in 2 smokers will die from smoking related diseases. In England, deaths from smoking are more numerous than the next six most common causes of preventable death combined.¹ Some of the most common diseases caused by smoking include lung and numerous other cancers, coronary heart disease, chronic obstructive pulmonary disease (COPD) and strokes.²

There are various sources of data available on smoking prevalence in adults in Local Authority areas. The ONS Annual Population Survey (APS) is recommended by Public Health England as a key source of information. According to the APS, adult smoking prevalence in Southwark in 2015 was 15.9%, which is lower than the figure from the same survey for England at 16.9%, and also the figure for London at 16.3%³. This figure has been declining over the past few years. Table 1 displays data from the Annual Population Survey and Integrated Household Survey which is no longer being updated since 2014.

Year	Integrated Household Survey	Annual Population Survey
2010	20.8%	No data
2011	19.6%	No data
2012	19.7%	19.9%
2013	20.7%	18.0%
2014	16.5%	16.8%
2015	No data	15.9%

Table 1. Adult smoking prevalence in Southwark.

There is some variation in adult smoking prevalence between Central London boroughs. For example Southwark's adult smoking prevalence is lower than Lambeth (21.2%) and Kensington and Chelsea (18.8%) and higher than Westminster (15%) and Wandsworth (13.7%).

Rates across the UK have dropped significantly over recent decades. With sustained tobacco control activities and social and economic changes, prevalence in England has more than halved from a peak in 1974 of 45% to around 19% today.⁴ However, experience from other countries shows that smoking prevalence can be reduced even further. For example, Australia, Sweden and parts of the USA have reduced smoking prevalence to 15%, 15% and 11.9% respectively. Australia has the lowest prevalence of smoking in 14-17 year olds in the world at 2.5%.⁵

¹ <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>

² <http://www.nhs.uk/chq/Pages/2344.aspx?CategoryID=53>

³ <http://www.tobaccoprofiles.info/profile/tobaccocontrol/data#gid/1000110/pat/6/ati/101/page/1/par/E12000007/are/E09000022>

⁴ ASH Factsheet 'Who smokes and how much' ash.org.uk/files/documents/ASH_108pdf

⁵ <http://www.ash.org.uk/>

1.2 Children and young people

The vast majority of smokers started when they were young. Two thirds of smokers say they began before they were legally old enough to buy cigarettes (18 years) and 9 out of 10 before 19 years of age.⁶ However, there are positive signs that smoking rates among young people are decreasing. For example, in the Southwark Health Related Behaviour Survey (2014), 77% of 12-15 year old pupils stated that they had never smoked at all.⁷ The 23% of children who had tried smoking at least once compares to a 1982 national estimate that 53% of 11-15 year olds had smoked at least once. The 2014/15 national What About Youth (WAY) survey estimated that only 4.5% of Southwark 15 year olds are current smokers, significantly lower than the England figure of 8.2%.⁸

The WAY survey also estimated the prevalence of use of e-cigarettes at 15 years of age and this was 12.9% in Southwark, which again was significantly lower than the national figure of 18.4%. Finally, the use of other tobacco products, including shisha, was estimated to be 20.8%, significantly higher than for England at 15.2%, although similar to most Local Authority areas of London and London as a whole at 21.0%.

Shisha use among young people in Southwark is known to be high with 46% of 12-15 year old pupils in the Health Related Behaviour Survey (2014) reporting that they had used shisha, 16% in the last month. Evidence suggests that the levels of harm are similar to that of cigarette smoking and that the behaviour is addictive, although quantitative evidence of use and health impact is still relatively sparse.⁹

1.3 Routine and manual workers

Sir Michael Marmot states tobacco control is central to any strategy to tackle health inequalities as smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups. It is known that smoking rates are much higher among poorer people with 13% of people in managerial and professional occupations smoking compared to up to 30% of those in routine and manual roles.

According to the APS, 25.3% of Southwark residents in routine and manual occupations smoke. This is similar to the estimate for England of 26.5% and London at 24.2%. Smoking is the single biggest cause of inequalities in death rates between the richest and poorest in our communities. Consequently, tackling tobacco use is central to realising the commitment to improve the health of the poorest, fastest.¹⁰ Smokers from lower socioeconomic groups are no less likely to try to give up smoking, however, they are less likely to succeed.¹¹ This suggests that some groups may face social and economic barriers that may inhibit their ability to quit. In Southwark, smokers from lower socioeconomic groups are more likely to be lost to follow-up in the stop smoking service. A number of studies have sought to understand

⁶ <http://ash.org.uk/localtoolkit/docs/cllr-briefings/Children.pdf>

⁷ A summary report of the Health Related Behaviour Survey 2014 (SHEU)

⁸ <http://www.tobaccoprofiles.info/tobacco-control#page/0/gid/1938132900/pat/6/par/E12000007/ati/102/are/E09000028>

⁹ Shisha Smoking in South East London Dr G Power October 2014

¹⁰ The Marmot Review 2010 'Fair lives, healthy society: strategic review of health inequalities in England post 2010'

¹¹ Kotz, D., West, R. Explaining the social gradient in smoking cessation: it's not in the trying but in the succeeding. *Tob Control*. (2009) 18(1):43-46.

barriers to accessing services and explore how they can be overcome. One study¹² revealed these smokers feared being judged and failure and demonstrated a lack of knowledge about services and medication available. It was recommended that services be promoted in personalized, non judgemental and flexible manner to address these issues. A further study¹³ found that smokers wanted help with their nicotine addiction but also with their wider life circumstances.

1.4 Smoking in pregnancy

Smoking in pregnancy can cause serious health problems for mother and baby.¹⁴ Evidence shows that smoking can contribute to miscarriage, antenatal problems, premature delivery, still birth and low birth weight. Long-term maternal smoking in pregnancy is linked to delayed development, learning difficulties and respiratory problems.

According to PHE local tobacco control profiles, smoking among women at time of delivery in Southwark was 3.1% in 2014/15, which was lower than national and London figures. Data from local services in Southwark showed that in 2015/16, out of 4,549 bookings with a midwife, 224 stated they were smokers (5%). This figure is thought to be considerably lower than prevalence in the general population because many women will have quit before becoming pregnant or before their first appointment with the midwife.

1.5 Long term conditions

Long-term conditions (LTCs, also called chronic conditions) are health problems that require on-going management over a period of years or decades¹⁵. LTCs include asthma, chronic obstructive pulmonary disease (COPD), chronic heart disease, diabetes, cancer, HIV/AIDS, depression and severe mental illness. Around 17.5 million people in England have at least one long-term condition. Stopping smoking reduces the risk of disease progression. It is the best form of treatment for many long term conditions and is an effective intervention. Stop smoking advice needs to be a routine component of long-term condition treatment. People with a LTC are significantly more likely to see their GP (accounting for approximately 80% of GP consultations) and to be admitted as an inpatient and stay in hospital longer.

In 2013, QOF data for Southwark showed that 42.9% of people on the mental health register smoked, 19.5% of those on the cardiovascular disease register and 42.5% on the COPD register.

1.6 Health burden of smoking

According to the PHE local tobacco control profiles, there were a total of 753 smoking related deaths per year in Southwark between 2012 and 2014, which is a rate of 316.8 per 100,000 people. Despite the slightly lower estimated prevalence, this is higher than the national and London figures of 274.8 per 100,000 and 261.4 per 100,000 respectively (Table 2).

¹² Roddy E, Antonak m, Britten J, Molyneux A and Lewis S 2006 Barriers and motivators to gang access to smoking cessation services amongst disadvantaged smokers. Health Education Research 6: 147

¹³ Wiltshire, S, Bancroft A, Pany O & Amos A 2003 'I came back here and started smoking again: perceptions and experiences of quitting smoking amongst disadvantaged smokers. Health Education Research 18(3) 292-303

¹⁴ Quitting smoking in pregnancy and following childbirth 2010 NICE

¹⁵ Department of Health 2005 The NHS Improvement Plan: Putting People at the Heart of Public Service. Department of Health.

Condition	Southwark	England	Significant difference
Lung cancer	72.2	59.5	Yes
COPD	71.9	51.7	Yes
Heart disease	30.1	29.7	No

Table 2. Estimated deaths caused by smoking per 100,000 people by condition.

There were also 1,659 smoking attributable hospital admissions in Southwark in 2014/15, which was also higher than the rate for both England and London.

1.7 Economic burden of smoking

Whilst tax on tobacco contributes over £10 billion annually to the Treasury, the true costs to society from smoking are thought to be far higher, estimated at £13.74 billion.¹⁶ This cost is made up of the cost of treating smokers on the NHS (£2.7 billion) and also the loss in productivity from smokers taking breaks from work (£2.9 billion) and increased absenteeism (£2.5 billion), the cost of cleaning up cigarette refuse (£342 million), the cost of fires (£507 million), and finally lost economic output from smokers who die young (£4.1 billion).

ASH have developed a ready reckoner tool for estimating the economic burden of smoking at a local level and it estimates that treating smoking-related illnesses costs NHS Trusts in Southwark £7m per annum.¹⁷ The overall economic burden of tobacco use to the whole Southwark system is estimated at £78 million a year.

In terms of cost to the local NHS, recent return on investment modelling by the Healthy London Partnership estimated that for every 100 smokers who quit, the NHS would save £73,400. In Southwark, this would mean savings of £2.9million over 5 years if 10% of all current smokers quit.¹⁸

“I spend £30 a week...they are expensive but you make it work”

“It’s me it’s who I am”

“It punctuates the day – I have a moment of the here and now through smoking”

Comments from Southwark residents (2015 public consultation).

¹⁶ Featherstone, H. and Nash, R. (2010) Cough up; Balancing tobacco income and costs in society. Policy exchange.

¹⁷ <http://ash.org.uk/localtoolkit> 2014

¹⁸ Commissioning for Prevention: South East London SPG. Optimity Advisors on behalf of the Healthy London Partnership, 2016.

2. Tobacco control ambitions

In 2013 Southwark Council signed the Local Government Declaration on Tobacco Control making it the first London Council to do so. This involved a number of commitments, including working to reduce smoking prevalence and smoking related health inequalities in the Borough. Southwark CCG and Kings Health Partners later signed an NHS commitment of support for this work including to work closely with local partners and actively participate in local tobacco control networks.

In January 2016, the Southwark Health and Wellbeing Board agreed two ambitious targets to reduce prevalence of smoking in the adult population and among those in routine and manual workers.

- **Smoking prevalence among adults in Southwark:** Reduce adult (aged 18 or over) smoking prevalence to 14.5% by 2019/20.
- **Smoking prevalence among routine and manual working adults:** Reduce smoking prevalence among routine and manual workers to 20.2% by 2019/20.

Progress towards these targets will be monitored by the Southwark Health and Wellbeing Board using data obtained from the PHE Tobacco Control Profiles. Tables 3 and 4 provide the historical and projected progress towards achievement of these targets.

Period	2012	2013	2014	2015	2016	2017	2018	2019
Southwark (%)	19.9	18.0	16.8	15.9	15.5	15.2	14.8	14.5
London (%)	18.2	17.1	17.2	16.3	15.6	15.0	14.5	13.9
England (%)	19.3	18.4	17.8	16.9	16.5	16.0	15.4	14.8

Table 3. Adult smoking prevalence by year. (Sources: Historical prevalence – APS, Projections and targets – Southwark Health and Wellbeing Board, January 2016)

Period	2012	2013	2014	2015	2016	2017	2018	2019
Southwark (%)	27.7	22.6	21.4	25.3	24.0	22.7	21.4	20.2
London (%)	25.8	24.9	25.3	24.2	23.5	22.9	22.2	21.5
England (%)	29.5	28.5	28.0	26.5	26.0	25.5	25.0	24.4

Table 4. Routine and manual smoking prevalence by year. (Sources: Historical prevalence – APS, Projections and targets – Southwark Health and Wellbeing Board, January 2016)

3. What works in tobacco control?

There are six internationally recognised strands of tobacco control which have become the core of tobacco control policies across the world. The six strands are:

- Making smoking less affordable
- Regulating tobacco products more effectively
- Reducing exposure to second hand smoke
- Stopping the promotion of tobacco products
- Helping smokers to quit
- Effective communications for tobacco control

The most successful strategies are those aimed at changing behaviour on a population level through effective regulation and enforcement, reinforced by co-ordinated local action and support for current smokers to quit.

3.1 Making smoking less affordable

Research has consistently shown that cigarette price increases, through taxation, reduce tobacco consumption. The UK now has the most expensive cigarettes in the EU apart from Ireland with the average cost of a pack at £9.40 in 2016, 74% of which was tax. Even though the price is high, tobacco is still more affordable than it was in the 1960s relative to income. High prices can particularly deter children from smoking, since young people do not possess a large disposable income and have been shown to be more price sensitive than adults. Tackling illegal tobacco is also important for helping to reduce inequalities in health.

An issue with raising the price of cigarettes through taxation is that the beneficial effects can be undermined by a supply of illegal tobacco and during challenging economic times people are more likely to look for alternatives fuelling the market for illegal tobacco. It is estimated that in excess of 114 million illicit cigarettes with a street value of over £22 million are sold each year in the South East London area.¹⁹

Many smokers in Southwark are offered illegal tobacco. In 2013, 56% of the smokers surveyed in Southwark stated that they had bought illegal tobacco in the last year. The prevalence of having brought illegal tobacco was highest in Southwark when compared with the other SE Boroughs.¹⁶ It was estimated that over £8m was spent by smokers on illegal tobacco in the borough in 2013. The cigarettes were available at an average price of around £4.00 per pack of 20 cigarettes although this was often far lower if larger quantities were brought.

SE London Illegal Tobacco Network partners have an important role to play in intelligence-gathering and analysis, enforcement, public education and engagement in the area of tackling illegal tobacco. Working across a wider geographical area including multiple London boroughs is likely to be more cost-effective and have a greater impact.

¹⁹ Illicit tobacco in South East London: A survey of smokers. (2013) South East London Illegal Tobacco Cluster.

3.2 Regulating tobacco products more effectively

Legislation introduced in the UK in 2007 increased the legal age of purchase of tobacco products from 16 to 18 years. This contributed to a drop in the proportion of 11-15 year olds who said they had brought cigarettes in shops, however 2010 national data showed that a high proportion (58%) of 'regular' smokers in this age group still report purchasing cigarettes from shops.²⁰ Other tobacco legislation includes restrictions on the sale of niche tobacco products such as paan and snuff. From 2016 onwards, there is also new legislation relating to sale of e-cigarettes, requiring all nicotine vapourisers containing over 20mg/ml of nicotine to be licensed as medicines.

The effective enforcement of tobacco control legislation is a key element of any comprehensive tobacco control strategy. Laws are already in place to regulate the way that tobacco products are presented for sale and ensure that tobacco is not sold to people under the age of 18. A key role of local authorities is the enforcement of tobacco legislation.

3.3 Reducing exposure to second hand smoke

Exposure to second hand smoke is hazardous to health, especially for children. Smokefree legislation was introduced in 2007 in England and has been highly effective in reducing exposure to second hand smoke in work and public places. It has also resulted in significant reduction in the number of hospital admissions for heart attacks.²¹

The burden of disease from second hand smoke can be further minimised by both encouraging smokers to quit, and by encouraging further smokefree environments, especially those that impact children, such as their homes and cars. In Southwark steps have also been taken to prevent smoking in playgrounds and to promote smokefree homes. The London Healthy Schools programme also supports schools to introduce effective smokefree policies.

New legislation preventing smoking in private vehicles when children are present became law on 1 October 2015. As with the introduction of the smokefree legislation in 2007, if the public and particularly smokers are aware of the new legislation then compliance is expected to be high. There will be continuing roles for the Southwark Tobacco Control Alliance to complement the awareness campaigns of Public Health England to drive local awareness and support for the new law and to work with local police to support enforcement.

3.4 Stopping the promotion of tobacco products

UK Legislation in 2002 (Tobacco Advertising and Promotions Act) has banned most direct and indirect advertising of cigarettes. A point of sale display ban in supermarkets came into force in April 2012 and was extended to smaller retailers in 2015.

²⁰ NHS Information Centre; Smoking, drinking and drug use among young people in England in 2010. National Centre for Research

²¹ Sims, M., Maxwell, R., Bauld, L and Gilmore, A. The short-term impact of smokefree legislation in England: a retrospective analysis on hospital admissions for myocardial infarction. *BMJ* (2010) 340:2161

The UK is set to become the second country in the world and the first in Europe to require cigarettes to be sold in plain, standardised packaging, following the lead of Australia which implemented the measure in December 2012. The UK implemented this measure in May 2016.

There is strong evidence to suggest that standardised packaging will increase the impact of health warnings, reduce false and misleading messages that one type of cigarette is less harmful than another, and reduce the attractiveness of smoking to young people.²²

Shisha is known to be an attractive option for young people in Southwark with 46% of 12-15 year olds in Southwark secondary schools stating they have used shisha at least once before. The London Shisha Action Group was developed in 2016 to provide a comprehensive approach to shisha regionally. Southwark has already contributed to reducing the prevalence of shisha in SE London through a shisha survey with published results and trading standards is required to audit the number of shisha outlets annually and enforce smoke free laws and the Health Act 2006 at shisha bars. In comparison to cigarette smoking the evidence currently available regarding the impact of shisha on individual health and as a public health issue in London is limited. However, shisha has been recognised as an emerging threat to public health in the UK and internationally.²³

Southwark young peoples' substance misuse service has been active in providing educational activities in secondary schools based on a peer education model whereby pupils identified as 'influential' within their peer groups are trained to talk with their peers (year 8) about tobacco, cannabis and alcohol. They also do a formal presentation to their class. Southwark Healthy Schools Partnership also works to inform teachers and PSHE leads on smoke free policies, emerging evidence regarding e-cigarettes and facts about shisha and illegal tobacco.

3.5 Helping people to quit smoking

Stop smoking services are one of the most cost effective interventions in public health care, and evidence shows that people are four times more likely to quit smoking if they have support.²⁴ Treating nicotine dependence also produces a good return on investment compared to the cost of treating a wide range of smoking related chronic conditions.²⁵

In 2015/16 a total of 2,317 smokers set a quit date through the Southwark Stop Smoking Service with 770 (33%) successfully quitting. This represents 5% of all current smokers in Southwark although in line with national experiences the number of smokers accessing the service has been decreasing in recent years. The reasons for this downturn are unknown although there are a number of factors which may have contributed:²⁶

²² Smokefree Action Coalition Briefing on Standardised Packaging for Cigarettes and Tobacco Products

²³ Public Health Implications of Shisha Smoking in London July 2013. Dr Mohammed Jawad Department of Primary Care and Public Health, Imperial College London.

²⁴ National Centre for Smoking Cessation and Training briefing Stop Smoking Services: increased chances of quitting' 2012 www.ncsct.co.uk/user/pub/Briefing%208.pdf

²⁵ Godfrey et al. (2005) The cost-effectiveness of the English smoking treatment services: evidence from practice. *Addiction*, **100**(2)

²⁶ NCSCT 2014 Local Stop Smoking Service and Delivery Guidance Public Health England

- Changes in national mass media messages promoting population level quit attempts than advertise the local stop smoking services
- Changes in commissioning arrangements for stop smoking services
- Increased use of nicotine vaporisers (e-cigarettes)

Area	Number of smokers	Number setting quit date	Quitters
England	9.6 million	382,500 (3.9%)	195,170
London	1.2 million	66,605 (5.5%)	32,685
Southwark	46,000	2,317 (5%)	770

Table 5. Smokers accessing Stop Smoking Services in 2015.

In 2013 NICE published guidance on tobacco harm reduction.²⁷ While recognising that quitting smoking is always the best option for smokers, the NICE guidance supports the use of licensed nicotine containing products (NCPs) to help smokers not currently able to quit to cut down and as a substitute for smoking, where necessary indefinitely.

E-cigarettes are now one of the leading methods for harm reduction. A comprehensive review stated that e-cigarettes are around 95% less harmful than smoking.²⁸ At present there is no evidence that e-cigarettes are acting as a route into smoking for children and non smokers. The National Centre for Smoking Cessation and Training will provide training and support to stop smoking practitioners to improve their skills and confidence in advising clients on the use of e-cigarettes.

“I want to quit when I don’t enjoy it any more”

“I am a smoker and bored of smoking – I would like to give up”

“I have tried so many things” “I started again due to stress”

“In terms of a service, it must be flexible and tailored to me and my life and help me do it my way”

Comments from Southwark residents (2015 public consultation).

3.6 Effective communications for tobacco control

As part of a holistic tobacco control approach, social marketing campaigns have been shown to be effective, particularly at driving quit attempts. They can educate about the harms of smoking and second hand smoke but also keep the public informed of changes to smoking related legislation such as smoke free cars nationally or local initiatives to increase smoke free areas such as playgrounds and homes.

²⁷ National Institute for Health and Care Excellence (2013) *Tobacco: harm reduction approaches to smoking (PH45)*. NICE: <http://publications.nice.org.uk/tobacco-harm-reduction-approaches-to-smoking-ph45>

²⁸ E-Cigarettes: an evidence update August 2015 A Report Commissioned by PHE

An effective example of local communications for tobacco control was the 2015 Keep It Out campaign which was commissioned by the South East London Illegal Tobacco Network (SELITN) of which Southwark is an active member. The objective was to test whether social marketing could offer a useful additional tool to reduce the prevalence of cheap illegal tobacco in South East London. The pilot campaign sought to establish whether an effective social marketing campaign could be delivered on a relatively small budget by exploiting social media and by collaborating across multiple boroughs to gain maximum impact. Analysis of its impact clearly indicates that the Keep It Out campaign proved to be a very cost effective means of communicating key messages to South East London communities.²⁹

Insights gained during the engagement element of the project also implied that there is potential for ‘nudging’ positive behaviour change in these communities i.e. reducing levels of buying and increasing levels of reporting for illegal tobacco.



Photo: Keep It Out Campaign and sniffer dogs, Potters Field, November 2015

²⁹ South East London Illegal Tobacco Network 'Keep it Out Campaign 2015'

4. Review of current approach to tobacco control in Southwark

4.1 Summary of current approach

Work has focused upon implementing the strands of tobacco control through collaboration and strengthening partnerships. Partnership work occurs through the Tobacco Control Alliance. Lambeth Tobacco Control Alliance and Southwark Tobacco Control Alliance merged into one Alliance in 2013 (Appendix 1). The SE London Illegal Tobacco Network was also developed in 2012 across 6 boroughs and Southwark provided support by chairing and leading on communication. Key successes in local tobacco control have been:

- Surveys to understand prevalence of illegal tobacco and shisha in the borough
- Improved joint enforcement across SE London
- Local illegal tobacco 'Keep it Out' campaign across SE London
- 5% of the smoking population accessing the stop smoking service
- Improvements in stop smoking data collection through introduction of Quit Manager
- NCSCT referral system and very brief advice e-training in secondary care
- Reductions in adult smoking prevalence

4.2 Review of tobacco control in Southwark

Tobacco control approaches in Southwark were reviewed in 2015. Several methods were used which were:

- CLear assessment
- Health equity audit
- Rapid review with the Tobacco Control Collaborating Centre
- General public consultation.

4.2.1 CLear assessment

The CLear assessment is an evidence based improvement model which supports the development of local action in reducing smoking prevalence and the use of tobacco. CLear stands for the three linked domains of the model: Challenge your services, Leadership and Results (see figure 2). Southwark completed the CLear assessment in 2015 supported by the Association of Directors of Public Health. Southwark Public Health and Trading Standards filled in the self assessment tool and then took part in the peer assessment process. The areas identified for development were:

- Develop key performance indicators for all elements of tobacco control not only the stop smoking services.
- Improve quality of service in GP and pharmacy.
- Provide local enforcement with resources to tackle the covert market of illegal tobacco.



Figure 2: CLear Model

4.2.2 Stop Smoking Service health equity audit - Lambeth and Southwark 2011-14

A Health Equity Audit is a review procedure, which examines how health determinants access to relevant health services and related outcomes are distributed across the population relative to need. A health equity audit reviewed the Lambeth and Southwark Stop Smoking Service using data from 2011-14.

Findings from this work were:

- Most ethnic groups and deprivation groups are accessing the service in line with need.
- Areas for improvement identified were:
 - Data quality (co verification, standard occupational and socio-economic classifications)
 - Men and people aged 20-39 are potentially not accessing the service in line with need.
 - 'Loss to follow-up' clients were mainly smokers of working age, more deprived, not supported with medication and to a lesser extent, men.
 - Unsuccessful 4 week quit clients were mainly working age, most vulnerable groups (long term unemployed, sick and disabled), not supported with medication and to a lesser extent men (particularly Caribbean ethnic group).

4.2.3 Commissioners rapid review and providers stakeholder event

A key recommendation from this review was that a new, targeted model of stop smoking services that focuses on priority groups of quitters is required. The current model does not promote enough referrals to specialists and loss to follow up is an area of concern. The rapid review indicated low levels of prescription and this is also an area for improvement.

4.2.4 Public consultation

General public: The public consultation (conducted by activ.mob.) revealed that generally people did not see smoking as a bad thing as it did not impact on the community in the same way as alcohol and drunken behaviour.

‘I’d rather my son smokes a joint than have a beer’

‘If I drink, it changes me. I can’t look after my baby... Smoking doesn’t do that’

Comments from Southwark residents (2015 public consultation).

Tobacco and cannabis are often mixed to smoke and cannabis was viewed as herbal rather than harmful.

‘It’s medical, you can add herbs for your health’

‘I buy the healthier option’

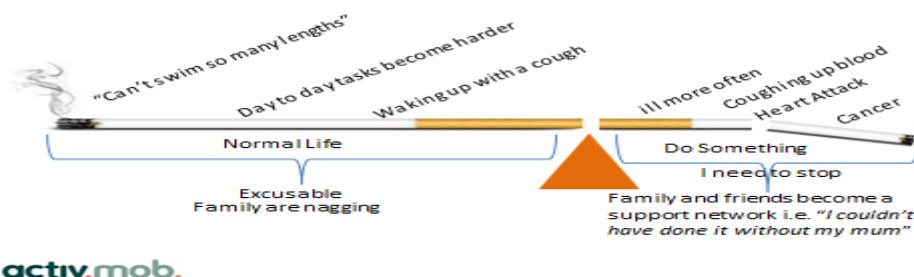
Comments from Southwark residents (2015 public consultation).

The consultation also revealed that there was a lack of awareness about the stop smoking service and there was confusion about the offer and who provides it. It was commonly thought that minimal additional support is required once a smoker has a strong enough motivation to quit. Finally, it was revealed that current quitting methods are not thought to be working under the pressures of real life.

‘Your life becomes obsessed with clock watching, when you need another patch... just like if you’re on a diet and give up chocolate’

Comments from Southwark residents (2015 public consultation).

Health is the biggest motivator for change as explained in the diagram below by activ.mob.



Target Groups: Smokers in target groups stated they wanted someone to go back to who understands *'me and my condition'*. The support needs to be regular and intensive. It is not just about smoking but the whole lifestyle so that people can see the bigger picture.

Kings Health Partners³⁰ make a big contribution to smoking reduction in patients, staff and students. Kings Health Partners is committed to Value Based Health Care. Value is defined as outcomes that matter to patients and carers over the full cycle of care divided by the cost of achieving those outcomes. The tobacco strategy by Kings Health Partners aligns closely with Southwark Health and Wellbeing Board tobacco outcomes and has informed this strategy.

DRAFT

³⁰ Kings Health Partners is an Academic Health Science Centre

5. A new approach to tobacco control

In order to meet the challenging smoking prevalence targets set by the Health and Wellbeing Board and to implement findings from the 2015 reviews, there is a need to establish a new strategic approach to tobacco control in Southwark. The evidence base is clear that in order to impact on population prevalence a holistic, comprehensive approach to tobacco control is required including all six of the internationally recognised strands of tobacco control. In Southwark, this will mean placing a greater focus on the prevention of uptake of smoking, particularly among young people, alongside efforts to assist current smokers to quit. It will also involve remodelling the Stop Smoking Service to provide a more integrated service with an increased focus on helping key target groups to quit. (Figure 1.)

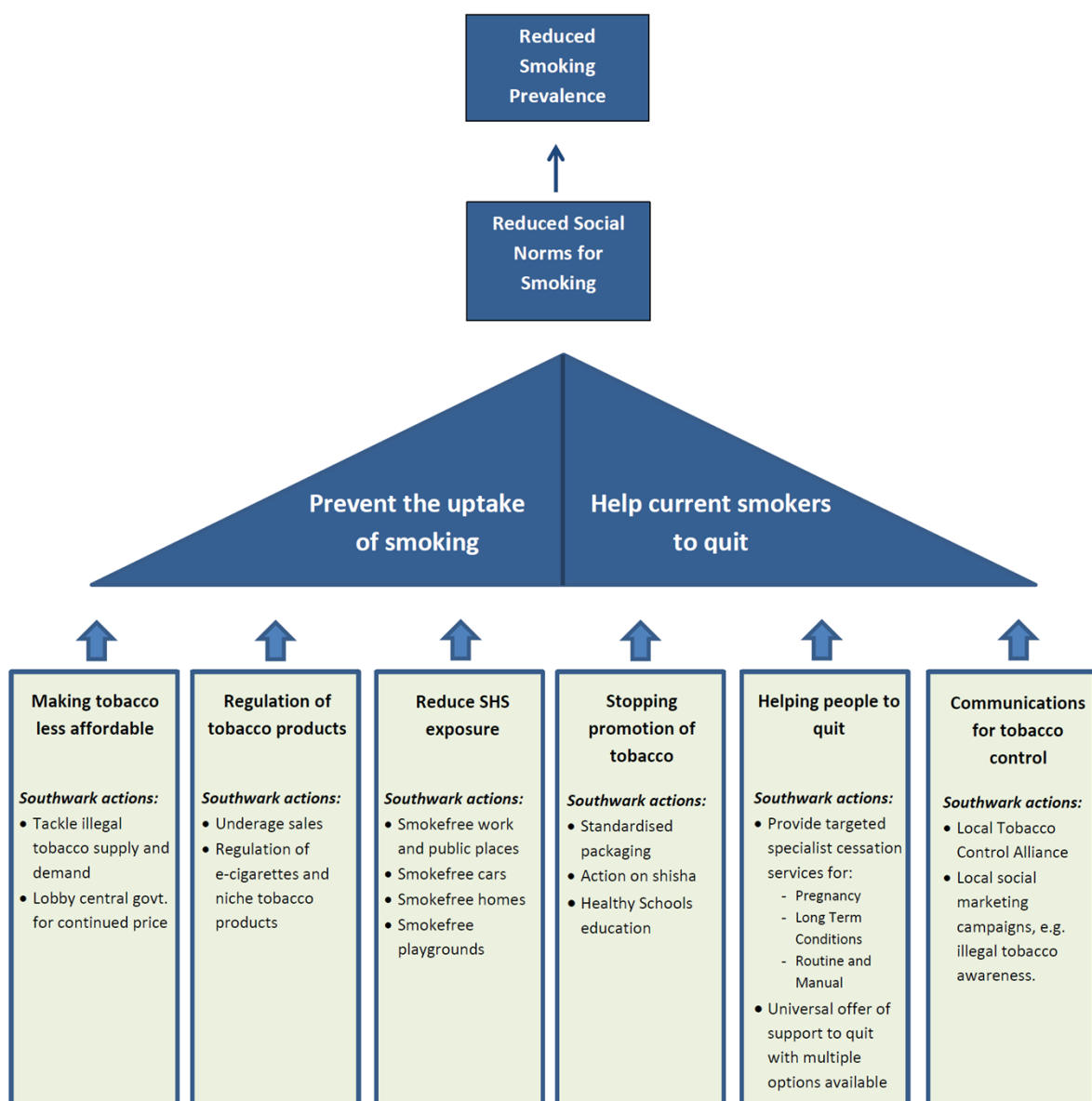


Figure 1. Strategic approach to reducing smoking prevalence in Southwark (Note: SHS = Second hand smoke)

The six strands of tobacco control will be delivered in Southwark under four work streams:

1. Preventing the uptake of smoking amongst young people
2. Helping tobacco users to stop
3. Reducing harm from second hand smoke, especially to children
4. Communications and evaluation

These work streams will be coordinated by the tobacco control alliance, which will continue to provide a strong platform for developing partnership working between stakeholders across the Borough.

The overarching ambition of the strategy is to de-normalise smoking in order to deliver a smoke free generation. This will require tobacco to become less visible, desirable and acceptable to every Southwark resident. This, ultimately, can prevent the perpetuation of smoking from one generation to the next.

DRAFT

Work stream 1: Preventing uptake of smoking amongst young people

Two thirds of people who smoke begin while under 18.³¹ For this reason, preventing children and young people from taking up tobacco use is a priority.

Strategies will be:

- I. Continue to implement a programme of test purchasing for underage sales among retailers in Southwark and promote proof of age cards to young people across the borough.
- II. Effective regulation in regards to standardised packaging legislation.
- III. Effective regulation of illegal shisha cafes and bars in Southwark and provide a social marketing campaign on shisha to promote public awareness.
- IV. Ensure schools are aware of emerging issues in tobacco through the Healthy Schools Partnership and review future steps for peer support work among secondary school pupils.
- V. Work with HM Revenue & Customs (HMRC) and trading standards to reduce supply and demand of illegal tobacco products.

Strategy/action	Outcomes	Lead	Target groups impacted
Carry out test purchasing and promote the uptake of the London proof of age card	All retailers have access to age check material and comply to legislation Young people apply for the London proof of age card	Regulatory Services (Trading Standards)	Children and young people
Effective introduction and regulation of standardised packaging legislation	All retailers sell standardised packets of cigarettes	Regulatory Services (Trading Standards)	Whole population
Record the number of shisha cafes and bars annually and ensure they comply with regulations Provide a social marketing campaign to promote knowledge and awareness around shisha	Knowledge of the trend of shisha cafes and bars locally Target population are aware of the harms of shisha	Regulatory Services (Trading Standards) Public Health	Children and young people Whole population
Primary and secondary schools networks are presented with emerging issues in tobacco and information is disseminated	Schools have evidence based knowledge around e-cigarettes, shisha, illegal tobacco and the current trends in smoking and methods of working with young people	Healthy Schools Partnership, Public Health	Children and young people Parents Teachers
Partnership work with HMRC and SE London Illegal Tobacco Network (SELITN)	A reduction in the supply and demand for illegal tobacco locally	Regulatory Services (Trading Standards)	Whole population

³¹ PHE 2015 Health Matters: smoking and quitting in England

Work stream 2: Helping tobacco users to stop

In view of Southwark's local ambitions to reduce population prevalence and reduce inequalities caused by smoking as well as recent local and national trends of decreasing numbers of smokers accessing services, there is an opportunity to remodel the service in Southwark. The 2015 rapid review showed there is a desire to develop a service with an increased focus on helping smokers in key target groups to quit.

Strategies will be:

- I. Develop detailed commissioning plans to establish an approach that moves away from focusing on overall number of quitters delivered, to focusing on identified priority groups. These priority groups based upon the national key priority groups³² are:
 - Routine and manual workers
 - Pregnant women
 - Smokers with LTCs including mental health conditions
- II. Establish well developed, integrated care pathways with a single referral point which ensures smokers receive the service best suited to their needs.
- III. Provide a quality stop smoking service which is monitored and evaluated regularly to ensure quality is maintained and the service is enhanced. Quality standards are met which include:
 - CO verification levels
 - Improved prescribing and use of the full range of products in primary and secondary care
 - Appropriate levels of training are maintained
 - High levels of data coverage from all elements of the service (for example standard occupational and socio-economic classifications, recording of sexual orientation, homelessness)
 - Reduce lost to follow-up, particularly in lower socio-economic groups.
 - All providers meet the NCSCT recommended minimum of 20 smokers seen per year
- IV. Review the literature and explore the feasibility of providing online and phone based support for quitters, contributing to pan-London work to explore new models of delivering services.
- V. Longer-term follow-up of quitters using the Stop Smoking Service at 12 weeks will be introduced as an important marker of success as it is likely to be more representative of health improvements made, particularly for priority groups. The 4 week quit rate will remain an important performance indicator for assessing the success of services as it allows for local, national and historical comparisons to be made. The feasibility of commissioning services based on health related outcomes will also be considered.

³² NCSCT 2014 Local Stop Smoking Service and Delivery Guidance Public Health England

VI. Local Stop Smoking Services will also include appropriate harm reduction approaches, particularly for smokers who have had repeated attempts to quit, in line with NICE guidance and the emerging e-cigarette evidence.

Strategy/action	Outcomes	Lead	Target groups impacted
Remodel the stop smoking service	Effective and quality stop smoking service producing long term quitters	Southwark Council Commissioning	Target groups of smokers Children and young people
Developed integrated care pathways	The service has one point of referral. Smokers receive continuous, effective cessation treatment including at transition points across the care pathway	CCG	Target groups of smokers
Quality improvements	Quality standards are met	Public Health and Kings Health Partners	Target groups of smokers Whole population
Feasibility study of online phone based support for quitters	New models of delivering the service is explored	Public Health	Whole population
Offer 12 weeks of support and recording 12 week quit on quit manager	Target population receive longer support with medication	Stop Smoking Service	Target groups of smokers
Harm reduction with use of e-cigarettes becomes part of the service	Smokers reduce the number of cigarettes smoked and use safer alternatives	Stop Smoking Service	Whole population

Work stream 3: Reducing harm to non-smokers, especially children and young people

There is no safe level of exposure to second hand smoke. This means protecting non-smokers and smokers, especially children is a priority. Reducing the number of places where people are able to smoke also contributes to de-normalising the behaviour.

Strategies will be:

- I. Encourage smokers to change their behaviour so that they do not smoke in their homes.
- II. Perform operations to assess the compliance with new 2015 legislation preventing smoking in cars transporting children.
- III. Branding of smoke free environments for children and young people.
- IV. Continue to monitor compliance with the 2007 smoke free legislation in enclosed work and public places.

Strategy/action	Outcomes	Lead	Target groups impacted
Disseminate second hand smoke information to health professionals, children and family services and people who have relapsed	To reduce the exposure to second hand smoke within the home, chiefly amongst households with resident smokers	Public Health	Whole population Children and young people
Annual operation to assess compliance with smoking in cars transporting children	Southwark residents are aware of the law around smoking in cars when transporting children	Regulatory Services	Children and young people
University and college campuses are smoke free zones	Campuses are smoke free	Public Health	Young People
2007 smoke free legislation and butt litter legislation is enforced	Work and enclosed public places are smoke free	Regulatory Services	Whole population

Work stream 4: Communications and evaluation

Tobacco control communication is led by Public Health England (PHE). They define the purpose of their marketing programmes to: 'Motivate and support millions more people to make and sustain changes that improve their health'³³. Local campaigns support national campaigns to enhance regional and national messages.

Evaluation is an essential aspect of tobacco control to ensure work is effective and target groups know the clear messages about tobacco.

Strategies will be:

- I. Tobacco Control Alliance will advise and oversee the development of activities and promote clear communication across all partners.
- II. Delivering robust monitoring of all activities such as shisha and illegal tobacco to allow course correction during delivery and robust evaluation to allow delivery against ambitions and learning to be reported.
- III. Target local and national campaigns at routine and manual workers.
- IV. Repeat local survey to monitor illegal tobacco use prevalence.
- V. Develop a systematic approach to identifying opportunities for research and evaluation related to tobacco across all partners.

Strategy/action	Outcomes	Lead	Target groups impacted
The Alliance will advise on the development of activities relating to tobacco control	Co ordinated approach to the different strands of work and work is based on best practice	Public Health	Wider population
Quarterly monitoring reports submitted to the Alliance and challenge meetings	Course correction during delivery is achieved	Public Health	Wider population
Map out routine and manual employers and approach work places in order to deliver information to smokers alongside the wider health agenda	Routine and manual workers are aware of the local stop smoking service and can easily access them	Public Health	Target groups
Repeat the local illegal tobacco survey. Explore ways to obtain illegal tobacco prevalence routinely.	Current illegal tobacco use prevalence is recorded	Public Health	Wider population

³³https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/326548/PHE_StrategyDoc_2014_10.pdf

Appendix A

Lambeth and Southwark Tobacco Control Alliance

Core Purpose

The Alliance will advise and oversee the development of activities relating to tobacco control in Lambeth and Southwark. The Alliance will ensure a coordinated approach to the different strands of work and that work is based on best practice. The Alliance will champion tobacco control at a local level. Input will depend on the local needs of the London Borough of Lambeth and the London Borough of Southwark.

Membership

Lambeth and Southwark Council (Regulatory Services: Trading Standards, Health and Safety, Environmental Health and Licensing, Children and Young People Services, Public Health, Commissioners)
NHS Lambeth CCG
NHS Southwark CCG
Kings Health Partners
Guys & St Thomas NHS Foundation Trust
Kings College NHS Foundation Trust
South London and Maudsley NHS Foundation Trust
Lambeth and Southwark Fire Service
Lambeth and Southwark Metropolitan Police
Brixton Prison Service
HR Revenue and Customs
Employment Agencies and Local Business
Schools and Higher Education Institutions
The Voluntary Sector

Item No. 11.	Classification: Open	Date: 4 October 2016	Meeting Name: Health and Wellbeing Board
Report title:		Voluntary and Community Sector Strategy	
Ward(s) or groups affected:		All	
From:		Director of Communities	

RECOMMENDATION

1. That the Health and Wellbeing Board note and comment on the draft Southwark Voluntary and Community Sector (VCS) Strategy (Appendix 1).

BACKGROUND INFORMATION

2. Making good on a Council Plan commitment to enhance the work of the voluntary and community sector, in 2014 the Southwark Health and Wellbeing Board established an independent Early Action Commission with our neighbours in Lambeth.
3. Published in 2015, the Commission’s report was welcomed as an important contribution to putting prevention and early action at the heart of service delivery. More specifically the Early Action Commission identified four goals that deliver better outcomes. These were “resourceful communities”, “preventative places”, “strong, collaborative partnerships” and “systems geared to early action”.
4. The Commission celebrated the positive work of the voluntary, public and private sectors that help people flourish, reduces demand on costly public services, and creates the right conditions for prosperity and well-being.
5. As well as the successes and initiatives already underway, all partners recognised there are opportunities to be bolder and to go further. For example, the report gave less attention to the ways in which the VCS working with partners can help communities address current challenges in by making early action the ‘norm’.
6. In light of this, a new VCS strategy for Southwark has been developed, which embeds early action in service delivery; harnesses the unique position and relationships the voluntary sector has to build community resilience in collaboration with public and private partners, and creates a sustainable sector.

KEY ISSUES FOR CONSIDERATION

7. This new strategy is a three-way collaboration involving the VCS, the council and the NHS.
8. The timing means the new strategy is being developed as Southwark refreshes its Council Plan to achieve a fairer future for all. The council has worked jointly with NHS Southwark Clinical Commissioning Group (CCG) to set out a fresh Five Year Forward View of health and social care to 2021. The draft strategy

sets out key areas of alignment with Council Plan and Clinical Commissioning Group (CCG) Five Year Forward View Priorities.

9. Over 200 people attended the Four Listening Events and their input and contribution is the core content of the co-produced strategy.
10. It sets out a new deal between the VCS and its public and private sector partners, where impact is measured by the contribution made to establishing and sustaining strong and flourishing communities.
11. The ambition for this strategy is to create a sustainable, confident and resilient voluntary and community sector that works in collaboration with public and private partners to create a safer and fairer Southwark. It will:
 - Enhance the work of the VCS with an emphasis on improving quality and outcomes for residents that reduce and prevent future demand on high cost, high demand services;
 - Sustain and build strong, cohesive communities where no one group or community is left behind.
12. These outcomes will be delivered through four priorities:
 - Better partnership working to improve outcomes for residents
 - Improved commissioning and grant-giving to focus on outcomes and be more cooperative and community-led
 - Better use of community assets as a route to revitalize neighbourhoods and create preventative places
 - More resilient communities that are connected and resourceful
13. Within the strategy are actions which will add value to the Council Plan and CCG Five Year Forward View priorities. These include:
 - Agreeing a set of core outcomes for the benefit of the whole community against which impact is measured and aligned against Council and CCG plans
 - More responsive and jointed up ways of working using existing structures to harness the power of and knowledge of local communities to help reduce the impact of reductions in local authority and NHS resource
 - Changes to the Council and CCG commissioning approach
14. The strategy is not a commissioning approach but contains commissioning policy direction and principles. A report to Cabinet in December will set out arrangements for how the council working with the CCG will improve the co-ordination of commissioning and how council wide/CCG oversight of commissioning intentions is to be delivered. The strategy foreshadows a number of the engagement principles that will inform new commissioning arrangements.
15. The final version of the strategy will be presented to Cabinet in November with a launch event on the 14 November.
16. The implementation of the strategy will be monitored through the Council/CCG/VCS Liaison group.

Policy implications

17. The strategy links to other strategies with respect to the local VCS. These are:

- Council Plan
- Southwark and Lambeth Early Action Commission Report
- Southwark CCG and Southwark Council Five Year Forward View of health and social care
- Southwark Health and Wellbeing Strategy
- Implementation of the Southwark Mental Health Social Care Review
- Establishment of the Partnership Commissioning Team between NHS Southwark CCG and Southwark Council
- Review of Commissioning within the Council
- Changes to the Southwark Community Safety Partnership and the Southwark Adult Safeguarding Adults Board
- Refresh of the Housing Strategy
- Southwark Advice Strategy

Community impact statement

18. The new strategy is intended to have a positive community impact. The strategic objectives are to sustain and build strong, cohesive communities and neighbourhoods and to build a sustainable, confident and resilient voluntary and community sector. Its development and these strategic objectives have been informed by and involved the broadest possible reach across the partners and within Southwark's diverse range of community organisations and representatives.

Resource implications

19. There are no specific additional resource implications emerging as a result of the new strategy.

Legal implications

20. Legal implications if any will be identified when reporting to Cabinet.

Financial implications

21. Financial implications if any will be identified when reporting to Cabinet.

Consultation

22. The strategy has been developed following Four Listening Events attended by over 200 people.

23. There has also been consultation through the following networks; the Forum for Equalities and Human Rights, Departmental Commissioning Officers and the Council/CCG/VCS Liaison Group.

24. Consultation on the draft strategy will continue until Cabinet.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS**Director of Law and Democracy**

25. Legal implications if any will be identified when reporting to Cabinet.

Strategic Director of Finance and Governance

26. Financial implications if any will be identified when reporting to Cabinet.

Other officers

27. These will be identified when reporting to Cabinet.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
VCS Strategy –Overview	Communities Division, 160 Tooley St	Andy Matheson 020 7525 7648
VCS Strategy	“ “	“ “
Background consultation documents Link: https://communitysouthwark.org/sites/default/files/images/VCS%20Strategy%20Draft%205_0.pdf		

APPENDICES

No.	Title
Appendix 1	Draft Voluntary and Community Sector Strategy 2017 - 2022
Appendix 2	One Page Overview

AUDIT TRAIL

Lead Officer	Stephen Douglass, Director of Communities	
Report Author	Andy Matheson, Senior Commissioning Officer	
Version	Final	
Dated	26 September	
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	Yes	Yes
Date final report sent to Constitutional Team	26 September 2016	

Common Purpose, Common Cause

Voluntary and Community Sector Strategy 2017-2022

This strategy is guided by a compelling vision and a clear purpose – to support a sustainable, confident and resourceful voluntary and community sector (VCS) that can work in collaboration with the public (and private) sector to create a safer and fairer Southwark.

The way public sector and the VCS work together in Southwark has changed significantly since the last strategy was produced in 2007, but it has to change further. We want a relationship where the public sector, in partnership with the VCS, enables and supports new approaches to deliver integrated, more efficient and community-led outcomes.

Council plan commitment: enhance the vital work of the voluntary and community sector

To achieve that we have focused on activities that enhance the work of the voluntary and community sector with an emphasis on improving quality and outcomes for residents that reduces and prevents future dependency on high cost, high demand services. We also focus on where we can make the most impact to sustain and build strong, cohesive communities where no one group or community is left behind.

Developed through a tri-partite arrangement, we have set out a direction of travel for all partners - Southwark Council, Southwark Clinical Commissioning Group, other significant partners and the voluntary and community sector – about how we can be more than the sum of our parts.

The strategy sets out four priorities, alongside one enabling priority that will help us achieve our goals. These priorities concern the areas of work which, over 200 participants at our listening events told us, would have the biggest impact and bring about change where it is needed the most. If we can achieve what we want to with these priorities, we will be much closer to our vision: one where there is a new settlement between all sectors, that amongst other things, will put organizational sustainability and an early action, outcomes focused approach at its core and make duplication, short-term fixes and inefficiency things of the past.

Changes we want to see by 2022

Better partnership working to improve outcomes for residents

We want to see changes in how we work together and embed the principles of co-production in everything we do in order to maximize social value.

We want to see more responsive and joined up ways of working using existing structures (such as the Local Care Networks) to harness and share the power and knowledge of local communities to help mitigate against the impact of reductions in local authority and NHS resources.

We want to encourage the VCS to work more in collaboration and to provide mutual support to help improve outcomes for residents.

We want to enable and foster greater engagement with the business sector leading to more placed based giving and crowd funding initiatives.

Improved commissioning and grant-giving to focus on outcomes and be more cooperative, and community-led.

We want to see fuller involvement of stakeholders in the commissioning cycle that is outcomes focused. To achieve this, we want to develop co-operative and citizen commissioning approaches with an emphasis on dealing with the root causes of problems not just symptoms.

Council plan commitments:

- Invest more in 'early support' for families
- An Age-Friendly Borough
- Reduce the numbers of people contracting HIV & other sexually transmitted infections
- Further reduce teenage conceptions
- Take new approaches to tackling obesity
- Reduce smoking in the borough
- Make sure young people are ready for work
- Make sure residents benefit from new jobs and apprenticeships
- Support 5,000 local people into jobs
- Create 2,000 apprenticeships

We want to change how we use contracts and grants with a balance between longer funding cycles and support for innovation to help develop different, more efficient and more impactful services for residents. We want to agree a set of core outcomes (Common Framework) for the benefit of the whole community of Southwark against which impact is measured and aligned against Council and CCG plans.

We want services to be built around the needs of the local community and a recognition of the value and impact of locally delivered services with a presumption that local provision is the default position. Using digital approaches we want to transform how we serve and enhance the lives of people in our community so they receive quality information and access to services.

Council plan commitment: become a leading digital borough, transforming how we serve and enhancing the lives of people in our community so no-one is left behind.

Better use of community assets as a route to revitalize neighbourhoods and create preventative places

We want to harness the value of the borough's outside spaces to improve wellbeing, engagement and community cohesion. We want to develop an approach to enabling asset transfer to take place in the right circumstances and establishing the limits of this.

We want to ensure that the Council and NHS's property portfolio is deployed effectively to take advantage of co-location opportunities. We want synergies through co-location between the VCS and the public sector to improve preventative services and outcomes for residents.

We want to embed co-production and co-design when considering place based strategies, to create improved outcomes for residents, through community-led approaches.

More resilient communities that are connected and more resourceful, where no one group or community is overlooked

We want to unlock the assets and social value that exist in communities so that resources, time and talents can support the development of more resourceful and connected communities.

We want to enable and support the development of community organisers. Acting as navigators and supporters for local communities (representing the diversity that exists in Southwark), their aim will be to help connect individuals, neighbourhoods and communities by creating equality of opportunities.

Council plan commitment: encourage VCS partners to sign up to the diversity standard

We want to enable individuals and groups to be agents of change, ready to shape the course of their own lives. We will achieve this by supporting volunteers and other forms of social action.

How this fits in with the overall strategic direction of the council and the Clinical Commissioning Group

The priorities set out in this strategy are aligned with a number of **the Fairer Future promises set out in the Council Plan** as follows:

Promise 2: Free swimming and gyms	We will make it easier to be healthier
Promise 5: Nurseries and childcare	We will help parents balance work and family life
Promise 6: A Greener Borough	We will support environmental initiatives
Promise 7: Safer Communities	We will make Southwark safer
Promise 8: Education, employment & training	We will support residents to develop their skills and confidence, including digital inclusion
Promise 10: Age Friendly Borough	We will help residents get the best out of Southwark whatever their age

They also support the following priorities of the **Clinical Commissioning Group 5 year Forward View** as follows:

- An increase in healthy life expectancy
- Reduction in health inequalities across communities
- More people engaged in their own healthcare and wellbeing

Which will be achieved through better, more co-ordinated care which focusses on

- Effective sharing of information
- Integrated multi-agency teams
- Proactive care planning and access to advice services and peer support for individuals.

Vision	To support a sustainable, confident and resourceful voluntary and community sector (VCS) that can work in collaboration with the public (and private) sector to create a safer and fairer Southwark			
Objectives	To enhance the work of the VCS with an emphasis on improving quality and outcomes for residents that reduce and prevent future demand on high cost, high demand services		To sustain and build strong, cohesive communities where no one group or community is left behind.	
Priorities	Better partnership working to improve outcomes for residents	Improved commissioning and grant-giving to focus on outcomes and be more cooperative, and community-led	Better use of community assets as a route to revitalize neighbourhoods and create preventative places	More resilient communities that are connected and more resourceful
We will achieve this by...	Changes in how we work together and embed the principles of co-production in everything we do in order to maximize social value.	Fuller involvement of stakeholders in the commissioning cycle that is outcomes focused. To achieve this, we want to develop co-operative and citizen commissioning approaches	Harnessing the value of the borough's outside spaces to improve wellbeing, engagement and community cohesion.	Unlocking the assets and social value that exist in communities so that resources, time and talents can support the development of more resourceful and connected communities.
	More responsive and joined up ways of working using existing structures (such as the Local Care Networks) to harness the power and knowledge of local communities to help reduce the impact of reductions in local authority and NHS resource	Changes to how we use contracts and grants with a balance between longer funding cycles and support for innovation to help develop different, more efficient and more impactful services for residents.	Developing an approach to enabling asset transfer to take place in the right circumstances and establishing the limits of this.	Enabling and supporting the development of community organisers. Acting as navigators and supporters for local communities (including BAME communities); connecting individuals, neighbourhoods and communities
	Encouraging the VCS to work more in collaboration, not in competition and to provide mutual support to help improve outcomes for residents.	Agreeing a set of core outcomes (Common Framework) for the benefit of the whole community of Southwark against which impact is measured and aligned against Council and CCG plans	Taking advantage of co-location opportunities. We want synergies through co-location to improve preventative services and outcomes for residents.	Enabling individuals and groups to be agents of change, ready to shape the course of their own lives. We will achieve this supporting volunteers and other forms of social action
	Greater engagement with the business sector including the development of Southwark Giving leading to more placed based giving and crowd funding initiatives	Building services around the needs of the local community and there is a presumption that local provision is the default position. Using digital approaches to transform our services	Embedding co-production and co-design when considering place based strategies, to create improved outcomes for residents, through community-led approaches.	
Delivery	VCS/Council Liaison Group action plans hold others to account for delivery and implementation			

Item No. 12.	Classification: Open	Date: 4 October 2016	Meeting Name: Health and Wellbeing Board
Report title:		Healthwatch Southwark Engagement Update	
Ward(s) or groups affected:		Southwark wide	
From:		Aarti Gandesha, Healthwatch Southwark Manager	

RECOMMENDATIONS

1. The board is requested to note Healthwatch Southwark’s engagement since April 2016 (Appendix 1).

BACKGROUND INFORMATION

2. Healthwatch Southwark was created in April 2013, as part of the 2012 Health & Social Care Act reforms and is part of a local Healthwatch network that is supported by a national Healthwatch England body.
3. Healthwatch Southwark’s aim is to effectively represent the voice and needs of the local community and to encourage the wider Southwark population - including seldom heard voices – to speak out about their experiences of health and social care.
4. By engaging with members of the public, Healthwatch Southwark learns about key issues and difficulties that local people encounter when using healthcare services.
5. With an influential presence amongst healthcare boards and committees across the borough, Healthwatch Southwark is the critical friend of publicly provided local health and social care services.
6. Healthwatch Southwark can relay people’s feedback to healthcare providers and commissioners in Southwark. Since launching in 2013, Healthwatch Southwark has developed good working relationships with providers and commissioners to share intelligence, and is exploring ways to strengthen this further.

BACKGROUND PAPERS

Background papers	Held at	Contact
None		

APPENDICES

No.	Title
Appendix 1	Healthwatch Southwark: Engagement Update (April 2016 – Present)

AUDIT TRAIL

Lead Officer	Aarti Gandesha, Healthwatch Southwark Manager	
Report Author	Aarti Gandesha	
Version	Final	
Dated	21 September 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	21 September 2016	



Southwark Health and Wellbeing Board

Engagement Update



Information and Signposting

By providing information to Southwark residents, we help them understand the health and social care system. We do this in a variety of ways: over the phone, via email, face to face, distributing factsheets, delivering workshop sessions. At the time of writing, Healthwatch Southwark has managed 51 signposting queries and issues notifications since April 2016. These were through our public telephone line and email.

Breakdown of top queries:

- **Access to care:** including, among other issues, help with GP registration, charges for services (including for asylum seekers), getting home visits, waiting times for GP appointments, and delayed hospital procedures/referrals.
- **Changes to GP surgeries:** including suspension of Avicenna Health Centre, closure of St James Church (Dr Zigmund) Surgery, and merger of several practices. Many people contacted us because they were unable to understand the letters they had been sent, were concerned about how to get ongoing care or unhappy about the surgery they had been passed onto, or felt upset about the closure of Dr Zigmund's surgery.
- **Access to medical records.**
- **Inadequate or inappropriate social care.**



Engagement focus areas

Health and social is a broad sector, therefore we have to channel our resources into specific areas of work. This is a summary of areas we have been focussing on. Over the next 6 months we will be engaging and involving local people and stakeholders to refresh our priorities for future years.

GP access and experience

In December 2015, we published a [report](#) based on what 79 Southwark residents told us about GP access and experience:

- It is difficult to get an appointment.
- People aren't aware of community health services available.
- People aren't always offered an interpreter when needed.
- People don't know how to make a complaint.

In March 2016, we published 3 reports that delved deeper into GP access issues that had been highlighted in the initial report.

[A review of GP out-of-hours phone messages - what do they tell us?](#) We recorded all phone messages and found that they were inconsistent and some gave incorrect information about where to access care. The report provides a recommended template for an answerphone message. Lambeth CCG has replicated this review across Lambeth GPs and have encouraged them to use the same answerphone template.

[Making a complaint: what online information do Southwark GP surgeries give to their patients?](#) We checked GP websites and found that the extent of information offered about making a complaint varied. Some did not mention complaints and few offered information about services that could help people to make a complaint. We made 4 recommendations in the report.

[Do Southwark GPs offer interpreting services?](#) We 'mystery shopped' all GP surgeries to see if we were offered an interpreter. Not all offered an interpreter for an appointment and few offered it for registration. We made 7 recommendations in the report.

Next steps...

We have presented these reports to the GP Practice Managers Forum as well as North and South Southwark's Locality Patient Participation Groups (PPGs). We will be reviewing progress over the next year.

Mental health and sexual health - young people

We wanted to hear from young people about their awareness and understanding of mental health and sexual health, where they go to get advice and information and how they think we could improve access to support services. We have run workshops with young people's groups across Southwark and distributed surveys to a Southwark Academy. We are currently analysing all the data and will publish the two reports in the next month.

Next steps: We hope to organise an event for stakeholders in November to share the findings of this work and discuss the recommendations we have made to commissioners and providers of mental health and sexual health services.



Through partnership with HeadStart, through the Challenge Charity, we have worked with young volunteers over the summer - we've called this HWS Youth - where young volunteers carry out activities to inform Healthwatch Southwark's work. The focus is on how young people experience services. Over the summer, we hosted 19 volunteers aged between 16-18 years old. Because of our focus on sexual health, HWS Youth carried out the following:

Pharmacy visits: 6 Healthwatch Southwark Youth volunteers developed a questionnaire based on what they knew local pharmacies provided to young people on sexual health. 16 HWS Youth volunteers then visited 17 pharmacies in August 2016.

They were interested in finding out:

- what training pharmacists have received to work with young people
- what information they offer people about their sexual health services
- what is kept confidential when a young person is seeking sexual health advice and support

Enter and View visits to Brook Sexual Health Clinic and Camberwell Sexual Health Clinic - see Enter and View section of this report.

Next steps...

We are currently writing up reports on the pharmacy visits and Enter and View visits. These reports will include recommendations and will be shared with stakeholders.

'Going Home' pilot

Healthwatch Lambeth and Southwark have worked together on a pilot we have called 'Going Home.' The pilot involved following a patient and their carer's journey from hospital to home for three months. We spoke with them every week so we could monitor their transition from hospital back to the community.

We organised a 'Going Home' event with Healthwatch Lambeth, Lambeth CCG and Southwark CCG in July which was very well attended (over 130 delegates - commissioners, providers, and VCS, patient and carer representatives). Lambeth CCG and Southwark CCG funded the story to be made into a [short film](#) which was shown at the event.

The draft event report was presented to the Southwark and Lambeth Strategic Partnership. Organisers were set the challenge of running a similar event next year and sharing a story that showed discharge processes have improved. Lambeth and Southwark CCG and both Healthwatches are in discussions about what the next stages should be.

Discharge to Assess Pilot

Healthwatch Lambeth and Southwark are involved in a project called Discharge to Assess. This is a pilot scheme providing two step-down flats (one in Lambeth and one in Southwark) for people leaving hospital who may need further support before they can return to their home or to an alternative setting e.g. residential care.

The step-down flats in Southwark are based at Lime Tree House, Peckham. This is one of Southwark Council's existing providers which can now provide step-down support for a short period of time. No financial contribution is needed from people.

Healthwatch Southwark and Lambeth are using the 'Going Home' methodology which is to visit the patient every week for three months so we can follow their journey from hospital to Lime Tree to home (or wherever they go after their short-term stay).

We then attend meetings with Southwark Council and staff at Lime Tree to discuss the step-down scheme and the experience of patients. We have collected 3 stories so far for Discharge to Assess. People told us they weren't clear what Lime Tree was and that it would have been helpful to know what exactly it would involve so that they could be more prepared. We are currently leading on the development of a welcome pack to be given to people in hospital when they are identified as being eligible for the step-down scheme. We've also informed development of a hospital checklist to ensure appropriate patients are put forward for this scheme.

Engaging with 'seldom heard' communities

As well as carry out focussed engagement on our priorities outlined about, we are also committed to hearing the views and experiences of different communities in Southwark. In the past, we have spoken with: Latin American, Deaf, Somali, Bengali, Vietnamese communities. Over the past 6 months, we have focussed on:

- Hearing from the Gypsy and Traveller community. On several occasions we visited Traveller sites across Southwark to speak to people about their health and wellbeing. In July we produced a [report](#) summarising what we heard.
- Hearing from people who are Transgender. We distributed a survey to online forums and received 23 responses. A [report](#) was published in September 2016 summarising what we found.

Next steps...

We know that we hear more from women than men about access and experience of health and social care services, so we are committed to hearing more from men. A focus group with Farsi-speaking men in July kicked off our engagement. We hope to publish a report next year.



Enter and Views

Accident and Emergency Departments

Enter and View Visits to [King's Hospital A&E](#) (May 2016) and [St Thomas' Hospital A&E](#) (June 2016):

- We carried out 4 Enter and View visits to each hospital's A&E department between Nov 15 and Mar 16.
- We carried out visits to see what patients thought of the service, why they used this service, and what they knew about other services available to them (111, SELDOC, Pharmacy etc.) We also spoke to staff about what it was like working there.
- We found patients did not know much about what other services offered, and many chose to come to A&E because they couldn't get an appointment with their GP and knew they would be seen within 4 hours at A&E.
- We made 11 recommendations in the King's report and 9 recommendations in the St Thomas' report. Responses from the trusts and commissioners are included in the reports.

Next steps...

We will be monitoring the progress of the Trusts, CCGs and GP Federations to see how they are meeting the recommendations we made.

Burgess Park Care Home

In August we published an Enter and View report for [Burgess Park Care Home](#). We visited the home on two occasions in May 2016. We spoke with ten residents, seven relatives and seven members of staff formally, and two residents informally (due to their memory/communication difficulties).

- Relatives and residents said that the care home staff were caring despite being under a lot of pressure. Some relatives of residents with complex needs were concerned that the home was failing to meet these needs.

- Staff seemed to have good relationships with residents. However, under-staffing was a concern among both staff and relatives, and morale seemed low.
- Several residents said they did not have opportunities to talk to others. Relatives also felt residents needed more stimulation.
- We made 14 recommendations to the care home.

Next steps...

We will be monitoring the progress of the care home to see how they are meeting the recommendations we made.

Sexual Health Clinics

11 of our HWS Youth volunteers carried out Enter and View visits to Brook Sexual Health Clinic and Camberwell Sexual Health Clinic in August. They spoke with 22 patients and 8 staff about their experience of using these services and working there. We also asked about people's thoughts on the proposed changes to sexual health and reproductive services in Southwark and Lambeth, including home self-testing kits, closures of local services, and GPs and pharmacies providing sexual health services.

Next steps...

We will publish the Enter and View reports and monitor how the providers progress with meeting our recommendations. These reports will also be used to inform the proposed changes to sexual health services.

Item No. 13.	Classification: Open	Date: 4 October 2016	Meeting Name: Health and Wellbeing Board
Report title:		The Future of Primary Care Co-commissioning in Southwark	
Ward(s) or groups affected:		All	
From:		Andrew Bland, Chief Officer, NHS Southwark CCG	

RECOMMENDATION

1. The Board is asked to note the opportunity for NHS Southwark CCG to enhance its level of responsibility for the commissioning of local primary care services and to discuss this opportunity as part of the CCG's engagement in this area ahead of a final decision of the CCG's Governing Body in November 2016.

BACKGROUND INFORMATION

2. Since April 2015 the CCG has held a joint commissioning role (referred to as Level Two co-commissioning) for general practices services with NHS England. Prior to this the commissioning and contracting of these services was the sole responsibility of NHS England. Over the coming months we have the opportunity to apply for an enhanced role for commissioning of this area by taking 'Full Delegated' responsibility for commissioning.
3. If successful in its application the CCG would receive sole responsibility for decision making and budgets for general practice services through delegated powers from NHS England – this is referred to as Level Three co-commissioning. NHS England would retain the statutory accountability for the delivery of these functions
4. The CCG is undertaking engagement activities in parallel with residents, our partners and our member practices to inform a decision of the CCG Governing Body upon making an application in November 2016 and then accepting responsibility, if successful, from April 2017.

KEY ISSUES FOR CONSIDERATION

5. In 2014/15 the engagement process with members, stakeholders (including the Health and Wellbeing Board) and residents ultimately resulted in a decision of the Governing Body to apply for Level Two – Joint Commissioning from 1 April 2015. That application was made alongside the five other CCGs in south east London and the six CCGs have held the same level of responsibility, enacted with mirrored arrangements since then with NHS England (London Region).
6. Currently co-commissioning arrangements in England can exist at three levels (where statutory responsibility remains with NHS England at all levels):
 - **Influence (Level 1)** - greater CCG involvement in influencing commissioning decisions made by NHS England

- **Joint commissioning (Level 2)** - whereby CCGs and NHS England make decisions together under a common operating model and governance arrangement – Joint Committee
 - **Delegated commissioning (Level 3)** – CCGs carry out defined functions on behalf of NHS England and are held to account for doing so
7. By accepting 'Full Delegation' the CCG would assume the following responsibilities that are currently shared with or held entirely (e.g. Budget responsibility) with NHS England:
- Contract management
 - Budget management
 - Complaints management
 - Design of local incentive schemes (with potential for alternatives to the national Quality and Outcomes Framework and Directed Enhanced Services)
8. Delegated commissioning arrangements exclude any individual GP performance management. NHS England would also be responsible for the administration of payments and list management.
9. Legally NHS England would retain the residual liability for the performance of primary medical care commissioning and will therefore require robust assurances that its statutory functions are being discharged effectively by the CCG.
10. The attached presentation outlines the perceived benefits and risks associated with enhanced responsibilities; seeks to explore the level of alignment to local strategic objectives and in particular those of Southwark's Five Year Forward View.

Engagement and next steps

11. In September 2016 the CCG began engagement activities with member practices through electronic forums and membership meetings; and in late October 2016 the CCG will hold a public engagement event with residents and stakeholders. The outcomes of these events and discussions held with the Health and Wellbeing Board will be received by the CCG's Governing Body ahead of its meeting in Public on 10 November 2016 where a recommendation upon application will be received.
12. Should the Governing Body make a decision to apply, that application will be made in the first half of December 2016. If successful the CCG would then operate with delegated powers from 1 April 2017.

BACKGROUND PAPERS

Background papers	Held at	Contact
None		

APPENDICES

No.	Title
Appendix 1	Primary Care Co-commissioning in Southwark

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark CCG	
Report Author	Andrew Bland	
Version	Final	
Dated	21 September 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	21 September 2016	

Primary Care Co-commissioning in Southwark

Health and Wellbeing Board

4 October 2016

Enhancing primary care co-commissioning responsibilities

Purpose

To engage and seek the views of the Health and Wellbeing Board upon the opportunity to enhance the CCG's level of responsibility for the commissioning of local general practice services

An enhanced responsibility for shaping local services

Since April 2015 the CCG has held a joint commissioning role (referred to as Level Two co-commissioning) for general practices services with NHS England. Prior to this the commissioning and contracting of these services was the sole responsibility of NHS England. Over the coming months we have the opportunity to apply for an enhanced role for commissioning of this area by taking 'Full Delegated' responsibility for commissioning.

If we successfully applied the CCG would receive sole responsibility for decision making and budgets for general practice services through delegated powers from NHS England – this is referred to as Level Three co-commissioning. NHS England would retain the statutory accountability for the delivery of these functions

Engagement to support a Governing Body decision

We are undertaking engagement activities in parallel with residents, our partners and our member practices to inform a decision of the CCG Governing Body upon making an application in November 2016 and then accepting responsibility, if successful, from April 2017.

Our history and levels of co-commissioning

In October 2014 the NHS in England published the Five Year Forward View and made clear that co-commissioning would exist in some form across all parts of England from 1 April 2015 - with the local form of co-commissioning being for local CCG determination.

Our engagement process with members, stakeholders (including the Health and Wellbeing Board) and residents started in summer 2014 and ultimately resulted in a decision of the Governing Body to apply for Level Two – Joint Commissioning from 1 April 2015. That application was made alongside the five other CCGs in south east London and the six CCGs have held the same level of responsibility, enacted with mirrored arrangements since then with NHS England (London Region).

Currently co-commissioning arrangements can exist at three levels (where statutory responsibility remains with NHS England at all levels):

1. **Influence** - greater CCG involvement in influencing commissioning decisions made by NHS England
2. **Joint commissioning** - whereby CCGs and NHS England make decisions together under a common operating model and governance arrangement – Joint Committee
3. **Delegated commissioning** – CCGs carry out defined functions on behalf of NHS England and are held to account for doing so

Moving to Delegated responsibility – Level Three

It is important that we ensure the CCG has the optimal level of decision making power over local commissioning decisions to secure the best outcomes for our residents. In enhancing our level of co-commissioning (from Level Two to Level Three) the CCG's delegated responsibilities would include:

- Contract management
- Budget management
- Complaints management
- Design of local incentive schemes (with potential for alternatives to QoF and DESs)
- Delegated commissioning arrangements will exclude any individual GP performance management. NHS England will also be responsible for the administration of payments and list management
- Legally NHS England will retain the residual liability for the performance of primary medical care commissioning and will therefore require robust assurances that its statutory functions are being discharged effectively by the CCG

A comparison of the levels of responsibility is provided on the [next slide](#).

Responsibilities at each level

Current Position

Potential Position



Primary Care Function	Greater Involvement	Joint Commissioning	Delegated Commissioning
General Practice Commissioning	Potential for involvement but no decision making role	Jointly with NHSE	Yes
Pharmacy, eye health and dental commissioning	Potential for involvement but no decision making role	Potential for involvement but no decision making role	Potential for involvement but no decision making role
Design and implementation of local incentive schemes	No	Subject to joint agreement with NHSE	Yes
General Practice Budget Management	No	Jointly with NHSE	Yes
Complaints management	No	Jointly with NHSE	Yes
Contractual GP practice performance management	Opportunity for involvement in performance management discussions	Jointly with NHSE	Yes
Medical performers' list, appraisal, revalidation	No	No	No

The of benefits of co-commissioning outlined in 2014/15

The overall aim of primary care co-commissioning is to harness the energy of CCGs to create a joined up, clinically-led commissioning system that delivers seamless, integrated out-of-hospital services based around the needs of local populations.

Co-commissioning could potentially lead to a range of benefits:

- Improved provision of out-of hospital services for the benefit of patients and local populations;
- A more integrated healthcare system that is affordable, high quality and which better meets local needs;
- More optimal and locally responsive decisions to be made about how primary care resources are deployed;
- Greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services; and
- A more collaborative approach to designing local solutions for workforce, premises and IM&T challenges.

Importantly it represented a step towards '**place-based commissioning**'

But many things have changed?

Whilst the fundamental principles of co-commissioning remain the policy and operating environment has changed:

- The National Five Year Forward View (FYFV) has moved ‘in to action’ – with placed based budget allocations (for all care settings together) from this year, new models of care contract frameworks and placed based strategic planning – Sustainability and Transformation Plans
- The CCG developed and agreed with the Local Authority our own FYFV with a focus upon place-based commissioning – we have set a clear direction of travel for commissioning (for populations over institutions or types of provision) and have continued to support provider development
- The GP Forward View (GPFV) has outlined a ‘new deal’ for general practice with significant resources attached
- We have 18 months of level two commissioning experience, sight of future primary care allocations and the learning of others to draw upon
- And importantly the high pressure on general practice providers has continued to grow across the country and certainly in our borough

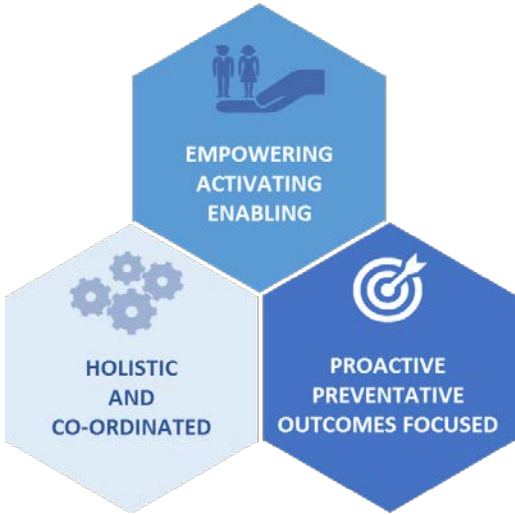
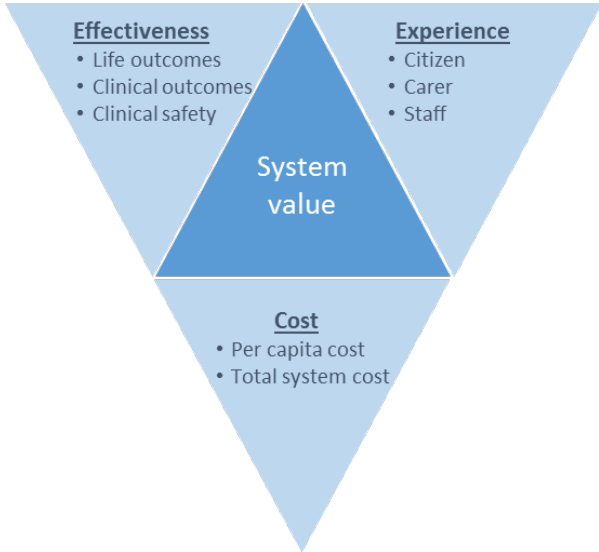
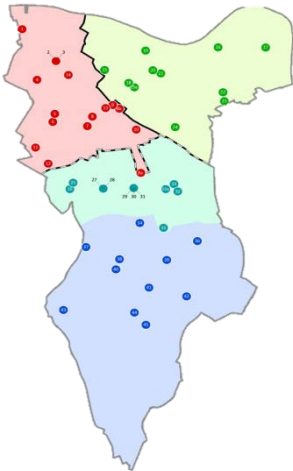
Will enhanced responsibility help us delivery our FYFV (1)

We are changing the way we work and the ways that we commission services so that we:

Emphasize populations rather than providers

Focus on total system value rather than individual contract prices

Focus on the 'how' as well as the 'what'



Arranging networks of services around geographically coherent local communities

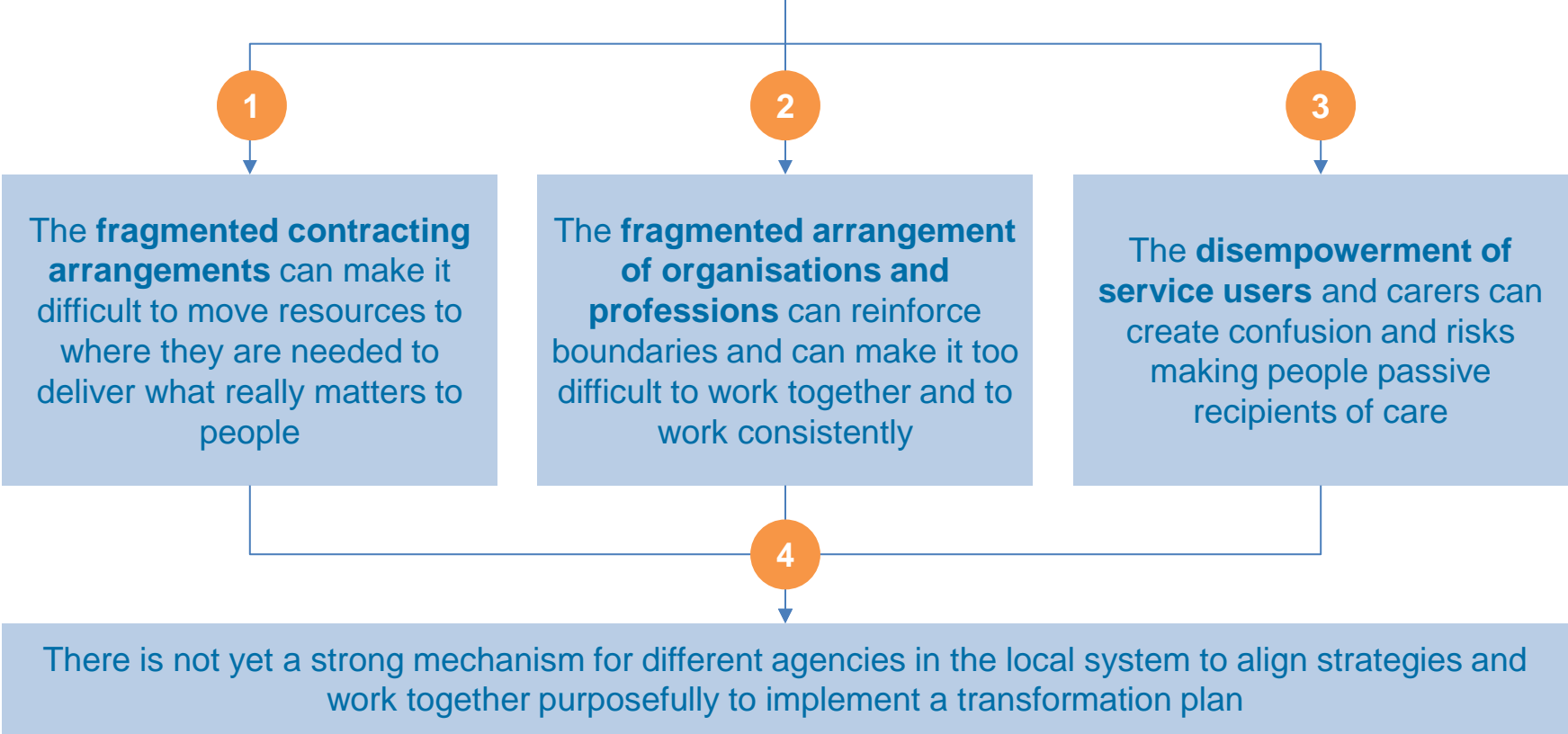
Moving away from lots of separate contracts and towards population-based contracts that maximize quality outcomes (effectiveness and experience) for the available resources

Focusing on commissioning services that are characterized by these attributes of care, taking into account people's hierarchy of needs

Will enhanced responsibility help us delivery our FYFV (2)

To fulfil our strategy we must address fragmentation in provision and contracting, and reverse the disempowerment of service users

In order to maximize the value of health and care for Southwark people, whilst ensuring commissioned services exhibit positive attributes of care, we will need to address four root causes of complexity within the current system



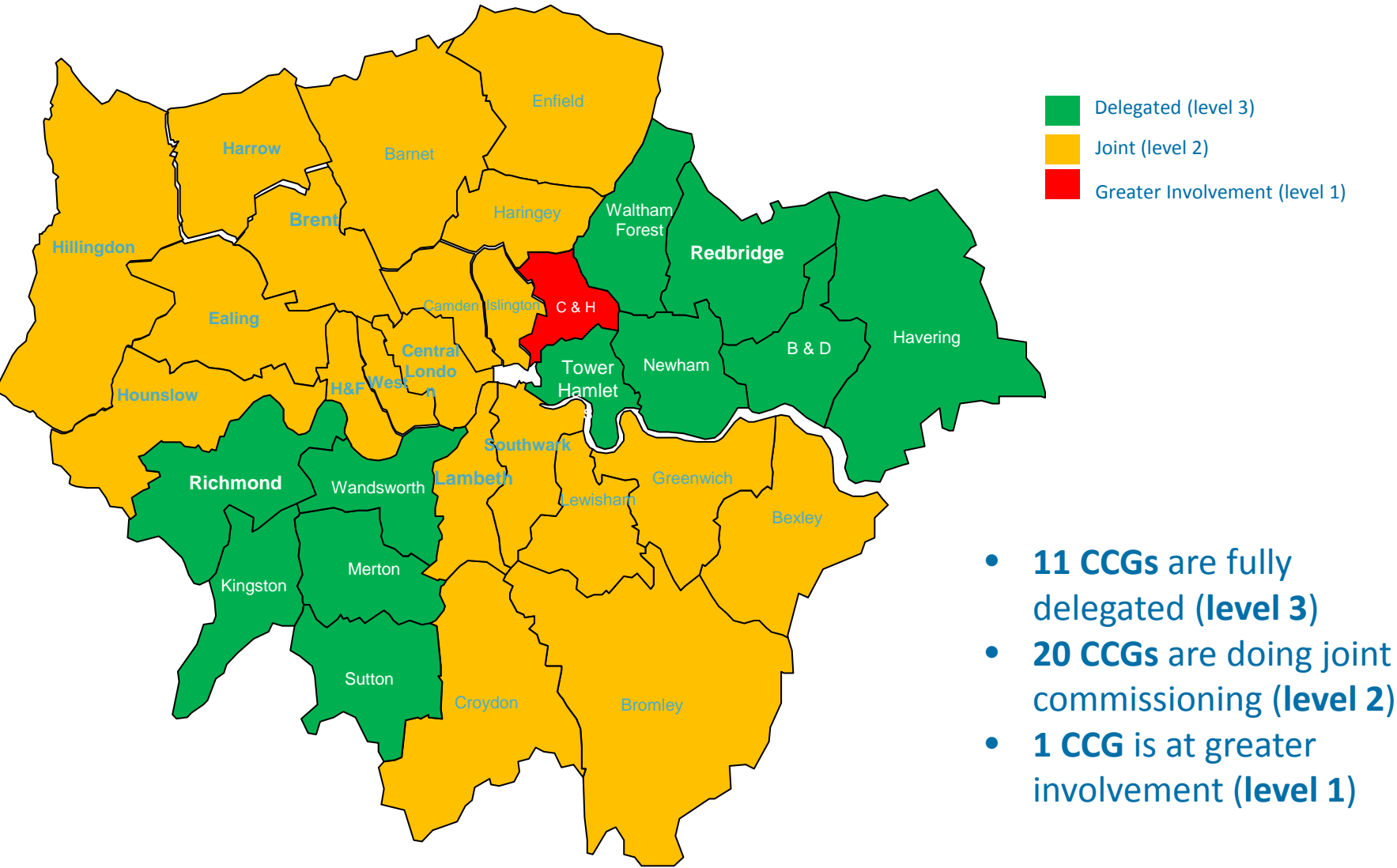
We believe there are significant benefits to full delegation

- Allows greater control over local decisions affecting primary care informed by local knowledge of services, practices and challenges
- Enables clinically led, optimal solutions based on local patient needs
- Supports and enables population focused commissioning for outcomes
- Affords CCGs greater opportunity to shift investment from acute to primary and community services
- Enables the on-going development of seamless integrated out-of-hospital services
- Offers an opportunity to design local incentive schemes as an alternative to QOF or DESs
- Enables whole pathway commissioning and service design
- Mitigates the risk around the status quo whereby NHS England teams cover a large geographical patch, manage all independent contractors (GP practices, dental, optometry, pharmacy) and face considerable staffing and financial challenges
- Ensures that budget allocations for the borough are always retained in the borough
- Is aligned to the level of co-commissioning proposed by our neighbouring CCGs as partners

But equally there are risks, including:

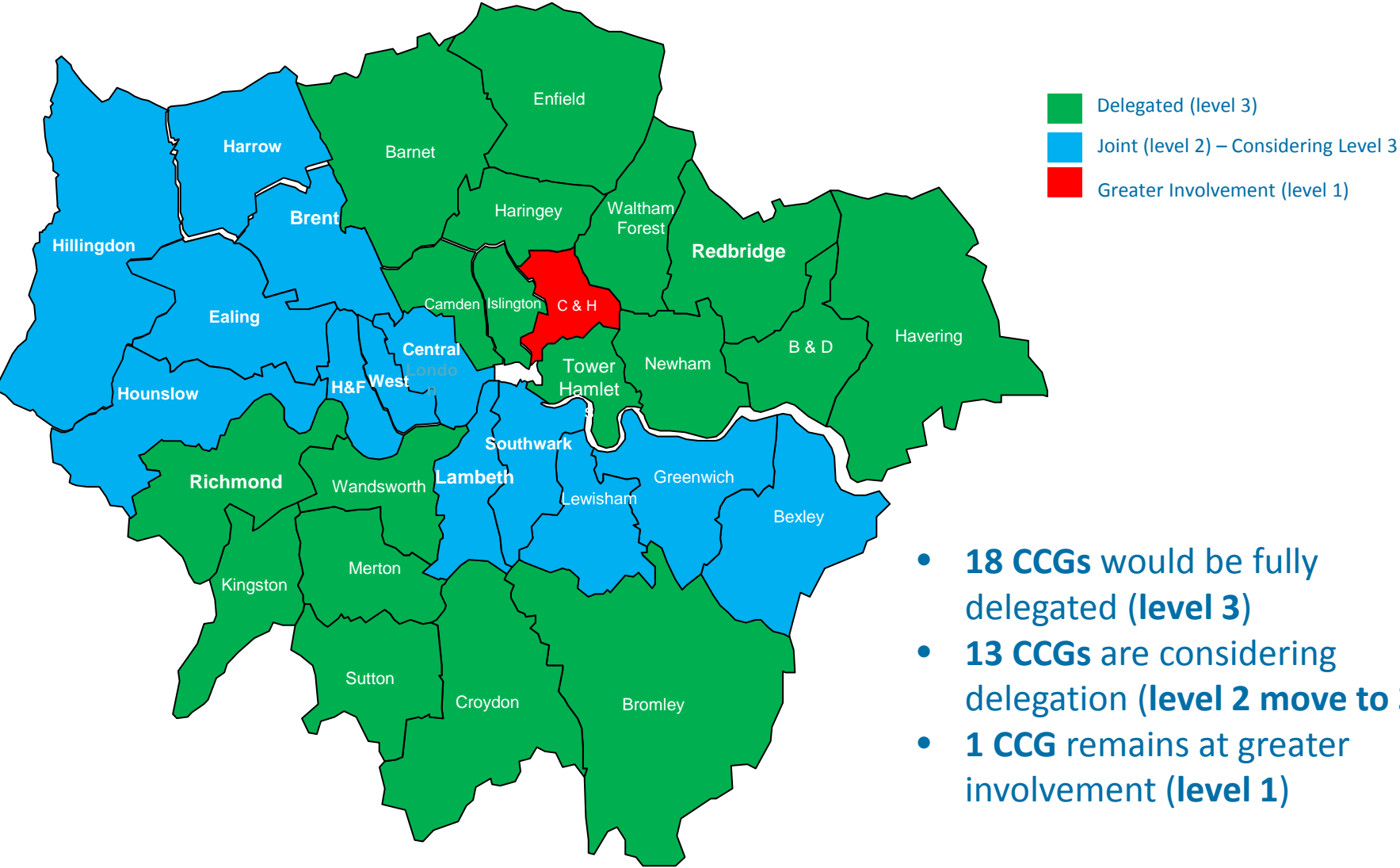
- **Capacity and workforce** – the CCG would need to assure itself that it had the skills, expertise and human resource to undertake additional responsibilities
- **Real and perceived conflicts of interest** – the CCG has robust procedures for managing conflict of interest but would need to ensure they remain fit for purpose under enhanced arrangements with greater decision making and budgetary control
- **Financial pressure on budgets** – financial constraint is felt across all public sector budgets and primary care is no different – with budgetary responsibility comes additional risk

What are others doing - current state in London



- **11 CCGs** are fully delegated (**level 3**)
- **20 CCGs** are doing joint commissioning (**level 2**)
- **1 CCG** is at greater involvement (**level 1**)

Potential state of co-commissioning in London



- **18 CCGs** would be fully delegated (**level 3**)
- **13 CCGs** are considering delegation (**level 2 move to 3**)
- **1 CCG** remains at greater involvement (**level 1**)

Questions and Answers

Item No. 11.	Classification: Open	Date: 20 September 2016	Meeting Name: Cabinet
Report title:		Refresh of the Council Plan 2014-18	
Ward(s) or groups affected:		All	
Cabinet Member:		Councillor Peter John, Leader of the Council	

FOREWORD – COUNCILLOR PETER JOHN, LEADER OF THE COUNCIL

When I first became Leader in 2010, we quickly set about putting in place our promises to deliver a fairer future. Six years on I'm really proud of what we've achieved in making those promises and plans a daily reality for many across our fantastic borough. The facts speak for themselves. We've kept all our libraries open, and built two new ones at Canada Water and Camberwell. And now Canada Water is among the busiest libraries in London. As the Olympic Games commenced, we opened The Castle Leisure Centre with free gym and swim on offer to residents. The World Health Organisation has accredited us as an age friendly borough, meaning whatever your age you can get the best from living here.

We're making Southwark the place in London to learn and earn. Most of our secondary schools have 70 per cent or more students securing at least five good GCSEs. 91 per cent of all our Schools are rated "good" or better by Ofsted. Over 400 new apprenticeships were created in the last year alone, the best in London. Over the last two years our investment, including through regeneration, has helped over 2,500 residents start new jobs. In fact, more people are employed in Southwark in 2016 than at any other time this century.

And this is a great place to call home. We've delivered on our promise to make council properties warm, dry and safe with over £250m worth of improvements benefitting over 5,000 residents and decency rates for homes at their highest rate in 10 years. Your council rents continue to be among the lowest in London. In the last five years, we've delivered 2,646 new affordable homes, over half of these at social rents, which is one of the best records in the country. We're on track to build 1,500 new council homes by May 2018 with many more new homes under construction through the major regeneration of Elephant & Castle, Aylesbury and Canada Water. We have the best recycling rates in inner London. And although we're only 11 square miles, we're bursting with fabulous open spaces with 23 of the borough's parks awarded the prestigious green flag making Southwark a great place to go out, get active and have fun!

And all of this has been done whilst delivering £156m in savings over the last five years, with another £69m savings required before 2019, as a result of unprecedented and sustained reductions in government funding to our borough since 2010.

It's not just us thinking this is a great council and place to be either – an independent assessment of the council by the Local Government Association found we had a 'can-do approach' and much to be proud of.

Six years ago we put together an ambitious set of commitments to you, as residents, businesses, and the wider community, with many already achieved. There is more to do and we face new realities including a new housing and planning Act putting different pressures on us locally, and more broadly what the borough's place will be in a country outside of the European Union.

So as we refresh our plans to take account of what's changed and might change up to 2018, I'd like to thank you for the part you play in continuing to make Southwark the best borough in the country. I'm confident our refreshed plan will help us go even further in making good on our promises to you and I look forward to reporting back on how we're continuing to achieve a fairer future for all.

RECOMMENDATIONS

That cabinet:

1. Recommends the proposed refresh of the Council Plan 2014-2018 for agreement by Council Assembly on 30 November 2016.
2. Agrees to the proposed refresh of the Council Plan 2014-2018.

BACKGROUND INFORMATION

3. In February 2015 the council assembly approved the Council Plan 2014-18.
4. The Council Plan is Southwark Council's (the council's) overarching business plan. It sets out the programme of work that the council will achieve over the period 2014/15 to 2017/18 and as such sets out a clear statement to residents, businesses, local voluntary/community sector organisations and other stakeholders of how the council will work with them to deliver a fairer future for all in Southwark.
5. The Council Plan 2014-18 built on the achievements of the organisation's previous Council Plan. Both plans were developed in light of unprecedented reductions in funding from central government.
6. In the two years since the council adopted its Council Plan 2014-18, the context in which we deliver services has changed and the council as an organisation has changed.
7. The council has made huge strides in delivering key commitments and reshaping our activities to ensure successful delivery against the fairer future vision. To date we have built over 150 new council homes and helped more than 2,500 Southwark residents into jobs, adopted an ethical care charter, opened two new nurseries, secured accreditation as an Age Friendly Borough, and launched a free gym and swim offer - to name a few. A full review of progress against the Council Plan is outlined in the Fairer Future Annual Performance Report 2015/16.
8. These achievements and developments present a timely juncture to fine tune the direction of the Council Plan, ensuring the commitments we make are relevant and continue to achieve a fairer future for all.

KEY ISSUES FOR CONSIDERATION

9. The council has delivered against a number of commitments since adopting the Council Plan 2014-2018, as detailed in the Fairer Future Annual Performance Report 2015/16.
10. Refreshing the Council Plan enables us to build on our achievements so far, reflect the emerging strategic priorities of the council, and establish a set of ambitions that respond to a changing local and national policy context, and organisational change.
11. In light of these developments, a number of new commitments are proposed under each theme.
12. The refreshed Council Plan 2014-2018 retains all the core features of the Council Plan 2014-2018 including:
 - A vision for a fairer future for all in Southwark via the five fairer future principles
 - Ten fairer future promises that set out our key commitments for the residents and businesses of Southwark
 - A set of fairer future themes and commitments around which future delivery will be based
 - An outline of the aims, context and processes that guide delivery.
13. The current Council Plan 2014-18 includes six priority themes, these are:
 - Quality affordable homes
 - Best start in life
 - Strong local economy
 - Healthy active lives
 - Cleaner, greener, safer
 - Revitalised neighbourhoods
14. It is proposed that the refreshed Council Plan adopts a seventh priority theme entitled “fit for the future”. This theme articulates our commitment to deliver responsive, digitally enabled services that adapt well to change and deliver continuous improvement to residents. Building on the strong foundations that we have laid in the last five years through greater efficiencies – and in spite of unprecedented reductions in government funding – this priority will focus on harnessing the skills and talents we need for the changing borough in which we operate.
15. The refreshed Council Plan contains a range of promises and commitments which the Council will deliver up to 2017/18. More detailed performance schedules, which sit beneath this council plan, have been developed for each Council Plan theme. These include lead cabinet member and chief officer responsibility for each commitment apportioned across the cabinet portfolios. This ensures the whole organisation is working towards delivery of the plan.
16. The cabinet will receive an annual performance report on progress against the Council Plan each year. The council’s website will be the primary channel of

regular reporting and communication on the Council Plan, with updates also provided through our Southwark Life magazine.

Community impact statement

17. The purpose of this report is for cabinet to agree the proposed refresh of the Council Plan 2014-2018. Throughout the plan we have made specific commitments to equality and fairness.
18. The proposed promises and commitments have been developed to have a positive impact on different sections of the community and particularly on residents who possess one or more of the protected characteristics.
19. An equality analysis of the implementation of the commitments was completed for the Council Plan 2014-18 and is available as a background document. Equality analysis was also undertaken for the council's Digital Strategy, which is also available as a background document.
20. Future decisions made on the basis of the commitments highlighted in this plan may require further equality analysis to be undertaken and more detailed consideration of the impact on local people and communities as appropriate.

Financial implications

21. There are no immediate resource implications arising from this report. Any additional funding required will be subject to financial appraisal and reported through the council's budget setting process.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

22. It was previously a requirement for local authorities to publish a best value performance plan. The Local Government and Public Involvement in Health Act 2007 removed the powers of the Secretary of State to specify performance indicators and standards for local authorities, the duty on authorities to meet such standards and to publish best value performance plans. However there are clear advantages to the council providing a clear statement to the residents, businesses and other stakeholders about the programme of work that the council is working towards to deliver a set of agreed objectives.
23. A local authority is still required to achieve best value.
24. Equality analysis has been undertaken for the original plan on assessing impact of implementation of the promises and commitments; in addition equality analyses were also carried out on the Digital Strategy. Cabinet is reminded of the requirement to have due regard to the public sector equality duty set out in s.149 Equality Act 2010 in its future deliberations and conclusion. As stated above this analysis is available as a background paper.

Strategic Director for Finance and Governance

25. This report is requesting cabinet to agree the proposed refresh of the Council Plan 2014–2018 and recommend it to council assembly for agreement on 30 November 2016.
26. The strategic director of finance and governance notes that there are no immediate financial implications arising from this report.
27. Staffing and any other costs connected with this report to be contained within existing departmental revenue budgets.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Fairer Future Annual Performance Report 2015/16	160 Tooley Street, London SE1 2QH	Nazmin Yeahia nazmin.yeahia@so uthwark.gov.uk
Link: http://moderngov.southwarksites.com/documents/s62943/Appendix%201%20Annual%20performance%20report.pdf		
Council Plan 2014/15-2017/18	160 Tooley Street, London SE1 2QH	Nazmin Yeahia nazmin.yeahia@so uthwark.gov.uk
Link: http://www.southwark.gov.uk/downloads/download/4181/council_plan_2014-18		
Equality analysis of the Council Plan 2014-18	160 Tooley Street, London SE1 2QH	Nazmin Yeahia nazmin.yeahia@so uthwark.gov.uk
Link: http://www.southwark.gov.uk/downloads/download/4076/equality_analysis_of_the_council_plan_201415-2017-18		
Southwark's Digital Strategy: Equality and health analysis	160 Tooley Street, London SE1 2QH	Nazmin Yeahia nazmin.yeahia@so uthwark.gov.uk
Link: http://moderngov.southwark.gov.uk/documents/s59721/Appendix%203%20Southwarks%20Digital%20Strategy%20Equality%20and%20Health%20Analysis.pdf		

APPENDICES

No.	Title
Appendix 1	Refresh of the Council Plan 2014-18

AUDIT TRAIL

Cabinet Member	Councillor Peter John, Leader of the Council	
Lead Officer	Eleanor Kelly, Chief Executive	
Report Author	Nazmin Yeahia, Senior Strategy Officer	
Version	Final	
Dated	9 September 2016	
Key Decision?	Yes	
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
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team	9 September 2016	

APPENDIX 1

Council Plan

2014 to 2018

Summer 2016 refresh

Foreword

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Councillor
Peter John
OBE
Leader of the
Council

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Introducing the cabinet team



Councillor Peter John OBE
Leader of the Council



Councillor Stephanie Cryan
Deputy Leader and Cabinet Member for Housing



Councillor Maisie Anderson
Cabinet Member for Public Health, Parks and Leisure



Councillor Fiona Colley
Cabinet Member for Finance, Modernisation and Performance



Councillor Barrie Hargrove
Cabinet Member for Communities and Safety



Councillor Richard Livingstone
Cabinet Member for Adult Care and Financial Inclusion



Councillor Victoria Mills
Cabinet Member for Children and Schools



Councillor Johnson Situ
Cabinet Member for Business, Employment and Culture



Councillor Mark Williams
Cabinet Member for Regeneration and New Homes



Councillor Ian Wingfield
Cabinet Member for Environment and the Public Realm

About this council plan refresh

What is the council plan?

As the overall plan for the organisation, the council plan describes how we will deliver on our vision of a fairer future for all, by making a series of promises and commitments to the people of Southwark.

This refreshed council plan considers the progress we have made since 2014 and consolidates our ambitions for the next two years.

As our plan of action, the council plan will shape what every team and member of staff does, meaning that we are all working together to achieve our shared goals; all the while recognising that a modern, agile and forward looking organisation is crucial to delivering our promises.

We aspire to be more than the sum of our parts. We know that when we work together to achieve shared goals, we achieve so much more and it's by working together that we can make the vision of a Fairer Future for all a reality.

Why are we refreshing the council plan?

Our work to revitalise communities has moved from an ambition to a reality, as we begin to visibly improve places and spaces in Southwark.

Our young people are doing even better at school and we're making sure everyone is able to stay healthy and active irrespective of their age or ability.

This means that many of the commitments we made in 2014 have already been met, such as the adoption of a ethical care charter, the opening of two new nurseries, accreditation as an Age Friendly Borough,

and the launch of a free gym and swim offer - to name a few.

But the world continues to change and Southwark faces new and different challenges to those faced in 2014. The country's decision to leave the European Union will have lasting impact on the borough.

Major changes to government policies, such as the Housing and Planning Act mean that as London's largest landlord we will need to rethink the way we deliver and fund some services. Throughout we want to stay agile as an organisation so that we can continue to deliver the very best for our residents.

We're proud of everything we've achieved since 2014. By refreshing our council plan we can take stock, refine and rebalance our commitments so that we can do even more to deliver a fairer future for all.

What will the refreshed council plan deliver?

We have reaffirmed our promises to improve schools, build more new homes, help more residents into jobs, revitalise our neighbourhoods, and keep Southwark safe. Our commitments reflect the great progress we've made, and set out our aspirations for Southwark until 2018.

We want to be a council that doesn't overlook any one group or community. We want to bring everyone with us, which means we'll hear the voices of all in our borough, and do everything we can to ensure residents get the most out of the opportunities around us. So, throughout the plan, we have made specific commitments to equality and fairness.

And since the council took over important responsibilities for public health in 2013, and responsibilities for early years public health in 2015, we have been thinking differently and more ambitiously about what we want to achieve.

Our vision of a fairer future is one that can't happen unless we address the inequalities in health that prevent too many from reaching their full potential. We are determined to be a council that truly makes a difference to the health of our people. Throughout this plan, there are specific actions that will help us achieve this.

How will we report on progress?

We will be transparent and accountable about what it is that we're going to deliver. That's why we'll be regularly checking to make sure that we are meeting our targets and report back on progress. The cabinet will also receive an annual performance report each June covering the previous year's performance. We'll also communicate our progress through our website and Southwark Life magazine.

Our fairer future principles

What makes our borough so special, so vibrant and so different to anywhere else in London or the UK is the people that live here. They shape the character and voice and culture of our borough. They are the soul of the borough.

That's why our residents are central to everything we will achieve over the next four years. They have helped us form the principles that are the backbone of this plan.

In everything we do, we will be led by our fairer future principles. We want people to see their values reflected back in the work their council is doing; we want our work to be guided by the aspirations our residents have for themselves, their families and their community.

What does this actually look like in practice? One example is making sure that it's easy for residents to see how their council tax is being spent, making sure that we're open, honest and accountable.

Another is our commitment to deliver a council wide approach to age friendliness, because we've pledged to treat older and vulnerable residents like valued members of our own family, and the right to easily access information, services and have our needs considered is something we all want for our mum, dad or grandparents.

And we're doing all we can to create jobs and training opportunities in the borough for our residents, working to make sure that everyone can fulfil their potential.

We don't just want our residents to shape our principles - we want to work with residents to create the kind of borough they are truly proud of. That's why we are bringing together residents, businesses

and partners to make the most of the place where we live and create new opportunities for the future.

- **Treating residents as if they were a valued member of our own family**
- **Being open, honest and accountable**
- **Spending money as if it were from our own pocket**
- **Working for everyone to realise their own potential**
- **Making Southwark a place to be proud of**

Our ten Fairer Future promises

Promise 1: Value for money

“We will continue to keep Council Tax low by delivering value for money across all our high quality services.”

Promise 2: Free swimming and gyms

“We will make it easier to be healthier with free swimming and gyms for all residents and doubling the number of NHS health checks.”

Promise 3: Quality affordable homes

“We will improve housing standards and build more homes of every kind including 11,000 new council homes by 2043 with 1,500 by 2018. We will make all council homes warm, dry and safe and start the roll out of our quality kitchen and bathroom guarantee.”

Promise 4: More and better schools

“We will meet the demand for primary and secondary school places and drive up standards across our schools so at least 70% of students at every secondary school get at least five good GCSEs.”

Promise 5: Nurseries and childcare

“We will help parents to balance work and family life including investment in our children’s centres to deliver more quality affordable childcare and open two new community nurseries”

Promise 6: A greener borough

“We will protect our environment by diverting more than 95% of waste away from landfill, doubling the estates receiving green energy and investing in our parks and open spaces.”

Promise 7: Safer communities

“We will make Southwark safer with increased CCTV, more estate security doors and a Women’s Safety Charter. We will have zero-tolerance on noisy neighbours.”

Promise 8: Education, employment and training

“We will guarantee education, employment or training for every school leaver, support 5,000 more local people into jobs and create 2,000 new apprenticeships.”

Promise 9: Revitalised neighbourhoods

“We will revitalise our neighbourhoods to make them places in which we can all be proud to live and work, transforming the Elephant and Castle, the Aylesbury and starting regeneration of the Old Kent Road.”

Promise 10: Age friendly borough

“We want you to get the best out of Southwark whatever your age so will become an age friendly borough including the delivery of a Southwark ethical care charter and an older people’s centre of excellence.”

Quality affordable homes

Good quality affordable homes are essential to maintaining strong communities and making this a borough which all residents are proud to call home. We are determined to lead the way in London.

We'll build more homes of every kind across the borough and use every tool at our disposal to increase the supply of all different kinds of homes in the borough.

Homes in Southwark will be of such quality that when you come to see families and friends in Southwark, you will not know whether you are visiting homes in private, housing association or council ownership.

We will make sure that vulnerable residents and families are helped to find the right housing and live as independently as possible. We aim for our residents to take pride in and feel responsible for their homes and the local area too.

What progress have we made?

Over the last two years over 150 Council homes have been completed as part of the new council homes programme. We've also worked hard to improve all of our existing housing stock and in 2015 we achieved the highest decency rate in ten years – meaning nine out of ten homes met warm, dry and safe standards.

These are just a few of the accomplishments achieved since 2014, in the next two years we want to do more to make quality affordable homes a reality for our residents.

What are our plans for the future?

We will....

- Build more homes of every kind
- Invest in our existing housing stock, including delivering a quality kitchen and bathroom for every council tenant.
- Build at least 1,500 new council homes by 2018, and 11,000 by 2043.
- Keep council rents low.
- Set up a homeowner agency.
- Improve repair services.
- Manage homelessness and temporary accommodation effectively, leading to better outcomes for residents.
- Support hoarders through multi agency working.
- Refresh the Southwark Housing Strategy.
- Introduce licensing in the private rented sector and further crack down on rogue landlords.
- Have a lettings policy that means that 50 per cent of all new council homes go to people from that area, with the rest going to other Southwark residents

Best start in life

We believe in giving all our young people the best start in life. We want them to be in safe, stable and healthy environments where they have the opportunity to develop, make choices and feel in control of their lives and future.

We will offer our young people and families, including those who are more vulnerable or have special educational needs, the right support at the right time, from their early years through adolescence and into successful adult life.

We will work with our looked-after children to find them stable and loving homes. In our schools, the high demand for new primary and secondary places means we'll make sure there are enough places for all. Our children deserve the very best and that's what we'll always aim for.

What progress have we made?

In the last two years we have opened two new community nurseries and rolled out a free fruit programme to all primary schools. Our secondary schools have gone from strength to strength, with 74 per cent of all secondary school pupils achieving five or more A*-C grades at GCSE in 2015, and we've looked to new ways to resolve longstanding issues, such as childcare for working parents. We're committed to giving every child the best start in life, and our plans for the next two years will drive this ambition.

What are our plans for the future?

We will...

- Invest more in 'early support' for families.
- Invest in the borough's children's centres.
- Deliver more quality affordable childcare places.
- Guarantee a local primary place for every child.
- Ensure that 70 per cent of students at every secondary get at least five good GCSEs.
- Open new secondary schools to meet demand including on the Dulwich Hospital site in East Dulwich.
- Help more people to foster and adopt by paying their council tax for them.
- Protect children and young people from harm by tackling child sexual exploitation, domestic violence, neglect, female genital mutilation and violent crime.
- Work with and support parents to secure the best possible outcomes in life, for them, their children, and their family.
- Ensure a top quality children's playground in every local area.
- Increase library access with a free library card to every secondary school child.

Strong local economy

When our economy is strong, then all our residents benefit. It brings more opportunities for people in Southwark to find work, get into training and achieve their aspirations. We want our town centres and high streets to thrive. We want to make Southwark the place to do business in a central London and a global economy, where business owners know this is the borough where their enterprises will grow and prosper.

We want our residents to be and stay financially independent. With local business and other partners we'll make sure our residents are equipped with the skills and knowledge to access the many exciting opportunities that being in Southwark brings.

What progress have we made?

Over the last two years we've partnered with businesses, education and training providers and a host of stakeholders to strengthen our local economy.

We are on track to support 5,000 local people into jobs; we have created hundreds of apprenticeships and established the Southwark Apprenticeship Standard, delivering a higher quality offer, including payment of the London Living Wage, for residents. Our high streets have benefitted from innovative projects through the High Street Challenge, and we have used planning powers to stop the spread of pawnbrokers, betting shops, gambling machines and pay day lenders.

We also delivered programmes to improve the financial inclusion of our residents, especially young people.

What are our plans for the future?

We will...

- Invest in our relationships with businesses through the Southwark Business Forum.
- Support our business improvement districts.
- Encourage our partners to sign up to the diversity standard, our shared commitment to a fairer and more inclusive borough.
- Invest in more affordable business space, street markets and encourage pop-up shops to help start up businesses.
- Enhance and expand affordable studio and performance space.
- Increase access for all to our rich cultural offer.
- Double the number of Southwark Scholarships and award scholarships to local young people from low income backgrounds to study art foundation.
- Guarantee education, employment or training for every school leaver.
- Support a high quality FE and skills offer in the borough.
- Make sure young people are ready for work.
- Make sure local residents benefit from new jobs and apprenticeships.
- Support 5,000 local people into jobs.
- Create 2,000 new apprenticeships
- Encourage young people to save by depositing £20 into every credit union account opened for an 11 year old.
- Stop the spread of pawnbrokers, betting shops, gambling machines and pay day lenders

Healthy active lives

For people to lead healthy lives, we need to tackle the root causes of ill health and reduce the inequalities that limit the lives of too many in our society. We will work to reduce health inequalities and improve people's lives; for example, by making all council homes warm, dry and safe and by building quality new homes, we are helping people to live healthier lives.

We will work with residents and our partners to build resilient communities, extending opportunities to all to maintain and improve their health and wellbeing.

We're also committed to people remaining in their own homes for longer and we want our most vulnerable residents to lead and enjoy independent lives, achieve their goals and have a great future in Southwark.

What progress have we made?

Earlier this summer we rolled out our pioneering free gym and swim offer to all residents, with thousands accessing the service since it was first piloted in 2015. We secured our status as one of a handful of WHO Age Friendly Boroughs and adopted an Ethical Care Charter.

We created even more opportunities for children to stay active through the launch of Play Streets and brought more parks up to 'green flag' standards. The commitments we've made for the next two years will help even more residents to lead healthy active lives, irrespective of their age or ability.

What are our plans for the future?

We will...

- Develop a cross-council plan for age-friendliness in Southwark.
- Enhance the vital work of the voluntary and community sector.
- Encourage all Southwark residents to make use of free gym and swim.
- Encourage residents, businesses and visitors within Southwark to walk and cycle in the borough on safer routes.
- Deliver a safer cycling network.
- Extend bike hire across the borough.
- Work to improve air quality in the borough, including supporting the Mayor's plan to tackle air pollution by extending the Ultra Low Emission Zone to the south circular road.
- Bring ten more parks to green flag standard.
- Deliver 'play streets', where some streets are closed to traffic during school holidays.
- Implement the Southwark ethical care charter, with better paid carers and an end to zero hours contracts.
- Diversify nursing home provision and improve homecare standards, making sure our staff are only ever judged by the quality of care they provide to our older and more vulnerable residents.
- Double the number of free NHS health checks to catch problems like heart disease and diabetes early.
- Reduce the numbers of people contracting HIV and other sexually transmitted infections.
- Further reduce teenage conceptions.
- Take new approaches to tackling obesity.
- Reduce smoking in the borough.

Cleaner greener safer

We want people to feel safe in their borough, to walk down clean streets and to know that their borough is leading the way when it comes to things that matter like recycling and reducing landfill waste. With local people our aim is to deliver the very best so the borough is clean, green and a safe place to be.

We'll keep getting the basics right and continue to do all we can to be as efficient as possible in providing the essential services you need.

We want to make a positive difference to the quality of life in Southwark and by providing good services well, we know we can deliver.

What progress have we made?

In the last two years we've improved our recycling rates to become the best in inner London, whilst also diverting 99 per cent of waste from landfill.

In 2015 a third of all estates were deep cleaned and we've launched targeted campaigns to encourage people to clear up after their dogs.

Our Women's Safety Charter was adopted by 81 licensed premises in 2015, and 250 households were made safer through refurbished entry door systems.

What are our plans for the future?

We will...

- Improve the quality of neighbourhoods.
- Maintain clean streets.
- Continue estate deep cleans.
- Encourage people to keep Southwark clean, and use our enforcement powers where people litter or don't clean up after their dogs.
- Increase recycling rates.
- Divert more than 95 per cent of waste away from landfill.
- Have zero tolerance on noisy neighbours.
- Increase CCTV coverage.
- Deliver the Women's Safety Charter.
- Deliver the Domestic Abuse Strategy.
- Support the Mayor's commitment for dedicated police officers in every ward.
- Campaign for Seeley Drive police base in the south of the borough.
- Double the number of estates receiving green energy from the South East London Combined Heat and Power.
- Use our regulator powers to minimise the impact of the Super Sewer tunnelling on local residents and schools.
- Double capital investment into roads.
- Invest in our libraries, including Nunhead, East Dulwich and Kingswood House, and keep all libraries open

Revitalised neighbourhoods

We are a borough with a proud heritage and a great future. It's a future filled with potential, with some of the most exciting and ambitious regeneration programmes in the country being delivered right on our doorstep.

We will continue work with our local communities to make our neighbourhoods places that we are proud to live and work in.

We will ensure that all our residents can access the benefits of our regeneration programmes and the opportunities created by those programmes – new homes, jobs, and infrastructure.

What progress have we made?

Over the past two years we've seen residents move into new homes and opened a state of the art leisure centre at Elephant & Castle. A new library has been built in Camberwell, with all others kept open.

We're working with local stakeholders to shape the regeneration of the Old Kent Road, and have progressed plans for improvement in Peckham. We've also developed a new Diversity Standard, making good on a key commitment from 2014 to transform how we work together with partners and the community.

What are our plans for the future?

We will...

- Refresh the way we involve residents in decision making.
- Revitalise our neighbourhoods to make them places where we can all be proud to live and work.
- Transform the Aylesbury Estate with new homes, a library, health centre and employment opportunities.
- Transform the Elephant and Castle with a new leisure centre, affordable homes and a shopping centre.
- Revitalise Camberwell, with a new library, homes and upgraded parks and public realm.
- Improve Peckham Town Centre, though improvements to Peckham Rye Station, cultural events and a new academy of theatre arts.
- Deliver an improved playground in Peckham Rye Park.
- Create a vibrant, mixed use town centre in Canada Water.
- Make London Bridge, Bankside and Blackfriars central London's best place to work and visit.
- Transform the Old Kent Road with new homes, businesses, community facilities, and plans for an extended Bakerloo Line.
- Secure the long term future of Greendale and Dulwich Hamlet Football Club.
- Deliver a free cash point in Nunhead.
- Improve connectivity across the borough and make it easier for people get around.
- Deliver a strategic approach to planning and development.
- Bring superfast broadband to Rotherhithe.

Fit for the future

We are a dynamic borough at the heart of London. Ambitious and confident, we want the very best outcomes for our residents. This means leaving no one behind in a fast changing world.

We will be a council that is fit for the future with responsive, digitally enabled services that adapt well to change. Through our digital strategy we will make it easier for residents and businesses on the move to access more services via the web and smartphone.

Three quarters of our staff tell us they are proud to work for the council. We will harness this passion through a workforce plan that empowers staff, grows talent, develops future leaders and attracts the very best to play their part too.

Our values will guide how we engage with our changing community. There's no escaping the impact of dwindling budgets on what we do. We will deliver value for money, whether through charging for certain services and working with new and different partners including beyond Southwark to be more than the sum of our parts. All backed by good governance and sound resource planning for today and in years to come.

What progress have we made?

In the last two years, despite facing some of the largest reductions in funding in the country, we've balanced the books and kept service reductions to a minimum.

We've also changed the way we work, started to modernise our operations and streamlined our senior management arrangements to do more with much less. We've been awarded Investors in People Gold, demonstrating our commitment to developing our staff, our key asset.

We also launched our digital strategy and improved the resident experience by helping even more people access council services through 'MySouthwark'.

What are our plans for the future?

We will...

- Develop the culture, skills, processes and management capability to support a productive, motivated and high performing workforce.
- Provide a bright, modern, flexible work environment for all staff that supports mobility, productivity and collaboration across departments.
- Become a leading digital borough, transforming how we serve and enhancing the lives of people in our community so that no one is left behind.
- Deliver a customer experience where services can be accessed at a time convenient to residents and businesses.
- Deliver a modern, responsive, website which can be accessed by residents through a range of devices.
- Deliver modern, reliable, secure, cost effective technology that supports the digital strategy and enables service transformation across the council.
- Manage council finances and ensure financial sustainability, while delivering value for money through performance and efficiencies.
- Take a zero tolerance approach to fraud, ensuring the fair use of council resources including council housing.

Contact us

We'd love to hear what you think about this Council Plan and if you've got questions, we are here to answer them.

There are lots of different ways to get in touch with us and share your views.



@lbs_southwark



/southwarkcouncil

Or if you prefer, email councilnews@southwark.gov.uk or call 020 7525 7251.



SOUTHWARK

Five Year
Forward View

HWBB Update

September 2016

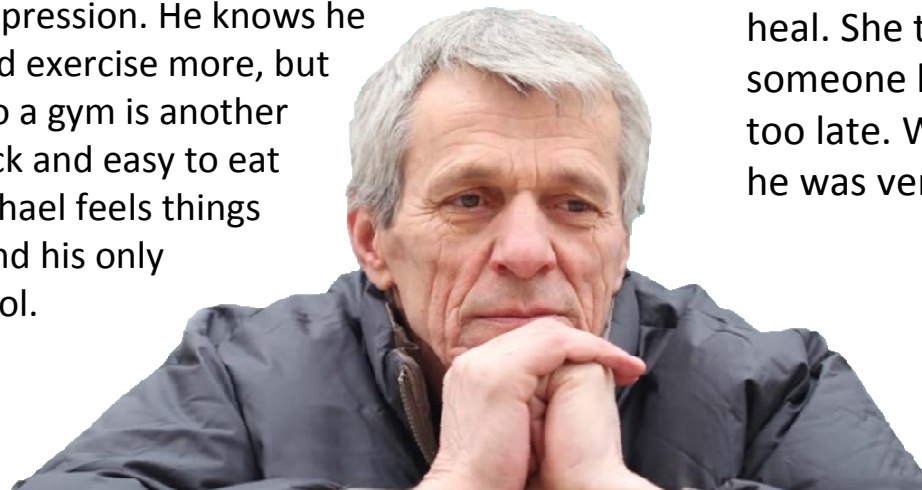
Fragmentation means that services often don't take a holistic view of a person's needs and this can lead to poor care, poor outcomes and avoidable medical interventions

Why?

Michael's story is an illustrative account, showing how a holistic, whole person approach which considers health, social and economic needs could make a real difference.

Michael is 62. He moved to Southwark ten years ago for work, but has recently been made redundant. He lives alone in rented accommodation. Since losing his job Michael sees fewer people. He worries about his rent, and growing debt.

Michael has insulin-dependent diabetes, hypertension and depression. He knows he should eat better and exercise more, but it feels hard; going to a gym is another expense and it's quick and easy to eat take-away food. Michael feels things are out of control, and his only real comfort is alcohol.



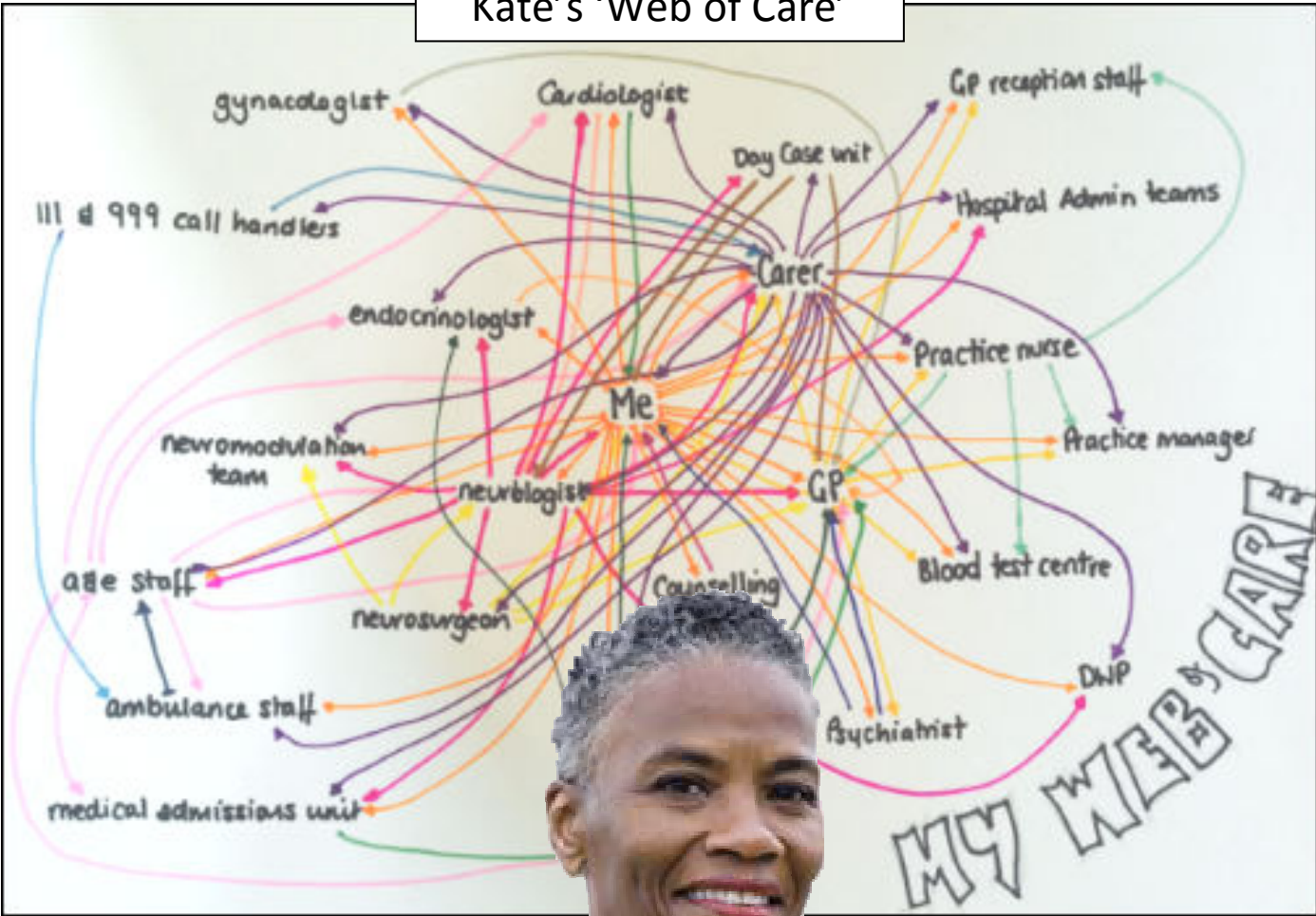
The police have taken Michael to A&E four times in the past six months, after he collapsed in the street following particularly heavy drinking. His diabetes is a problem; he has called an ambulance twice in the past month and been admitted into hospital with hypoglycaemia because he hadn't eaten enough.

In hospital Michael met other people with diabetes. One person had had a heart attack related to diabetes. She had also had an amputation last year as her leg ulcers refused to heal. She told Michael that she wished someone had helped her before it was too late. When Michael was discharged he was very worried; he didn't want to have a heart attack or end up needing an amputation but he didn't know what to do.

For people like Kate we need to do more to simplify and coordinate care across health and social care and to address mental and physical needs

Why?

Kate's 'Web of Care'



Our strategy is to maximize the value of health and care for Southwark people, ensuring our services exhibit positive attributes of care

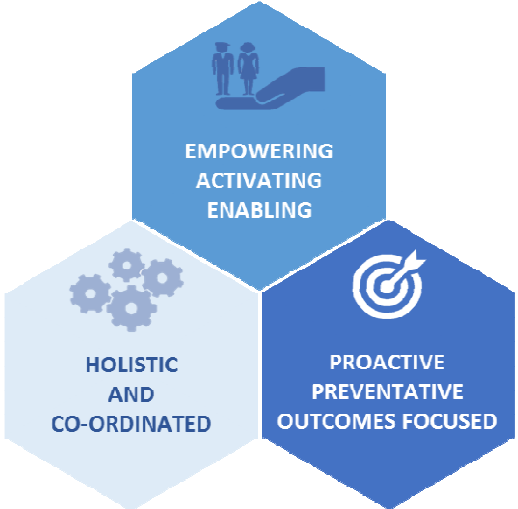
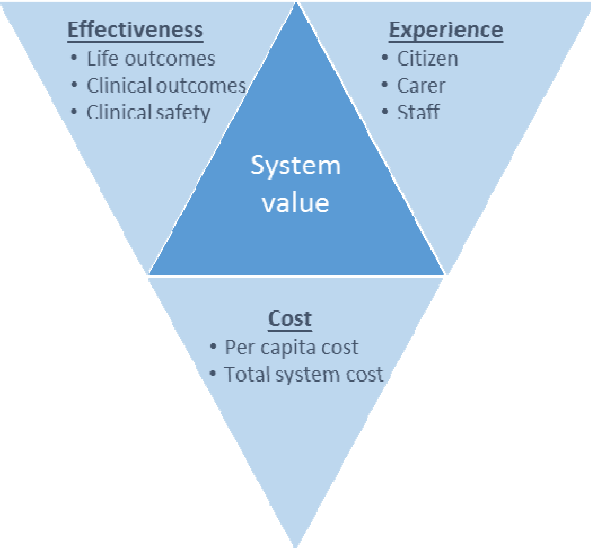
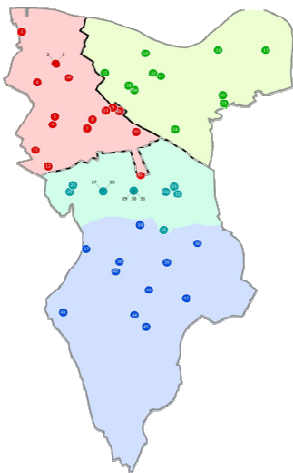
What?

We are changing the way we work and commission services so that we:

Emphasize populations rather than providers

Focus on total system value rather than individual contract prices

Focus on the 'how' as well as the 'what'



Arranging networks of **services around geographically coherent local communities**

Moving away from lots of separate contracts and **towards population-based contracts that maximize quality outcomes** (effectiveness and experience) for the available resources

Focusing on commissioning services that are characterized by these attributes of care, **taking into account people's hierarchy of needs**

We want to develop local care so that it is more integrated, coordinated and so that it is financially sustainable now and for the future

What?

- GPs, nurses, social workers and hospital consultants will collect and use information to identify people like Michael or Kate early and arrange the best support for them. Integrated teams will understand all of his needs and capabilities.
- The team will have the time to understand that person, what is important to them and their goals. That person's mental and emotional needs will be considered equal to their physical health needs, and the care team will include psychologists and psychiatrists.
- The team will use techniques like proactive care planning to help someone like Michael or Kate take control of their life. They will feel like they are working with an expert care team, rather than just being treated by them or being told what to do
- People like Michael or Kate will be able to meet other people who are experiencing similar things in peer-support groups. They will be able to access education and self-management support to feel more confident and live well with their conditions, and they will feel reassured that they can contact a care team member quickly, if they need to.
- People will find it easier to access social activities and groups, and feel more connected and able to make friends, and they will get practical advice on issues like housing, debt-management, benefits, and employment.
- And living a healthier life will be simpler: Michael and Kate will know where the local parks are, and that they are safe places; they will be able to access free gyms and swims, and cycling and walking will be easier because the roads will be safe and well lit.



We want to develop local care so that it is more integrated, coordinated and so that it is financially sustainable now and for the future...

How?
Plan on a page

We are trying to maximize the total value of health and care for Southwark people, ensuring that commissioned services exhibit positive attributes of care (services respond to a person's mental and physical health needs; they are proactive, preventative, and empowering; and they are well coordinated)

1 We will begin to address the fragmented arrangements of commissioning & contracting, by:

- a) Restructuring our internal programme boards
- b) Creating a joint commissioning resource with the Council through the BCF
- c) Creating a joint Commissioning Partnerships Team with the Council
- d) Creating a formal alignment of contracts through a shared incentive to develop and deliver coordinated care
- e) Appraising options to move to full delegation of primary care commissioning

2 We will begin to address the fragmented arrangement of organisations and professions, by:

- f) Supporting the development of multi-specialty models of service delivery through Local Care Networks
- g) Supporting the development of at scale working in general practice
- h) Supporting the development of new pathways and delivery models across South East London

3 We will begin to address the need to empowering residents and service users, by

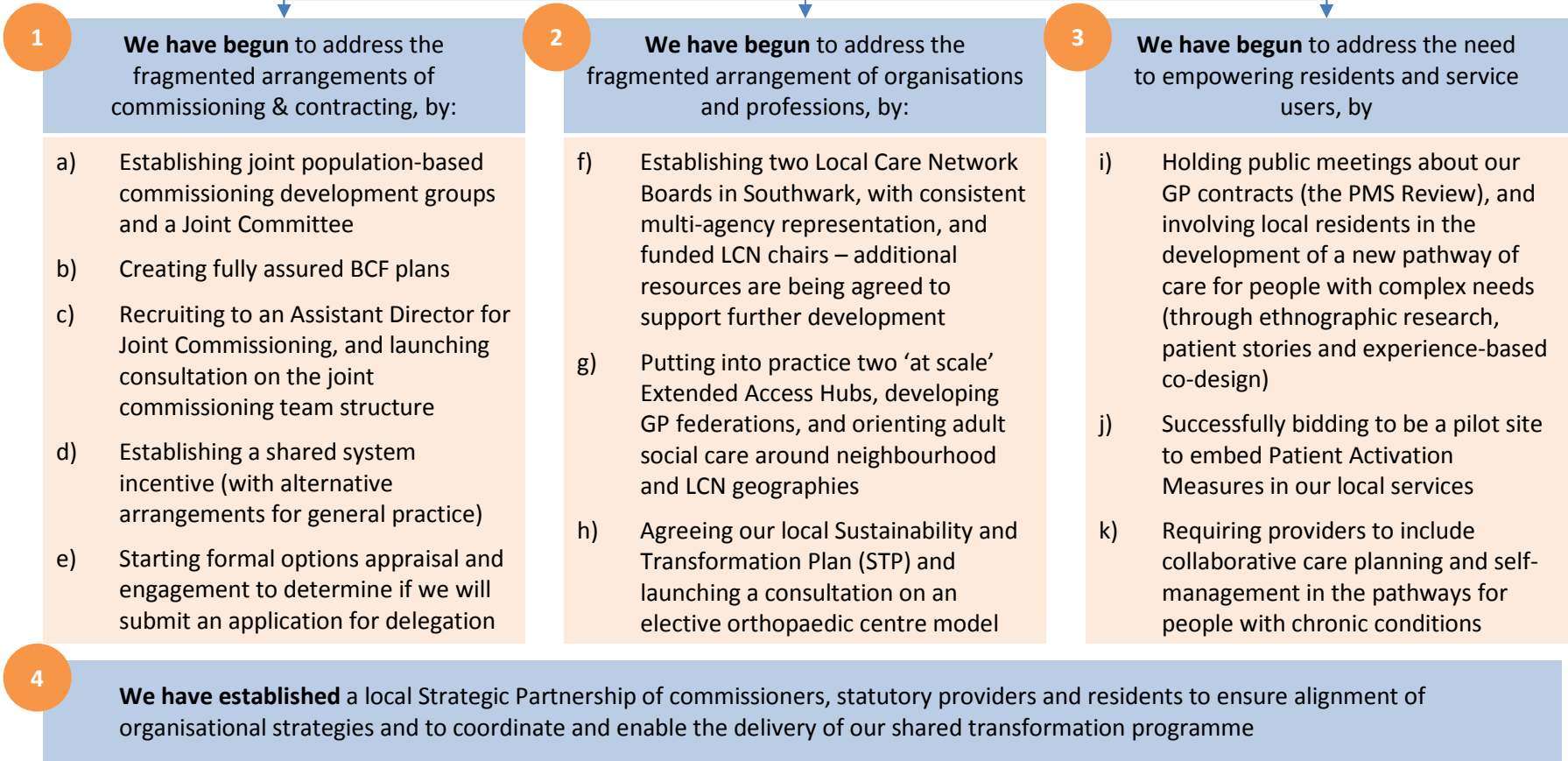
- i) Increasing the involvement of residents within the formation of commissioning intentions
- j) Continuing to invest in self-management support
- k) Ensuring that our commissioning requires providers to involve people in care planning and self-management

4 We will establish a local Strategic Partnership of commissioners, statutory providers and residents to ensure alignment of organisational strategies and to coordinate and enable the delivery of our shared transformation programme

...and we are making practical progress in all areas of our plan

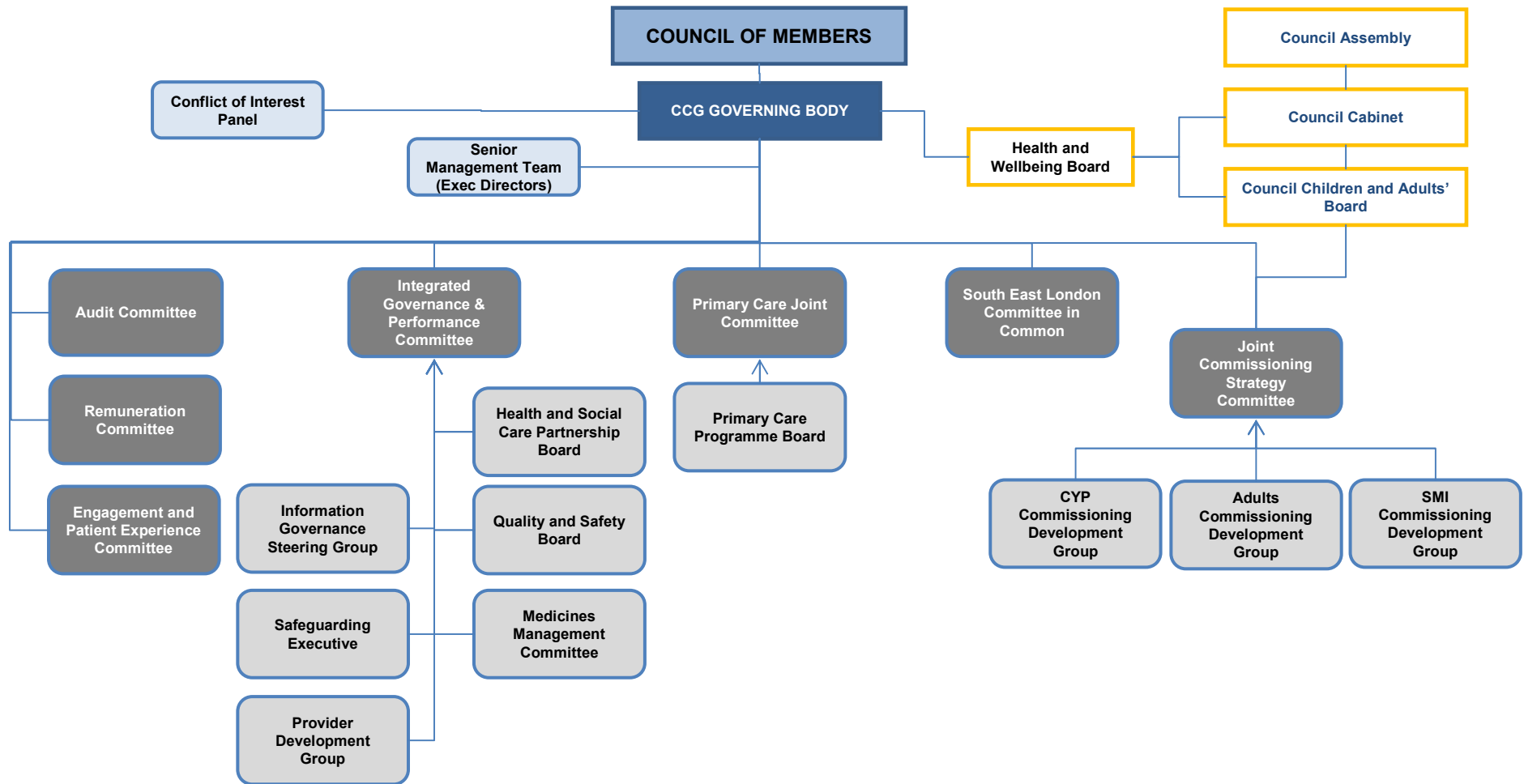
How?
Plan on a page

We are trying to maximize the total value of health and care for Southwark people, ensuring that commissioned services exhibit positive attributes of care (services respond to a person’s mental and physical health needs; they are proactive, preventative, and empowering; and they are well coordinated)



We have established joint population-based commissioning development groups and a Joint Commissioning Strategy Committee

1. Contracting & commissioning



We are recruiting to an Assistant Director for Joint Commissioning, and launching consultation on the joint commissioning team structure in September

1. Contracting & commissioning

- The Council and the CCG are together recruiting for an Assistant Director for Joint Commissioning to lead the Partnership Commissioning team with interviews to be held in early October.
- The Assistant Director will report jointly to the Council's Director of Commissioning and the CCG's Director of Integrated Commissioning.
- A staff consultation on the changes needed to establish the Partnership Commissioning Team commences at the end of September and will run through October 2016.
- The intention is that following consultation and implementation of resulting changes, the new team will be fully operational in Quarter Four of 2016/17.
- The direction of travel will be towards greater integration of commissioning budgets and we will look to agree a shared plan for future financial and risk arrangements by March 2017.

We have put into practice two 'at scale' Extended Access Hubs, we are developing GP federations...

Supporting the development of at scale working in general practice

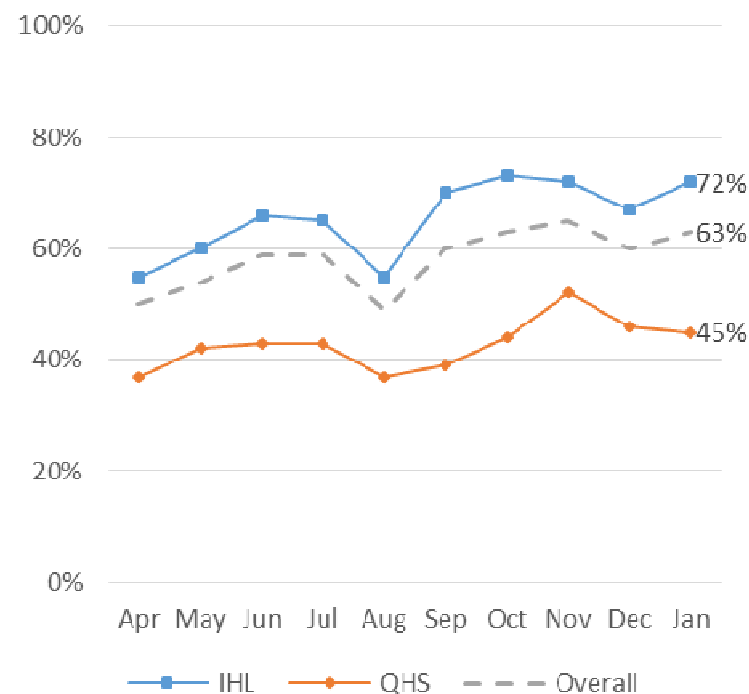
Challenge Fund and 8am-8pm 7 Day Primary Care Access

The Extended Primary Care Service (EPCS) improves access to general practice by delivering healthcare treatment and advice **8am – 8pm, 7 days a week**. From April 2015 to January 2016, a **total of 36,294 additional appointments have been offered** through the two Extended Primary Care Access hubs, which operate from Bermondsey Spa Medical Centre in the north of the borough, and the Lister Primary Care Centre in the south.

The south service is fully operational, while the north service is operating a reduced service on Mondays (12 – 8pm).

Utilisation rates for both services have increased over the year. In January, utilisation rates for the north and south services were 45% and 72% respectively (% utilisation of appointments booked vs. offered). As the utilisation rates increase practices' resources will be freed to focus on other tasks, for example on developing and then delivering new models of coordinated care for people with complex needs.

Utilisation of the EPCS Services (North, South and Overall)



...and we are orienting adult social care around neighbourhood and LCN geographies

2. Organisations & Professions

Local care networks and adult social care

Our vision for adult social care
"To enable people with care and support needs to live healthy, independent and fulfilling lives. We will achieve this by putting their well-being and safety at the centre of our work and doing what we can to prevent, reduce and delay the need for care and support through well-coordinated, personalised health and social care services"

Working together
Southwark Council is working with partners across health and social care and the voluntary sector to create Local Care Networks (LCN). LCN's will help us to achieve our vision through the development of high quality, well coordinated care and support services.
For more information on LCN ask your manager or visit www.southwarkccg.nhs.uk

Local care networks

The infographic features a central circular diagram with 'The patient' at the core, surrounded by 'Carers', 'Family/social network', and 'GP practice'. The outer ring is divided into segments for various services: Pharmacy, OT/Physio, Community matrons, District nurses, Mental health, Practice nurses, HCA, GPs, Health visiting, 3rd sector, Social care worker, Benefits advice, and Family health.

Connecting the care

Integrated approach, Joint care planning, Sharing information, Culture of Co-operation and learning, Making safeguarding personal.

Southwark Council southwark.gov.uk

NHS Southwark

@lb_southwark facebook.com/southwarkcouncil

- (Non-urgent) Physical Disability & Older People's teams will be structured around Local Care Networks geographies covering the north and the south of the borough
- This place-based approach aligns assessment, allocation and case management functions alongside neighbourhood teams; it supports greater integration of social work and OT professional (alongside community services teams)
- The design principles for this work are to: provide a safe service; to deliver on the Care Act obligations; to streamline pathways (avoiding duplication, reduce assessments & handovers); to increase integrated and coordinated working; to ensure skills bases are retained and respected; to align with other partners as part of the two Southwark Local Care Networks

By focusing on improving care coordination, our Local Care Networks are developing pathways that will empower service users and give much greater opportunity for VCS involvement

3. Empowering residents

Healthy London Partnership
A Strategic Commissioning Framework

One in five Londoners are living with one or more complex conditions. Other people go through periods of severe, complicated, health problems which may last months or years before they are resolved.

Changes to the GP contract focus on the over-75s, but in London it is often younger people who live with complex health problems which may be harder to manage because of drug or alcohol dependence, mental health problems or financial and social pressures.

Many Londoners, young and old, will be receiving care from several different services, which can become confusing and frustrating if the services don't work in close collaboration.

Firstly we need to identify the patients who would benefit from this approach. Many will be elderly and suffer from multiple chronic conditions while others may suffer from mental health issues or have a set of social circumstances and lifestyle issues which are best addressed through coordinated care.

Dr. Rebecca Rosen (Greenwich GP)

The service specification sets out five core processes that define good care coordination

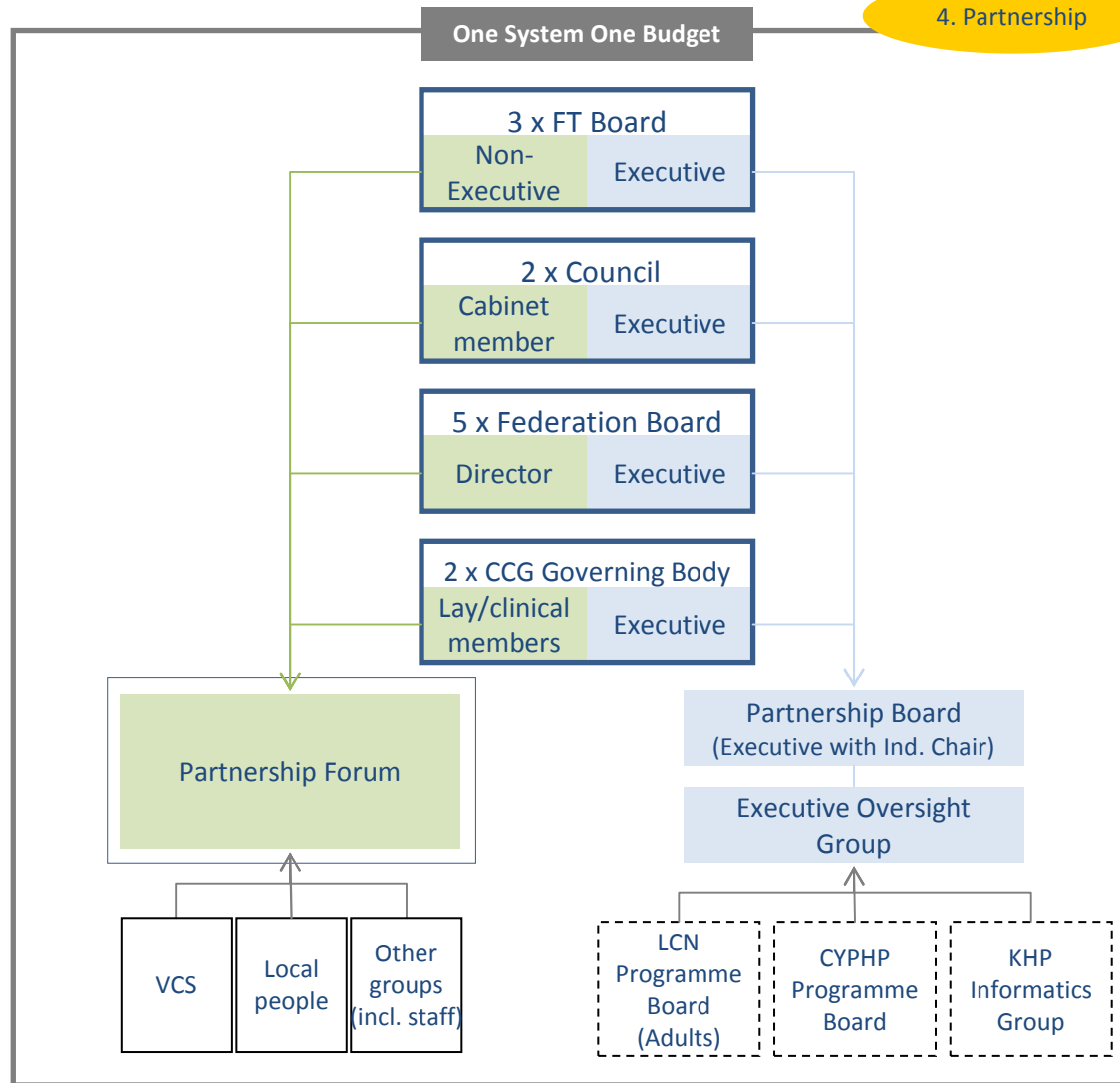


1. Source: <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/lndn-prim-care-doc.pdf>

We have established a local Partnership of commissioners, statutory providers and residents to ensure alignment of local strategies and to enable the delivery of our shared programme

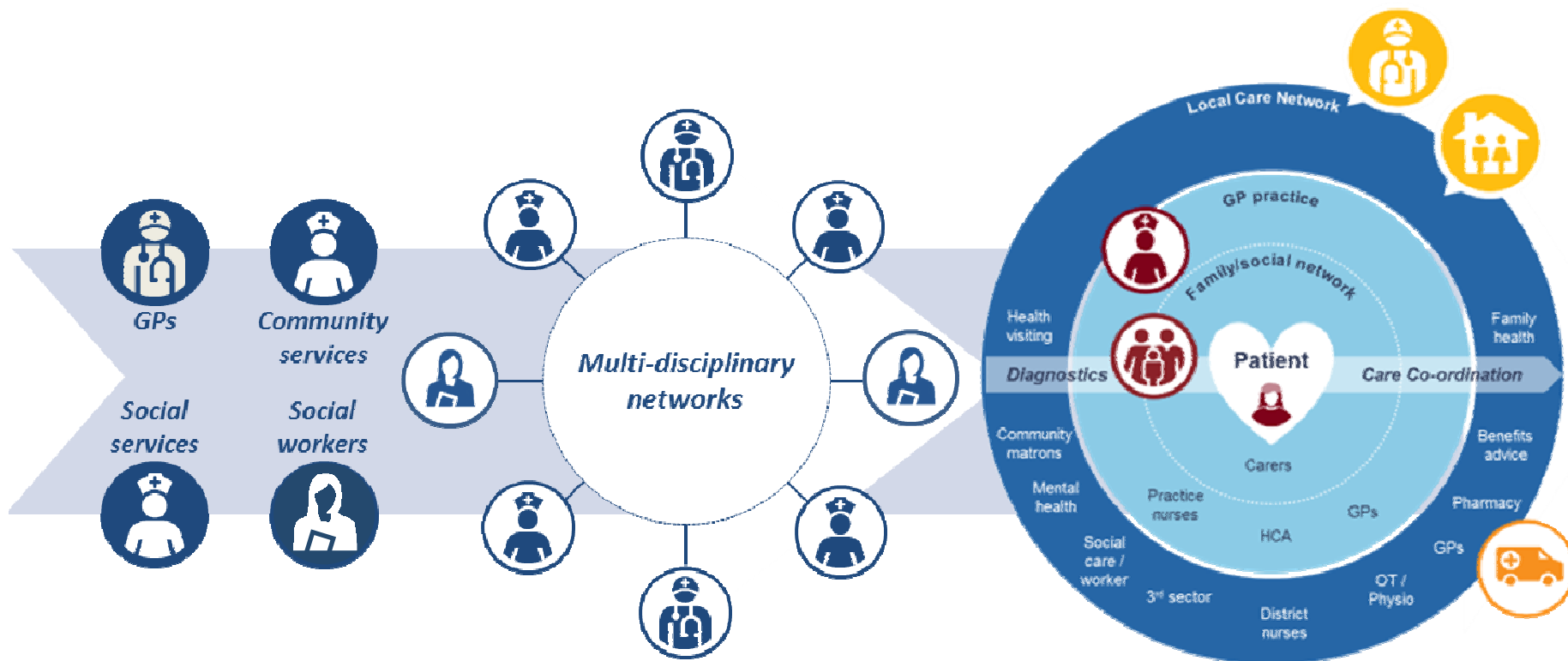
4. Partnership

- Partners make mutual commitments to align their strategies and policies in agreed work areas, and then coordinate and resolve issues through a Partnership Board
- Organisational boards remain sovereign. They hold their own executive to account for fulfilment of organisational strategies and commitments
- A Partnership Board (Acc Officer) and an Executive Oversight Group will ensure coherence across the partnership and link work plans to the business planning and contracting cycle
- Programme Boards will be established for specified priority areas. Each will have a nominated SRO. The SRO and PB are responsible for establishing the programme and describing resource needs.



We are continuing to develop our Local Care Networks, and we will need to consider how best to commissioning and contract these networks as we enter the budget planning cycle

What next?



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MUNICIPAL YEAR 2016/17**

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