

Health and Wellbeing Board

Tuesday 31 January 2017

2.00 pm

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

Membership

Councillor Peter John OBE (Chair)
Dr Jonty Heaversedge (Vice-Chair)
Andrew Bland
Sally Causer
Aarti Gandesha
Eleanor Kelly
Jin Lim
Councillor Richard Livingstone
Gordon McCullough
Councillor Victoria Mills
Nick Moberly

Councillor David Noakes
Dr Matthew Patrick
Carole Pellicci
David Quirke-Thornton
Dr Yvonneke Roe

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

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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: 23 January 2017



Health and Wellbeing Board

Tuesday 31 January 2017
2.00 pm

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.	
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 - 4
	To agree as a correct record the open minutes of the meeting held on 4 October 2016.	

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7.	DRAFT AIR QUALITY STRATEGY & ACTION PLAN	5 - 11
	To consider the Draft Air Quality Strategy and Air Quality Action Plan and provide consultation comments.	
8.	HEALTH AND WELLBEING BOARD SUPPORT FOR DULWICH HEALTH CENTRE DEVELOPMENT	12 - 23
	To agree a letter of support for the development of the Dulwich Health Centre.	
9.	SOUTHWARK FIVE YEAR FORWARD VIEW: DELIVERY PROGRESS UPDATE	24 - 32
	To review the briefing paper Southwark Five Year Forward View – Delivery Update and to note the main points of progress.	
10.	BETTER CARE FUND (BCF) - QUARTER 2 MONITORING REPORT AND UPDATE ON 2017/19 PLANNING	33 - 48
	To note the Quarter 2 Better Care Fund monitoring report and the latest position on planning for the 2017-2019 Better Care Fund.	
11.	SOUTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (STP)	49 - 65
	To note the update on the south east London sustainability and transformation plan (STP) which was submitted to NHS England on 21 October 2016.	
	To note the current position on the development of the STP and the steps being taken to implement the plan and successfully communicate its contents to the public.	
12.	SOUTHWARK LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING - UPDATE REPORT	66 - 69
	To note that the local transformation plan for children and young people's mental health and wellbeing 2015 – 2020 has been updated and to note the progress made on local priority areas.	
13.	HEALTHWATCH SOUTHWARK ENGAGEMENT UPDATE - MENTAL HEALTH / SEXUAL HEALTH	70 - 73
	To note the Healthwatch Southwark engagement with young people on mental health and sexual health and to consider the recommendations in the Young Voices on Mental Health report (Appendix 1) and Young Voices on Sexual Health report (Appendix 2).	

Item No.	Title	Page No.
14.	SOUTHWARK SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015-16	74 - 99
	To note the annual Southwark Safeguarding Children Board report (Appendix 1).	
15.	SOUTHWARK SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015-16	100 - 123
	To note the annual Southwark Safeguarding Adult Board report (Appendix 1).	
16.	SAFELIVES 'A CRY FOR HEALTH' PUBLISHED REPORT 2016	124 - 129
	To note the SafeLives document 'A Cry for Health – why we must invest in domestic abuse services in hospitals' that recommends agencies work together to provide people with wraparound tailored domestic violence support.	
	To note the current commissioning context to domestic abuse services in the borough and the potential opportunity to bid for additional funding from the Government's Violence Against Women and Girls transformation fund.	
17.	REPORT: ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH	130 - 135
	To receive the 2016 annual report of the Director of Public Health.	
18.	HEALTH IMPROVEMENT PERFORMANCE REPORT: CHILDHOOD OBESITY, TOBACCO, ALCOHOL, DRUGS & SEXUAL HEALTH UPDATE	136 - 157
	To note the update on performance and activity for childhood obesity, tobacco, alcohol, drugs and sexual health.	
19.	SOUTHWARK HEALTHY WEIGHT STRATEGY PROGRESS REPORT	158 - 162
	To note progress on delivery of the 'Southwark Healthy Weight Strategy – Everybody's Business' and to note the recently published National Child Measurement Programme data on children's obesity levels.	

Date: 23 January 2017



Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Tuesday 4 October 2016 at 10.00 am at 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Peter John OBE (Chair)
 Dr Jonty Heaversedge
 Councillor Maisie Anderson
 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

ALSO PRESENT: Mark Kewley, Director of Transformation and Performance,
 NHS CCG (Observer)

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

1. APOLOGIES

Apologies for absence were received from Andrew Bland.

2. MEMBERSHIP

The membership of the board was noted and the new members welcomed.

3. CONFIRMATION OF VOTING MEMBERS

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

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

There were no late items.

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 26 July 2016 be approved as a correct record and signed by the Chair.

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

Mark Easton, Programme Director, Our Healthier South East London introduced the report.

RESOLVED:

1. That the progress update on the draft South East London: Sustainability and Transformation Plan (STP) (Appendix 1 of the report) which was submitted to NHS England on 30 June 2016 and endorsed by NHS boards and governing bodies in SEL to demonstrate commitment to the strategic direction set out be noted.
2. That NHS England's feedback on the STP plan and the steps being taken to refresh the plan for the next submission on 21 October be noted.

8. URGENT CARE RESILIENCE

Caroline Gilmartin, Director of Integrated Commissioning, Southwark CCG introduced the report.

RESOLVED:

1. That the work being undertaken across commissioners and providers on winter preparedness be noted.
2. That 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 be noted and approved.
3. That it be noted that winter planning, performance and assurance will be overseen by the newly formed Lambeth and Southwark A&E Delivery Board.

9. HEALTH IMPROVEMENT PERFORMANCE REPORT: CHILDHOOD OBESITY, TOBACCO, ALCOHOL, DRUGS & SEXUAL HEALTH UPDATE

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

RESOLVED:

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

10. BREAKING THE CHAIN - A NEW TOBACCO CONTROL STRATEGY FOR SOUTHWARK 2017 - 2020

Councillor Maisie Anderson, Cabinet Member for Public Health, Parks and Leisure introduced the report. The board received a presentation from Russell Carter, Consultant in Public Health.

RESOLVED:

1. That the new Southwark tobacco control strategy – Breaking the Chain (Appendix 1 of the report) be received.
2. That the work streams listed below be agreed:
 - Preventing the uptake of smoking amongst young people
 - Helping tobacco users to stop
 - Reducing harm to non-smokers, especially children
 - Communications and evaluation

11. VOLUNTARY AND COMMUNITY SECTOR STRATEGY

Stephen Douglass, Director of Communities introduced the report.

RESOLVED:

That the draft Southwark Voluntary and Community Sector Strategy (Appendix 1 of the report) be noted.

12. HEALTHWATCH SOUTHWARK ENGAGEMENT UPDATE

Aarti Gandesha, Healthwatch Southwark Manager introduced the report.

RESOLVED:

That Healthwatch Southwark's engagement update covering the period since April 2016 (Appendix 1 of the report) be noted.

13. THE FUTURE OF PRIMARY CARE CO-COMMISSIONING IN SOUTHWARK

Mark Kewley, Director of Transformation and Performance introduced the report.

RESOLVED:

That the opportunity for NHS Southwark CCG to enhance its level of responsibility for the commissioning of local primary care services be noted.

14. REFRESH OF THE COUNCIL PLAN 2014-18

Councillor Fiona Colley, Cabinet Member for Finance, Modernisation and Performance introduced the report.

RESOLVED:

That the proposed refresh of the Council Plan 2014-2018 agreed by cabinet on 20 September 2016 be noted.

15. SOUTHWARK FIVE YEAR FORWARD VIEW UPDATE

This item was deferred to the next meeting due to insufficient time left to consider the item.

The meeting ended at 12.18 pm

CHAIR:

DATED:

Item No. 7.	Classification: Open	Date: 31 January 2017	Meeting Name: Health and Wellbeing Board
Report title:		Draft Air Quality Strategy & Action Plan	
Ward(s) or groups affected:		All	
From:		Head of Regulatory Services	

RECOMMENDATION

1. That the Health & Wellbeing Board consider the Draft Air Quality Strategy & Air Quality Action Plan as attached at Appendix B and provide consultation comments to Regulatory Services.

BACKGROUND INFORMATION

2. The Environment Act 1995 requires the UK Government to produce a national air quality strategy containing pollutant objectives for improving ambient air quality. The first national strategy was published in 1997.
3. The government is obliged to achieve the requirements of European air quality directives. To take account of this, the national strategy was revised in 2007 and again in 2010 to establish the framework for achieving improvements in ambient air quality in the UK. The government strategy set health-based short and medium term objectives for eight air pollutants. The UK national strategy identified actions at local, national and international level to improve air quality.
4. The Environment Act 1995 Part IV requires local authorities to undertake Local Air Quality Management (LAQM). Southwark completed the initial review and assessment stages of LAQM in March 2000. It concluded that the air quality objectives for Particulates (PM₁₀) and Nitrogen Dioxide (NO₂) would not be met in the borough by the respective compliance dates (2004 for particulates and 2005 & 2010 for NO₂) without the designation of an Air Quality Management Area (AQMA). Southwark formally declared an AQMA in January 2003. The extent of the area is shown in Appendix A.
5. As a consequence of declaring an AQMA, Southwark was required to produce an Air Quality Strategy and Action Plan (AQS & AP). The council's current priorities are set out in the Southwark Air Quality Strategy & Action Plan 2012–17. These included actions to reduce NO₂, small particulate matter (PM₁₀) and fine particulate matter (PM_{2.5}).
6. Defra recognised that London faced particular challenges meeting the air quality objectives and in May 2016 agreed that London Boroughs should refer to the GLA air quality management policy and technical guidance, the London Local Air Quality Management Framework (LLAQMF). LLAQMF reflects that the Mayor has broad reserve powers of intervention under Section 85 of the Environment Act 1995. The London framework is designed to tackle the serious public health problem caused by poor air quality in London, to reduce the formal reporting burden on local authorities and to change the emphasis from monitoring and reporting to that of effective action to reduce pollutant levels.

7. All local authorities in England must have regard to the relevant air quality advice and guidance when discharging their functions under Part IV of the Environment Act 1995. To fulfil this requirement under LLAQMF Southwark is required to:
- Continue to monitor and assess atmospheric NO₂ and PM₁₀.
 - Follow the LLAQMF policy¹ and technical guidance².
 - Ensure that an Air Quality Management Area (AQMA) is declared to cover any locations exceeding the air quality objective limit values.
 - Complete an Annual Status Report (ASR) and an Annual Status Summary Report (ASSR), its public-facing summary.
 - Ensure that a current Air Quality Strategy & Action Plan is in place for any declared AQMA.
 - Re-assess any GLA Air Quality Focus Areas declared within the borough.
 - Have clear and approved governance arrangements for air quality management in Southwark.
8. The current Air Quality Strategy & Action Plan (AQS & AP) expires in 2017 and is now due to be revised. The Authority is legally obliged to have regard to the revised air quality guidance for London boroughs and ensure that the AQS & AP remains relevant, therefore, the Authority has simplified the Air Quality Strategy and revised the action plan removing obsolete and achieved actions and including new actions. The revised Draft Air Quality Strategy and Action Plan can be viewed at Appendix B.

AIR QUALITY ACTION PLAN

9. The Health & Well-being board are being consulted on the revised Draft AQS & AP as part of the governance of air quality within the council as air quality is a local public health priority.
10. The revised and finalised AQS & AP, once approved by Cabinet, will replace the current Air Quality Strategy and Action Plan.
11. The Draft AQS&AP outlines the air quality improvement aims and objectives.
12. The action plan is split into the following sections: -
- Management of air quality in Southwark;
 - Reduce emissions from buildings (both public and private);
 - Public health and awareness;
 - Cleaner transport;
 - Reduction of Carbon emissions
 - Regulation and enforcement
 - Supporting the Mayor of London's air quality objectives, and
 - Supporting public health framework objectives

¹ GLA (2016) DRAFT LONDON LOCAL AIR QUALITY MANAGEMENT (LLAQM) Technical Guidance 2016 (LLAQM.TG (16)) accessed at <https://www.london.gov.uk/what-we-do/environment/environment-publications/draft-london-local-air-quality-management-technical>.

² GLA (2016) DRAFT LONDON LOCAL AIR QUALITY MANAGEMENT (LLAQM) - Policy Guidance 2016 (LLAQM.PG (16)) accessed at <https://www.london.gov.uk/what-we-do/environment/environment-publications/draft-london-local-air-quality-management>.

13. Each of the sections has a number of aims, objectives, actions and targets that will work towards improving air quality. Each action has been considered with regard to the pollutant it will influence.

KEY ISSUES FOR CONSIDERATION

14. The Draft AQS & AP is appended at Appendix B. Further information is provided in the associated Technical Appendices at Appendix C. The Health & Well-being Board is requested to consider & comment on the draft documents.
15. The Authority has a legal duty to consult on the revised Draft Air Quality Strategy & Action Plan before it is finalised. The consultation plan is outlined in paragraphs 24 to 28 of this report.

Policy implications

16. Improving air quality in Southwark is the responsibility of several service areas within the Council, therefore, the Draft AQS & AP contains measures, the implementation of which, will fall beyond the remit of the Environment and Leisure Department.
17. The AQS & AP contributes to the Council's Carbon reduction objectives.
18. The AQS & AP contributes to the Council's public health framework objectives.

Community impact statement

19. All members of the community within Southwark's AQMA are affected by poor air quality. A report by the Environment Agency found that areas of the worst exposure to poor air quality generally correlated with areas of deprivation. There are a number of localities within Southwark that fall within the Government's definition of being an area of deprivation. (Source - Official National Statistics)
20. In London there is a complex link between air quality and inequality. In general, more deprived areas are likely to experience higher levels of pollution but there is considerable local variation. The link between inequality and poor air quality is stronger in outer London than in inner London as in inner London there are high levels of atmospheric pollution across the board affecting affluent and deprived areas equally.
21. Fine particles (PM_{2.5}) have the greatest impact on health as they reach the bloodstream via the lungs. Young children, those with compromised health and the elderly are the most susceptible to the negative health impacts of atmospheric pollution.

Resource implications

22. There are no additional resource or funding implications introduced by this report as the implementation of the AQS & AP will be achieved within existing Council resources. The improvement of air quality in the Borough will be achieved through policies and proposals in the Air Quality Action Plan, the Local Transport Plan, the Local Development Framework Plan, the Sustainability Strategy and various other Southwark strategies and policies.

23. Services will pursue funding opportunities making bids to fund action plan measures where no current budget is identified.

Consultation

24. There has been initial internal consultation associated with this Draft Air Quality Strategy & Action Plan. The comments of relevant departments and service areas associated with the delivery of measures in the action plan have been incorporated in the draft.
25. When the local authority is carrying out its Environment Act 1995 part IV functions with regard to air quality management, Schedule 11 of the Act requires a statutory consultation of the Draft AQS & AP with a range of agencies and organisations. Therefore, the following have been approached for consultation comments:-
- The Secretary of State
 - The Environmental Agency
 - The Mayor of London
 - Transport for London
 - All neighbouring boroughs (Lewisham, Bromley, Croydon, Lambeth, City of London & Tower Hamlets)
 - Other public authorities as the Borough considers appropriate
 - Bodies representing local business interests, including the BIDs in the Borough and the Chamber of Commerce
 - Clinical Commissioning Group
 - Southwark Health & Well-being Board
26. The public will be consulted via Southwark Council's Consultation Hub.
27. The consultation period will close on the 7th February 2017.
28. Following consultation and a review of comments received the final documents will be presented to Cabinet.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

29. The Air Quality Strategy for England, Scotland, Wales and Northern Ireland sets out a way forward for work and planning on air quality issues; sets the air quality standards and objectives to be achieved; introduced a policy framework for tackling fine particles; and identified potential new national policy measures which modelling indicated could give further health benefits.
30. Under Part IV of the Environment Act 1995 local authorities are required to review and assess the current and likely future air quality in their areas. Where local authorities consider that any air quality standards or objectives are not being achieved, or are not likely to be achieved within the relevant period, they must declare an air quality management area (AQMA) covering the area where the problem is expected. These local authorities must then take action, along with other agencies and organisations, to work towards meeting the air quality objectives.

31. At present, there are 644 air quality management areas in England. There are some local authorities with several AQMA's for multiple pollutants. The majority have been declared due to levels of Nitrogen Dioxide (NO₂) and/or Particles (PM₁₀ & PM_{2.5}).
32. Under the London Local Air Quality Management Framework (LLAQMF) boroughs are required to:
- Manage and improve air quality at a local level
 - Annually review and assess air quality in their area
 - Declare air quality management areas in locations where air quality objectives will not be met and produce action plans setting out how they will work towards meeting the air quality objectives in those declared areas; and
 - Consult the Mayor of London on air quality issues.
33. The Mayor of London is legally required to review all reports produced by London boroughs. The Mayor considers the quality of the work and has powers of direction to boroughs when work and reports are not completed satisfactorily. This is to ensure that there is a consistent approach across London.
34. The Mayor also requires boroughs to incorporate relevant points from the Mayor's Air Quality Strategy for London.

Strategic Director of Finance and Governance (EL16/022)

35. The Strategic Director of Finance & Governance notes the Draft Air Quality Strategy & Action Plan set out in this report and confirms that there are no direct financial implications arising. Officer time to implement this decision can be contained within existing resources.

BACKGROUND PAPERS

Background Papers	Held At	Contact
Air Quality Strategies for England, Scotland, Wales and Northern Ireland (DEFRA)	Environment & Leisure Services Regulatory Services 3 rd Floor Hub 1 P. O Box 64259 London SE1P 5LX	Name: Mrs Kirty Read Phone number: 020 7525 5748
Southwark Air Quality Management Area Order 2003		
London Local Air Quality Management Framework Policy & Technical Guidance (GLA)		

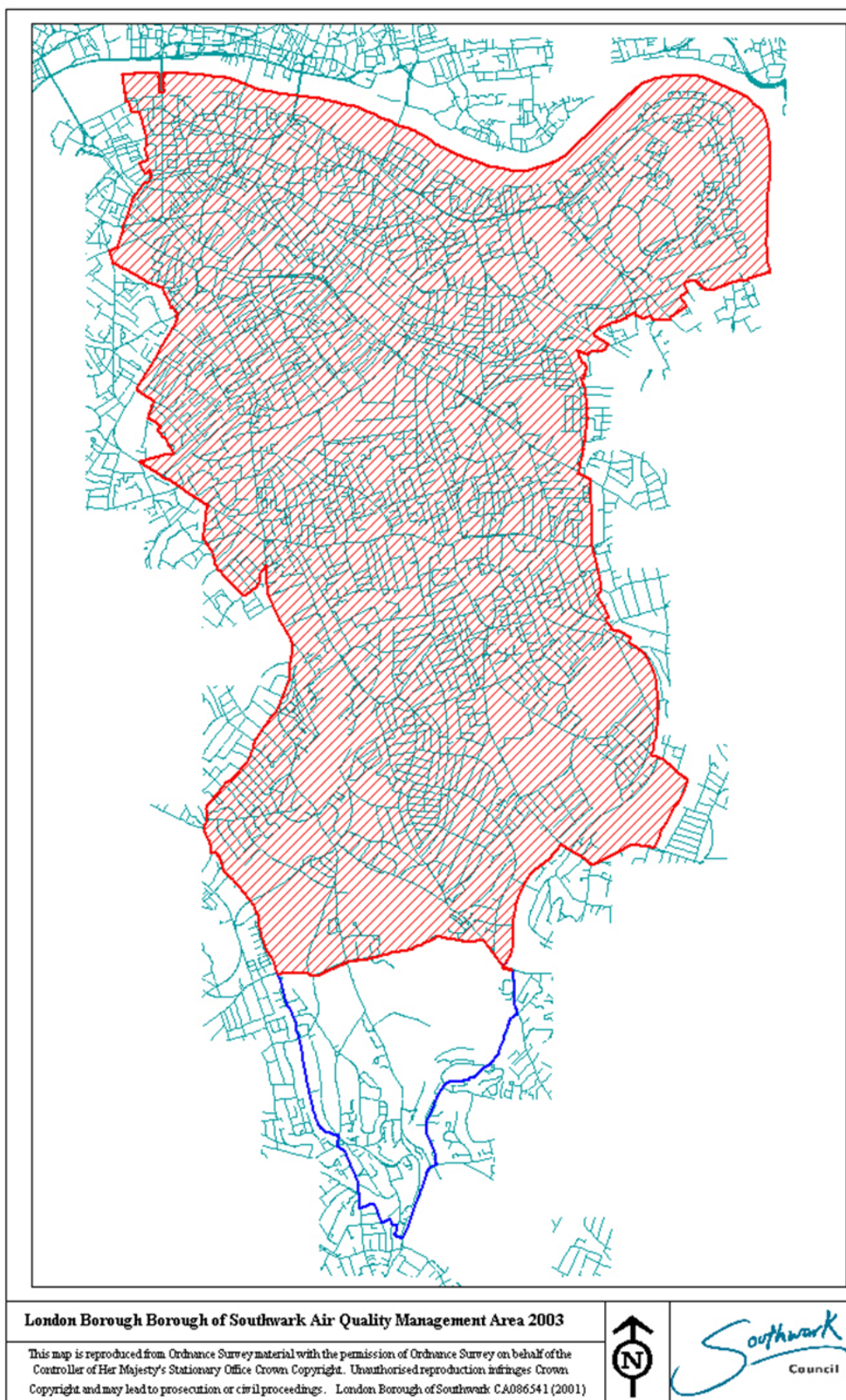
APPENDICES

No.	Title
Appendix A	Map of the L.B. Southwark Air Quality Management Area
Appendix B	Draft Air Quality Strategy & Action Plan (circulated separately)
Appendix C	Draft Air Quality Action Plan – Technical Appendices (circulated separately)

AUDIT TRAIL

Lead Officer	David Littleton – Head of Regulatory Services	
Report Author	Sarah Newman – Team Leader Environmental Protection Team	
Version	Final	
Dated	16 December 2016	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments included
Director of Law and Democracy	Yes	Yes
Departmental Finance Officer	Yes	Yes
Director of Environment	Yes	Yes
Director of Planning	Yes	No comment received
Director of Public Health	Yes	Yes
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team	20 December 2016	

Southwark Air Quality Management Area



Item No. 8.	Classification: Open	Date: 31 January 2017	Meeting Name: Health and Wellbeing Board
Report title:		Health and Wellbeing Board support for Dulwich Health Centre development	
Ward(s) or groups affected:		Brunswick Park, South Camberwell, The Lane, Nunhead, East Dulwich, Peckham Rye, Village, College.	
From:		Andrew Bland - Chief Officer – NHS Southwark CCG	

RECOMMENDATION(S)

1. That the Health and Wellbeing Board agree a letter of support (draft attached) for the development of the Dulwich Health Centre. This would be included in the Stage 2 Business case to be submitted to NHS England.

BACKGROUND INFORMATION

2. For some years now NHS Southwark CCG has led the development of proposals for future health services in Dulwich and the surrounding areas. This has included both an extensive engagement exercise, a formal consultation process, and an Equalities Impact Assessment.
3. The formal consultation included over 2000 partner organisations, patients, clinicians, the public and their democratically elected representatives.
4. The outcome of the consultation was the recommendation that an extended range of primary and community health services be provided from a health centre in Dulwich.
5. A site options appraisal identified the best option to be a new build on the SE corner of the Dulwich Hospital site. The remainder of the site is being developed as a new school.
6. Further work has refined the service offering and the activity expectations for the centre, and design work for a building to accommodate that was progressed. Planning permission was granted in October for a 4638 m2 building.
7. Alongside the design development the CCG has worked up the business case which is due for submission to NHS England in February.
8. The proposals are entirely consistent with the NHS Southwark Five Year Forward View and the SE London Sustainability and Transformation Plan, both of which have been reviewed by the HWB.
9. Recent inter-agency work with senior colleagues from the council, primary care and local provider trusts has supported the development of a Local Estates Plan for primary and community health services. This sets out a vision of primary care supported by a number of community hubs and support hubs offering a wide

range of community-based health services. The Dulwich Health Centre will be a community hub serving local people living in the south of the borough.

10. The development of this centre releases the remaining part of the site for the development of a secondary school. This will be developed in phases as existing health services are transferred into the new health centre.

KEY ISSUES FOR CONSIDERATION

11. The new Dulwich Health Centre will play an essential part in the transformation of primary and community health and wellbeing services across south Southwark. Its development will allow the NHS to leave extremely outdated, inefficient and expensive 19th century premises, the release of much needed land for other public services, and the creation of a new building that will be fit for purpose as a local health and wellbeing hub. It will support the implementation of NHS Southwark CCG's primary and community strategy, the Five Year Forward View and the SE London Strategic Transformation Plan (STP). This will be through providing a focal point for services for the increasing numbers of people living with multiple long term conditions.
12. The plans have been developed through extensive consultation with and the involvement of the local public, patients, clinicians and providers.
13. The health centre will provide scope for a true transformation in the delivery of healthcare, where clinicians from all sectors will work together, sharing central staff and hot desking facilities and with a legal occupation structure designed to enable boundaries to be porous in response to changing requirements. All of the stakeholders involved in developing this innovative solution are committed to creating a flexible, adaptable facility which will enable services to become more collaborative and patient-centred.
14. The scheme is shown to be affordable to the CCG, mainly through refocusing resources from an inefficient and little used set of buildings which are no longer appropriate to modern healthcare, into a facility which will respond to patient needs for the next 25 years and more.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
All background papers relating to the Dulwich Programme are available on the NHS Southwark CCG website at http://www.southwarkccg.nhs.uk/our-plans/improving-services-in-dulwich-and-the-surrounding-areas	NHS Southwark CCG 160 Tooley Street London SE1 2 QH	Rebecca Scott Programme Director 020 7525 5155

APPENDICES

No.	Title
Appendix 1	Executive Summary of the Stage 1 Business Case
Appendix 2	Draft letter of support for agreement

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark CCG	
Report Author	Rebecca Scott, Programme Director, NHS Southwark CCG	
Version	Final	
Dated	4 January 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	n/a
Strategic Director of Finance and Governance	No	n/a
Date final report sent to Constitutional Team		16 January 2017



Dulwich Health Centre

Stage 1 Business Case

Executive Summary

Title: Dulwich H C - Appendix 1.docx – executive summary	Document Ref:		Author: See Document Control
Status: For Assurance Review	Version:	1.2	
	Date:	18 November 2016	

Document Information:

Version	1.2
Title:	Dulwich Health Centre Stage 1 Business Case
Date:	18 November 2016
Author:	Gerry Owen and Rebecca Scott
Content Input:	Tom Downard, Malcolm Hines, Julian Westcott, Karla Damba, BDO, Bevan Britten, Calford Seadon

Executive Summary

Introduction

The new Dulwich Health Centre will play an essential part in the transformation of primary and community health and wellbeing services across south Southwark. Its development will allow the NHS to leave extremely outdated, inefficient and expensive 19th century premises, the release of much needed land for other public services, and the creation of a new building that will be fit for purpose as a local health and wellbeing hub. It will support the implementation of NHS Southwark CCG's primary and community strategy, the Five Year Forward View and the SE London Strategic Transformation Plan (STP).

The plans have been developed through extensive consultation with and the involvement of the local public, patients, clinicians and providers.

The business case demonstrates that the scheme described in section 3 provides scope for a true transformation in the delivery of healthcare, where clinicians from all sectors will work together, sharing central staff and hot desking facilities and with a legal occupation structure designed to enable boundaries to be porous in response to changing requirements. All of the stakeholders involved in developing this innovative solution are committed to creating a flexible, adaptable facility which will enable services to become more collaborative and patient centred.

The scheme is shown to be affordable to the CCG, mainly through refocusing resources from an inefficient and little used set of buildings which are no longer appropriate to modern healthcare, into a facility which will respond to patient needs for the next 25 years and more.

The CCG expects to invest a proportion of its growth money into improved services and facilities. The CCG has also bid for non-recurrent costs to be funded through the Estates and Technology Transformation Fund (ETTF) mechanism.

There is a scarcity of public sector capital for the NHS. Following analysis of the options and discussions with the Department of Health, Community Health Partnerships and NHS Property Services, the Department of Health decided that this should be a scheme developed through the NHS Local Investment Finance Trust programme.

This business case is produced in the approved format for NHS England assurance purposes and this summary is structured to highlight the key details provided in each of the required five cases.

Strategic Case

The Strategic Case demonstrates that:

- there is a strategic fit with the CCG's primary and community Strategy and SE London STP as well as key national policy drivers,
- the proposed development is consistent with the original PID,
- the proposed development is a cornerstone for the delivery of improved and enhanced services through the south Southwark Local Care Network.

- there is a clear case for change in terms of an improved built environment, and the creation of a local hub for services for long term conditions,
- the development aligns well with the direction of future service delivery model and particularly service transformation,
- the capacity planning and management for the development is robust. If demand increases or decreases beyond what is planned there is reasonable flexibility to manage this through either site flexibilities or changing the extent of the working week for any relevant service delivery.

It further confirms the strategic direction for pursuing the Dulwich site new build option within the progressive transformational service redesign across S E London.

Economic Case

It should be noted that a significant aspect of the business case review was undertaken during 2014/15. The Options Appraisal to determine the most appropriate and best value for money solution to the service need was prepared and approved at that time and has been reproduced verbatim in this document. The further development of the case has then been undertaken to support the continued development of the Preferred Option identified there, i.e. the building of a new health centre on the vacant area of the Dulwich Hospital site. It should be noted that this decision led to NHS Property Services disposing of the remainder of the site, removing the options involving the existing hospital buildings from any further consideration.

The case concludes by demonstrating that neither the circumstances nor the details of the scheme proposed have materially changed since the Options Appraisal document was approved.

The remainder of the site is being developed by the Charter Schools Trust as a secondary school using funding provided by the Education Funding Agency.

Scheme Proposals

The proposed scheme is described in detail, showing how it has been developed through user and public consultation to the point of submission for Full Planning Consent.

The scheme is described as providing accommodation in response to the CCG's Participants' Requirements for:

- GP services to meet a practice population of 20,000
- Diagnostic services
- Children's community outpatient services
- Outpatient clinics for long term conditions supported by physiotherapy services
- Outpatient clinics for short term conditions
- Renal dialysis (20 places)
- A commercial pharmacy

- Support facilities: group rooms, hot desking spaces for staff based off-site, space for voluntary sector support, staff changing and rest rooms, FM services.

Details are also included describing the implications of the future use of the neighbouring land by The Charter School Trust and how sustainability issues have been managed. Appendices are provided to indicate these items in more detail.

The scheme has been evaluated and the design advised using the tools available to the design team including:

- lessons learned have been applied from recent projects,
- service provider support to the scheme particulars
- the DQI process for assessing design
- a BREEAM pre-application report.

Commercial Case

The commercial case provides the information regarding the legal arrangements within which the project will be set up: this is a 25 year Land Retained Agreement (v5.1 Standard Form documentation) procured through the established LIFTCo serving Lambeth, Southwark and Lewisham healthcare organisations under the aegis of Community Health Partnerships. The details regarding these arrangements have been documented by the legal advisors Bevan Britten LLP who describe how the land will be leased to CHP for 25 years plus the construction period; CHP will provide the LIFTCo with a licence to operate and will also provide sub leasing and licensing agreements to service providers.

The case outlines the steps taken to assure the NHS that the financial arrangements put forward by the LIFTCo and detailed in the financial model (version 20) are appropriately structured and that all of the input costs have been subjected to an appropriate level of scrutiny.

The case concludes that in current uncertain economic conditions the level of cost within the financial model is both appropriate and prudent and should be subject to further evolution during the stage 2 development process.

Finance Case

The financial case sets out the CCG's financial position, indicating that it has the standing and resources to enable it to commit to the revenue costs associated with a development as described. It further indicates how it is able to fund these costs from identified resources. This is supported by financial data from CCG published documentation which is regularly reviewed within the organisation and the detailed costs required to deliver the project. A bid for ETTF funding has been separately submitted to fund both capital and non-recurrent revenue costs associated with the project but should this be unsuccessful the CCG will need public capital in support of the project.

Management Case

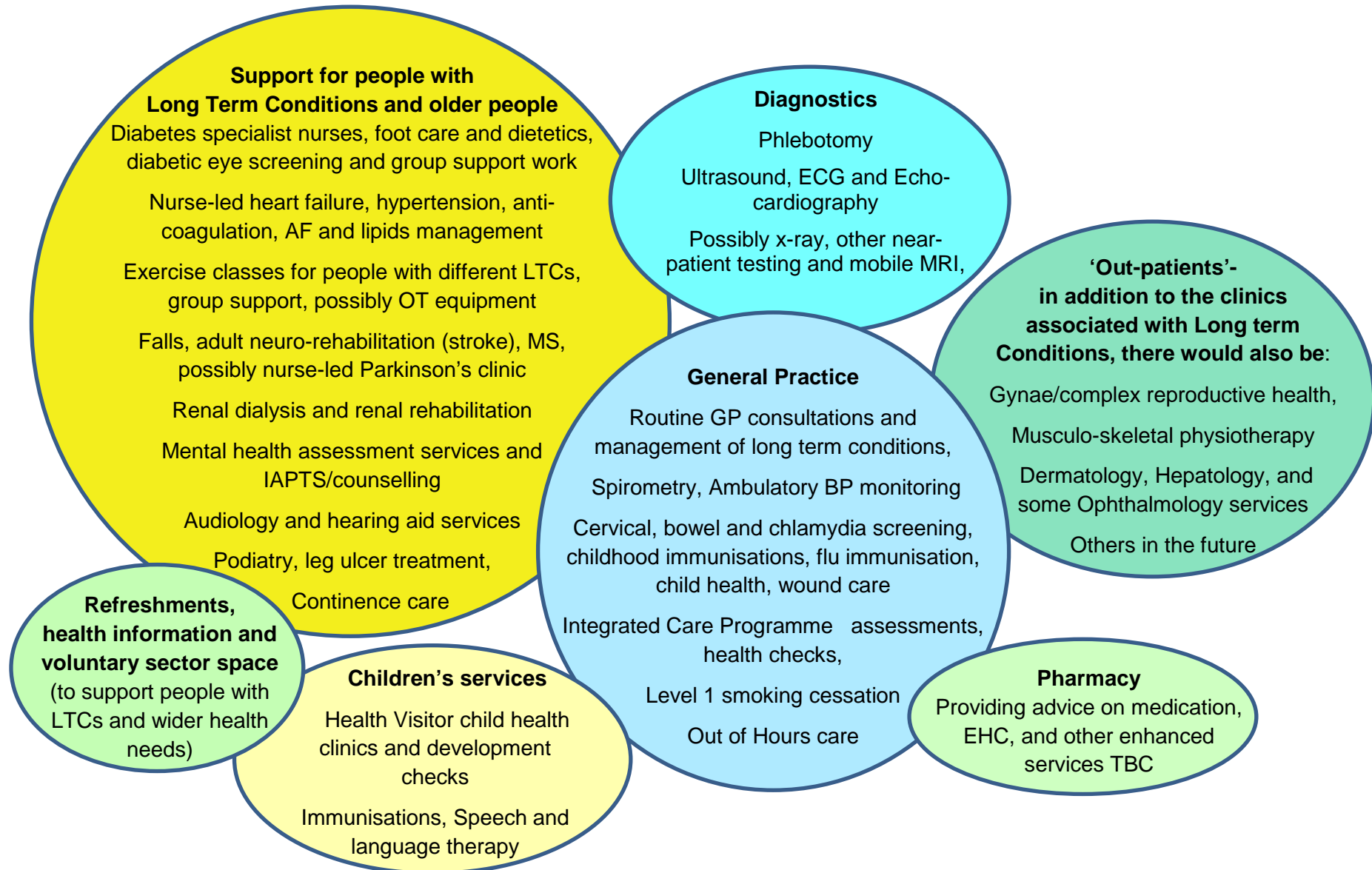
The management case demonstrates that there is an appropriate formal development and assurance process within the CCG, supported by NHS England as commissioners of primary and specialist care, CHP, the LIFTCo, the identified initial service provider organisations, service users and appropriate professional advisors.

This section of the business case demonstrates that the stakeholders have considered the project management responsibilities and developed a well-resourced process for undertaking the necessary arrangements within the LIFT model.

Conclusion and Recommendations

This is a key development for the transformation of health service delivery in south Southwark, and a central part of NHS Southwark's service and estate plans. It fulfils the requirements outlined in national and local strategies and is being procured through an approved and established process for health building projects.

Figure 1: Dulwich Health Centre - Proposed Services



APPENDIX 2

On Southwark Council Headed Paper

To:

Andrew Bland
Chief Officer
NHS Southwark Clinical Commissioning Group
160 Tooley Street
London SE1 2QH

Councillor Peter John –
Leader of the Council and Chair of the
Southwark Health and Wellbeing Board
160, Tooley Street
London SE1 2QH

31 January 2017

Dear Andrew

Dulwich Health Centre Stage 2 Business Case

We write to confirm that the Health and Wellbeing Board in Southwark considered the proposals for the new Dulwich Health Centre at their meeting on the 31st January 2017.

The Board welcomed the development of the centre, and in particular the way it will support the development of a wider range of integrated services for the people in the south of the borough. In reflection of this the Board noted that the proposals are entirely consistent with the SE London Sustainability and Transformation Plan, the local Southwark Five Year Forward View and the Southwark Local Estates Plan.

We therefore write now to support the development of this project.

Yours sincerely

Peter John
Chair - Health and Wellbeing Board
Southwark

Item No. 9.	Classification: Open	Date: 31 January 2017	Meeting Name: Health and Wellbeing Board
Report title:		Southwark five Year Forward View: Delivery Progress Update	
Ward(s) or groups affected:		All wards	
From:		Mark Kewley, Director of Transformation, NHS Southwark CCG Dick Frak, Director of Commissioning, Southwark Council	

RECOMMENDATIONS

1. The board is requested to:
 - Review the attached briefing paper *Southwark Five Year Forward View – Delivery Update*.
 - Note the main points of progress in relation to more joined up commissioning, more joined up provider partnership, and more empowered residents and citizens.

EXECUTIVE SUMMARY

2. The *Southwark Five Year Forward View* sets out an explicitly place-based approach to commissioning and co-producing health and care services as part of flourishing and resilient communities. This is a radical move away from the traditional institutional and disease-specific approaches, the delivery of which will be exceptionally challenging but important. In seeking to make that radical shift occur the strategy identifies specific issues to resolve in four main areas:
 - Reducing the fragmentation of commissioning and contracting
 - Reducing the fragmentation between providers of care
 - Increasing people’s ability to participate in and shape their own health, care and communities
 - Increasing the system-wide sharing of accountability for change, through better partnerships
3. The ‘plan on a page’, contained within the supporting presentation, sets out a series of practical actions that the Council and CCG have worked on over the course of 2016/17. Significant progress has been made in all areas, for example:
 - Significantly aligning the governance and functioning of our respective commissioning activities through the development of joint commissioning development groups, and by beginning the creation of a shared Partnerships Commissioning Team. In addition, the CCG is attempting to move towards

more place-based budgets by becoming a delegated commissioner of general practice services.

- Successfully establishing locality-based multi-professional boards for both North and South Southwark, with the inclusion of social care representatives, general practice federations, the foundation trusts, healthwatch, Community Southwark, and community pharmacy. As a practical leadership task these groups have focused on redesigning pathways of care for people who live with multiple chronic conditions.
- Successfully developing a tripartite VCS Strategy to make practical progress in (i) developing more effective service delivery through VCS organisations, and (ii) engaging and exciting local communities to make them flourish. And working with *healthwatch Southwark* to undertake significant local engagement and co-design in relation to pathways of care for people living with multiple chronic conditions.
- Establishing a Southwark and Lambeth Strategic Partnership to oversee priority projects, such as the development of Local Care Networks and the improvement in information sharing for diagnosis and treatment as well as proactive population health management.

BACKGROUND INFORMATION

4. The Council and the CCG have expressed our shared purpose and strategic objectives as part of our *Southwark Five Year Forward View*. This strategy was agreed early in 2016/17 through the Cabinet and through the CCG's Governing Body, with endorsement from the Health and Wellbeing Board.

BACKGROUND PAPERS

Background Papers	Held At	Contact
Southwark Five Year Forward View	www.southwarkccg.nhs.uk	Kieran Swann Head of Planning & CCG Assurance 020 7525 0466

APPENDICES

No.	Title
Appendix 1	Southwark Five Year Forward View – Delivery Update

AUDIT TRAIL

Lead Officers	Andrew Bland, Chief Officer, NHS Southwark CCG David Quirke-Thornton, Strategic Director of Children's and Adults' Services	
Report Authors	Mark Kewley , Director of Transformation, NHS Southwark CCG Dick Frak, Interim Director of Commissioning, Southwark Council	
Version	Final	
Dated	19 January 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Date final report sent to Constitutional Team		19 January 2017

Southwark Five Year Forward View – Delivery Update

Mark Kewley, Director of Transformation, Southwark CCG
Dick Frak, Director of Commissioning, Southwark Council

January 31st 2017

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

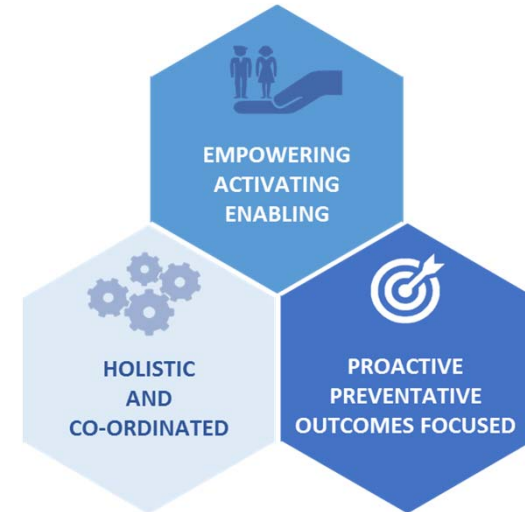
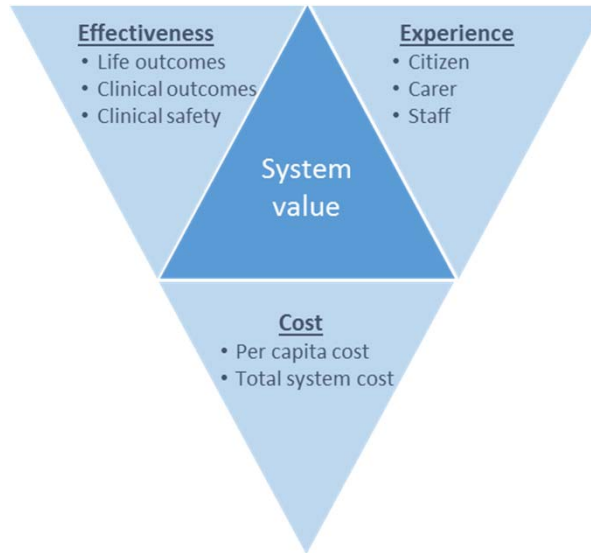
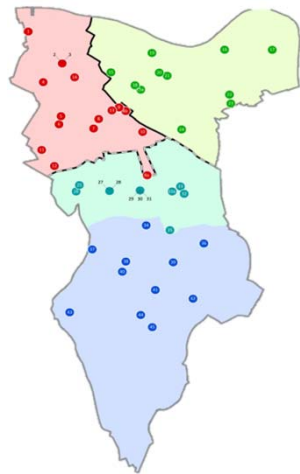
Strategic vision

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'



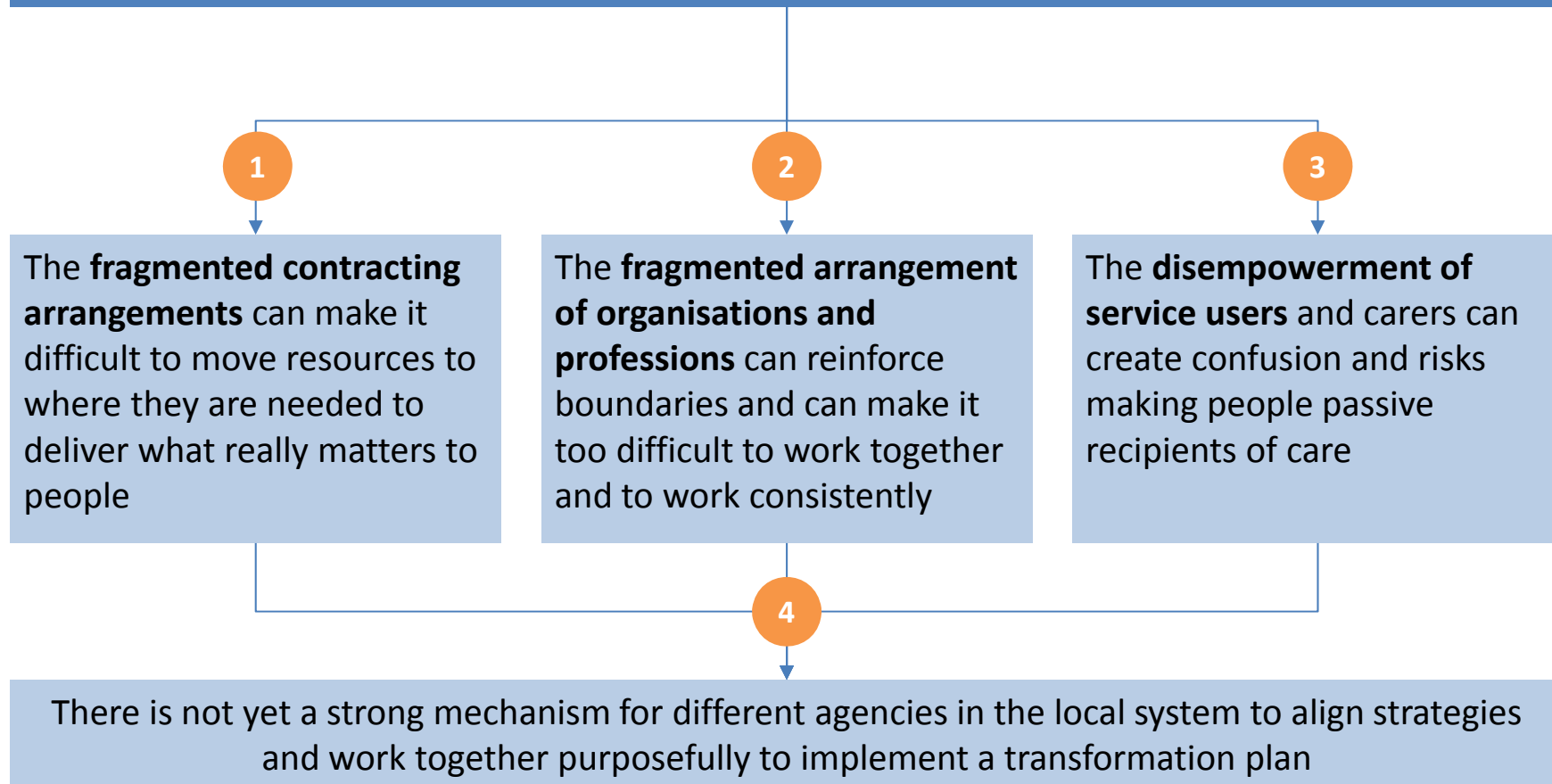
Arranging networks of **services around geographically coherent local communities**

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**

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

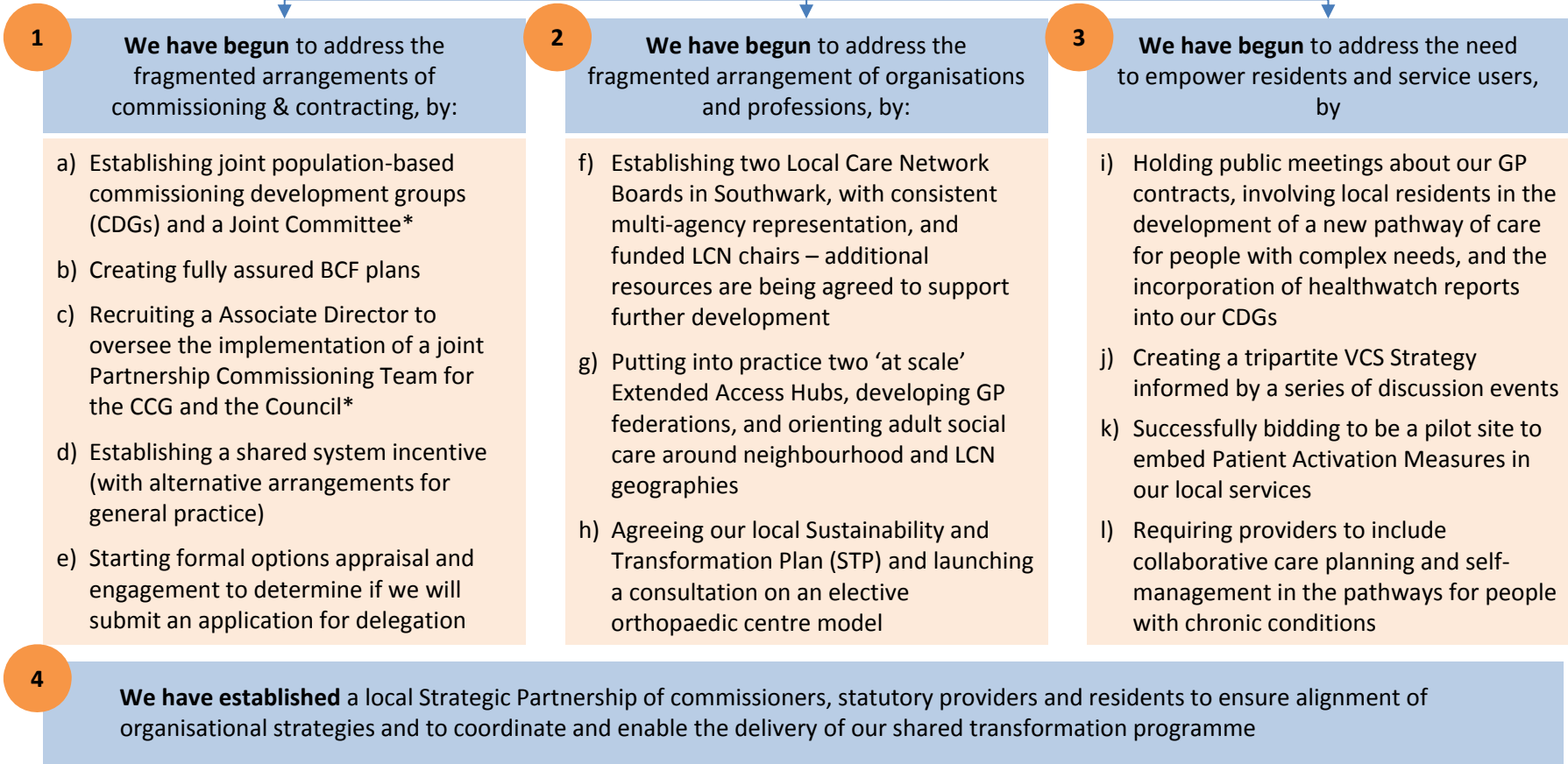
In order to maximize the value of health and care for Southwark people, whilst ensuring commissioned services exhibit positive attributes of care, we will need to address four root causes of complexity within the current system



In 2016/17 we have made progress in all four of these areas

Plan on a page

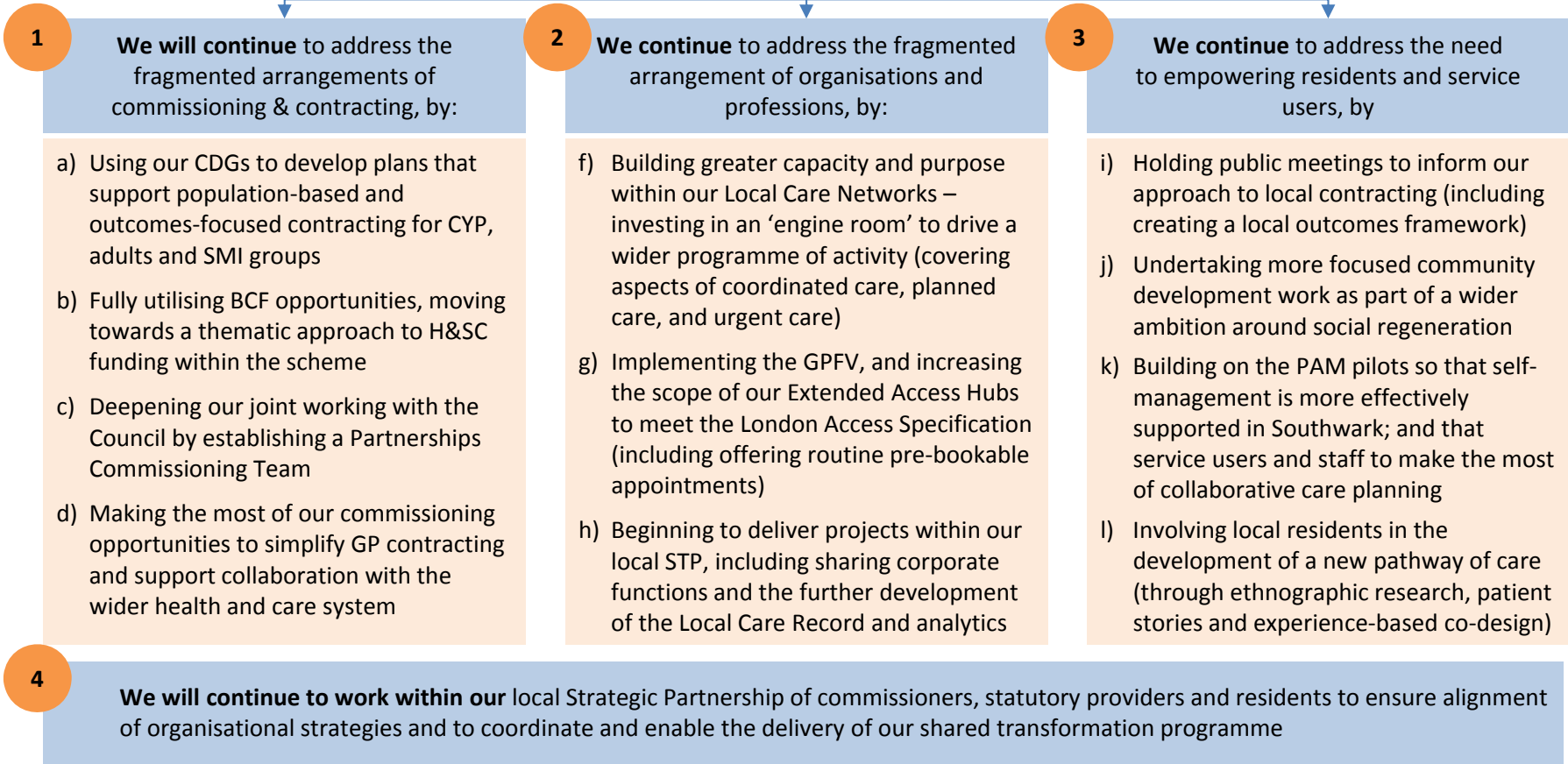
We are trying to maximize the total value of health and care for Southwark people, ensuring that commissioned services exhibit positive attributes of care (services respond to a person’s mental and physical health needs; they are proactive, preventative, and empowering; and they are well coordinated)



For 2017/18 we have identified further specific objectives that will support the delivery of our shared five year forward view

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)

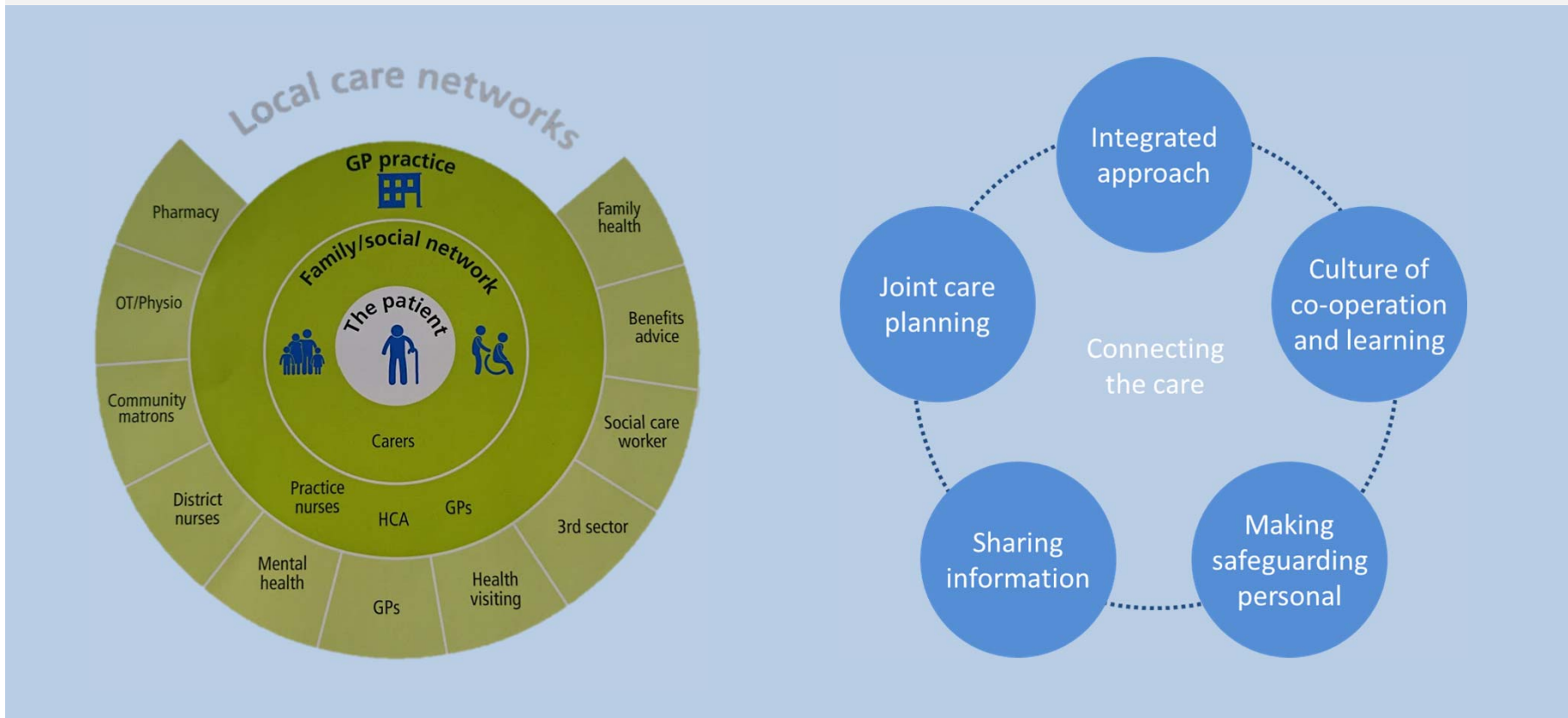


Some adult social care services are being shaped around LCN populations in the north and the south of the borough

Illustrative example

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”



Some services – such as the Contact Adult Social Care (CASC), and Urgent Rehabilitation & Reablement – are provided at a pan-borough level; whereas other services, such as the PD & OP Intake (assessment) and Case Management functions are aligned to LCN populations and geographies.

Item No. 10.	Classification: Open	Date: 31 January 2017	Meeting Name: Health and Wellbeing Board
Report title:		Better Care Fund (BCF) – Quarter 2 monitoring report and update on 2017/19 planning	
Ward(s) or groups affected:		All	
From:		Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG Dick Frak, Interim Director of Commissioning, Southwark Council	

RECOMMENDATION(S)

1. That the Health and Wellbeing Board are asked to:
 - Note the Quarter 2 BCF monitoring report
 - Note the latest position on planning for the 2017-2019 BCF (paragraph 21)

BACKGROUND INFORMATION

2. The Better Care Fund (BCF) is a nationally mandated joint fund to promote integration and transformation of community based health and care related services. The total fund value for 2016/17 is £21,828,414, formed by a CCG contribution of £20,679,441 and a Local Authority contribution of £1,149,000. This is the minimum required value of the BCF for Southwark under national rules. The fund is applied to social care services (75%) and CCG commissioned community health services (25%) in line with requirements. 2016/17 is the second full year of operation of the BCF.
3. The BCF pooled budget is governed by a Section 75 agreement that sets out the governance arrangements and detail of the 21 schemes that are funded. The services are intended to effectively support people in the community, reduce hospital and care home admissions and help people to be discharged smoothly and safely from hospital. The plan was agreed by the Health and Wellbeing Board and it is an expectation that the board receives monitoring reports.
4. A quarterly monitoring system for the BCF has been devised which includes national quarterly returns to NHS England. A local quarterly report is also considered in detail by the Health and Social Care Partnership Board, who received and approved an earlier draft of this report. This includes a summary of local scheme monitoring that is in place to enable an evaluation of how well service are delivering their aims and objectives, and overall performance on the following BCF targets:
 - Minimising delayed transfers of care from hospital
 - Reducing care home admissions
 - Improving effectiveness of re-ablement at keeping people at home after discharge

- Improving user experience of integrated services
 - People feeling supported to manage their long term conditions (GP survey)
 - Non-elective admissions
5. The BCF is also required to meet national conditions in the following areas:
- Plans jointly agreed by Health and Wellbeing Boards
 - Protection of social care services of benefit to health, including specific support for carers and for Care Act implementation
 - Information sharing based on NHS number
 - 7 day services to support discharge
 - A joint approach to assessments and care planning
 - Impact on acute sector
 - Agreement to fund CCG commissioned out of hospital services
 - Agreement on a local target for Delayed Transfers of Care (DTC) and a joint local action plan
6. This report sets out the latest position on BCF monitoring for Q2 2016/17 and more recent data where relevant.
7. The Better Care Fund is due to be updated and renewed to create a new 2 year Better Care Fund Plan covering 2017/18 – 2018/19. Paragraph 24 sets out the current position regarding the planning process for this.

KEY ISSUES FOR CONSIDERATION

NHS England BCF Quarterly Monitoring Returns

8. In addition to assuring and approving BCF plans NHS England also undertake quarterly monitoring to help ensure BCF conditions are being met. The relevant extracts of the last report submitted relating to Q2 2016/17 which was agreed by the Health and Social Care Partnership Board are attached in annex 1. The report reflects a positive overall position on BCF implementation and performance. The summary highlights areas for development include reducing mental health related delayed transfers of care, the need to reduce acute pressures and the challenges associated with the high level of pressure on reduced social care budgets as we undertake planning for 2017-19.

Local monitoring of BCF schemes

9. A quarterly system for scheme level monitoring is in place. KPIs have been agreed with all scheme lead officers to assess progress to date including confirmation that schemes are being implemented as planned, expenditure is on track, and performance indicators and qualitative feedback from service users is provided.
10. A proportionate approach to the monitoring of Better Care Fund schemes is adopted to minimise the administrative burden, recognising the fact that schemes are already subject to the existing governance arrangements of the lead organisation in terms of quality, finance and performance. For example, existing monitoring reports can be provided for assurance purposes.
11. The Q2 returns received are summarised in annex 2. Overall these provide evidence that the BCF is being implemented as planned with satisfactory progress. The monitoring forms include some good examples of outcome

reporting, for example, the report for the multi-disciplinary Enhanced Psychological Support service for people with learning disabilities working with a complex needs cohort is strong, as is the report for the Move on Support Team working to move people on from mental health residential care settings. The Nightowls overnight homecare service and the dementia service initiatives also highlight good outcomes. In other areas there is an identified need to further develop outcome monitoring so that a full evaluation of scheme effectiveness can be undertaken. This will be picked up in future monitoring rounds.

CCG financial transfers to the council for the BCF

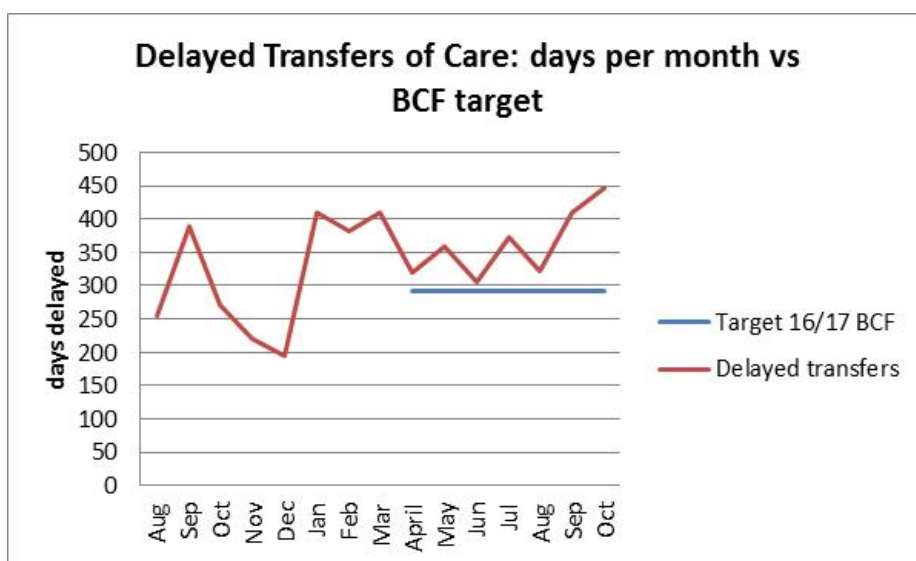
- Financial transfers from the CCG to the Council have been proceeding as per the BCF plan on a monthly basis reflecting the budget agreement and the delivery of schemes.

PERFORMANCE METRICS

Overall effectiveness of the BCF is evaluated by the following high level outcome measures:

Delayed transfers (amber/red):

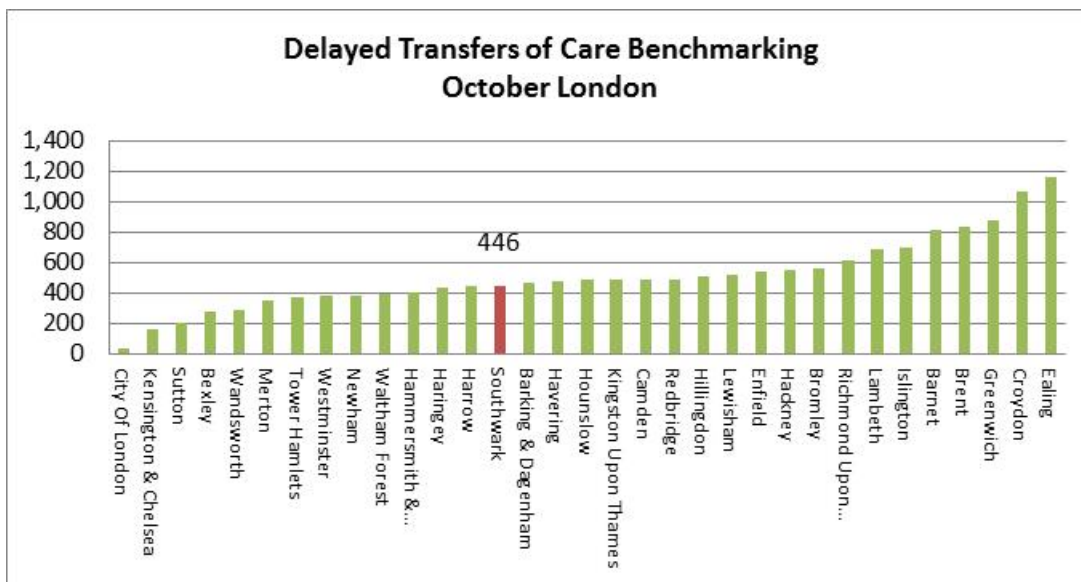
- The key national performance indicator for the BCF is now delayed transfers of care, for which a reduction on 2015/16 rates was a standard requirement. This presents challenges for Southwark as 2015/16 performance was already very strong, amongst the lowest nationally. The target was exceeded by 11.2% in Q1 and 20.6% in Q2. The latest figures for October show a further decline. Whilst it is still the case that in absolute terms Southwark is not a poor performer the latest data, and the trend coming into winter, is clearly a matter of concern. Extensive actions are in place, including the BCF funded hospital discharge related services, to address this issue.



- Analysis of this data shows that there is significant improvement potential from reducing mental health delays, and this has reduced since September. However there has been a larger increase in acute hospital delays as reflected in the October data which shows that:

- Out of 446 delayed days, 136 are mental health delays at SLAM
- 149 days were acute delays at GSTT and 116 at KCH
- 138 of the delayed days relate to social care (mostly care home delays), and 308 were NHS delays
- Delays relating to patient choice are a significant factor

15. Benchmarking for October shows that Southwark’s position is satisfactory, however there is significant focus on the issue to reverse recent trends and return to top performing status.



Care Home Admissions (green)

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Target	13	13	13	13	13	13	13	13	13	13	13	13	13
Admissions	9	16	5	12	11	13	8	9	10	6	7	10	9

16. The 2015/16 target for reducing new permanent care home admissions for older people has been hit, with 128 admissions compared to the target of 155. Performance continues to be strong in 16/17, with the target met in every month of Q1 and Q2. This compares favourably with historic levels of relatively high care reflects well on BCF schemes that support people at home, particularly including home usage which informed the 15/16 BCF target, and re-ablement and intermediate care supporting discharge home.

GP Survey data – people feeling supported to manage long term conditions (amber)

17. Latest published data (July 16) shows an improvement to 59.7% (from the January figure of 57.2%) and is above the London average of 57.9%. However this remains below the target of 62%.

Local measure on patient experience of integrated care (green)

18. Local areas were required under the BCF to develop a local measure on service user experience of integrated care. In Southwark it was agreed to add a local question to the annual adult social care user survey targeted at people receiving health and social care services: "Do all the people treating and caring for you work well together to give you the best possible care and support?". Two years data are now available on this. In the 2016 survey 81% said yes (419 responses, excluding don't knows) whilst in 2015 the figure was 78%, hence a measurable improvement has been achieved.

Re-ablement (green)

19. Draft data shows that 92% of the cohort discharged in Q2 into reablement/rehab were still at home after 91 days without having re-attended hospital, against the BCF target of 90.5%. Final year performance will be based on the outcome for discharges during Q3.

Non-elective admissions (amber)

20. There is no longer a compulsory BCF non-elective admissions reduction target, however BCF performance is tracked against CCG operating plan trajectories which allow for a level of growth of 2.7%. The table below shows this is currently very marginally above target.

Non-elective admissions	June	July	Aug	Sept	Oct
Plan YTD	6030	8040	10050	12060	14070
Actual YTD	6141	8104	10061	12123	14107
Variance	111	64	11	63	37
% variance year to date	1.8%	0.8%	0.1%	0.5%	0.3%

Update on Better Care Fund planning for 2017-19

21. The NHS Operating Plan guidance states that "CCGs and Upper Tier Councils will need to agree a joint plan to deliver the requirements of the Better Care Fund (BCF) for 2017/18 and 2018/19 via the Health and Wellbeing Board. The plan should build on the 2016/17 BCF plan, taking account of what has worked well in meeting the objectives of the fund, and what has not. CCGs will be advised of the minimum amount that they are required to pool as part of the notification of their wider allocation. BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care. Further guidance on the BCF will be provided later in the autumn"
22. Publication of the BCF guidance was due in November but has been significantly delayed (pending the issue by the Department of Health of the BCF Policy Framework which informs the NHS guidance, requirements and financial allocations). Rather than waiting for the new guidance strategic planning is proceeding on the assumption that there will be no great changes.

23. The government have however announced a new grant for local authorities called the Improving Better Care Fund grant which is expected to be added to the BCF for joint agreement on investment. In Southwark the grant is worth £1.7m in 2017/18 rising to £13.5m in 2019/20.
24. The joint Council and CCG Adults Commissioning Development Group will provide strategic oversight on the development of BCF plans. The group have had initial BCF planning discussions, and are due to hold a BCF workshop on 19th January. A number of options are possible for renewing the BCF to improve its effectiveness as a pooled budget, including voluntary expansion to bring in more relevant budgets in those service areas where both partners wish to see more joint commissioning. It is intended that the group ensure decisions on rolling forward BCF schemes are taken in a considered way based on an evaluation of outcomes, reflecting the need to ensure resources are targeted at agreed priorities and, in particular, help achieve financial sustainability for the health and social care system.
25. Following the workshop and the release of national conditions the newly formed Partnership Commissioning Team will take the lead in shaping detailed BCF plans for further discussion and agreement by the Health and Wellbeing Board. The management of the BCF pooled budget will also provide an opportunity for the Partnership Commissioning Team to make progress on the integrated commissioning agenda.
26. A verbal update on the outcomes of the workshop and the latest position regarding the national guidance for 2017/19 BCF plans and local progress will be provided to the Board.

Policy implications

27. There are no direct policy implications arising from this report. Any changes to the BCF for 2017/19 arising from the planning process described in this report may have policy implications. These will be agreed by the Health and Wellbeing Board before the BCF is finalised in line with the national timetable.

Resource implications

28. There are no direct resource implications arising from this report. Any changes to the BCF for 2017/19 arising from the planning process described in this report may have resource implications. These will be agreed by the Health and Wellbeing Board before the BCF is finalised in line with the national timetable.

Consultation

29. The BCF funds a range of health and social care services that are developed in line with existing policies on consultation in the commissioning process.
30. The approach to developing the BCF for 2017/19 has been discussed by the joint Adults Commissioning Development Group which includes senior CCG and Council and Healthwatch representation. The draft plan will be subject to consultation.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Better Care Fund documentation	160 Tooley Street SE1 2QH	Adrian Ward Commissioning Programme Manager 020 7525 3345

APPENDICES

No.	Title
Annex 1	NHS England BCF Quarterly Monitoring Returns Q2
Annex 2	Summary of Q2 monitoring reports

AUDIT TRAIL

Lead Officer	Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG Dick Frak, Interim Director of Commissioning, Southwark Council	
Report Author	Adrian Ward, Commissioning Programme Manager, CCG	
Version	Final	
Dated	13 January 2017	
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 January 2017	

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

The completed return will require sign off by the Health & Wellbeing Board.

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 25th November 2016

The BCF Q1 Data Collection

This Excel data collection template for Q2 2016-17 focuses on budget arrangements, the national conditions, income and expenditure to and from the fund, and performance on BCF metrics.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variances against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell

Pre-populated cells

Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 8 sheets:

Checklist - This contains a matrix of responses to questions within the data collection template.

1) Cover Sheet - this includes basic details and tracks question completion.

2) Budget arrangements - this tracks whether Section 75 agreements are in place for pooling funds.

3) National Conditions - checklist against the national conditions as set out in the BCF Policy Framework 16-17 and BCF planning guidance.

4) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.

5) Supporting Metrics - this tracks performance against the two national metrics, a DTOC metric, a Non-Elective Admissions metric, locally set metric and locally defined patient experience metric in BCF plans.

6) Additional Measures - additional questions on new metrics that are being developed to measure progress in developing integrated, coordinated, and person centred care.

7) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Checklist

This sheet contains all the validations for each question in the relevant sections.

All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:

The Health and Well Being Board

Who has completed the report, email and contact number in case any queries arise

Please detail who has signed off the report on behalf of the Health and Well Being Board

Question completion tracks the number of questions that have been completed, when all the questions in each section of the template have been completed the cell will turn green. Only when all 7 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This section requires the Health & Wellbeing Board to confirm if funds have been pooled via a Section 75 agreement. Please answer as at the time of completion.

If it had not been previously stated that the funds had been pooled can you now confirm that they have now?

If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the eight national conditions detailed in the Better Care Fund Policy Framework 16/17 (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf) and Better Care Fund Planning Guidance 16/17 (<http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/>) have been met through the delivery of your plan. Please answer as at the time of completion.

It sets out the eight conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an estimated date when condition will be met, an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed.

Full details of the conditions are detailed at the bottom of the page.

4) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Forecasted income into the pooled fund for each quarter of the 2016-17 financial year
Actual income into the pooled fund in Q1 & Q2 2016-17
Forecasted expenditure from the pooled fund for each quarter of the 2016-17 financial year
Actual expenditure from the pooled fund in Q1 & Q2 2016-17

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 2016-17 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

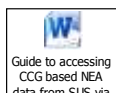
5) Supporting Metrics

This tab tracks performance against the two national supporting metrics, a Delayed Transfers of Care metric, a Non-Elective Admissions metric, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:

An update on indicative progress against the six metrics for Q2 2016-17
Commentary on progress against each metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

Guidance on accessing CCG based NEA numerator data from SUS via the 'Activity and Planning Report' has been circulated in tandem with this report in order to enable areas to perform their own in year monitoring of NEA data. This guidance document can also be accessed via the embedded object below.



NEA denominator population (All ages) projections are based on Subnational Population Projections, Interim 2014-based (published May 2016) found here:

<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Please note that the Non-Elective Admissions per 100,000 population (All ages) population projections are based on a calendar year.

Delayed Transfers Of Care numerator data for actual performance has been sourced from the monthly DTOC return found here:

<http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

DTOC denominator population (18+) projections are based on Subnational Population Projections, Interim 2014-based (published May 2016) found here:

<http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1>

Please note that the Delayed Transfers Of Care (delayed days) from hospital per 100,000 population (aged 18+) population projections are based on a calendar year.

Actual and baseline data on Re-ablement and Residential Admissions can be sourced from the annual ASCOF return found here:

<http://content.digital.nhs.uk/searchcatalogue?productId=22085&q=ascof>

Please note these are annual measures and the latest data for 2015/16 data was published 05/10/2016. Plan data for these metrics in 2016/17 were submitted by HWBs within Submission 4 planning returns and final figures are displayed within the 'Remaining Metrics Enquiry' tab of the Submission 4 report.

6) Additional Measures

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in last years BCF Quarterly Data Collection Template (Q2/Q3/Q4 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state 'Live' in the 'Projected 'go-live' date field.

For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

7) Narrative

In this tab HWBs are asked to provide a brief narrative on overall progress, reflecting on performance in Q2 16/17.

A recommendation would be to offer a narrative around the stocktake themes as below:

Highlights and successes

What would you consider to be your most significant area of success, or development since the last quarter? What has contributed to this improvement?

Challenges and concerns

Does the information on National Conditions and Supporting metrics point to any issues or areas of improvement? Are there any new anticipated challenges for the coming quarter?

Potential actions and support

What actions could be taken and what support could be offered to address performance challenges and capitalise on successes for subsequent quarters?

Cover

Q2 2016/17	
Health and Well Being Board	Southwark
completed by:	Adrian Ward
E-Mail:	adrian.ward3@nhs.net
Contact Number:	2075253345
Who has signed off the report on behalf of the Health and Well Being Board:	Dick Frak

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

	No. of questions answered
1. Cover	5
2. Budget Arrangements	1
3. National Conditions	36
4. I&E	15
5. Supporting Metrics	13
6. Additional Measures	67
7. Narrative	1

<u>Budget Arrangements</u>	
Selected Health and Well Being Board:	Southwark
Have the funds been pooled via a s.75 pooled budget?	Yes
If it had not been previously stated that the funds had been pooled can you confirm that they have now?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	
Footnotes:	
Source: For the S.75 pooled budget question, which is pre-populated, the data is from a previous quarterly collection returned by the HWB.	

National Conditions				
Selected Health and Well Being Board:		Southwark		
The Spending Round established six national conditions for access to the Fund.				
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.				
Further details on the conditions are specified below.				
If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within this quarter (in-line with signed off plan) and how this is being addressed?				
Condition (please refer to the detailed definition below)	Q1 Submission Response	Please Select ('Yes', 'No' or 'No - In Progress')	If the answer is "No" or "No - In Progress" please enter estimated date when condition will be met if not already in place (DD/MM/YYYY)	If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:
1) Plans to be jointly agreed	Yes	Yes		
2) Maintain provision of social care services	Yes	Yes		
3) In respect of 7 Day Services - please confirm:				
i) Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate	Yes	Yes		
ii) Are support services, both in the hospital and in primary, community and mental health settings available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken (Standard 9)?	Yes	Yes		
4) In respect of Data Sharing - please confirm:				
i) Is the NHS Number being used as the consistent identifier for health and social care services?	Yes	Yes		
ii) Are you pursuing Open APIs (ie system that speak to each other)?	Yes	Yes		
iii) Are the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott Principles and guidance?	Yes	Yes		
iv) Have you ensured that people have clarity about how data about them is used, who may have access and how they can exercise their legal rights?	Yes	Yes		
5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Yes	Yes		
6) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans	Yes	Yes		
7) Agreement to invest in NHS commissioned out-of-hospital services	Yes	Yes		
8) Agreement on a local target for Delayed Transfers of Care (DTC) and develop a joint local action plan	Yes	Yes		

Expenditure							
Previously returned data:							
		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,457,110	£5,457,110	£5,457,110	£5,457,110	£21,828,441	£21,828,441
	Forecast	£5,457,110	£5,457,110	£5,457,110	£5,457,110	£21,828,441	
	Actual*	£5,457,110					
Q2 2016/17 Amended Data:							
		Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£5,457,110	£5,457,110	£5,457,110	£5,457,110	£21,828,441	£21,828,441
	Forecast	£5,457,110	£5,457,110	£5,457,110	£5,457,110	£21,828,441	
	Actual*	£5,457,110	£5,457,110				
Please comment if one of the following applies: - There is a difference between the forecasted annual total and the pooled fund - The Q2 actual differs from the Q2 plan and / or Q2							
Commentary on progress against financial plan:	All financial plans have been agreed and signed off and expenditure is on plan. Where slippage occurs, processes are in place to reallocate funds in a timely manner.						
Footnotes:							
*Actual figures should be based on the best available information held by Health and Wellbeing Boards.							
Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB. Pre-populated Plan, Forecast and Q1 Actual figures are sourced from the Q1 16/17 return previously submitted by the HWB.							

National and locally defined metrics	
Selected Health and Well Being Board:	Southwark
Non-Elective Admissions	Reduction in non-elective admissions
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Note that there is not a specific non-elective admissions reduction target in the BCF plan for 2016/17. Performance is tracked against CCG operating plan trajectories which were based on growth being no more than 2.4%. This target is being met up to month 6.
Delayed Transfers of Care	Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	DTOC levels are top quartile for London and in line with, or below, figures for the same period last year, but higher than plan. Work is ongoing with SLaM to reduce DTOC levels as it is noted that the majority of DTOCs are attributable to the NHS, specifically mental health patients.
Local performance metric as described in your approved BCF plan	Proportion of people feeling supported to manage their long term conditions (GP survey)
Please provide an update on indicative progress against the metric?	On track for improved performance, but not to meet full target
Commentary on progress:	Last published data (July 16) shows an improvement to 59.7% (from the January figure of 57.2%) and is above the London average of 57.9%. However this remains below the target of 62%.
Local defined patient experience metric as described in your approved BCF plan	Do the people who treat and care for you work well together? (Taken from Adult Social Care Survey)
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	A local question to the adult social care user survey "Do all the people treating and caring for you work well together to give you the best possible care and support?". Two years data are now available on this. In the 2016 survey 81% said yes. In 2015 the figure was 78%, hence a measurable improvement has been achieved. The next data will be available in Jan 2017.
Admissions to residential care	Rate of permanent admissions to residential care per 100,000 population (65+)
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Admissions have remained low and target has been met every month in 2016/17 to date, with 51 admissions out a target well below the target of 78
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Latest data shows target on track at 91.6%. Specific BCF target relates to Q3 discharges
Footnotes:	
For the local performance metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB.	
For the local defined patient experience metric (which is pre-populated), the data is from submission 4 planning returns previously submitted by the HWB, except in cases where HWBs provided a definition of the metric for the first time within the Q1 16-17 template.	

Additional Measures						
Selected Health and Well Being Board:	Southwark					
Improving Data Sharing: (Measures 1-3)						
1. Proposed Measure: Use of NHS number as primary identifier across care settings						
	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes
2. Proposed Measure: Availability of Open APIs across care settings						
<i>Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)</i>						
	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via Open API	Shared via Open API	Not currently shared digitally	Shared via Open API	Shared via Open API	Not currently shared digitally
From Hospital	Shared via Open API	Shared via Open API	Not currently shared digitally	Shared via Open API	Shared via Open API	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via Open API	Shared via Open API	Not currently shared digitally	Shared via Open API	Shared via Open API	Not currently shared digitally
From Mental Health	Shared via Open API	Shared via Open API	Not currently shared digitally	Shared via Open API	Shared via Open API	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
<i>In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations</i>						
	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	Live	In development	Live	Live	In development
Projected 'go-live' date (dd/mm/yy)			01/04/17			01/04/17
3. Proposed Measure: Is there a Digital Integrated Care Record pilot currently underway?						
Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway					
Other Measures: Measures (4-5)						
4. Proposed Measure: Number of Personal Health Budgets per 100,000 population						
Total number of PHBs in place at the end of the quarter	13					
Rate per 100,000 population	4.1					
Number of new PHBs put in place during the quarter	1					
Number of existing PHBs stopped during the quarter	0					
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	61%					
Population (Mid 2016)	314,575					
5. Proposed Measure: Use and prevalence of Multi-Disciplinary/Integrated Care Teams						
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes - throughout the Health and Wellbeing Board area					
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes - throughout the Health and Wellbeing Board area					
Footnotes:						
Population projections are based on Subnational Population Projections, Interim 2014-based (published May 2016). http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandz1 Population figures were updated to the mid-year 2016 estimates as we moved into the new calendar year.						

<u>Narrative</u>	
Selected Health and Well Being Board:	Southwark
Please provide a brief narrative on overall progress, reflecting on performance in Q2 16/17. A recommendation would be to offer a narrative	
<p>Care home admissions continue to be below target levels in Q2 and this reflects well on the range of BCF funded health and social care community based support, particularly around supporting discharge to the patient's home. Delayed transfers of care remain low and firmly top quartile for London, although slightly below challenging BCF improvement targets. Work is underway with our mental health provider to reduce delays further as these are proportionally high compared to acute delays . Weekly conference calls on non-acute delays are helping making in-roads into numbers. A number of schemes are being implemented with local acute providers to reduce demand on A&E services, and reduce emergency admissions and length of stay.</p> <p>KPIs have been agreed with all schemeholders to ensure that we can track performance and see where schemes are adding value and making a difference to people's lives. Reporting has highlighted good outcomes in a number of areas, including weekend discharge services, Nightowls overnight home care service and telecare.</p> <p>Challenges going forward include planning for the winter period in the context of already high levels of pressure on the acute system, and ensuring the BCF schemes are as effective as possible at supporting people in the community.</p> <p>The Council and CCG are in the process of implementing a joint commissioning team structure which will take forward the BCF agenda as plans for 2017/18 are made. A key challenge in the 2017/18 BCF planning round will be responding to high levels of social care financial pressures, and the need to protect social care services of benefit to health. Acute pressures and the delivery of the Sustainability and Transformation Plan will also influence the BCF going forward. This will be discussed by the joint Adults Commissioning Development Group and the Joint Commissioning Strategy Committee.</p>	

Summary of Qtr 2 BCF monitoring info received

Annex 2

BCF Investment			Lead Org	2016/17 budget	Q1 received	Q2 received	budget spend on track?	KPI provided	User reports	Comment
Scheme 1	Existing NHS transfers: range of social care services that support health (previously funded by S256 DH grant). Includes protection of adult social care services that have a health benefit.	LA	£5,521,610							
	1. Hospital Discharge Teams North and South – contribution to core costs	LA	£1,200,000	yes	yes	yes	yes	yes	yes	DTOC is main PI - growth trend to be checked
	2. Re-ablement – contribution in addition to re-ablement grant	LA	£300,000	no	yes	yes	yes (reab/D	in dev		Data scorecard for evaluation outcomes to be developed
	3. Carers – contribution to overall costs of Carers services	LA	£400,000	yes	yes	yes	yes	part		Southwark Carers reports outstanding
	4. Intermediate Care - Home Care Package costs – contribution to costs	LA	£900,000	yes	yes	tbc	yes DTOC	no		budget SG873 only covered. scorecard reqd
	5. Mental Health – personal budgets for CMHT clients	LA	£600,000	yes	yes	yes	activity	in dev		outcome data being developed. Numbers down
	6. Learning Disabilities – contribution to home care / personal budgets costs	LA	£211,000	yes	yes	yes	n/a	yes		Outcomes examples, and a user video feedback
	7. Community equipment – ICES -contribution to cost	LA	£400,000	yes	yes	yes	yes	yes		delivery 7 day PI strong
	8. Protect Adult Social Care – contribution to budget reduction target enabling services to be protected and eligibility maintained	LA	£1,510,610	n/a	n/a	yes	n/a	n/a		previous base budget target contribution
Scheme 2	Additional social work and therapy input to support discharge & admissions avoidance (previously funded by winter pressure grant) mental health re-ablement, enhanced rapid response, care home support, OT, reablement 7 day working, & Nightwows overnight care.	LA	£1,221,000							
	1. Mental Health Re-ablement	LA	£151,632	yes	yes	yes	yes	Q3		qualitative feedback being developed
	2. Hospital Discharge	LA	£187,336		yes	yes	yes	yes		to confirm if subsumed within 1.1
	3. Broker to support hospital discharge	LA	£53,117	yes	yes	tbc				scheme partly on track
	4. Enhanced Rapid Response	CCG	£165,405	yes in 11	yes in 11	yes	yes	no		confirm this in 11
	5. Supported Discharge	LA	£186,450	yes in 1.4	yes	yes	DTOC	no		limited info. merge w 1.4
	6. Supported Discharge at weekends	LA	£51,113	yes in 1.4	yes	yes	yes	yes		limited info. merge w 1.4
	7. Night Owls	LA	£403,000	yes	yes	yes	yes	yes		Good Q1 monitoring info and outcomes
	8. Age UK Foot and Nail Care Services	LA	£10,000	yes	yes	yes	yes	yes		activity and case study
	9. Consultancy Support for continuing care	LA	£12,947	n/a						no longer current - reallocated to reablement
Scheme 3	Re-ablement: previous grant rolled forward, services to be reviewed and further integrated with discharge support, admissions avoidance and enhanced rapid response. Used to expand reablement in line with council plan targets.	LA	£1,813,000							
	Reablement		£1,813,000	no	yes	yes	yes	in dev		Reablement main PI strong. Full outcomes scorecard in dev.
Scheme 4	Service development: Change management capacity. Developing the neighbourhood model across health, social care and hc	CCG	£125,000	n/a	yes	yes	n/a	n/a		committed to Integrated Commissioning
Scheme 5	Self management: enhance quality of life and independence of people with long term conditions.	CCG	£307,000	yes	yes	not fully	yes	yes		Plans being reviewed to spend budget Q4
Scheme 6	Home care quality improvement: improving quality and effectiveness of home care to help support people to remain at home.	LA	£1,900,000	yes	yes	yes	yes	yes		Good monitoring info and outcomes
Scheme 7	Psychiatric liaison and related services: aimed at responding to people with mental health problems in A&E	LA	£300,000	yes	yes	yes	q3	q3		MH reablement and AMHP
Scheme 8	Mental health: strengthen multi-disciplinary working in the community to prevent crisis admissions, and integrating physical/mental health as part of SLIC long term conditions programme. Includes social work input.	LA								
	1. Range of MH schemes (see detailed pack for list)	LA	£735,000	no	yes	yes	yes	yes		£80k in 8.2, range of schemes e.g. MOST (good report)
	2. Enhanced Psychological Support for those with LD	LA	£135,000	yes	yes	yes	yes	yes		Strong evaluation report.
Scheme 9	Telecare expansion: supporting people to live at home through assistive technology.	LA	£566,000	yes	yes	yes	yes	yes		good monitoring info inc case studies q1
Scheme 10	Carers: investment to support implementing the joint carers strategy to help people continue in their caring roles	LA	£450,000	no	yes	yes	no	no		evaluation to be based on carers survey
Scheme 11	Admissions avoidance services: existing health commitment to Homeward, enhanced rapid response and social work capacity	CCG	£2,200,000	yes	yes	yes	yes	no		Qualitative info to be provided
Scheme 12	Hospital at home service: full year effect of extension to home ward (@home)	CCG	£1,200,000	yes	yes	yes	yes	no		further evaluation q3
Scheme 13	Care Bill Implementation: amount of BCF identified by government as contributing to implementation of Care Bill	LA	£1,000,000	yes	yes	yes	yes	n/a		Care Act Audit report positive
Scheme 14	Social Services Capital: existing grant rolled into BCF 15/16. Includes investment in centre of excellence for dementia	LA	£0	n/a	n/a	n/a	n/a	n/a		no longer BCF
Scheme 15	Disabled Facilities Grant: existing grant for home owners enabling disabled people to live at home nb.:excludes council top up circa. £800k	LA	£864,000	yes	yes	yes	yes	yes		council spends more on dfg. Slightly behind completion target
Scheme 16	Protecting Adult Social Care of benefit to health services: further support in line with BCF conditions to maintain key service levels in context of LA funding cuts: assessment, care management and maintaining eligibility levels.	LA	£500,000	yes	yes	yes	n/a	n/a		budget contribution to maintain eligibility
Scheme 17	Seven day working: programme to fund seven day working across primary, community and social care to support 7 day discharge	LA/CCG								
	1. Additional ERR Capacity	CCG	£400,000	yes in 11	yes	in 11	in 11	no		develop outcomes analysis q3
	2. Enhanced Primary Care Access	CCG	£743,000	yes	yes	yes	yes	yes		to increase utilisation
	3. Social Worker weekend working	LA	£350,000	yes in 1.1	yes	in 1.1	yes	yes		Good info. 376 bed days saved
Scheme 18	Voluntary sector preventative services: existing commitments used to take an integrated approach to prevention and protect CCG and ASC funded services	LA	£910,000	yes	yes	yes	yes	yes		Misc vol sec monitoring reports
Scheme 19	End of life care: additional spend relating to end of life care to integrate and improve overall approach (£1.2m in existing commitments).	LA	£200,000	yes	yes	yes	no	no		measures on outcomes in development
Scheme 20	Dementia - Enhanced neighbourhood support, navigators and carers support for those with dementia	LA	£184,177	yes	yes	yes	yes	yes		q1 good info
Scheme 21	Consultancy and Contingency - to fund project support to develop plans around areas such as intermediate care, OD and formation of JCU	CCG	£203,654	n/a	yes	yes	n/a	n/a		£92k uncommitted to be agreed on Lime Tree step down
total			£ 21,828,441							

Item No. 11.	Classification: Open	Date: 31 January 2017	Meeting Name: Health & Wellbeing Board
Report title:		South East London Sustainability and Transformation Plan (STP)	
Ward(s) or groups affected:		All	
From:		Andrew Bland - Chief Officer NHS Southwark CCG	

RECOMMENDATION(S)

1. The Board is asked to note that the attached paper introduces an update on the south east London STP which was submitted to NHS England on 21 October 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 the current position on the development of the STP and the steps being taken to implement the plan, and successfully communicate its contents to the public.

BACKGROUND INFORMATION

3. *Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21* was published on 22 December 2015 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. Sustainability and Transformation funding is expected to amount to £134m by 2020/21.
5. A report was made to the Health and Well Being Board following the draft June submission. This paper describes progress since the draft submission.
6. A further STP submission was made on 21 October which was assured by NHSE for publication and the STP and supporting documents were placed on our public website 4 November. The STP has been discussed at the joint

overview and scrutiny committee and a programme of public engagement is planned on the contents of the STP.

7. The normal NHS planning round was accelerated this year and made a two year, rather than one year process such that contracts for 2017/18 and 2018/19 were expected to be agreed by 23 December which are aligned to the STP. This was achieved in south east London.

KEY ISSUES FOR CONSIDERATION

8. Governance and Leadership.

An STP conference was held on 6 October to consider the further development of our governance and leadership arrangements. The result of this was a revision to the governance structure of the programme which is set out in the attached slides. The STP has now established two programme boards, one for clinical transformation and one for driving provider productivity. The question of how we get greater alignment with local government above borough level is still open.

Local authorities are not asked to formally agree to STP proposals, other than in so far as ensuring they reflect borough-based plans for the alignment for health and social care services, as they do as part of the development of local care networks and joint commissioning.

9. Access to Sustainability and Transformation Funding.

Local providers were allocated £64m of sustainability funding in 2016/17. In 2017/18 providers will continue to have access to sustainability funding as part of a sign-up to control totals and constitutional standards. Access to transformation funding is via the STP and we have been invited to submit bids against four areas by 18 January:

U&EC & MH

- Urgent & Emergency Mental Health Liaison Services for Adults and Older Adults

Cancer

- Early diagnosis for people with cancer
- Cancer recovery package
- Cancer stratified follow up pathways

Diabetes

- Improving uptake of structured education for people with diabetes
- Improving the achievement of the NICE recommended treatment targets for diabetes
- New or expanded multi-disciplinary footcare teams (MDFTs)
- New or expanded diabetes inpatient specialist nursing services (DISNs)

Learning Disabilities

- Improving access to psychological therapies (Integrated IAPT)

- Reducing reliance on specialist inpatient care for people with learning disabilities
- Reduction in children with learning disabilities placed away from their home and local community

10. **Elective Orthopaedics.**

We have previously set out how we were considering consolidating elective orthopaedic work on to two sites, down from the current number of sites. Following feedback from the JHOSC, the CCG Committee in Common and NHSE assurance we have agreed that we would be making changes to our consultation document to more clearly describe a three-site option and to give further information on infection rates and cancellations, and a more user friendly explanation of the finances.

We also agreed to ask our provider colleagues to present a collaborative proposition on the three-site and/or the two-site option and I am pleased to report trusts have agreed to work together on a shared description of the three-site option and to further analyse the financial and non-financial impacts of consolidation.

As part of this, we have asked trusts to clearly describe how consolidating onto three sites could meet each of the objectives/recommendations in Getting it Right First Time (the Briggs Report).

We are also working with trusts to develop further the operational and commercial approaches to consolidation.

We have agreed that this will include:

- A workforce analysis of the potential impact on A&E departments should elective care be consolidated;
- Clarity on the potential employment arrangements for different staff operating from an elective orthopaedic centre;
- A description of how the revenue from patient care at elective orthopaedic centres would be shared between the three trusts (the commercial model).

This work will take some time to pull together. We are developing a new timetable which we shall release in the New Year, but we do not anticipate consultation starting until the spring.

11. **Communications and Engagement**

It is clear that the negative national publicity about STPs has undermined some of the good work which has been done locally on developing strategy through the Our Healthier Southeast London programme since 2014. Our STP is and needs to be seen as a continuation of OHSEL and building on the engagement work done through that which reached over 2,000 local residents. We have agreed with the JHOSC a communications and engagement programme which will include public, open, borough-based events focused on the STP in early 2017 (in parallel to the EoC consultation) to explain the STP and help refine plans in each work stream area.

Community impact statement

12. The STP draws on equality impact assessments undertaken in 2014 and 2015 and the orthopaedic proposals have gone through the first stage of a three stage process. Our intention is always to reduce inequalities and

ensure we plan to mitigate the impact on protected groups.

APPENDICES

No.	Title
Appendix 1	South East London Sustainability & Transformation Plan Briefing Pack –January 2017

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark CCG	
Report Author	Mark Easton, Programme Director, Our Healthier South East London	
Version	Final	
Dated	6 January 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	N/A	
Strategic Director of Finance and Governance	N/A	
Cabinet Member	N/A	
Date final report sent to Constitutional Team	6 January 2017	

South East London: Sustainability and Transformation Plan

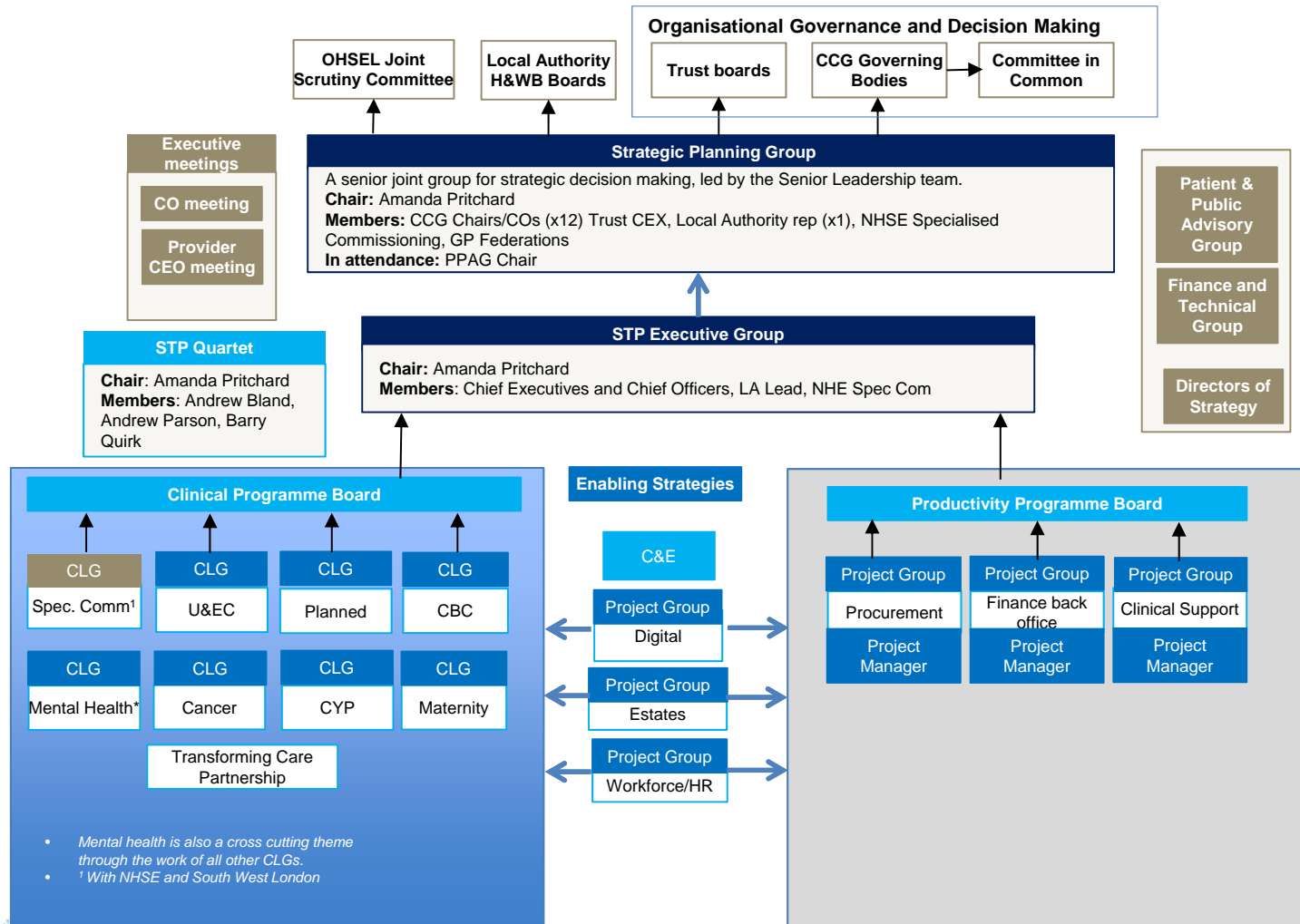
H&WB Update January 2017



What's new in the STP?

1. The STP is published:
 - Full narrative, delivery plans and finance summary
2. All organisations are taking it to public boards with a recommendation agreed by the Strategic Planning Group to endorse it.
3. We have presented JHOSC with an engagement plan for the STP, setting out how the STP builds on two years of engagement through OHSEL and proposing meetings in each borough.
4. We have updated the governance structure (see over).
5. We have agreed that the Strategic Planning Group will begin to meet in public in 2017.

STP Governance and Accountability



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What's new in the Orthopaedic Project?

There have been a number of developments arising from the meetings of JHOSC, the Committee in Common (CiC) and NHSE assurance in November/December.

We agreed with JHOSC, and it was subsequently confirmed by CiC, that in the consultation document we would make explicit a fourth option, the three-site enhanced status quo. We agreed to put a fair assessment of the costs, advantages and disadvantages of this option, although (as confirmed by CiC) this will not be our preferred option, which at this stage remains the three options reflecting the consolidated two-site model.

We subsequently agreed at CiC:

That we would ask the providers again if they are able to agree a collaborative proposition on the three site and/or the two-site option. That now we have agreed the preferred options for consultation, we shall consider introducing as part of the evaluation of the results, financial criteria so that the financial and non-financial assessments can be combined into an overall assessment. We will be taking advice on this and more work would be required if we progressed this.

At the NHSE assurance meeting, which NHSI attended, they set out a number of requirements that we had to meet before we were approved for consultation. Most of these relate to finance, clinical support and workforce. A further meeting is planned in January.

As far as workforce is concerned we will need to demonstrate that our proposals do not destabilise A&E and trauma services. We will work with Trust clinicians and managers to assess this risk and how it might be addressed.

As a result of the above the consultation is unlikely to start until Spring 2017.

Some of the main highlights of the STP are listed below.

Community based care – expanding accessible, proactive and preventative care for mental and physical health problems outside of hospital.

Extra £7.5 million a year to ensure that people in south east London can book a GP at a time that suits them – including more evening and weekend slots

From 2018, all practices will offer online as well as telephone booking, and will allow every single patient to manage their prescription and medical records online.

Supporting new mothers - simpler support to new mothers throughout pregnancy and make it easier for them to choose the right type of birth for them and their family.

In five years, every new mother will by week 10 of pregnancy be contacted by the midwife who will provide and manage her care and support before and after the birth.

Women will receive better and earlier advice about what to expect during pregnancy and how to stay healthy, and their personal health risks will be assessed earlier.

Integrating mental health services

We want to ensure that mental as well as physical health needs are identified and addressed – including training for non-clinical workforce to recognize and support mental health needs.

We are working to ensure access to mental health support and liaison teams in A&E 24/7.

Improving cancer treatment and diagnosis – improving the speed and accuracy of cancer diagnosis

A dedicated oncology phone line will help direct patients, carers and GPs find the right facility for each stage of their treatment.

A new £160 million purpose-built Cancer Centre at Guy's Hospital opened in September 2016 to provide state-of-the-art facilities for cancer diagnosis, treatment and research. A second, smaller cancer centre is being developed as part of the £30 million redevelopment at Queen Mary's Sidcup. This will provide 16,000 radiotherapy and 4,600 chemotherapy treatments a year from early 2017, so patients can be treated closer to their homes rather than having to make the trip to central London.

Developing world-class orthopaedic care

- We are planning to consult local people on proposals to develop two new specialist orthopaedic centres which would bring together routine and complex planned surgery, such as hip and knee replacements, from across south east London. Having these dedicated centres would mean:
 - We could offer more procedures, and patients would receive a higher standard of care because they would be able to see the most expert doctors in this field.
 - Patients would also spend less time in hospital and there would be fewer cancelled operations.

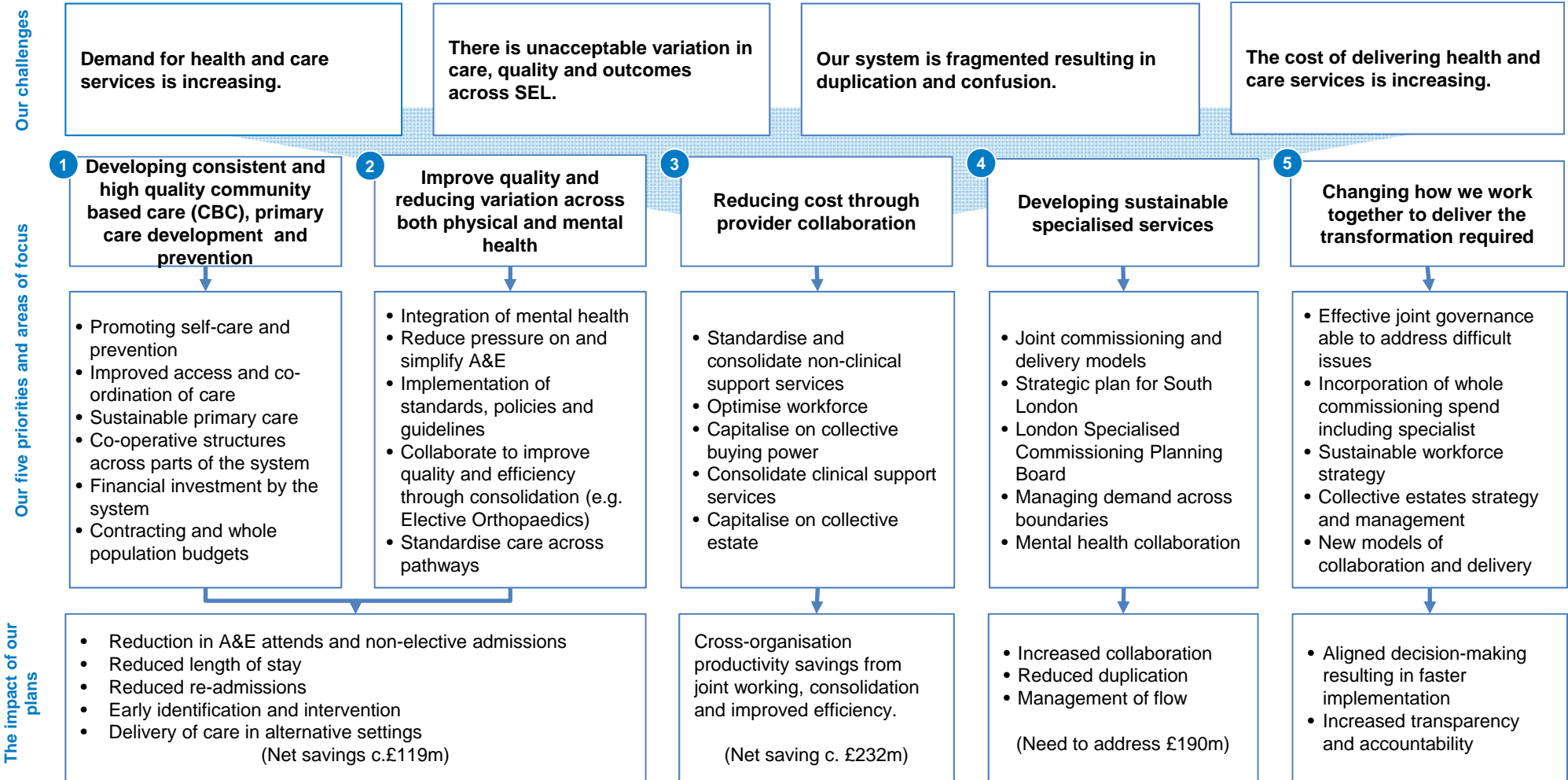
Improving urgent and emergency care

By 2017, there will be a single out-of-hours service and number (111) and access to a clinical hub, which also will let patients know about the different locations they can be treated.

By 2019, patients arriving at A&E will be admitted more quickly, and from next year they will all be seen by the best possible expert specialist for their needs

We will continue to need all our A&E and maternity units in south east London and to support all our acute hospitals to meet the required quality standards.

SEL STP Plan on a Page

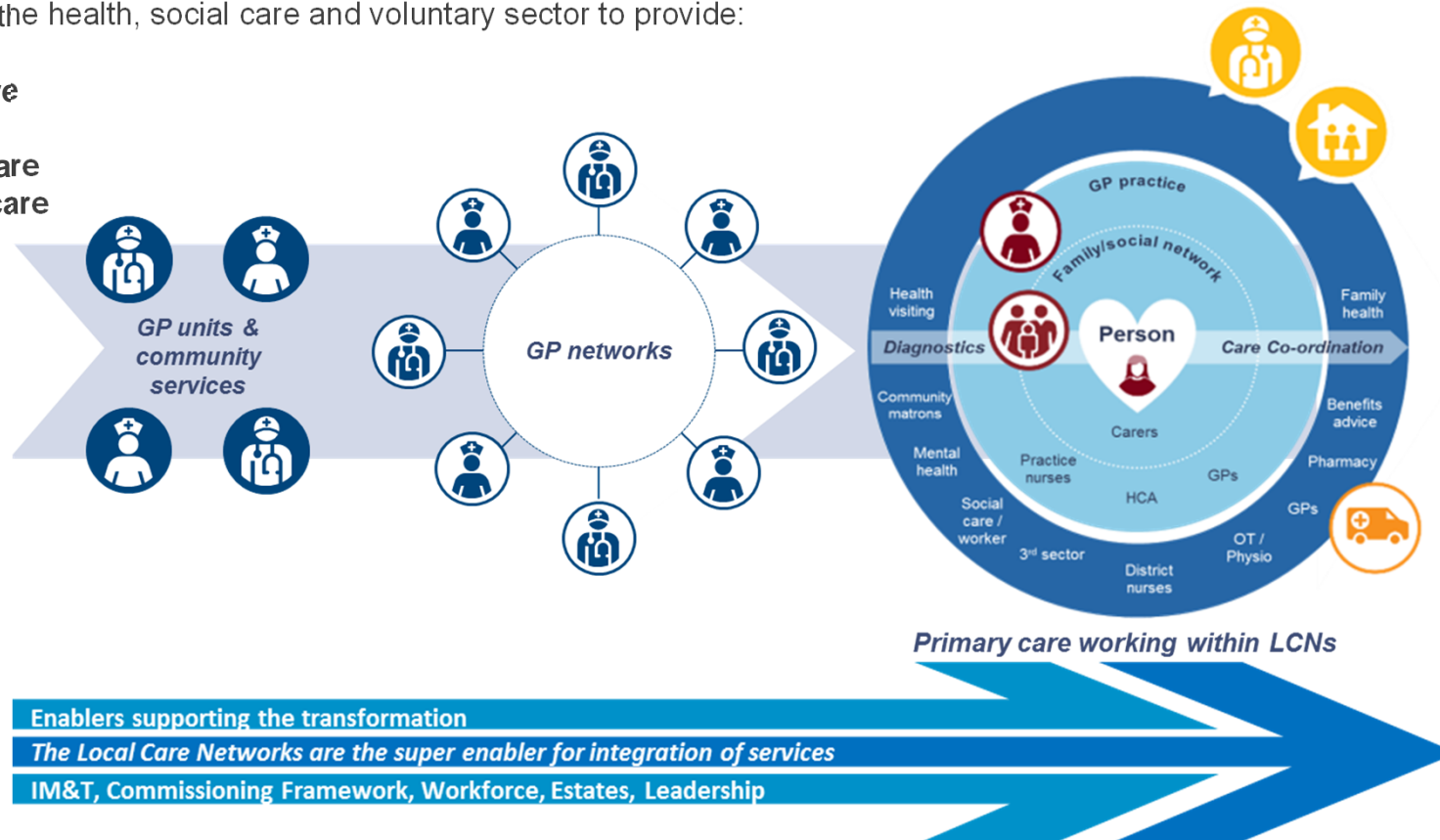


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1 Investment in Community Based Care is essential to transform our system and move towards lower cost, higher value care delivery

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

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



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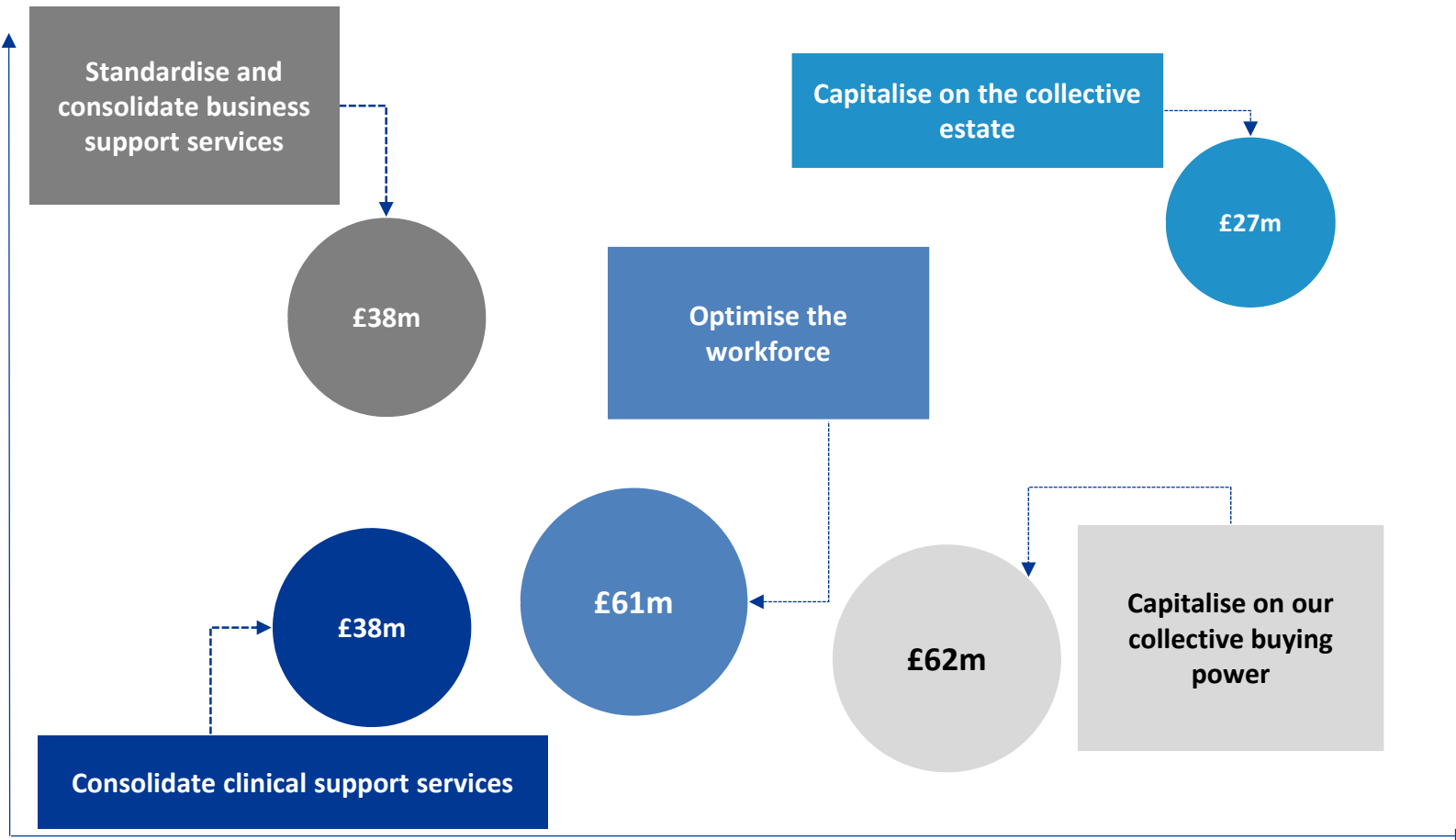
2 For each CLG we are finalising the commissioner and provider accountability of savings by intervention– each intervention with provider savings will have delivery plans in the October submission

We have programme plans by CLG which are being translated into detailed delivery plans. We have a Clinical Executive Group 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
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.
Planned care	<ul style="list-style-type: none"> • Standardisation of planned care pathways. • Elective care centres.
Children and young people’s care	<ul style="list-style-type: none"> • Children’s integrated community teams. • Short stay paediatric assessment units.
Maternity	<ul style="list-style-type: none"> • Early assessment by the most appropriate midwife team. • Access to assessment clinics. • Culture of birthing units.
Cancer	<ul style="list-style-type: none"> • Primary prevention including early detection. • Provider collaboration in treatment of cancer. • Enhanced end of life care.
Net savings after 40% reinvestment £116m	

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



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4 Review of specialist services across south London

We have established a group with NHSE and SWL to look at the specialised services across south London

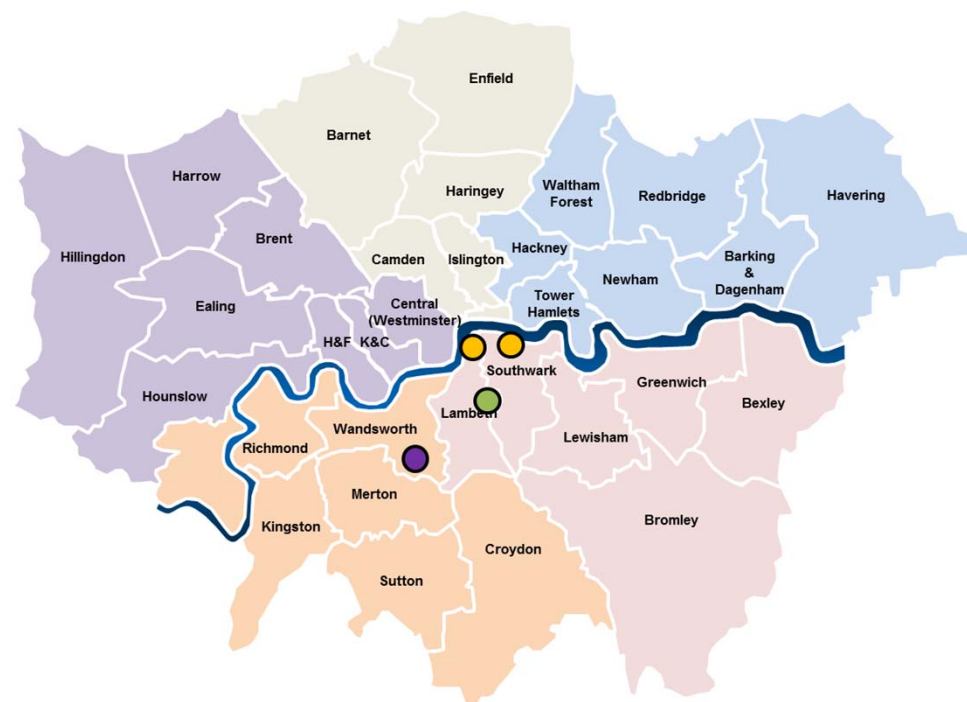
Transformation of specialised services needs to be undertaken on a large population basis. Across London, service review work has taken place to varying degrees (eg Cancer and cardiac) but little focus so far on South London.

Three **providers** provide the majority of acute specialised services in South London so they will form the focus of this report. These providers are geographically extremely close to one another; the furthest distance between them is just 7 miles.

We know there is significant duplication of services.

We also know there is significant growth pressure on services.

Cardiac and renal services have been identified as the first to be reviewed.

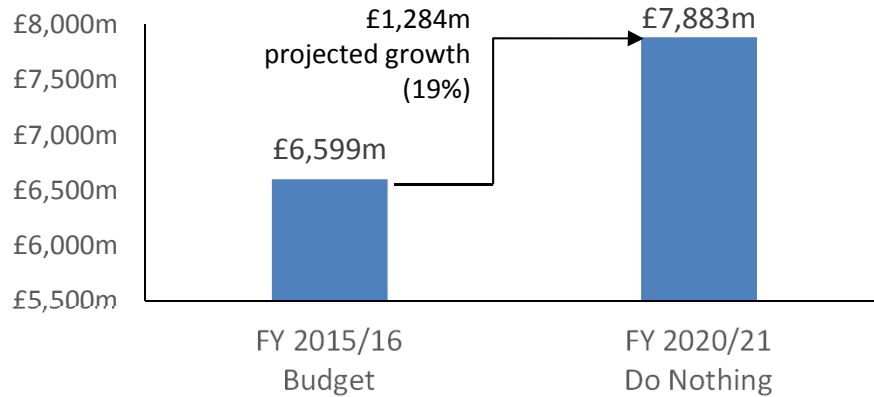


- Guy's and St Thomas' NHS Foundation Trust (GSTT)
- King's College Hospital NHS Foundation Trust (KCH)
- St George's University Hospital NHS Foundation Trust (SGH)

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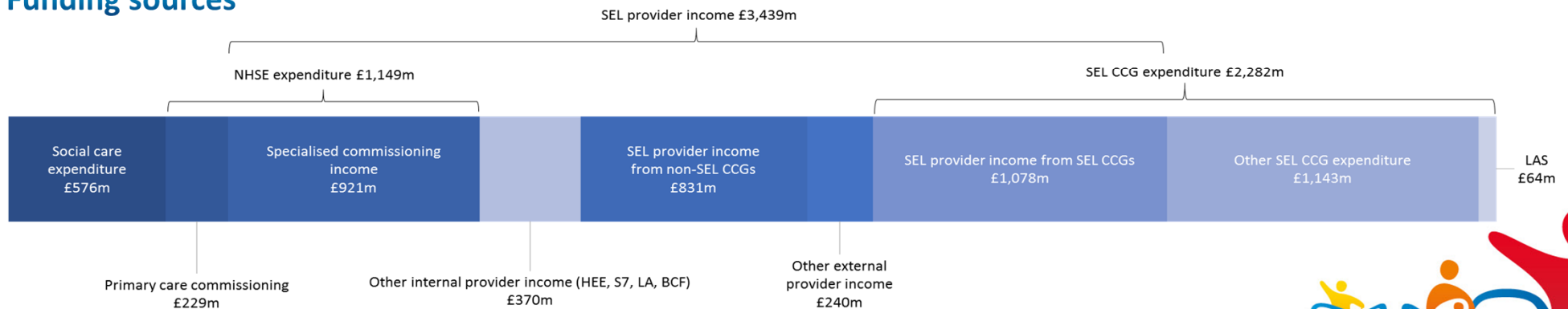


The South East London NHS Spending



- The total budget for 2015/16 was £6,599 million.
- The total budget is projected to grow by £1,284 million (19%) to £7,883 million by 2020/21 in the 'do nothing' scenario.
- The growth is driven by c. 2-4% annual increases in CCG budgets and c 5% increases in specialised commissioning budgets.
- This budget includes the full budgets of SEL commissioners and providers (as demonstrated in the diagram below).

Funding sources



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NB: Totals in the diagram above do not equal those shown in the graph due to the treatment of NHSE (Specialised Commissioning) income of £586m notionally allocated to South East London (not shown in the diagram for clarity).



We are facing a financial challenge of £934m over four years

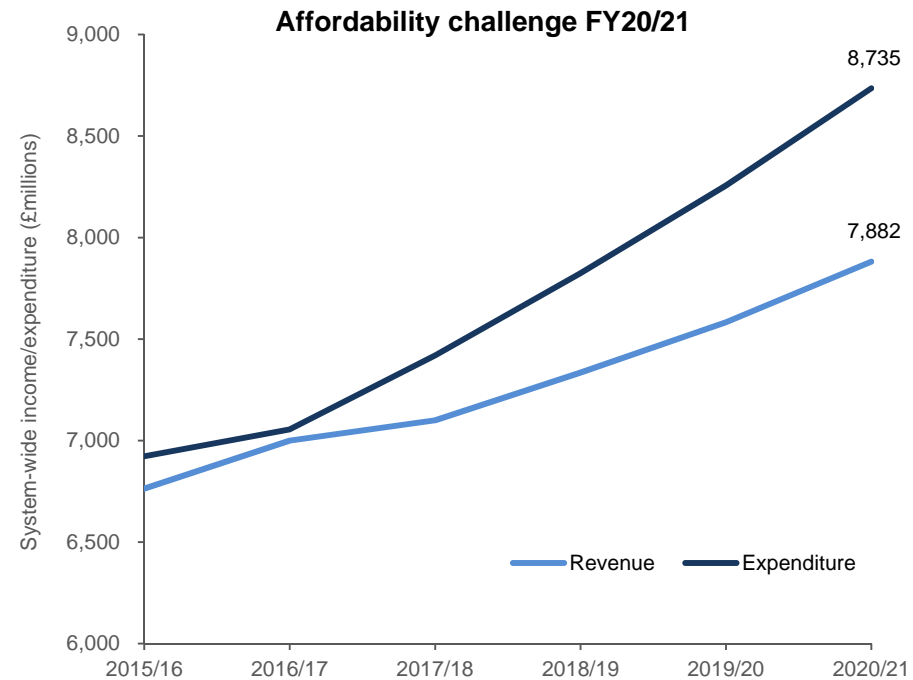
Excluding specialised commissioning, the affordability is forecast to grow from £159m in 2015/16 to £651m by 2020/21¹. NHS England (Specialised) have estimated an additional indicative £190m five year affordability challenge for specialised commissioning, alongside an additional challenge of £12m for London Ambulance Service.

Since these plans were developed, financial performance across the footprint has deteriorated by c. £80m across a number of organisations leading to an additional affordability pressure. Taking this into account the affordability challenge grows to **£934m by 2020/21**.

The drivers of the affordability gap are:

- a growing population, older and sicker population
- NHS's costs rising more than inflation across the UK economy

So not only is the system responding to greater throughput, but also that the sum cost of activity is growing faster than allocations.



STP Engagement- Plans for 2017

- **Run public, open, borough-based events focused on the STP in early 2017** (in parallel to the EoC consultation) to help refine plans in each work stream area and ongoing engagement
- Ensure that the **consultation activities** are framed in the context of the STP
- Utilise **existing engagement programmes** within CCGs, Local Authorities and Healthwatches - look to incorporate conversations about the STP
- Expand the scope of engagement to address the breadth of the STP's workstreams
- Continue to involve **Patient and Public Voices** in all workstreams – ensuring that there is a strong, independent, critical friend presence at all levels of work
- Identify **key areas of influence** within each work stream area and undertake targeted engagement activities to further shape their work
- Run further **workshops with local Healthwatch organisations**, identifying complementary strands of work between their priorities and those in the STP
- Continue to run **briefing sessions with local interest groups**
- Continue to use equalities group to review impact of STP and steer future analyses and use this to inform targeted engagement

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Item No. 12.	Classification: Open	Date: 31 January 2017	Meeting Name: Health and Wellbeing Board
Report title:		Southwark Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing – Update Report	
Ward(s) or groups affected:		All Wards and groups	
From:		Andrew Bland - Chief Officer NHS Southwark CCG David Quirke-Thornton – Strategic Director Children’s and Adults Services, Southwark Council	

RECOMMENDATIONS

- a) To note that the Local Transformation Plan for Children and Young People’s Mental Health & Wellbeing 2015-2020 has been updated.
- b) To note the contents of the updated plan and the progress made on local priority areas.

PURPOSE OF REPORT

- 1. The purpose of this report is to update the Board on the Local Transformation Plan (LTP) for Children and Young People’s Mental Health and Wellbeing, which was received by the Health and Wellbeing Board in October 2015.
- 2. Local areas were required to refresh their transformation plans and submit updated plans to NHS England by 31 October 2016. Given the scheduling of Health and Wellbeing Board meetings and the submission date, the Directors of Commissioning from the CCG and Council took responsibility for approving and submitting the refreshed plan. This report is coming to the Board at the earliest opportunity following the submission deadline.

BACKGROUND INFORMATION

- 3. The requirement for local areas to produce Local Transformation Plans for the mental health and wellbeing of children and young people was set out in NHS England guidance in August 2015, following the publication of *Future in Mind* in March 2015 by the Department of Health and NHS England (NHSE). *Future in Mind* sets out an ambition for improved public awareness and understanding of mental health issues, timely access to mental health support for those who need it and improved access and support for the most vulnerable groups.
- 4. The purpose of the Local Transformation Plan for the mental health and wellbeing of children and young people is to bring a strong local focus to bear on improving mental health and wellbeing outcomes for children and young people in Southwark that are evidence-based, taking full account of *Future in Mind* and other key policy guidance.

5. These plans are required to cover the full spectrum of service provision and address the needs of all children and young people including the most vulnerable, making it easier for them to access the support they need when and where they need it.
6. There are a number of nationally prescribed priorities which plans must address, alongside locally determined priorities.
7. The ambition is that by 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people.
8. The refreshed plan details how Southwark as a local area is using the extra funds committed to support ambitions across the local system.
9. A project working group across the CCG and the Council was set up to develop the original plan and develop the refreshed version. This project group reports to the Children and Young People's Commissioning Development Group, responsible to the Joint Commissioning Strategy Committee chaired by Jonty Heaversedge, Chair, NHS Southwark CCG and David Quirke-Thornton, Strategic Director, Southwark Council.
10. Working with Healthwatch, we successfully engaged with young people during 2016 and have used the findings to inform the on-going development of transformation plan initiatives. More information on engagement is set out in section 5.5 of the transformation plan attached at Appendix 1.

KEY ISSUES FOR CONSIDERATION

11. The priority areas in the plan are based on children and young people health needs assessment and service reviews in 2015-16 and include:
 - Enhancing the Early Help CAMHs offer;
 - Supporting the social care offer to respond to psychological needs;
 - Establishment of Child Sexual Assault (CSA) hubs for the SE Sector;
 - Enhancing Primary and Community Perinatal Services;
 - Development of Crisis services to prevent the need for in-patient beds;
 - Enhancing core services for trauma, Post Traumatic Stress Disorder, self-harm, Youth Offending and ADHD;
 - Early intervention for eating disorders.
12. Progress on the key priorities above are set out in Section 8 of the transformation plan attached to this report at Appendix 1.

Financial, resource and property implications

13. NHS Southwark CCG was allocated £695,000 in 2016-17 transformation funding for mental health and wellbeing services for children and young people and is involved in the NHS England assurance process to secure recurrent funding in 2017/18.

Legal, statutory and policy implications

14. The plan supports implementation of key national policy guidance as detailed in *Future in Mind* and *Implementing the five year forward view for mental health*.

Locally, our Transformation Plan is part of the Joint Southwark Children and Young People's Strategic Framework and is informing the development of the Southwark Joint Mental Health Strategy for Health and Wellbeing.

Human rights, equalities and community impact statement

15. The transformation plan seeks to reduce health inequalities by supporting supports the most vulnerable children and young people. The plan also supports the achievement of parity of esteem for mental health for children and young people.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (March 2015).		
Link: (copy and paste into browser) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf		
Implementing the Five year forward view for mental health		
Link: (Copy and paste into browser) https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf		

APPENDICES

No.	Title
Appendix 1	Southwark Local Transformation Plan for Children & Young People's Mental Health and Wellbeing 2015-2020 October 2016 Refresh (circulated separately)

AUDIT TRAIL

Lead Officer	Caroline Gilmartin, Director of Commissioning, Southwark CCG Dick Frak, Interim Director of Commissioning, Southwark Council	
Report Author	Carol Ann-Murray, Senior Mental Health Commissioner	
Version	Final	
Dated	4 January 2017	
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
Director of Commissioning, Southwark CCG	Yes	Yes
Interim Director of Commissioning, Southwark Council	Yes	Yes
Cabinet Member	No	No
Date final report sent to Constitutional Team/Community Council/Scrutiny Team	17 January 2017	

Item No. 13.	Classification: Open	Date: 31 January 2017	Meeting Name: Health and Wellbeing Board
Report title:		Healthwatch Southwark Engagement Update – Mental Health / Sexual Health	
Wards or groups affected:		Southwark wide	
From:		Aarti Gandesha, Healthwatch Southwark Manager	

RECOMMENDATIONS

1. The board is asked to note Healthwatch Southwark’s engagement with young people on mental health and sexual health.
2. The board is asked to consider the recommendations in Young Voices on Mental Health report (Appendix 1) and Young Voices on Sexual Health report (Appendix 2), and how these can be taken forward.

BACKGROUND INFORMATION

3. HWS (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.
4. HWS’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. By engaging with members of the public, Healthwatch Southwark learns about key issues and difficulties that local people encounter when using healthcare services.
5. Since 2013, HWS have had 4 priority areas – two of which are mental health and sexual health. The focus within these two priority areas has been to understand the experiences of young people when accessing mental health and sexual health information, education, support, services and advice.
6. Between June and August 2016, HWS engaged with young people on mental health and sexual health by running workshops, distributing paper surveys and publicizing online surveys. In total, HWS spoke to 114 young people about mental health and 105 young people about sexual health.

EXECUTIVE SUMMARY

7. We asked the young people themselves what advice they would give to commissioners and providers when they consider how best to support young people around mental health and sexual health, in terms of education in schools, health professionals, preventing people from being embarrassed to seek help, and services in general.

Young Voices on Mental Health

8. **Teach young people about mental health, in a creative and engaging way.** Several people suggested having medical professionals or external organisations come to schools, partly so that young people are more aware of sources of support. People wanted to see a range of information formats, from posters to films and social media. Information should include:
 - positive definitions of ‘mental health’ as well as discussion of illness
 - awareness-raising about less extreme treatment-worthy mental health problems
 - types of treatment on offer - a range of illnesses and symptoms
 - signposting to reliable websites, organisations and support that are applicable locally.
9. **Teach teachers about mental health.** Young people felt that teachers aren’t equipped to support them. We also suggest awareness-raising for parents to help them support their children and to dispel myths.
10. **Reduce stigma; normalise talking about mental health.** Young people felt that the NHS, campaigners, media and schools should help reduce the stigma surrounding mental illness.
11. **Promote mental health support services including GPs.** Services need to raise awareness about what they can offer, and give examples of when they have been effective. The NHS needs to promote the fact that GPs can be seen about mental health.
12. **Support young people at school.** Schools could be well-positioned to offer support for those who are struggling, particularly at stressful times such as exams.
13. **Improve access to talking therapies.** Young people said that more talking therapies/psychology should be offered, not just medications.
14. **Encourage peer and mentor support.** Some also wanted younger mental health advocates, particularly those with experience of illness, to educate them.
15. **Give clear information about confidentiality, and offer anonymous support.** Professionals should be clear with the young person about what referrals are being made, keep them informed, and ask their permission. Some suggested that anonymous services are needed in order for some people to seek information and support.
16. **Listen to young people.** It is important that young people feel understood and empowered. GPs need to be non-judgemental.
17. **Make services friendly for young people.** Health professionals need to know how to talk to young people. Some participants also said it was important that service environments do not feel too clinical.

Young Voices on Sexual Health

18. **Bring experts into schools to deliver sex education.** Young people felt this was more comfortable and that the speakers would be better informed and prepared to deal with the topic. They could also raise awareness of the services they provide. However, better training for teachers is also needed.
19. **Be creative and engaging with sex education.** Ideas included asking young people about their pre-existing knowledge, discussions rather than traditional lessons, and multimedia approaches.
20. **More sustained/refreshed education is needed.** There were mixed opinions about when sex education should start in schools. However, what young people did agree on was that sex education should be built up gradually according to the age/maturity of the students. Some also wanted refreshers as they got older.
21. **What about the social aspects of sex?** Young people want education in schools to cover emotional aspects of sex as well as looking at the experiences of people of different genders and sexualities. More education on healthy relationships, consent and abuse is needed. Social media plays a large role in young people's lives and should also be discussed.
22. **Deal with stigma and taboos.** Several people agreed that general social attitudes need to change in order for people to talk about sexual health, and to encourage people to seek out services. This should be encouraged by schools and the media as well as when professionals interact with young people.
23. **Promote sexual health services.** Sexual health services should publicise themselves better, including in the community and schools and on social media, and encourage people to get tested.
24. **Offer anonymous help.** Many people wanted an anonymous sexual health service, or at least anonymous information sources they could trust.
25. **Make services friendly for young people.** Empathy and a non-judgmental attitude towards young people were seen as key – staff should recognise that the people attending services are the people who are trying to be responsible. They must also give information clearly and allow young people to ask questions.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Young Voices on Mental Health Report (circulated separately)
Appendix 2	Young Voices on Sexual Health Report (circulated separately)

AUDIT TRAIL

Lead Officer	N/a	
Report Author	Aarti Gandesha, Healthwatch Southwark Manager	
Version	Final	
Dated	4 January 2017	
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		18 January 2017

Item No. 14.	Classification: Open	Date: 31 January 2016	Meeting Name: Health and Wellbeing Board
Report title:		Southwark Safeguarding Children Board Annual report 2015-16	
Wards or groups affected:		All	
From:		Michael O' Connor Independent Chair, Southwark Safeguarding Children Board	

RECOMMENDATIONS

1. The board is requested to note the Annual Southwark Safeguarding Children Board Report at appendix 1.

BACKGROUND INFORMATION

2. This report relates to the work of the Board and its partner agencies in the financial year 2015-16 and all agencies represented on the Board have contributed to the writing of this report and had an opportunity for comment on the final draft.
3. Statutory guidance in *Working Together to Safeguard Children (2015)* requires that the Local Safeguarding Children Board (LSCB) be independent and not subordinate to other local structures. As such, LSCBs are required to have an independent chair which can hold all agencies to account. The current chair has been in post since May 2013 and this is his third annual report to the Board.
4. Section 14A of the Children Act 2004 and paragraph 16 of Chapter 3, *Working Together* require that the Independent Chair of the LSCB publishes an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The Annual Report was agreed by the SSCB in December 2016. The guidance also advises that the annual report is presented to the Chair of the Health and Well Being Board.
5. A protocol has also been agreed between the Health and Wellbeing Board and the SSCB as it is acknowledged that these two boards have a common purpose to promote joint working and co-operation between partners to improve the wellbeing of children in Southwark.

KEY ISSUES FOR CONSIDERATION

6. The SSCB Annual Report 2015-16 describes the effectiveness of partnership safeguarding activity undertaken over the past year. The Board has focused on five core thematic priority areas and these are reviewed in detail in the report, along with the impact of the work and next steps. The priorities are;
 - a) Improvement in the identification and challenge of multi-agency performance issues
 - b) Children at risk of sexual exploitation and who are missing

- c) Preventing violent extremism
 - d) Female Genital Mutilation (FGM)
 - e) Families Matter
7. During 2015/16, the SSCB refreshed its multi agency performance management framework, providing a stronger data set to challenge local practice, provide greater assurance and understanding the impact of key developments locally. We consistently used performance intelligence and learning from practice to support and challenge how we can do things differently, taking an in-depth look at a number of areas to drive improvements and set priorities.
 8. Over the year, the SSCB worked jointly with the local authority children's service and oversaw a partnership-wide root and branch review of our approach to child sexual exploitation (CSE) arrangements. This resulted in changes to our strategic and operational frameworks supporting much greater visibility and partnership wide grip of the issue locally.
 9. The SSCB also commissioned a serious case review (SCR). Early findings from this review have led us to challenge and refocus our early help offer especially around adolescents. For 2016/17, the Board have planned audits of the efficacy of the pathways and processes to access safeguarding services including testing the effectiveness our multi-agency safeguarding hub (MASH) arrangements, and how we currently work as partners to support at risk adolescents.
 10. In March 2016 the Board held a well received conference focusing on female genital mutilation (FGM). The event was attended by 165 partners with strong engagement from health and children social care and supported the strategic and operational conversations about Southwark's response to the safeguarding challenges for adolescents.
 11. During 2015/16 the Board continued to work closely with the 'Changemakers', a group of young people who support the SSCB. The changemakers have developed a set of key principles and values for staff and volunteers working with children, as well as providing input to the SSCB annual conference.
 12. The annual report offers development areas for improvement for the Board to take forward in the 2016/17 work plan. The SSCB priorities for 2016/17 sit within this context, and are intended to ensure the SSCB can continue to respond to challenges, including forthcoming changes to the national policy framework both to local safeguarding children's boards, to the future of social care and safeguarding work, and how multi-agency partners work together to tackle complex child protection including missing children, risks from exploitation, chronic neglect and criminality.
 13. The SSCB's thematic priorities for 2016/17 include:
 - a) Continuing to improve engagement with children and young people
 - b) Undertaking local prevalence and development work around Female Genital Mutilation (joint priority with SSAB)
 - c) Delivering on the review of Child Sexual Exploitation and young people who go missing from home, care and school
 - d) Working jointly with the SSAB to build on the learning from the SCR, to develop a multi-agency action plan to tackle knife crime.
 - e) Preventing extremism – joint priority with Southwark Safeguarding Adults

Board (SSAB)

BACKGROUND PAPERS

Background Papers	Held At	Contact
Working together to safeguard children: A guide to interagency working to safeguard and promote the welfare of children	https://www.gov.uk/government/publications/working-together-to-safeguard-children	Hannah Edwards Safeguarding Board Manager
Protecting children in Wales: Guidance for arrangements for multi agency child practice reviews	http://www.nspcc.org.uk/preventing-abuse/child-protection-system/wales/child-practice-reviews/	Hannah Edwards Safeguarding Board Manager

APPENDICES

No.	Title
Appendix 1	Southwark Safeguarding Children Board Annual Report 2015/6

AUDIT TRAIL

Lead Officer	Michael O'Connor, Chair of the Safeguarding Board	
Report Author	Hannah Edwards, Safeguarding Board Manager	
Version	Final report	
Dated	20 January 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Date final report sent to Constitutional Team		20 January 2017



**Southwark Safeguarding
Children Board**

Annual Report 2015-16

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Introduction and Foreword from Independent Chair of the Southwark Safeguarding Children's Board

Southwark's Safeguarding Children Board (SSCB) continues to drive local multi agency working to ensure continuously improving services and outcomes for children and young people at risk of or experiencing harm or neglect. A culture of shared responsibility and problem-solving has been honed across the partnership and supports our response to changing needs and pressures, including challenges arising from budget pressures and learning from serious case reviews. The SSCB continues to cultivate a mature ethos of joint working and partnership dedicated to understanding how effectively do we safeguard, how we can do things differently and what it means for the development of our local workforce.

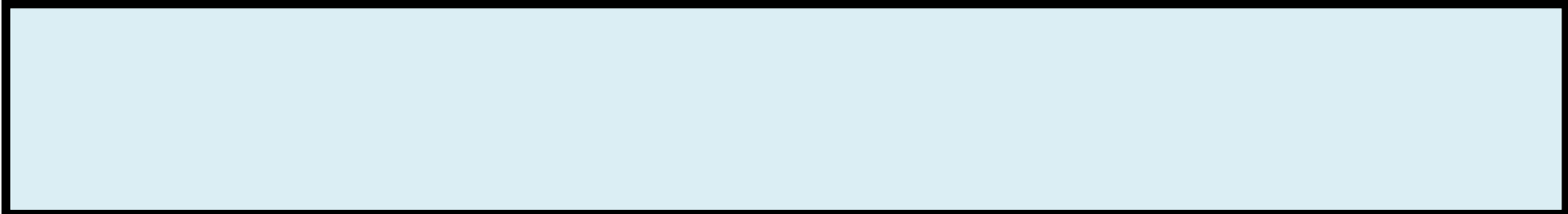
This year's report shows evidence of the board's development in both the range and depth of its activities and in the context of challenges which face the children's safeguarding agenda. During this year, I became chair across both the Children and Adult's Safeguarding Boards, the latter of which has recently subsumed the local Community Safety Partnership – Safer Southwark. This move will provide ample opportunity to look and work differently across partners of areas of shared concern, most notably knife crime and supporting vulnerable parents to look after their children, and is actively shaping our priorities from 2016 onwards. This year has been a busy one, where we have chosen to take an in-depth look at key challenges, working together to come to shared solutions and accountability, most notably regarding child sexual exploitation and our local performance management framework. This sits alongside our work to ensure our statutory responsibilities are being met such as in regard to section 11 and new safeguarding areas such as Female Genital Mutilation and PREVENT.

Over 2015/16, the SSCB has supported and challenged safeguarding practice and key local priorities, leading to improved partnership ways of working and enabling the partnership to adapt to changing needs. Key SSCB achievements during 2015/16 include:

- Key principles and values for staff and volunteers working with children developed by the Changemakers, a group of young people who support the SSCB;
- Streamlined changes to operational models of work around child sexual exploitation and multi-agency governance, following the SSCB's root and branch review of multi-agency CSE arrangements;
- Better joined-up working with adult safeguarding board across areas of common interest, including female genital mutilation, parental mental health and risks from radicalisation; enabled by a shared independent chair;
- Stronger focus and visibility on multi-agency performance management, enabling the Board to provide assurance and challenge practice of how partners safeguard children.

This report reviews the activity taken by the partnership over the past year, and sets out our priorities for the forthcoming year.

Michael O'Connor, Independent Chair



Responsibilities

The SSCB will ensure all agencies are aware of and undertake their key safeguarding responsibilities:

- All those who work with children and young people know what to do if they are concerned about possible harm.
- When concerns about a child’s welfare or concerns about harm are reported, action is taken quickly and the right support is provided at the right time. This covers the spectrum from early help when issues first arise through to emergency action needed to keep children and young people safe.
- Agencies that provide services for children and young people ensure they are safe and monitor service quality and impact.

Key Strategic Questions for the SSCB

- **Is the help provided effective?** How do we know our interventions are making a positive difference? How do we know all agencies are doing everything they can to make sure children and young people are safe? This includes early help.
- **Are all partner agencies meeting their statutory responsibilities** as set out in Working Together 2015 chapter 2?
- **Do all partner agencies quality assure practice** and is there evidence of learning and improving practice?
- **Is training on early help and safeguarding monitored and evaluated** and is there evidence of training impacting on practice? This includes multi-agency training.

2016/17 SSCB Priorities

Thematic priorities

- CSE and children and young people who go missing
- Preventing extremism
- Female Genital Mutilation
- Knife crime
- Early Help and neglect
- Supporting vulnerable parents

Priority groups

- Safeguarding children with SEND
- Looked after children
- Private Fostering
- Community, faith and voluntary sector involvement

Learning & Development

- Serious Case and Management reviews (Child U)
- Learning and development framework
- SSCB training programme and its impact
- Embedding performance and quality framework

Governance & Review

- Changes to LSCBs (Wood review)
- National safeguarding policy developments and new requirements
- Inspections of safeguarding arrangements and practice
- New local partnership arrangements

Chapter 1 – Local Safeguarding Context

1.1 Local profile of children and young people in Southwark

As the 12th most deprived borough in the capital, Southwark has London's highest rate for health-related out-of-work claims, more than double the proportion of local pupils claiming a free school meal than national peers and a higher than national average rate of child poverty. Homelessness is double the national average and half the borough's residents live in council or supported rented accommodation. The majority of wards in Southwark appear in the bottom quarter in England for wellbeing scores, with only a handful ranking better than the national average. Major health indicators such as mortality and life expectancy have improved, although significant inequalities remain evident across the population, with educational achievement, access to employment and housing quality varying across council wards, gender and socio-economic status. Southwark's residents are highly mobile and ethnically diverse, with multi-faceted and interwoven complexities including high levels of no recourse to public funds, substance misuse, domestic abuse, mental health concerns, and housing risks such as overcrowding and rent arrears. In this context Southwark has significant demand on its children's safeguarding services, with higher numbers of children in care and children on child protection plans, as well as of contacts, referrals and assessments for children's assessment and intervention services than statistical neighbours.

Approximately 61,700 under 18 year olds live in Southwark, almost 20% of the total population

35% of Southwark live in the most deprived areas in England

Southwark is the 9th most densely populated local authority in England and Wales (more than twice as dense as London on average)

A greater proportion of Southwark's children are entitled to free school meals (18.2% of primary school children, compared to 15.6% nationally, and 29.4% of secondary school children, compared to 13.9% nationally)

Children and young people from minority ethnic groups account for 65% of all children living in the area, compared with 22% in the country as a whole

The rate of children in care by 31st March 2015 is 77 per population of 10,000 0-17 year olds

301 children became the subject of a child protection plan during 2015/16

There were 4,196 referrals to children's social care during 2015-16, an increase of over 54% from 2014-15

1.2 Southwark Safeguarding Children Board

Southwark has a long history of effective partnership working at all levels, strategic to operational. A strong Safeguarding Board sits at the heart of our partnership arrangements, and has supported and challenged key local priorities including new social work model to work with families at risk of neglect and a new operating model for child sexual exploitation. Our partnership arrangements remain fresh and adapt to meet changing needs and new statutory requirements, for example, working jointly across children and adult safeguarding boards, in areas of common interest such as female genital mutilation (FGM), parental mental health and preventing extremism, as well as sharing training and workforce development. Both boards are now chaired by the same independent chair and we have subsumed the local community safety partnership – Safer Southwark into the adult safeguarding board arrangement to provide a joined up focus on vulnerable adults in the community such as those at risk of mental health, exploitation and abuse; and most notably a shared concern around youth violence and knife crime.

The SSCB has recently refreshed its multi agency Performance Management Framework (PMF) providing a stronger data set to challenge local practice, provide greater assurance and understand impact of key developments locally. We consistently use performance intelligence and learning from practice to support and challenge how we can do things differently taking an in-depth look at a number of areas to drive improvements and set priorities. For example, working jointly with the local authority children's service, the Safeguarding Board oversaw a partnership-wide root and branch review of our approach to child sexual exploitation (CSE) arrangements, resulting in changes to our strategic and operational frameworks supporting much greater visibility and partnership wide grip of the issue locally. Early findings from our Serious Case Review Child U have led us to challenge and refocus our early help offer especially around adolescents. For next year, we have planned audits of the efficacy of the pathways and processes to access safeguarding services including testing the effectiveness our multi-agency safeguarding hub (MASH) arrangements, and how we currently work as partners to support at risk adolescents.

Our priorities for 2016/17 sit within this context; the SSCB will continue to respond to local and national challenges considering ways multi-agency partners can better work together to tackle shared areas of work. Our thematic priorities for 2016/17 are:

- Delivering on the review of CSE and young people who go missing
- Preventing extremism – joint priority with Southwark Safeguarding Adults Board (SSAB) and Tackling Female Genital Mutilation
- Knife Crime – joint priority with SSAB
- Refocusing our early help offer particularly in the context of child U, including testing and improving partners understanding of thresholds and the effectiveness of our MASH arrangements
- Revisiting work on supporting vulnerable parents, especially those who are hard to engage and where children are at risk of neglect, or where parents have substance misuse issues or suffering domestic violence

Chapter 2 – Progress on Thematic Priorities 2015/16

The SSCB has worked closely with partners across core thematic priority areas during 2015/16. Five priority areas were identified: children at risk of sexual exploitation and who are missing, preventing violent extremism and female genital mutilation, improvement in the identification and challenge of multi-agency performance issues, and Families Matter. Activity undertaken by the Board in relation to these areas, the impact of the work and next steps identified by the SSCB are reviewed below.

2.1 Child sexual exploitation and young people who go missing

What have we done?

Over 2015-16, the SSCB, jointly with the local authority children's service, undertook a multiagency wide stocktake to better understand CSE locally and to understand what was working well, and where we needed to work differently to have the most impact. The establishment of a phase one problem profile found although there were many signs of good practice there was a need to better improve understanding of the prevalence locally and ensure consistency and impact of practice in a number of areas. More notably was the need for streamlining our governance, both strategically and operationally, to make sure the right partners were involved at the right level for most impact. This included bringing together working arrangements regarding victims and perpetrators to provide a more tactical response to the issue locally.

A pledge from all agencies to tackle the issue and a large scale training programme for staff is resulting in improved understanding and identification of CSE locally. We have driven an extensive CSE media campaign, including digital media, outdoor advertising, e-newsletters to thousands of residents and articles and advertisements in the local press. The education and training subgroups have supported targeted prevention activity for young people through new PSHE curriculum for Southwark primary and secondary schools. Close links through the SSCB with the local authority's community safety and community engagement divisions have facilitated work with faith and community groups, and local organisations such as taxi firms, hotels and businesses to raise awareness of CSE, and have built in safeguarding mechanisms within the licensing process. In addition the establishment of MASH as the agreed multi agency, single point of referral for all CSE and missing concerns, aligning partnership activity for children who are missing education and those at risk of CSE and bringing together intelligence across perpetrators and victims, is ensuring risk is thoroughly assessed, activity prevented and disrupted and more timely and effective support is provided to victims.

The adoption of a comprehensive CSE Performance Management Framework developed to support and challenge work in this area is already showing signs of improvement including more robust practice that is better tracking, identifying and reducing risk for young people at risk of CSE while providing more consistent support for victims and those going missing.

Throughout 2016/17 the Board will continue to lead extensive activity across the partnership to build on the strong foundation of multi-agency work around child sexual exploitation (CSE) created in the year.

What difference has it made?

- ✓ Following the SSCB stocktake review of CSE, the partnership now has a clear understanding of strengths and areas for development of multi-agency work around CSE, leading to streamlined operational and governance arrangements to support practice and challenge impact.
- ✓ Development of a phase one problem profile and CSE performance management framework.
- ✓ There is increased awareness of risks of CSE and missing across the partnership, with 3879 colleagues from partner agencies have completed CSE multi-agency training programme, with 83% reporting positive impact on learning objectives.
- ✓ Digital awareness raising campaign targeted at parents from resulted in over 4000 visits to CSE web page.
- ✓ Outdoor advertising at 50 key locations in the borough has supported knowledge about child sexual exploitation in local communities.
- ✓ New multi-agency CSE operational group provides quality assurance of current CSE cases, risk management and intervention, including discussion of perpetrators and victims in the same place
- ✓ Increased number of CSE interventions/disruptions carried out during 2015, as compared with 2014, making Southwark the 4th highest of all London boroughs.
- ✓ During 2015, Southwark arrests relating CSE more than doubled compared to the previous year and was higher than both local statistical neighbours.

Next Steps

Over 2016-17, the SSCB will be building on these strong foundations with the following priorities:

- Strengthening CSE governance across the partnership including establishment of a Director-level MASE to embed strong local leadership and drive strategic developments around our local approach to CSE, including training, prevention, and tactical action;
- Embedding management oversight and improve intelligence through a multiagency operational MASE Group working with victims and perpetrators;
- Developing a wide-ranging approach to disruption across local services and partners;
- Reconfigure local provision to strengthen support offered to victims and those at risk of CSE including reviewing the impact of return home interviews and specialist interventions.

2.2 Preventing Violent Extremism

What have we done?

During 2015-16, the SSCB has driven the development of Southwark's multi-agency approach to preventing violent extremism in relation to safeguarding children, young people and families. Key partners from children's social care, police, health and the council's communities team have worked together to ensure robust multi-agency collaboration and safeguarding response to young people vulnerable to extremism. Training has also been introduced to ensure the wider partnership and local communities are able to spot the signs and make referrals through the MASH. As a vital partner, work has been undertaken with local schools to explore implications for them, and the SSCB will be organising further designated safeguarding days on PREVENT. A proactive approach has also been taken with frontline health partners, including dedicated workshops with GPs and practice nurses and Prevent staff champions in health agencies to coordinate concerns.

What difference has it made?

- ✓ Our spotlight on PREVENT has raised awareness across the partnership of the ways in which young people can become vulnerable to radicalisation and how to discharge safeguarding responsibilities to mitigate risks and support victims.
- ✓ New multi-agency local practice guidance on extremism and radicalisation to support practitioners in understanding and responding to risks.
- ✓ Nearly all Southwark secondary schools have been trained in workshops to raise awareness of prevent, enabling teachers to spot risks.
- ✓ 92% of Southwark CCG staff had undertaken mandatory Prevent awareness training programme by March 2016.
- ✓ Referrals and support to children in connection with the Prevent agenda are improving with evidence of increasing identification and numbers of referrals during 2015/16 at earlier stage

Next Steps

The Board will continue to drive a strong safeguarding approach to preventing violent extremism by:

- Ensuring online training is rolled out across the partnership;
- Exploring targeted training with primary schools and key children's social care practitioners;
- Delivering a joined up approach across SSCB and Adult's Safeguarding Board on PREVENT agenda including in the wider context of protecting vulnerable children and adults from risk of exploitation.

2.3 Female Genital Mutilation

What have we done?

The SSCB is committed to working together with all partners to ensure that early help and intervention be provided to enable and support vulnerable female children and reduce the prevalence of female genital mutilation. Over 2015-16, the SSCB, led by the Health sub-group, has engaged with strategic partners to raise awareness of the risks of FGM and has worked diligently to prevent and detect FGM. To ensure an effective approach to FGM that responds to local need, the SSCB and Southwark Safeguarding Adults' Board (SSAB) jointly with Lambeth Safeguarding Children and Adults' Boards and public health have evaluated local practice on FGM. As a result, the SSCB, together with Lambeth Children's Safeguarding Board have agreed a shared intervention framework for identifying and responding to FGM, and essential guidance to support practitioners in assessing risks has been developed. Health partners are key to providing vital support to women with FGM and intervening to prevent girls and women at risk of FGM from being harmed; therefore, the training of health professionals has been prioritised and referral and information pathways in acute hospitals has been developed. FGM was also the focus of this year's SSCB annual conference, which was jointly undertaken with the SSAB. Partners were able to participate in a range of workshops delivered by professionals from across the partnership and voluntary sector, including the council, the police, health, schools, HSCIC, Solace, Africa Foundation and a faith leader, demonstrating the commitment from all agencies to work together to eradicate FGM.

What difference has it made?

- ✓ Southwark and Lambeth have developed a shared intervention framework for identifying, assessing and responding to FGM and Southwark's multi-agency FGM guidelines have been updated and widened to include adults.
- ✓ We have developed stronger multi-agency working around FGM, including being one of the first local authorities to use court orders to act against concerns over FGM
- ✓ Over 34 different organisations attended the SSCB's annual conference on FGM this year, and there was strong engagement in understanding the core issues around FGM and exploring practical steps to improve practice.
- ✓ SSCB partners found the SSCB conference informative, inspiring, empowering and engaging, and the conference resulted in stronger commitment from participants across the partnership to raising awareness and disseminating lessons learnt and good practice.
- ✓ 290 FGM notifications for over 18s during 2015/16.

Next Steps

Going forward, the Board will work on strengthening understanding of FGM across the multi-agency partnership and evaluating support to victims, including:

- Developing assurance that women and girls are receiving appropriate support and risk assessment led by the health subgroup;
- Further training and practice events, including lunchtime learning sessions, will be developed;
- Supporting knowledge of FGM with education partners, integrating it into curriculum.

2.4 Review of multi-agency performance framework

What have we done?

Over 2015/16, the SSCB has strengthened management and oversight of safeguarding in order to identify and challenge key issues as they arise for individual agencies and/or as partners. The Board has worked to extend its data and performance reporting across partner agencies, developing a new robust performance management framework. This has provided the basis for support and challenge where more multi-agency effort is needed to bring about improvements in practice and outcomes for children and families.

The SSCB has assessed effectiveness of safeguarding practice and priorities using a new performance management framework, answering the key questions:

Are we making a difference?

Are we doing the right things well?

The new performance management framework has supported the SSCB to use evidence from performance and intelligence to identify areas where greater alignment of partnership activity could improve outcomes, such as domestic abuse, parental substance misuse and private fostering. It also supports dialogue around how local services, such as those commissioned, can provide more targeted support to those children receiving statutory intervention.

The SSCB has identified that over a third (37%) of children social care assessments included domestic violence as a key factor during 2015/16. The Board has explored how prevention work can be used to raise awareness of domestic abuse and seek support before it escalates, targeting key community settings, young people and vulnerable groups. Support for children and young people affected by domestic abuse has therefore been prioritised and the SSCB has supported work with schools to promote awareness of healthy relationships and combat domestic and dating abuse and provided challenge to the Council's domestic abuse strategy to ensure this. The Board has worked to strengthen referral pathways with the co-location of independent domestic violence advocates within the MASH, facilitating effective information sharing. Specialist intensive interventions targeted at mothers and children affected by domestic violence have been commissioned, which supports parental understanding of domestic abuse and safeguarding risks to children. The Board is now challenging how our specialist commissioned services can support those children receiving statutory intervention, such as how we can use these services in a greater capacity for non engaging parents, and those at risk of care proceedings.

The Board has led questioning of the take-up of substance misuse services for the year, for parents, in light of local prevalence of this issue within child protection work. This has led to work between the drug and alcohol service and children social care to review interfaces, pathways and take-up of services, which has identified some areas of good practice, but also those where more impact could be achieved. The SSCB will work closely with Southwark Safeguarding Adults Board (SSAB) to jointly address these issues and will undertake a deep dive and multi-agency audit later in the year.

Following last year's challenge in this area by the SSCB there has been significant improvements to the number of notifications of private fostering, following last year's very lower figures, although figures still remain low (up to 12 in 2015/16 from 3 for 2014/15). 41 children were in a private fostering arrangement during 2015/16. A review by the health

subgroup identified that private fostering notifications emerge through the single assessment process of referrals for other safeguarding concerns, rather than as private fostering notifications in their own right. Consequently, the SSCB has challenged children's social care, health and education partners to explore appropriate identification and referral routes and jointly identify best way forward as part of their 2016/17 work programmes under the subgroup structure.

What difference has it made?

- ✓ The co-location of independent domestic violence advocates with the MASH has enabled closer working between partners and resulted in domestic abuse concerns being considered in a high number of cases.
- ✓ A renewed focus on children and young people affected by domestic abuse can be evidenced by the marked increase in the number of CAF referrals (297) from the specialist domestic abuse provider to MASH, compared to 198 referrals in 2014/15. Work to strengthen impact of commissioned services for those families within statutory support services being a priority for the coming year.
- ✓ There has been greater awareness across the partnership of raising concerns about domestic abuse, evidenced by a 25% increase to Southwark's specialist domestic abuse service, with 1664 referrals in 2015/16 compared to 1324 in the previous year. Of 1664 women referred for domestic abuse support, 61% had children.
- ✓ 301 Southwark pupils have participated in awareness raising programmes at schools during 2015/16. Secondary school pupils in particular have found these programmes helpful, and in response to demand, healthy relationship and consent workshops was delivered to a further 200 students. Many of these young people have since felt able to voice their knowledge of others whose relationships were unhealthy.
- ✓ A review of pathways and interfaces between substance misuses services showing early signs of improving experience and take-up for those families at risk

Next Steps

During 2016/17, the Board will continue to use performance management to

- Scrutinise and challenge areas that require multi-agency attention including a greater focus on parental issues that impact on safeguarding, reviewing the interfaces between domestic abuse, substance misuse and mental health services in regard to safeguarding services. This will include review and audit as appropriate of each independently and/or jointly;
- Strengthen the impact of commissioned services for those families within statutory support services.

2.5 Families Matter

What have we done?

Families Matters is Southwark's current framework to ensure provide children and young people and families receive support at times of need and to address and resolve issues early on. The SSCB has provided constructive support and challenge to partners about the impact of services within Families Matter. The multi agency performance management framework and the findings of the most recent serious case review – Child U – recommend that further work is needed on the pathways and interface between universal, early help services and statutory services require a closer look in some areas.

What difference has it made?

- ✓ Re-launched of Southwark's multi-agency threshold guidance to identify children at risk at an early stage across all agencies and ensure full assessment of needs and referral to relevant services for intervention and support.
- ✓ Early indication of some improvements in the understanding thresholds and the contribution of universal and early help services in reducing inappropriate referrals, although this remains a board priority.
- ✓ Reduction in the demand for some statutory services such as the rate and number of children looked after.
- ✓ During 2015-16, 743 families were supported across a broad range of needs including family therapy, educational welfare, physical health and mental health.

Next Steps

During 2016/17, the SSCB will

- Continue its spotlight on supporting and challenging the system in understanding thresholds and quality of referrals, including evaluating partners use of the re-launch threshold document;
- Refocus our offer on tackling signs and symptoms of early neglect and supporting partners to more effectively meet emerging needs in early help services where children do not meet the threshold for statutory intervention;
- Building on early finding of child U to better understand and drive local reconfigurations around how key partners including secondary schools, police, youth offending and community safety services work together to support adolescents at risk; and testing MASH effectiveness and impact;
- Joint work between Adult and Children Boards to develop a local response to rising concerns around knife and violent crime within the community, particularly affecting young people aged 14-25 years and vulnerable parents who misuse substance, and/or suffer from mental ill health and/or domestic abuse.

Chapter 3 – SSCB governance and accountability

3.1 SSCB governance arrangements

The SSCB is chaired by an independent chair and meets six times a year. In addition, the Board holds regular themed in-depth partnership boards to explore key issues in greater detail. Topics in the last year included safeguarding in health and impact on children and young people. There is good representation from partner agencies on the Board, and membership of the Board has been strengthened over the past year. A list of membership as at April 2016 can be found at Appendix 1. During 2016/17, the SSCB will review its scope and membership in line with forthcoming government changes to local safeguarding children's boards.

The SSCB's sub-groups play a vital role in taking forward the work of the Board. During 2015/16, the following sub-groups met regularly:

- Child Death Overview Panel (CDOP)
- Serious Case Review (SCR)
- Child Sexual Exploitation (CSE) and children missing from home, care and education
- Education
- Health (with oversight of FGM)
- HR and safeguarding
- Community Engagement
- Practice, Development and Training (PDT)
- Audit and Learning
- Chairs of subgroups

The Board has strong relationships with other key strategic bodies in Southwark, including the Health and Wellbeing Board, the Corporate Parenting Committee, Southwark Safeguarding Adults Board and the Safer Southwark Partnership (the local Crime and Disorder Partnership).

3.2 Quality assurance and improvement

The SSCB's clear vision and priorities for safeguarding children in Southwark is underpinned by a well established multi agency infrastructure that enables the Board to assure the work and practice of its partners, in line with its responsibilities and priorities. Partner agencies own review of safeguarding practices, alongside board led multi-agency audits, serious case reviews, section 11 assurance and sub-group work programmes are all key processes used by the Board to oversee and challenge partnership work (see figure 1).

Data and performance monitoring is a key component of this infrastructure, providing a basis for challenge and analysis of where things are getting better and where more multi agency effort is needed to bring about improvements in practice and outcomes for children and families. In the past year, the Board has been working to extend and strengthen its data and performance reporting across partner agencies. The range of safeguarding performance data has been reviewed by the Board and is used to better support the challenge approach by the board using data and intelligence. This has resulted in a streamlined approach to managing multi-agency performance against statutory safeguarding responsibilities and

setting priorities through performance led practice improvement areas. The board has used this approach to bring together information and experiences across performance, quality and inter agency governance arrangements to undertake, for example, a root and branch review of child sexual exploitation. This holistic approach is leading to in-depth looks at local practice that support social care improvements as well as strengthening the evidence base for challenge and dialogue with partners around practice improvements within the governance framework of the SSCB. This will be further developed over the forthcoming year, with other priorities which will benefit from being reviewed in this way, such as the board's work around early help, thresholds, and vulnerable parents.

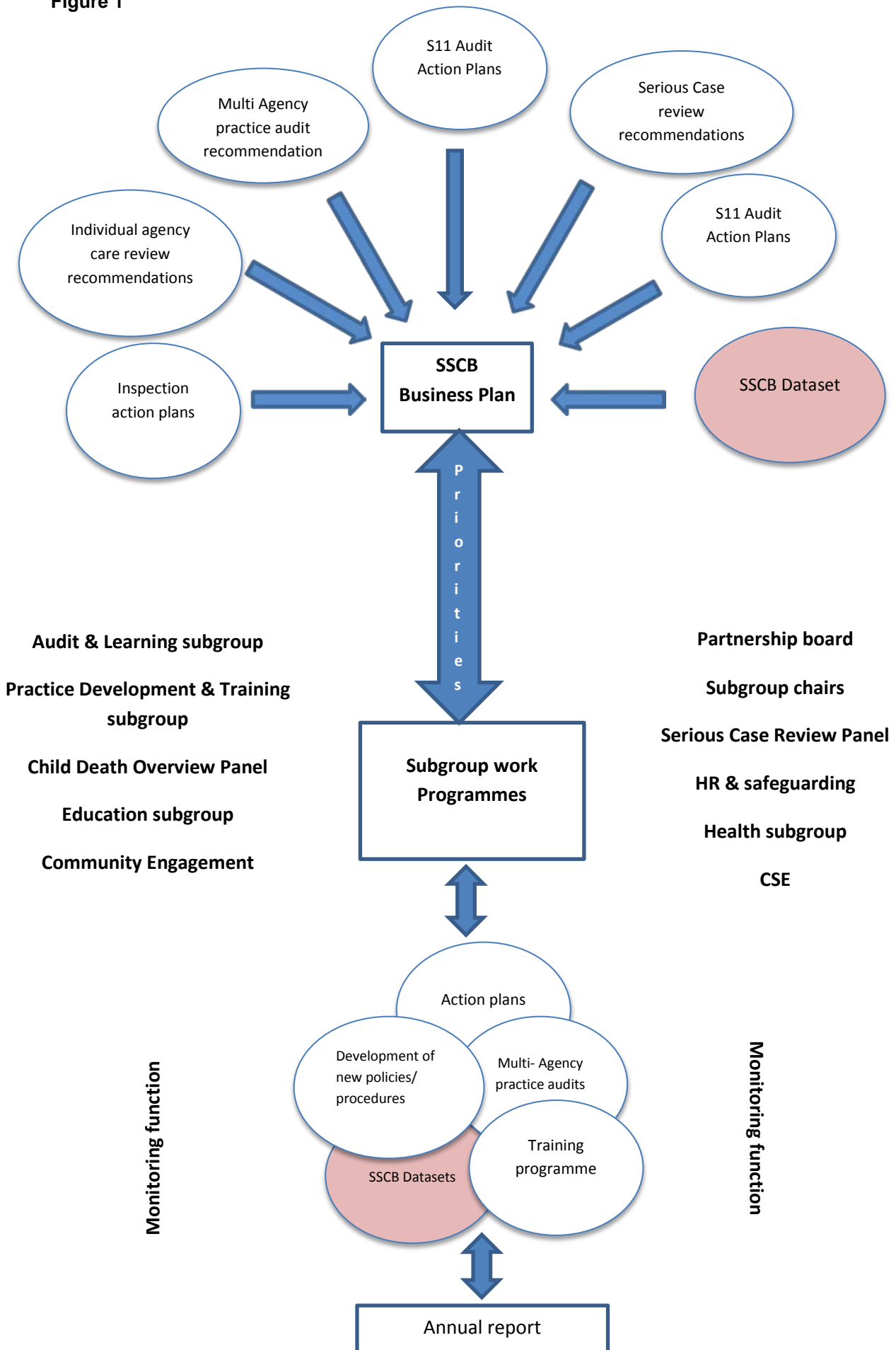
In accordance with section 11 of the Children Act 2004 and duties under chapter 2 of Working Together to Safeguard Children, SSCB partner agencies have self-assessed the effectiveness of their arrangements for safeguarding children. The SSCB has evaluated the extent to which partners are fulfilling these statutory functions through Challenge Panels, using peer scrutiny to ensure strong agency leadership and engagement. A range of services and agencies took part in the challenge panels, and the Board has worked with partners in learning, improvement and embedding best practice. The Board has thereby supported agencies to improve outcomes of service delivery in safeguarding, ensuring children are safe and staff and volunteers are well supported in their work.

Emerging findings from 2015-16 section 11 review:

- Strong multi-agency work has taken place to address FGM.
- Improving and more robust partnership infrastructure around tackling CSE especially between police and social care. Work in hand to continue to embed our support offer to victims and approach to perpetrators.
- Effective and rapid partnership response and support has been provided to emerging safeguarding concerns, for example, the close of Kids Company.
- Information-sharing improvements particularly understanding risks and ensuring information and intelligence is shared appropriately, especially between statutory agencies at the right threshold.
- Partnership work around CSE will continue to be Partners identified a need to thoroughly explore safeguarding needs in cases, including through a wider consideration of family members.

The SSCB has also led partners in a programme of multi-agency audits. During 2015/16, six multi-agency audits were undertaken and learning identified is being embedded to improve in safeguarding practice. The CSE multi agency audit was a key example of where the multi agency review added value and challenge to practice, such as bringing together work regarding victims and perpetrators. Other common themes emerging are information shared consistently, timely completion of reports, and developing training to ensure key messages on specialist issues, such as parental mental health, are further embedded in agencies.

Figure 1



3.3 Learning and development

The SSCB is committed to ensuring that everyone working with children, young people and families in our community, has the right skills and knowledge, to provide the right support and interventions to protect them from harm. As a result, the SSCB launched its multi-agency training strategy in 2015. The strategy underpins the SSCB's learning and development framework which together provide a clear and transparent framework for workforce development standards so that all multi-agency organisations in our community have employees and volunteers with the right skills and knowledge to be confident to safeguard children, young people and their families. The strategy is led and implemented by the SSCB's Practice Development and Training sub-group who oversee multi agency safeguarding training to ensure key priorities are met. This year's offer has included core safeguarding practice and training on key priority areas including child sexual exploitation, neglect and female genital mutilation.

Over 2016/17, the Practice and Development sub-group will be implementing the London Safeguarding Boards evaluation tool to evidence the impact from training, and will review training content to ensure it continues to add value to professional's knowledge and awareness of safeguarding. The effectiveness of multi-agency training will be reviewed, including how it complements single agency training.

3.4 Voice of service user and engagement

The SSCB has continued to improve engagement with children and young people over 2015-16, ensuring the voice of users is central to our safeguarding work. The Board has worked to refresh and re-launched the Change makers group. The Changemakers has supported SSCB partners in developing vital tools, including key principles and values for staff and volunteers for working with children on safeguarding. This ensures professionals keep these principles in mind in their work with young people and are being rolled out across all partners. The Changemakers have also provided essential perspectives on young people's views of safeguarding and healthy relationships, which have been used in understanding key challenges such as e-safety.

Southwark Changemakers

Principles and values for staff and volunteers working with children

Attitude: The best way to have a positive relationship with young people is to be approachable (smile) and real

Relationship: Taking time to get to know young people won't ever hurt. Make us feel like you care and don't be a robot reading everything from a script

Respect: Listen to young people just as you would to an adult. Don't be quick to judge, hear our story from us first

Competent: Know your stuff and don't cut corners because your work must always be thorough. It's our life you're dealing with; we are more than a case

Unique: Don't assume we are in a certain way because of our life stories. We are all unique and deserve to be treated as such

Southwark has a well-established Local Authority Designated Officer (LADO) service that manages allegations against people who work with children. Southwark LADO has continued to strengthen work with children's social care and partners so agencies can ensure a robust approach. The LADO has effective working relationships with partners and is an active member of the pan-London LADO group, ensuring best practice, good communication and effective information-sharing. A third fewer referrals were made to the LADO during 2015/16 (99 referrals); relating to both professionals who work with children and carers. A significant number of complaints were linked to physical restraint, particularly in relation to schools and the LADO will work with schools on safer working practices around vulnerable children. The LADO will engage with agencies to ensure robust safeguarding policies and practices, including those who have made low levels of referrals.

During 2015/16, the Board has also refreshed the SSCB website. The new website is now a useful interactive tool for multi-agency and voluntary sector partners, including advertising learning events. Communications colleagues are also now represented at the SSCB to capitalise on opportunities for raising awareness of safeguarding issues among staff and in the community. The SSCB will also work more closely with voluntary sector and community groups to have a more coordinated approach and raise awareness of safeguarding over 2016/17.

3.5 Financial arrangements

The SSCB receives financial contributions from a number of agencies and other forms of in-kind support.

Contribution	Total
SLAM	£5,000
Southwark CCG	£20,000
National Probation Service	£1,000
Community Rehabilitation Company	£1,000
Police	£5,000
London Fire Brigade	£1,000
CAFCASS	£550
LB Southwark – Children’s Services budget	£123,000
LB Southwark training	£50,000
Sub-total contributions	£206,550
LB Southwark - contribution for admin costs of joint CDOP panels	-£5,000
Total from contributions	£201,550

Chapter 4 – what happens when a child dies or is seriously harmed?

4.1 Child death review

The SSCB has continued to work with Southwark Child Death Overview Panel to ensure that safeguarding issues are fully addressed and learning is used to prevent future deaths. The Lambeth and Southwark Child Death Overview Panel (CDOP) reviews all deaths in children and young people up to the age of 18 years who are normally resident in Lambeth and Southwark. The CDOP also provide a rapid response to unexpected deaths. The process aims to identify if deaths were potentially modifiable, and to use learning from the process to prevent future deaths. From 1st April 2012 onwards the Lambeth and Southwark CDOP has run two panels in parallel: a Neonatal Death Overview Panel (NDOP), which reviews deaths in children up to 28 days of age and a CDOP, which reviews deaths in children aged over 28 days. These parallel panels were established as the majority of deaths are in children aged under one year and within this group over half are under 28 days, however deaths involving older children typically involve a wider range of professionals and the boards composition was established to reflect this.

For Southwark, between 1st April 2015 and 31st March 2016 11 new deaths were reported comprising of six neonates and five children. 17 Southwark children died and 82% of these deaths occurred within a hospital. The most common classification of death was neonatal death (12 deaths; 70%). Two (12%) cases had modifiable factors, which is lower than the national figures of modifiability which is 24%. Progress has been made following recommendations from 2014-15, including:

- Sudden unexpected death in infancy (SUDI): regular workforce training in relevant services (e.g. health visiting) is in place
- Domestic violence and risk to children – Key points have been increased safeguarding training for GP's and for other professionals delivering services on behalf of the council and key partners as well as improved information sharing between services
- Youth violence – the Southwark Anti-Violence Unit (SAVU) provides multi-agency support for men aged 16-24 affected by gangs and serious youth violence. A mental health practitioner is due to be added to the team shortly and several other small projects were commissioned in 2015/2016 including a mentoring project for gang associated females and self-esteem workshops for young people
- Safety in the home for young children: training for health visiting and related staff is ongoing by partner agencies. Considering NICE guidance on preventing injuries (including falls) is a part of audit work being done with King College Hospital.

During 2015-16, two main recommendations will be taken forward. Firstly, a haemoglobinopathy needs assessment will be conducted including mapping service provision and a review of commissioning with the aim of informing service development and quality of care. Secondly, to implement the new NICE (National Institute for Health and Care Excellence) guidance will be implemented on recognition, diagnosis and early management of sepsis to improve the outcomes from sepsis.

4.2 Case Reviews

The SSCB undertakes reviews of 'serious cases' where abuse or neglect is known or suspected and the child has died, is seriously harmed and there are concerns about how organisations or professionals worked together to protect the child. Southwark uses the Welsh care review model, which is systems based and utilises a strengths-based approach. Colleagues have been actively engaged through this process which promotes reflection, debate and challenge.

During 2015/16 we commenced a serious case review, which is currently being concluded. Emerging learning points include:

- Improving information-sharing, particularly understandings of thresholds across the system;
- Broad understanding of safeguarding issues and risks, including the around the wider family especially siblings;
- Working together around reducing the risk of serious youth violence and knife crime.

The SSCB ensures key learning from case reviews are shared and understood by key partners and cascaded across individual agencies. An extensive learning event to share key messages from the current case review took place earlier in the year, chaired by the Independent Chair of the SSCB and widely attended by key partners and stakeholders. The learning event provided a holistic picture of the case from a multi-agency perspective and strengthened the learning experience. An action plan of the current serious case review will be developed and overseen by the Serious Case Review sub-group, who will ensure that recommendations are implemented and learning is cascaded.

Chapter 5 Conclusion

Statement of Sufficiency

On the basis of the work undertaken by Southwark Safeguarding Children's Board over the past year, as presented by the information in this annual report, the Board is assured that overall partners continue to work together to protect children in a committed and effective way and fulfils its statutory responsibilities in accordance with the Children Act 2004 and the Local Safeguarding Board Regulations 2006. This report demonstrates that the Board has coordinated and monitored the effectiveness of the work of partner agencies to safeguard and promote the welfare of children in Southwark and has challenged agencies to improve coordination and learn from review and audit.

Appendix 1 – SSCB Membership

Chair: Michael O'Connor, Independent Chair of SSCB

Vice Chair: David Quirke-Thornton, Strategic Director of Children's & Adults Services, Southwark Council

Membership of the SSCB

The following organisations/services are represented on the SSCB:

- Children's & Adults Services, Southwark Council
- Public Health, Southwark Council
- Housing and Community Services, Southwark Council
- Probation
- Metropolitan Police
- Southwark Clinical Commissioning Group
- SLAM NHS Foundation Trust
- Guy's & St Thomas' NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Community Action Southwark
- Primary and Secondary Schools
- Voluntary and Community sector
- Lay Members.

Frequency of meetings

The SSCB meets 6 times per year.

Contact:

Southwark Safeguarding Children Board
 160 Tooley Street
 Hub 1
 PO Box 64529
 London SE1P 5LX

Tel: 020 7525 3306

Email: sscb@southwark.gov.uk

Item No. 15.	Classification: Open	Date: 31 January 2016	Meeting Name: Health and Wellbeing Board
Report title:		Southwark Safeguarding Adults Board Annual report 2015-16	
Wards or groups affected:		All	
From:		Michael O' Connor, Independent Chair, Southwark Safeguarding Adult Board	

RECOMMENDATIONS

1. The Health and Wellbeing Board is requested to note the annual Southwark Safeguarding Adult Board (SSAB) report at appendix 1.

BACKGROUND INFORMATION

2. This report relates to the work of the Board and its partner agencies in the financial year 2015-16. All agencies represented on the Board have contributed to the writing of this report and had an opportunity to comment. The Annual Report was agreed by the SSAB in December 2016.
3. A protocol has also been agreed between the Health and Wellbeing Board and the SSAB as it is acknowledged that these two boards have a common purpose to promote joint working and co-operation between partners to improve the wellbeing of adults at risk of abuse or neglect in Southwark.

KEY ISSUES FOR CONSIDERATION

4. The SSAB Annual Report 2015-16 describes the effectiveness of partnership safeguarding activity undertaken over the past year. The priorities were identified to set the direction of the strategic partnership, in its efforts to ensure that Southwark safeguarding arrangements and organisations work to protect local adults at risk of abuse or neglect. The priorities included;
 - Assurance that practice improves outcomes and service user experiences
 - Empowerment: Making Safeguarding Personal (MSP)
 - Learning from practice
 - Embedding Mental Capacity Act (MCA)
 - Safeguarding vulnerable people
5. Throughout the course of 2015/16, the SSAB convened four times. Meetings were used to address a range of areas, including (but not limited to) –
 - the role of the Board and how its membership supports it to meet its statutory duties
 - partnership readiness to meet the requirements of the Care Act 2014
 - progress against the above five priorities
 - themes including; voice of the user, Female Genital Mutilation and Prevent

- case presentations
 - performance, safeguarding compliance and quality audits
 - current safeguarding concerns, national and local policy and practice issues
6. The work of the SSAB in 2015/16 provided a benchmark for the work that will continue in forthcoming years. Looking ahead, in 2016/17 the partnership will focus on;
- Improving service user engagement
 - Examining the evidence of impact (using methods such as audits)
 - Implementing a refreshed governance structure to include the community safety agenda
 - Developing a performance management framework to enable the Board to effectively monitor progress
 - Launching a new *DoLS Authorisation Policy*
 - Developing Best Interest Assessments
 - Recruiting a named GP for Safeguarding Adults

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Southwark Safeguarding Adults Board Annual Report 2015/6

AUDIT TRAIL

Lead Officer	Michael O'Connor, Chair of the Safeguarding Board	
Report Author	Hannah Edwards, Safeguarding Board Manager	
Version	Final report	
Dated	20 January 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Date final report sent to Constitutional Team		20 January 2017



Annual Report 2015-16

The Southwark Safeguarding Adults Board

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1. Foreword from the Independent Chair of the Southwark Safeguarding Adults Board



Everybody has the right to live a life free from abuse. The role of Southwark's Safeguarding Adults Board is to ensure Southwark's vulnerable adults live safely and free from harm. As the new Independent Chair of the Board, I am delighted to present our first Annual Board Report since the introduction of the Care Act 2014.

Southwark is a diverse and vibrant community. But safeguarding issues related to physical disability, mental health, vulnerability caused by age, illness and poverty are all here. It's important we understand and directly tackle these issues, to prevent our most vulnerable citizens coming to harm. Where they are at risk, we must act swiftly to protect and to improve wellbeing. We provide an overview of the issues facing vulnerable adults locally and we set out the performance of Southwark's safeguarding arrangements. In deciding on our 2015/16 priorities, we reflected upon lessons learnt and the measures needed to bring about improvement. Our partners recognised we face new challenges, including those that came with the introduction of the Care Act, the steep rise in Deprivation of Liberty Safeguarding (DoLS) authorisation requests, and the need in these austere times to do more with less. Taking all of this into account, we set out our Vision and Priorities for 2015/16, shown in section 2 of this report.

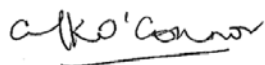
We accomplished some notable achievements during 2015/16, including closely monitoring the performance of two local nursing homes until the CQC removed them from special measures. We assisted in the safe transfer of residents to suitable accommodation following the closure of the Camberwell Green residential care home. We became the first London borough to introduce the Herbert Protocol, and delivered a well-received safeguarding conference on Female Genital Mutilation. You can find more information in sections 3 and 7.

In 2016/17 we will embark on a new stage of our journey, which includes subsuming the community safety agenda into the Board's work. These arrangements are ambitious and provide an opportunity to create a unified and joined up safeguarding approach. This will position us to more effectively deal with a range of issues, including exploitation, Prevent, and violence against vulnerable people, including knife crime, domestic violence and Hate Crime through a single governance arrangement.

We have made a good start with the creation of a new Board, but the Adults safeguarding agenda is complex and wide ranging. Our task is to focus on where we can make good partnership arrangements stronger and even more effective to make a real difference to the lives of vulnerable adults who need to be safeguarded.

The work of the Board would not be possible without the continued joint efforts of our partners. We would not be able to deliver our Vision and Priorities without the continuous commitment of Southwark's social workers, medical staff, police and emergency services, our vibrant voluntary sector and volunteers, who protect vulnerable adults from harm every day. Thank you everyone. In recognition of the vital work that the Board oversees, we share this report with the Chief Executive and Leader of Southwark Council, the Southwark Metropolitan Police Service Borough Commander, the Director of Healthwatch Southwark, and the Chair of the Southwark Health and Wellbeing Board. We also share this report with you.

If you have any further ideas on how we can build better safeguarding in Southwark, perhaps based on personal or professional experience, do please get in touch. We welcome your input.

A handwritten signature in black ink that reads "Michael O'Connor". The signature is written in a cursive style and is underlined.

Michael O'Connor
Independent Chair of Southwark Safeguarding Adults Board

2. Overview of the Southwark Safeguarding Adults Board's Vision and Priorities for 2015/16

The SSAB, led by its new independent chair developed the following Vision Statement and Strategic Priorities for 2015/16:

Our Vision

We believe all vulnerable adults living in or visiting Southwark have the right to be safe and protected from harm. We will all work together to support vulnerable adults and their informal carers to make informed choices and to provide the highest quality services so they can live full, independent and self determined lives.

Responsibilities	Key Strategic Questions for the Board
<p>The Board will hold agencies to account for their key safeguarding responsibilities, so that:</p> <ul style="list-style-type: none"> ▪ All those who work with vulnerable adults know what to do if there are concerns about possible harm. ▪ When concerns about a vulnerable adult's welfare or concerns about harm are reported action is taken quickly and the right support is provided at the right time. ▪ Agencies who provide services for vulnerable adults ensure they are safe and monitor service quality and impact. 	<ul style="list-style-type: none"> ▪ Is the help provided effective? How will we know our interventions are making a positive difference? How will we know all agencies are doing everything they can to make sure vulnerable adults are safe? ▪ Are all partner agencies meeting their statutory responsibilities as set out in The Care Act (including Empowerment, Prevention, Proportionality, Protection, Partnership and Accountability), Mental Capacity Act and Deprivation of Liberty Safeguards? ▪ Do all partner agencies quality assure practice and is there evidence of learning and improving practice? ▪ Is safeguarding training monitored and evaluated and is there evidence of training impacting on practice? This includes multi-agency training.

Our Priorities for 2015/16

<ul style="list-style-type: none"> ▪ Assurance that practice improves outcomes and service user experiences 	<ul style="list-style-type: none"> ▪ Empowerment: Making Safeguarding Personal 	<ul style="list-style-type: none"> ▪ Learn from Practice 	<ul style="list-style-type: none"> ▪ Embed the Mental Capacity Act 	<ul style="list-style-type: none"> ▪ Safeguarding Vulnerable People
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Overview of Vision and Priorities

The Board's Vision Statement and Strategic Priorities are underpinned by the six Care Act safeguarding principles of empowerment, prevention, proportionality, protection, partnership and accountability. Our vision and priorities have also been developed inline with the broader framework of Southwark policies and strategies, especially Southwark Council's *Fairer Futures Promises* and the *Southwark Health & Wellbeing Strategy 2015-2020*.

The 2015/16 priorities were identified to set the direction of the strategic partnership, in its efforts to ensure that Southwark safeguarding arrangements and organisations work to protect local adults at risk of abuse or neglect, and to ensure that:

- Adults at risk are **empowered** to develop their own solutions, and those taking steps to safeguard adults at risk respect their right to take positive risks;
- Safeguarding practice in Southwark is **effective** and makes a positive difference to people's lives;
- Safeguarding adults activities are **integral** other relevant work-streams, and contribute to the Council's Fairer Future promise of making Southwark a safer place for everyone.

In order to measure outcomes, the Board also identified a number of **key objectives** under each of the five priority headings:

Priority 1: Assurance that practice improves outcomes and service user experiences

Key Objectives:

- 1.1. Adult Principal Social Worker develops a quality framework, including practice audits;
- 1.2. Develop and monitor a safeguarding adult's dashboard;
- 1.3. Carry out analysis of Self Assessment Framework audit returns;
- 1.4. Conduct a Board Challenge Event.

Priority 2: Empowerment: Making Safeguarding Personal

Key Objectives:

- 2.1. Work towards personalised solutions to safeguarding allegations focused on service user outcomes (including developing options for more personalised outcomes in reference to Restorative Justice, Family Group Conferences, Brief Interventions, and Supported Decision Making);
- 2.2. Redesign IT systems to support and collect outcome information;
- 2.3. Deliver training across the Partnership on Making Safeguarding Personal.

Priority 3: Learn from Practice

Key Objectives:

- 3.1. Deliver learning events to cascade themes from substantiated safeguarding concerns and Safeguarding Adult Reviews;
- 3.2. Ensure training includes contemporary local safeguarding case studies;
- 3.3. Provide regular case presentations to the Partnership Board.

Priority 4: Embed Mental Capacity Act (MCA)

Key Objectives:

- 4.1. Undertake an audit of MCA decisions, advocacy (IMCA) case involvement and DoLS authorisations
- 4.2. Monitor and ensure the uptake of MCA training;
- 4.3. Ensure there are adequate Best Interests Assessors (BIAs) to meet demand;
- 4.4. Embed BIA training as a professional career pathway element.

Priority 5: Safeguarding Vulnerable People

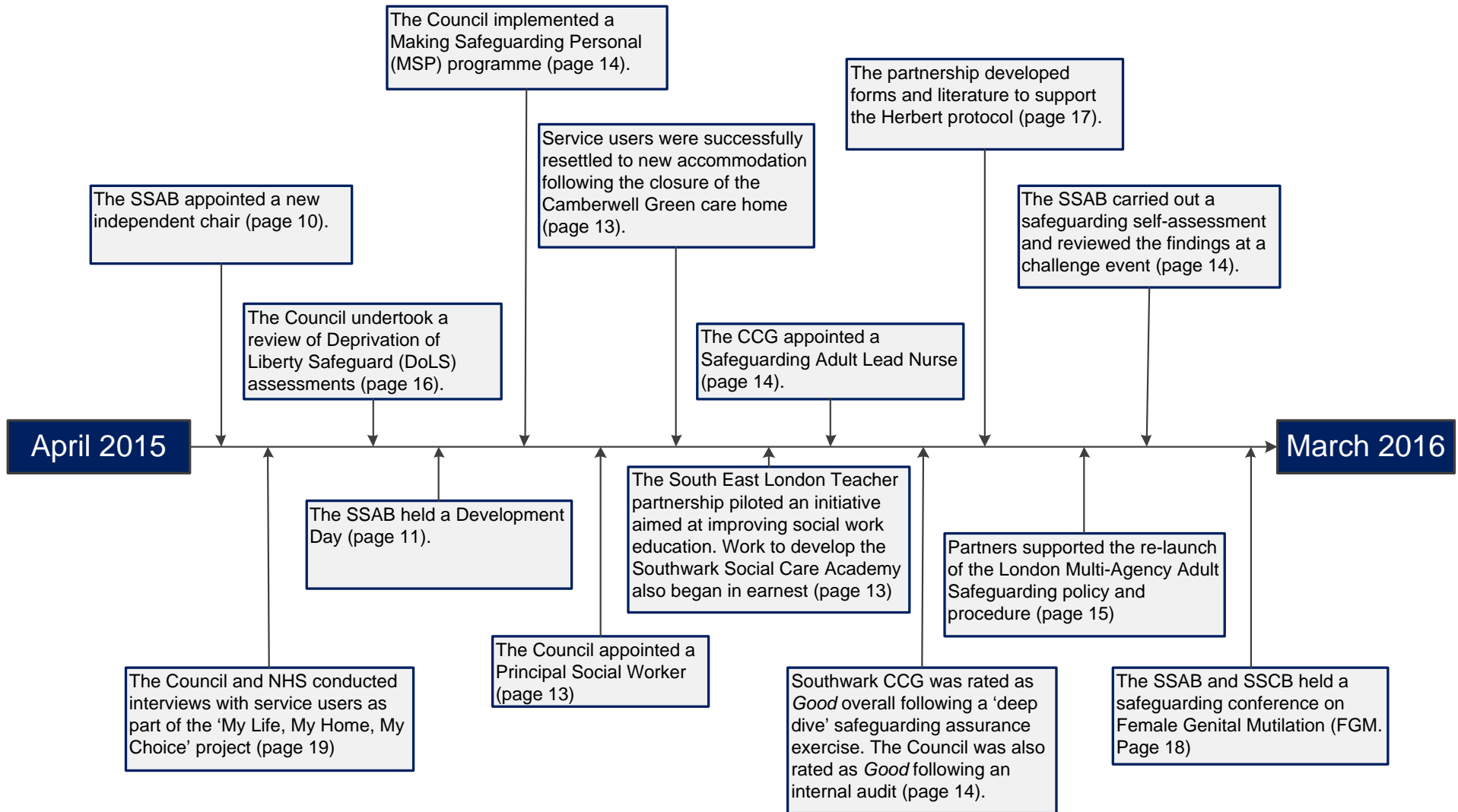
Key Objectives:

- 5.1. Develop joint adult and children's Female Genital Mutilation (FGM) guidance;
- 5.2. Implement the PREVENT agenda across adults and children's services;
- 5.3. Ensure sufficient partnership and agency representation at the following forums –
 - Southwark Safeguarding Children's Board;
 - Multi-Agency Risk Assessment Conferences;
 - Multi-Agency Public Protection Arrangements;
 - Hoarding Panel.
- 5.4. Conduct Joint Safeguarding Adults Enquiries.
- 5.5. Secure operational funding across the partnership for the Board.

The Board built on these five strategic priority areas and related objectives to develop a Strategic Priorities Outcome Framework in support of the Southwark Safeguarding Adults Board Strategic Plan.

*You can find evidence on our milestones and achievements against our strategic priorities and objectives in **sections 3 and 7** of this report.*

3. Overview of 2015/16 Milestones



4. The Southwark Context to Safeguarding

Southwark is the heart of London.

Southwark's population is 306,745¹, and is amongst the most ethnically diverse places in the country, with black and minority ethnic groups making up 48% of our population.

Of 326 local authorities in the United Kingdom Southwark is the 23rd most deprived, and the 9th most deprived borough in London. A recent Council Housing Needs report found that 95,482 Southwark residents live in council housing; of these tenants 998 have been identified as vulnerable (as of June 2016).²

Southwark is the 9th most densely populated local authority in England and Wales (more than twice as dense as London on average). From 2015 to 2025 the population is set to increase by an estimated 47,018 (mostly made up of adults aged 65 and over). The population of Southwark is highly mobile, with around 13% of people moving in, and 13% moving out each year³.

At the end of 2015/16 Southwark's Adult Social Care (ASC) department was actively working with 2,982 adults assessed as having eligible care and support needs. The majority of these adults received personal care due to a physical disability. Significant numbers of adults also required care due to a learning disability or a mental health need. During the course of 2015/16 the council undertook 556 Section 42 Safeguarding Enquiries as set out under the Care Act 2014. This represents a slight drop in enquiries compared to 2014/15 (584 enquiries).

Life expectancy in Southwark⁴

Men

Life expectancy for Southwark men on average (78.6 years) is lower than in London (by 17 months) and England (10 months). Male healthy life expectancy at birth is 59 years (compared to 63.4 years on average for London, and 63.3 years for England). There are significant differences in life expectancy across the borough: according to GLA data, between 2009 and 2013 men in the Village ward on average lived 9 years and 5 months longer than their counterparts in Camberwell Green.

Women

Life expectancy for Southwark women on average (83.8 years) is lower than in London (by 4 months), but higher than in England (8 months). Female healthy life expectancy at birth is 60.6 years (compared to 63.8 years in London, and 63.9 years in England). There are significant

The enactment of the Care Act in April 2015 introduced a legislative framework for all safeguarding adults work in the UK for the first time. Safeguarding duties apply to *any person aged 18 or over who has care and support needs and is experiencing, or at risk of, abuse or neglect, and is unable to protect themselves* as a result of these needs. Local Authorities **must** make enquiries or cause others to do so if they suspect abuse of such an individual, regardless of whether the person is currently in receipt of support from the Local Authority or not.

Abuse can take many forms, including physical, psychological, sexual, financial, and organisational abuse, and also domestic violence, modern slavery, neglect and self neglect. Abuse can be perpetrated by anyone in any setting, and can occur as a one-off or be ongoing.

¹ Southwark Demographic Factsheet. May 2015. Lambeth & Southwark Public Health Intelligence Team.

² Southwark Council Housing Health needs Assessment. June 2016. Veronika Theil, Public Health.

³ Southwark Population change and socioeconomic change 2015/16. Lambeth & Southwark Public Health Intelligence Team.

⁴ Life Expectancy in Southwark. June 2015. Lambeth & Southwark Public Health Intelligence Team.

differences in life expectancy across the borough: between 2009 and 2013, women in South Camberwell on average lived 8 years and 11 months longer than their counterparts in Nunhead.

Avoidable deaths⁵

While rates have fallen for both men and women in Southwark, 30% (1,181) of all deaths registered in Southwark between 2012 and 2014 were from causes considered avoidable. This compares to 23% in England and Wales. In the same period 36% of male deaths were deemed avoidable compared to 24% for women. The majority of these avoidable deaths were attributed to cancers and cardiovascular disease. Residents of East Walworth, Camberwell Green and The Lane experience significantly higher rates of avoidable deaths than in other parts of the borough.

5. The Purpose of the Southwark Safeguarding Adults Board

5.1 Primary Objective and Duty

The Board's primary objective is to assure itself that local safeguarding arrangements and partners act to help and protect adults who are at risk of or experiencing abuse or neglect.

In addition, The Care Act 2014 stipulates the following three core duties for Safeguarding Adult Boards:

1. To publish a Strategic Plan;
2. To publish an Annual Report that details what the Board has done during the year to achieve its main objectives and implement its strategic plan, as well as present the findings and subsequent actions of any Safeguarding Adults Reviews (SARs);
3. To conduct Safeguarding Adults Reviews.

5.2 Membership

It is a requirement of the Care Act that the Local Authority, NHS Clinical Commissioning Group (CCG), and the Chief Officer of police **must** be represented on Safeguarding Adult Boards. The Board is a multi-agency group, in addition to officers from Southwark Council, the CCG and the Police, the Board is also made up of officers from the National Health Service (NHS), Care Quality Commission (CQC), and Community Southwark.

Although it is not a requirement, Care Act Guidance advises that thought be given to the appointment of an Independent Chair to Safeguarding Adult Boards. In April 2015 the Board appointed Michael O'Connor as Independent Chair. Michael also serves as the Independent chair of Southwark's Safeguarding Children's Board. The Chair is accountable to the Chief Executive of the Southwark Council.

To ensure the Board fulfils its duties effectively, our membership is made up of senior officers who are able to promote the respective priorities of the organisations around the table, and also commit their organisations to agreed actions. Board membership during the course of 2015-16 is detailed in **Appendix 1**.

⁵ Avoidable deaths. December 2015. Lambeth & Southwark Public Health Intelligence Team.

5.3 Meetings and Events

Throughout the course of 2015/16, the Board convened four times (usually in the Council's Tooley Street headquarters). Meetings were used to address a range of areas, including (but not limited to) –

- the role of the Board and how its membership supports it to meet its statutory duties;
- partnership readiness to meet the requirements of the Care Act 2014;
- progress against priorities;
- themes including 'Voice of the User', 'Learning from Practice', 'Making Safeguarding Personal', and 'Female Genital Mutilation';
- case presentations;
- performance, safeguarding compliance and quality audits;
- current safeguarding concerns, national and local policy and practice issues.

The Board arranged a number of events in addition to its regular meetings, including the following -

Board Development Day (6th October 2015)

Board members used this event to consider important topics in detail, including –

- The challenge of representing service users' views at Board level;
- Prevention and awareness raising strategies;
- Key performance indicators;
- The development of sub-groups to support and strengthen the SSAB's ability to progress work in specific areas.

Board Challenge Event (22nd February 2016)

Members used this event to consider the findings of the Self-Assessment Framework exercise (see Object 1.4, page 14).

Conference to address Female Genital Mutilation (23rd March 2016)

For more information on this conference see *Objective 5.1*, page 18.

5.4 Budget

The work of the Board is supported by contributions from the Council, CCG, Police and the London Fire Brigade. The expenditure for the partnership for 2015/2016 was £66,000.

6 The Performance of Adult Safeguarding in Southwark

556 adults were the subject of Section 42 Safeguarding Enquiries during 2015/16. Of the Section 42 Safeguarding Enquiries concluded during the year:

- the majority were opened in response to concerns around *neglect and acts of omission* (28%), followed by *physical abuse* (25%), and *financial abuse* (22%);

- abuse was suspected to have occurred in the service users *own home* in 42% of cases, followed by 20% in *Care Homes*;
- service users were recorded as lacking mental capacity in 27% of cases.

Post investigation *further action* was required in nearly half of the Section 42 Safeguarding Enquiries cases concluded in 2015/16. Action was taken in 51% cases which resulted in the risk either being *removed* or *reduced*.

There were no Safeguarding Adult Reviews conducted during 2015/16.

The case studies below illustrate examples of effective safeguarding arrangements.

Case Study 1

SM has a diagnosis of Multiple Sclerosis, and is on a modified diet of thickened fluids. Safeguarding concerns were raised while she was in hospital due to suspicions that her family had been feeding her solid food, leading to significant concerns that her family did not understand her condition sufficiently, and may not be able to support her appropriately when she returned home.

Eventually it was decided that SM should return home with the appropriate support from health and social care in the community. The family were provided with a significant amount of support and information from various professionals to educate them around SM's condition.

SM has now settled well back at home. Her care package is working well and is alleviating some of the pressure that was on her family. Staff report that her mother is now doing a fantastic job with her eating, drinking and communication.

Case Study 2

FD has severe dementia. His large family had differing views on how he should be cared for. Eventually their entrenched positions led to family members refusing to talk to each other. These issues resulted in a series of complaints and a safeguarding referral to social care.

A social worker was allocated to assess FD and ensure his safety and wellbeing. The social worker managed to get the family to agree to engage in mediation. Although the mediation achieved some positive results it was eventually necessary to ask the Court of Protection to intervene. Throughout this period Adult Social Care continued to work with FD, his family, and other involved parties (including his care agency and other professionals) to ensure that he received appropriate care and support.

The situation is now stable, and FD has been able to continue living in the family home. His family have managed to put their differences aside to act in his best interests.

Case Study 3

AC has a history of mental health issues and alcohol dependency. Despite efforts from support services AC refused to engage, as a result her ability to manage her daily affairs increasingly impacted upon her wellbeing.

AC lived in council accommodation with her partner JC. JC (who also had a history of alcohol dependency) played an important role in trying to get AC to engage with services. Attempts had been made on a number of occasions to get AC to consider alternative housing and care options, but these attempts had been unsuccessful, in part due to AC's concerns that JC would be left homeless.

Adult Social Care intervened, and a Social worker began visiting AC and JC twice weekly to build a relationship. Eventually AC and JC agreed to view – and eventually move into - St. Andrews Supportive Accommodation for people with mental health, drug and alcohol dependency. AC remains at St. Andrews, while JC completed a full alcohol detox, and resides in the community with support from the long term drug and alcohol team.

7 Meeting our 2015/2016 Priorities

The SSAB supported and monitored the work of its partners towards meeting the priorities set for 2015/16. In addition to the evidence provided in support of our priorities throughout this section, the following is also of note for 2015/16 –

- NHS England carried out a 'deep dive' safeguarding assurance exercise with NHS Southwark CCG. The CCG was rated as *Good* overall.
- An internal audit of Southwark Council safeguarding cases concluded that safeguarding adults at risk practices were *Good* across operational teams. However the final report also concluded that there were opportunities to improve the recording of cases. These findings (alongside the introduction of MSP) have been considered in the delivery of the Council's training, and introduction of new IT systems.
- Following concerns about Tower Bridge nursing home (operated by HC-1) and Burgess Park nursing home (operated by Four Seasons), the Council placed both homes under an embargo in 2014/15. As a result neither scheme was able to take new referrals, and both schemes were placed under special measures by the CQC shortly afterwards. Throughout 2015/16 the Council and CCG (reporting back regularly to the SSAB) undertook visits to the homes to monitor progress against their respective improvement plans. The embargo was lifted once partners had satisfied themselves that the schemes had improved sufficiently. Throughout the process the Council and CCG regularly liaised with the CQC, who subsequently removed both schemes from special measures.
- Camberwell Green Nursing Home (operated by HC-1) closed at the turn of the year. During this period difficult decisions needed to be made about the transfer of residents to two services previously under embargo (both services had been under special measures – see the above point - but had since made significant improvements). Partners across care and health worked in conjunction with care home staff, and also service users and their families in order to manage the closure and the subsequent allocation of service users to suitable accommodation. During the transfer period no safeguarding concerns were raised. The lessons learnt during this period have been used to review the Council's *Care Home Closure Protocol*, and to develop a *Provider Failure Policy*.

- The SSAB reviewed its structure and membership in order to ensure its continued ability to deliver its remit as defined by the Care Act.
- The CCG recruited to the post of Safeguarding Adult Lead Nurse.
- The Safeguarding Adults Partnership oversaw the development of accessible safeguarding information for the public (including literature targeted at adults with learning disabilities). This literature has since been made available via the Southwark website, and has been distributed to important sites across the borough.
- The *Multi-London Safeguarding Policy and Procedure* was launched. In support of the launch the Council uploaded the document to the Southwark Adults Policy and Procedure Manual. All Adult Social Care Staff are required to subscribe to the manual so that they receive notifications whenever an amendment is made to one of the policies/procedures contained.
- The CCG developed and circulated a *GP Adult Safeguarding Policy* template for GP practices to adapt and adopt.
- The Council continued to deliver on the commitments made in the Southwark Ethical Care Charter. We believe that the measures taken to ensure that staff who deliver care services receive good pay and fair contracts will safeguard service users who access services, and deliver positive outcomes for their wellbeing for years to come.

Priority 1: Assurance that practice improves outcomes and service user experiences

In order to gauge whether interventions are effective it is vital systems are in place to ensure a positive direction of travel, that the right outcomes are being achieved, and to identify issues/ concerns as they arise. It is also critical that the service user is at the heart of their solution. This is at the forefront of our thinking in developing and monitoring services for vulnerable adults.

Objective 1.1: Principal Social Worker to develop a quality framework including audits of practice.

The Council's *Vision for Adult Social Care* identifies the development of a quality assurance framework for professional practice as a priority area. While the work delivering this objective is ongoing, the following was achieved during 2015/16 –

- A Principal Social Worker for Adults was appointed, with dedicated responsibility for driving the continuous improvement of practice standards.
- The Principal Social Worker for Adults in association with the Principal Child and Family Social Worker launched a joint annual Social Work Health Check (due to report on its outcomes in autumn 2016).
- The South East London Teaching Partnership piloted a range of initiatives aimed at improving standards of pre and post qualifying social work education. A bid was submitted to the DfE/DH for continued funding to consolidate the Partnership and support programme expansion (which has since received ministerial approval).
- The Principal Social Worker for Adults supported the development of the Southwark Social Care Academy. The Academy aims to introduce a range of measures to improve processes for the recruitment, induction, training and development of the adult social care workforce.
- The Principal Social Worker supported the launch of Southwark's first Assessed and Supported Year in Employment (ASYE) programme dedicated to newly qualified social workers working within adult services.

Objective 1.2: Develop and monitor a safeguarding adult's dashboard.

The development of the safeguarding adult's dashboard has been carried over to 2016/17. The partnership are in the process of finalising a dashboard of key performance indicators across the priority areas to enable the board to understand safeguarding activities across the partnership, and to take appropriate action where necessary.

Objective 1.3: Carry out analysis of Self Assessment Framework audit returns

At the beginning of 2016, Board members completed a self-assessment in order to identify areas of strength, and areas of ongoing challenge. The framework addressed the following areas –

- Leadership, Strategy, Governance and Organisational Culture.
- Organisational responsibilities towards adults at risk is clear for all staff and commissioned services.
- Organisations approach to workforce issues reflects a commitment to safeguarding and promoting the wellbeing of adults at risk.
- Effective inter-agency working to safeguard and promote the wellbeing of adults at risk.
- Addressing issues of diversity.
- The service can demonstrate that people who use services are informed about safeguarding adults and empowered within the organisations responses to it.

The Board also considered the findings of the self-assessments at the Board Challenge Event.

Objective 1.4: Conduct a Board Challenge Event

The Board conducted a challenge event in February 2016. During the event members were asked to consider safeguarding arrangements in Southwark, and identify three areas of strength, and three areas that continue to prove challenging. Among other areas, members identified significant strength in governance structures, leadership, policy and procedure, training programmes delivered across the partnership and overall partnership working.

The Board identified the implementation of (and compliance with) the Mental Capacity Act 2005 as an ongoing challenge. As a result, the ongoing implementation of the Mental Capacity Act has been identified as a Board priority again for 2016/17.

Priority 2: Empowerment - Making Safeguarding Personal

Making Safeguarding Personal (MSP) began in 2009 as an initiative by the Local Government Association (LGA) and The Association of Directors of Adult Social Services (ADASS). The focus of MSP is to improve the safeguarding experience for individuals by making the process more person-centred and outcome focused.

Integral to this approach is the need that individual's views inform and shape the safeguarding process. The Care Act requires that local authorities and their partners ensure that individuals are as involved as possible in making decisions about their care and support during the assessment, support planning and review stages, and during all safeguarding. If an individual has *substantial difficulty* being involved or making their views/wishes known, partners must:

- ensure that there is an appropriate person such as a friend or relative who can facilitate their involvement; or
- arrange for an *independent advocate* to support them if there is no appropriate individual to help them.

Objective 2.1: Work towards personalised solutions to safeguarding allegations focused on service user outcomes.

During the course of 2015/16 the Council:

- delivered MSP training (see *Objective 2.3*);
- took steps to ensure key MSP requirements were included in all new local authority homecare contracts;
- designed and implemented a safeguarding pathway supported by IT systems which are able to record the service user's wishes in relation to the safeguarding process and outcomes;
- prioritised the need to involve service users in the development of delivering personalised outcomes (including the co-production of the Board's Strategic Plan).

In February the Council conducted a random audit of 40 safeguarding cases in order to identify whether MSP was being implemented. In all cases there was clear evidence of the service user or their representative being involved in the conduct of the enquiry. Individuals were asked what they wanted from the enquiry, and they were asked whether their objectives had been met at the end of the enquiry process. There was evidence that the enquiry process was made as accessible as possible, with meetings being held in individual's homes/care homes. There was also evidence of advocates and interpreters being made available to support people throughout where necessary.

Objective 2.2: Redesign IT systems to support and collect outcome information.

Southwark CCG currently uses a tracker to monitor all safeguarding alerts that concern CCG fully funded continuing care clients. This tracker monitors the progress of safeguarding investigations, and captures learning from incidents to support improvements in practice. The tracker is reviewed monthly at CCG Continuing Healthcare Team meetings.

Adult Social Care has taken steps to embed MSP in its new IT system (MOSAIC). The system ensures that the Council is able to capture information about the individual's desired outcomes, and whether these are being/have been achieved. Measures have also been taken to embed MSP considerations in all safeguarding documentation, policies and processes.

Objective 2.3: Deliver training across the Partnership to reflect the MSP approach

The SSAB agreed a programme plan to achieve Bronze MSP status by April 2016. The programme includes specialist MSP training delivered across the partnership in between December 2015 and January 2016, an MSP e-learning module, and the delivery of an MSP staff practice forum. An action plan has also been developed to support the partnership to achieve silver MSP status by September 2016. In addition to these measures, we have also –

- Provided Care Act training to partnership staff to clarify the impact of the Care Act on safeguarding work.
- Amended policies, procedures and forms to reflect the legal definitions and requirements of safeguarding in-line with the Care Act and the recently revised *London Multi-Agency Safeguarding Adults Policy and Procedures*.

Priority 3: Learn from Practice

Up-to-date training, partnership work and the sharing of best practice are vital tools in ensuring that the partnership's workforce is able to:

- prevent harm, and prevent care and support needs arising or worsening;
- deliver service user focused outcomes and improve wellbeing;
- ensure compliance with legislative and regulatory requirements;

- address evolving needs and landscapes.

Objective 3.1: Deliver learning events to cascade themes from substantiated safeguarding concerns and Safeguarding Adult Reviews

The Board reviews case studies periodically to learn from practice (see *Objective 3.3*), while training delivered across the partnership utilises contemporary examples of safeguarding concerns, methods and desired outcomes (for example the MSP training, *Objective 2.3*). The partnership also uses events such as the annual SSAB conference to address current topical safeguarding concerns such as FGM (see *Objective 5.1*).

There were no Safeguarding Adults Reviews during the course of 2015/16.

Objective 3.2: Ensure training includes contemporary local safeguarding case studies

2014/15 safeguarding training across the partnership included the use of safeguarding case studies in order to ground participants' learning in real life experiences they may encounter, and to get them thinking about adult safeguarding in relation to Care Act and MSP requirements.

Objective 3.3: Provide regular case presentations to the Board

The SSAB used alternating board meetings to consider case studies. Case studies covered sexual exploitation (July 2015), and difficulties experienced when protecting adults at risk from financial abuse (January 2016).

Priority 4: Embed the Mental Capacity Act

During the Board Challenge Event in February 2016, Board members identified Mental Capacity implementation and compliance as an area of continuous challenge. The Mental Capacity Act 2005 protects people who lack capacity by providing a framework that places them at the heart of the decision-making process, ensuring that they participate as much as possible in any decisions made on their behalf, and that decisions made for them are made in their best interests.

Deprivation of Liberty Safeguards (DoLS) were introduced in 2005 to ensure that individuals who are in hospitals or care homes are not unnecessarily deprived of their liberty. The precedent set following the Cheshire West legal challenge in March 2014 led to an unprecedented increase in the number of DoLS applications local authorities are asked to review. In Southwark alone we have seen levels rise from an average of 45 per year to 756 in 2015/16. The Council established a specialist DoLS team in order to deal with this sharp increase in demand for authorisations.

Utilising the quality framework and audit programmes described in this report, and with regular training programmes, the Board will continue to take measures to ensure the principles of the Mental Capacity Act are embedded in practice.

Objective 4.1: Undertake audit of MCA decisions, advocacy/IMCA involvement in cases, and DoLS authorisations

The majority of service users who were the subject of DoLS authorisations during 2015-2016 were represented by relatives or friends, however it was assessed that an IMCA was required in 97 DoLS cases.

We have seen significant reductions in the number of DoLS applications awaiting assessments, and the time from receiving the final assessment to securing appropriate authorisations being secured. However, the high number of DoLS applications received continues to pose a

challenge. During the course of 2015/16 a review of DoLS applications commenced with the aim of tackling these issues.

The Quality Assurance and Safeguarding Team meets with BIA assessors quarterly to support them, and to offer feedback on the findings of informal audits and quality checks on completed BIA assessments and processes.

Objective 4.2: Monitor and ensure the uptake of MCA training.

We continued the programme of MCA training and practice awareness across the partnership. Steps have also been taken to embed MCA/advocacy considerations in all council and partner safeguarding documentation in order to support compliant delivery.

Objective 4.3: Ensure there are adequate BIA assessors to meet demand.

During the period 2014/15 - 2015/16, the Council recruited and trained 51 BIA assessors. In order to meet the increased demand for BIA's we also oversaw the establishment of a BIA training programme in partnership with 3 other London boroughs and the University of Bournemouth.

Objective 4.4: Embed BIA training as a professional career pathway element.

This remains a work in progress. The Board's intention is that BIA training is embedded as a professional career pathway by April 2017.

Priority 5: Safeguarding Vulnerable People

Partnership work continues to be vital to the successful delivery of safeguarding services and interventions in Southwark. We remain confident that safeguarding is at the heart of the services delivered by statutory and voluntary services in Southwark, and we also remain committed to maintaining an open dialogue with all our partners, and working jointly with partners to ensure the best person centred outcomes for vulnerable adults.

We are proud of the work and successes we have achieved with our partners to safeguard vulnerable adults. We strive to continually improve outcomes for vulnerable adults, and believe effective safeguarding can be achieved through developing joint objectives and more focused joint working. In addition to the work we have done to meet the objectives detailed in this section below, in 2015/16 we also –

- Developed and launched the *Herbert Protocol, Safe and Found* in partnership with the Alzheimer's Society, Age UK, the Metropolitan Police, the Older persons' Partnership Board and the Consortium of Older People's Service in Southwark. The *Herbert Protocol, Safe and Found* literature promotes good practice in protecting individuals with dementia. The Protocol consists of a form signed by an older person (or their carer) that provides personal information to help the police search for them in the event they go missing. The Protocol has previously been adopted in two other areas of the UK and has proven to reduce the average time taken to locate people who have gone missing. Southwark is the first borough in London to adopt the Protocol.
- Agreed to subsume our local crime and disorder partnership (the Safer Southwark Partnership) into the Safeguarding Adults Board. The boards have a similar membership structure, with the Council, Police, National Probation Service and Southwark CCG represented on both the Safeguarding Southwark Partnership and the Board. There are also a number of key themes that cut across both 'safeguarding' and the 'community safety' agenda (such as domestic abuse, substance misuse, financial abuse, the abuse of vulnerable adults living in their own homes in the community, FGM and PREVENT).

We anticipate that working as one collaborative board will provide opportunities for more joined up work and a focus on shared outcomes.

Objective 5.1: Develop joint adult and children's Female Genital Mutilation (FGM) guidance

FGM is a key priority for the Southwark Safeguarding Children's Board (SSCB). On 23rd March 2016 the Children's and Adults Safeguarding Board held a joint annual conference on FGM. The formal launch of Southwark's FGM guidance document was presented collectively by senior representatives across the partnership.

A total of 144 people across social care, health, education and other areas attended the conference. The conference opened with comments from Michael O'Connor, the independent chair of both Boards. Dr Comfort Momoh MBE, a prominent campaigner for the eradication of FGM, served as one of several keynote speakers. Workshops were delivered by a range of professionals from across the partnership and voluntary sector, including the council, the police, health, schools, the Health and Social Care Information Centre, Solace, Africa Foundation and a faith leader, demonstrating the commitment from all agencies to work together to eradicate FGM.

Without exception, the feedback was very positive, with participants finding the conference informative, inspiring, empowering and engaging. Following the conference participants across the partnership committed to raising awareness, disseminating lessons learnt and sharing good practice.

Objective 5.2: Implement the Prevent agenda across adults and children's services

A number of prevention aims were achieved across the partnership during 2015/16,) detailed below–

- NHS Southwark CCG made PREVENT awareness training mandatory for staff. The CCG also –
 - participated in the NHS England *Prevent Forum*, and completed quarterly returns to demonstrate CCG and provider compliance;
 - have 3 members of staff who are WRAP (Workshop to Raise Awareness of Prevent) 3 trained. WRAP 3 training has also been delivered to NHS Southwark Governing Body members, Directors and Heads of Service;
 - hosted a *Differentiation of Islam, Culture and Extremism* DICE event for provider services which was well attended with representation from GSTT, KCH and SLAM;
 - is represented on Southwark's Channel Panel. Channel Panels provide guidance to prevent vulnerable people being drawn into terrorism (aligned to the Counter-Terrorism and Security Act 2015).
- Southwark Council's Adult Social Care Mental Health Services, Housing department and the CCG conducted a joint initiative called *My Life My Home My Choice*. The project achieved positive outcomes for adults with mental health issues by supporting them to exercise personal choice, and move from supported accommodation to live more independently while also making the most of their care and health personal budgets. Initial findings suggest multiple positive outcomes for the wellbeing of these adults, including a reduction in acute admissions, and falls in social isolation. This work is ongoing.

Objective 5.3: Ensure sufficient partnership and agency representation at forums

Through regular reporting and the wider governance delivery structure the SSAB ensures that partnership members play a full role in operational arrangements for tackling issues such as domestic abuse (MARAC), public protection (MAPPA), and hoarding (Hoarding Panel) as these matters impact upon vulnerable adults at risk.

During 2015/16 the Council, CCG and police officers regularly attended a broad range of local fora aimed at protecting Southwark residents.

Objective 5.4: Conduct Joint Safeguarding Adults Enquiries

The Care Act requires that Safeguarding Adults Boards arrange a Safeguarding Adults Review when an adult in its area dies as a result of abuse or neglect (whether known or suspected) and there are concerns that partner agencies could have worked more effectively to protect the adult.

A SAR was initiated in 2014. We are due to report on the findings during 2016/17. No new SARs were initiated in Southwark during 2015-16.

Objective 5.5: Secure operational funding across the partnership for the Board

During 2015/16 the Board received contributions from a range of partners (see section 5.4, *SSAB Budget*). Work will continue to diversify and secure SSAB funding for 2016/17 with the aim to develop a specific allocated budget funded by partners to support its activities.

8 Summary and next steps

Good progress was made throughout 2015/16 to protect Southwark's vulnerable adults from harm. Lessons learnt during the course of the year inform our local practice.

We developed best practice around areas such as the Herbert protocol, and took important steps to ensure that staff across the partnership had the knowledge and resources to deliver effective and personalised safeguarding interventions, drawing on our involvement with the South East London Teaching Partnership, the development of the Southwark Social Care Academy, and the ongoing programme of Making Safeguarding Personal. We will continue to learn through experience and adopt a proactive approach to identifying safeguarding issues. We will also continue to share good practice across the partnership using a variety of methods - including case study presentations, audits, challenge events and meetings - with the voice of the client and carer front and centre.

We have also continued to spread the safeguarding word by participation in a range of fora (for example MARAC, MAPPA, PREVENT and the Channel Panel), and delivering well received events such as the joint Children and Adults Boards safeguarding conference.

The work started in 2015/16 provides a bench-mark for the work that will continue during 2016/17. We recognise work is still required to deal with the significant rise in DoLS applications following *P v Cheshire West* ruling. We must do more to better embed the Mental Capacity Act 2005 in practice. Steps must also continue to develop the work undertaken with the Southwark Social Care Academy and other local initiatives.

Looking ahead, in 2016/17 the partnership will oversee work to further improve service user engagement, and ensure that there is a strong ethos of examining the evidence of impact (using

methods such as audits). In order to progress the Board's decision to subsume the community safety agenda, we will implement a refreshed governance structure, to include delivery groups which will lead on specific areas such as Training, Safer Communities and Quality of Care. We will devise a new high level Dashboard that will enable the Board to effectively monitor progress. 2016/17 will also see the launch of a new *DoLS Authorisation Policy* following the Council's review of its DoLS processes. Work will continue to develop Best Interest Assessments. A named GP for Safeguarding Adults will also be recruited.

These initiatives will form the starting point for the Adult Safeguarding Board's Strategic Plan for 2016/17.

Contact information

If you have any questions about the content of this report (or you have thoughts about what we should include in future reports), please contact ssab@southwark.gov.uk.

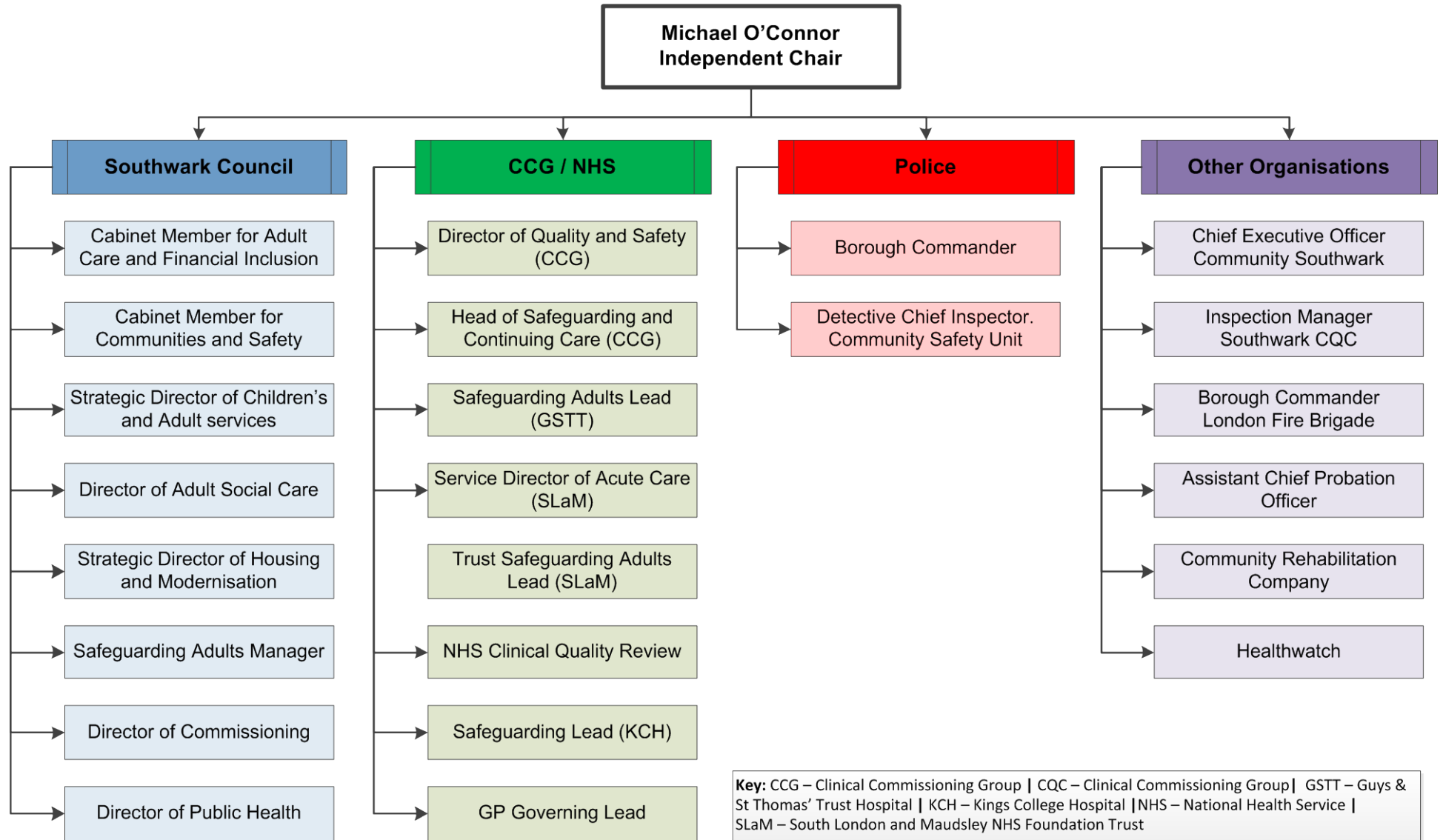
If you are concerned about an adult at risk in the borough of Southwark you should notify us immediately (telephone: 020 7525 3324, or email: casc@southwark.gov.uk).

If the adult has been injured you should seek advice from their GP, or in an emergency call 999.

If you believe a crime has been committed you should notify the police.



Appendix 1: Southwark Safeguarding Adults Board Membership



Item No. 16.	Classification: Open	Date: 31 January 2017	Meeting Name: Health and Wellbeing Board
Report title:		SafeLives 'A Cry for Health' published report 2016	
Ward(s) or groups affected:		All wards	
From:		Andrew Bland, Chief Officer, NHS Southwark CCG	

RECOMMENDATIONS

1. The board is requested to:
 - Be aware of the SafeLives document 'A Cry for Health – why we must invest in domestic abuse services in hospital' that recommends agencies work together to provide people with wraparound tailored domestic violence support
 - Note the current commissioning context to DA services in the borough
 - Note the potential opportunity to bid for additional funding from the Government's Violence Against Women & Girls (VAWG) transformation fund
 - Note that any additional resources will require a partnership commissioning response

EXECUTIVE SUMMARY

2. It is well known that domestic abuse has a devastating effect on the health and wellbeing of victims and families. Councillor Rebecca Lury, Chair of the Healthy Communities Scrutiny Sub-Committee has recently highlighted the publication of the SafeLives 'A Cry for Health' report, seeking Health & Wellbeing Board support for the provision of specialist domestic abuse support services onsite at Southwark's local hospital sites.
3. The paper by SafeLives 'A Cry for Health' recommends that Independent Domestic Violence Advocates (IDVAs) are located in hospital A&E and other relevant departments. This is because hospital IDVAs are more likely to engage victims who disclosed high levels of complex or multiple needs related to mental health, drugs and alcohol, compared with community domestic abuse services. (*SafeLives (2015), Getting it right first time: policy report* www.safelives.org.uk).

BACKGROUND INFORMATION

4. SafeLives recently published 'A Cry for Health' which makes the case for health providers being part of the long-term solution to tackle domestic abuse. SafeLives research found that locating a team of IDVAs within a hospital is a key way to improve access to support from specialist domestic abuse professionals in a timely and effective way.

5. The health services and the CCG in Southwark, alongside the council and other partners, recognise DA as a priority. It is one of the council's Fairer Future Promises and in March 2015, following extensive consultation, a Domestic Abuse Strategy (DAS) 2015-2020 was agreed.
6. This strategy was developed following extensive consultation with service users and agencies represented in the Health and Wellbeing Board, the Southwark Safeguarding Adults Board and the Southwark Safeguarding Children Board.
7. In the context of this strategy, recent years have seen the development and implementation of a collaborative, outcomes based commissioning approach in order to reconfigure and streamline DA services in the borough. This led to a new DA service known as Southwark Advocacy and Support Service (SASS), which is currently delivered by Solace Women's Aid (SWA) and it is instrumental in delivering the DAS. The current commissioned DA support service, SASS, is the most comprehensive and innovative DA service offer that the borough has ever had and a flagship service for our residents which is seen as best practice across London.
8. NHS Southwark Clinical Commissioning Group is already working closely with the council to ensure that health services play an active role in preventing and addressing DA. The CCG financially contributes to the existing contract the council has in place for the SASS service. This financial contribution has made it possible for the service to deliver a specialist GP based domestic abuse intervention known as IRIS which has been endorsed by NICE and which is being rolled out to all GP surgeries in the borough. The service also delivers:
 - IDVA service: advocacy, emotional and practical support, risk assessment, safety planning, support plans, advice on benefits, signposting, refuge accommodation searches, tenancy retention, income maximisation
 - sanctuary scheme: safety measures in the home;
 - comprehensive offer of awareness and resilience building programmes for survivors of DA to break the cycle of abuse
 - specialist counselling: 16 one to one counselling session to lift women out of depression and reduce levels of anxiety and recover from the experiences of DA
 - legal surgery: qualified solicitors provide advice and representation on non molestation orders, residency orders, occupation orders, child contact, etc
 - comprehensive training for professionals, community organisations and community volunteers
 - children's therapeutic intervention: one to one play and arts based therapeutic intervention, aims to raise awareness of parents awareness of the effects of DA on children
 - a new perpetrator intervention: 26 week programme aimed at individuals who want to address their behaviour
 - a GP based intervention: a nationally recognised intervention called IRIS.
 - a peer supporters programme
 - women's voices groups to shape service development
 - a DA community champions programme
 - co-locations with key partners such as housing, MASH and police

9. As a result of the GP based scheme, there has been a 261% increase (from 13 to 47) in the number of GP referrals into the service in the last 12 months compared to the previous 12 months.
10. In addition a DA needs assessment focusing on the health impacts of this type of abuse and referral pathways is currently being undertaken by colleagues in the public health team. The aims of the HNA is to identify the wider health needs of victims/survivors of domestic abuse, to assess the current level of awareness of domestic abuse, and support available within community health and healthy lifestyle services and to identify opportunities to further enhance the role of community health and healthy lifestyle services in prevention and early identification of domestic abuse. The findings of this needs assessment will inform future partnership and commissioning activity.
11. Officers have been working closely with the Mayor's Office for Policing and Crime (MOPAC) to ensure that some of Southwark's allocation from their pan London IDVA service is located at Kings College Hospital where there is currently already an IDVA.
12. Hospital access points for IDVA services are KCH A&E and include support to under 25 year olds, and at GSTT A&E and maternity services. Currently the existing services are not directly commissioned by Southwark Council or Southwark CCG. Current provision across the two hospital sites equates to approx five to six full time equivalent staff. There is potential to enhance services through partnership commissioning responses. The SASS service has links into the hospital IDVAs and takes referrals for follow through community support.
13. Increasing the currently IDVA provision located in hospitals and A&E department would require additional resources and this would need to be considered as part of partnership commissioning arrangements.
14. From April 2017 the Government will launch a £15m 3 year service transformation fund to aid, promote and embed best local practice in relation to Violence Against Women and Girls (VAWG). Bids are being invited from local health commissioners who can demonstrate a joined up approach between local authorities and voluntary services.
15. Officers in the CCG and the council are liaising in order to develop bids to this fund. Some of the areas currently being explored are additional resources to strengthen the way perpetrators are held to account and supported to change across the system, targeted work for repeat high risk victims who fail to engage with the current service provision and to aid, promote and embed best local practice linked to the local Sustainability & Transformation Plans (STP) footprint

KEY ISSUES FOR CONSIDERATION

Policy implications

16. NHS Southwark Clinical Commissioning Group and the council will continue to work closely to deliver the Domestic Abuse Strategy, which is part of the council's fairer future promises, as set out in the 2 July 2014 Cabinet report- Delivering a Fairer Future for all in Southwark. More specifically they will help to support fairer future promise 7- Safer Communities. It will also contribute to the fair future

promise of making the borough a place to be proud of.

17. Joint bids to the Home Office VAWG transformation fund will be explored and endorsed by the Southwark Safeguarding Adults Board which has strategic oversight of this area of work.

Community and equalities impact statement

18. An equalities analysis was carried out on the DAS. No negative potential impacts were identified.
19. Due to the nature of the DAS, the extensive consultation and the involvement of partners in this process, the proposals set out in this report are likely to create only positive impacts in relation to protected characteristics.
20. The equality analysis demonstrated that the current approach shows no potential for discrimination.

Legal implications

21. None at this stage

Financial implications

22. There is the potential for on-going joint commissioning costs.

BACKGROUND PAPERS

Background Papers	Held At	Contact
SafeLives A Cry for Health – Why we must invest in domestic abuse services in hospital 2016	safelives.org.uk	Kieran Swann Head of Planning & CCG Assurance 020 7525 0466
Southwark's Domestic Violence Strategy 2015 - 2020	Southwark Council	Eva Gomez Safer Communities Team Manager 020 7525 7246

APPENDICES

No.	Title
Appendix 1	Letter from Chair of Healthy Communities Scrutiny Sub-Committee
Appendix 2	SafeLives report 'A Cry for Health' (circulated separately)

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark CCG	
Report Author	Kieran Swann, Head of Planning & CCG Assurance	
Version	Final	
Dated	19 January 2017	
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
Strategic Director of Children's and Adults' Services	No	No
Date final report sent to Constitutional Team		19 January 2017

Councillor Peter John OBE
Chair, Health & Wellbeing Board
Southwark Council
160 Tooley Street
London, SE1 2HZ

16 November 2016

Dear Councillor John,

I am writing to you in your capacity as Chair of the Health and Wellbeing Board to request your support for providing specialist domestic abuse support onsite at our local hospital sites.

As you may have seen, SafeLives recently published 'A Cry for Health' which makes the case for health providers being a part of the long-term solution to tackle domestic abuse. SafeLives found that on average, adults at high risk live with domestic abuse for 2.6 years before getting help, and an estimated 85% of victims sought help from professionals an average of five times in the year before they got effective help to stop the abuse.

Given my role as Chair of the Healthy Communities Sub-Committee, I understand the pressures that our health services are under both nationally and locally, but I believe that tackling domestic abuse is an incredibly important issue which we should be actively taking steps to prevent. There is an estimated cost of £1.73 billion to health services as a result of domestic abuse, and we therefore very much need to find ways in which to support victims to alleviate this financial pressure on our health services.

The SafeLives research has found that locating a team of Independent Domestic Violence Advisors (IDVAs) within a hospital is a key way to address this. I very welcome the Southwark Domestic Abuse Strategy 2015-2020 but believe that we can continue to go further.

The SafeLives report makes a number of recommendations, and I would be keen to understand the position of the Health and Wellbeing Board in regards to their findings, and ensuring that our local hospitals are in a position to provide these specialist domestic abuse support services onsite.

I am copying this letter to all members of the Health and Wellbeing Board, and will be publishing a copy of this letter in the public domain.

I look forward to your reply.

Yours sincerely,



Councillor Rebecca Lury
Chair, Healthy Communities Scrutiny Sub-Committee
Councillor for East Walworth

Item No. 17.	Classification: Open	Date: 31 January 2017	Meeting Name: Health and Wellbeing Board
Report title:		Annual Report of the Director of Public Health	
Wards or groups affected:		All	
From:		Jin Lim, Acting Director of Public Health	

RECOMMENDATIONS

1. The Board is requested:
 - a) To receive the 2016 Annual Report of the Director of Public Health (Appendix 1).
 - b) To note the health of Southwark’s population summarised pages 9 -10.
 - c) To note the summary recommendations on page 6 and executive summary pages 7 – 8.
 - d) To note the update on the recommendations in the previous APhR pages 62 – 64.

BACKGROUND INFORMATION

2. There is a statutory requirement for the Director of Public Health to report on the health of Southwark’s population.
3. The Annual Report of the Director of Public Health (APHR) identifies the major issues affecting the health of the population, identifies what’s happening currently and what more can be done. This year’s report covers 4 areas:
 - *Our children and families*: early years; young people
 - *Our Borough*: healthier high streets; housing and homelessness; air quality; active borough; healthy workplaces
 - *Staying healthy*: sexual health; healthy weight; tobacco control; alcohol; drugs; mental health
 - *Higher quality services*: child immunizations, cancer screening; flu vaccinations

EXECUTIVE SUMMARY

4. Demography & high level indicators
 - Southwark’s population today exceeds 300,000 people in a highly diverse borough characterised by deprivation, affluence and rapid change; over the next ten years Southwark is estimated to grow by 12% in population terms.
 - While life expectancy has advanced over recent years, life expectancy for men remains below the national average; yet these statistics mask

significant inequalities meaning that those from more disadvantaged backgrounds continue to face high levels of premature ill health.

5. Early years

- The proportion of children eligible for free school meals has fallen since 2012, however child poverty in Southwark remains high.
- Southwark has good levels of school readiness.
- Many children are classified as overweight or obese and work is taking place to implement the recently published healthy weight strategy.

6. Young people and risky behaviours

- Young people are generally healthy, although too many are of unhealthy weight and risky behaviours during adolescence can impact on physical and mental health.
- Young people have lower rates of smoking and substance misuse compared to the national average, yet rates of sexually transmitted infections are high and are continuing to increase.

7. Healthy high streets

- Good town planning, housing and regeneration are needed to support residents in leading healthy, happier and more active lives.
- All major Council policies should consider health improvement.
- Regulation is a vital public health lever for developing healthier high streets and shared urban spaces, with evidence from public health demonstrating how alcohol licensing in Southwark has played a nuanced role in developing the urban environment.

8. Housing and homelessness

- Poor housing harms mental and physical health, impairs childhood development, and undermines neighbourhood cohesion and wellbeing.
- Good quality housing, housing management, and advisory services prevent and reduce health inequalities throughout the life-course.
- Quality affordable housing, and plans to increase employment, together with provision of primary care, mental health, substance misuse and offender support services, will all help to reduce homelessness.

9. Air quality

- Poor air quality exacerbates chronic obstructive pulmonary disease and asthma and is responsible for an estimated 113 deaths per annum in Southwark.
- Most of the borough has been declared an Air Quality Management Area and the Council's proposal to the London Mayor to extend the Ultra Low Emission Zone to the whole of the borough will improve health and wellbeing.
- A new Air Quality Action Plan (AQAP) will be established for Southwark in 2017, strengthening existing work to reduce emissions from vehicles, buildings and new developments in the Borough.

10. An active borough

- Physical inactivity is the fourth-leading risk factor for global mortality worldwide and at least 308 premature deaths in Southwark can be associated with inactivity.
- Surveys suggest that Southwark teenagers in particular are less likely to be physically active, with one in four adults deemed physically inactive; and activity levels are decreasing.

11. Healthy workplaces

- Investing in workplace health reduces levels of sickness absence and increases productivity.
- Employers need to focus on health-damaging aspects of the workplace, such as sedentary behaviour.
- Approaches to workplace health and wellbeing need to be comprehensive and strategic, and based on evidence of what works.

12. Sexual health

- Southwark remains in the top five areas for sexually transmitted infection (excluding chlamydia diagnoses) in 15 to 24 year olds nationally.
- Young people, black and minority ethnic communities and men who have sex with men are most likely to have poorer sexual health.
- There are high levels of risky sexual behaviour in Southwark shown by high rates of gonorrhoea and syphilis and a high level of repeat infections amongst men.
- Reducing late HIV diagnosis is a key priority as 90% of HIV deaths are amongst people diagnosed late.

13. Healthy weight

- Obesity continues to be a complex challenge faced by many people in our communities with childhood obesity levels consistently higher than regional and national averages.
- A new healthy weight strategy 'Everybody's Business', launched in 2016, has committed the Council to reducing the levels of childhood obesity over the next five years.
- Tackling the obesogenic environment is key: to make healthy choices easy choices.

14. Tobacco

- Smoking is not a lifestyle choice but a chronic addiction usually started in childhood or adolescence.
- Southwark has a new tobacco strategy 'Breaking the Chain' which sets a new vision and approach to tobacco control and smoking cessation.
- Smoking cessation services need to be more targeted to specific groups.

15. Alcohol

- Investing in alcohol interventions is cost-saving in health terms, let alone the benefits to the wider economy and society as a whole.
- A better understanding is needed of the various populations affected by alcohol and a new health needs assessment is currently underway.
- Making Every Contact Count through the use of Identification and Brief Advice (IBA) in primary care, hospitals and social care can reduce the damage of alcohol.

16. Substance misuse

- Substance misuse affects some of the most vulnerable in our society, alongside some who are highly resilient.
- We need to better understand the scale of substance misuse in the area, and also understand better how our services are performing in treatment terms.
- A new health needs assessment will guide effective action against drugs and substance misuse among specific population groups.

17. Mental health

- Mental health problems are driven by a wide range of other factors and can themselves cause problems such as unemployment, homelessness and substance misuse.
- The burden of mental health problems in Southwark is higher than the London or England average: some 3,800 adults in Southwark suffer from severe mental illness.
- Southwark Council is working with NHS partners to develop a pan-agency approach to wellbeing and mental health, and in 2017 will be forming a new suicide prevention group.

18. Childhood immunisations

- Immunisation is the safest and most effective way of protecting individuals and communities from vaccine preventable diseases.
- A recent London-wide outbreak of measles has been associated with non-immunised children and adults.
- Increasing the uptake of routine childhood immunisations is a priority for public health.

19. Cancer screening

- Early diagnosis of cancer through screening results in better outcomes and increased survival rate.
- Uptake of bowel cancer screening can be improved by contacting patients who previously did not return their test.
- Bowel scope screening will be introduced in Lambeth and Southwark next year.

20. Flu vaccinations

- Flu immunisation is one of the most effective interventions to reduce harm from flu and flu-related hospital admissions in winter.
- Immunisation of primary school children is being extended to Primary School Year 3 in 2016/17.
- Frontline health and social care staff are being encouraged to voluntarily receive an annual flu vaccination.

21. Diabetes prevention

- Diabetes is preventable and its onset can be delayed.
- There need to be close linkages between diabetes prevention, the Obesity Strategy and the Physical Activity Strategy.
- Longer term outcomes (e.g. diabetes mortality, long term complications, prevalence) need monitoring: cardiovascular disease remains a highly prevalent group of conditions within Southwark.

22. Health Checks

- The number of NHS Health Checks completed in Southwark is increasing every year and we are on a trajectory to meet the national target of 75%.
- The detection of impaired glucose intolerance (prediabetes) and diabetes is increasing.
- Lifestyle changes, statin prescribing and treatment of newly diagnosed hypertension should be prioritised to reduce cardiovascular disease in the population at risk.

Community impact statement

23. The APHR makes recommendations to improve the health of the population and to reduce health inequalities. It highlights where some communities and individuals have poorer health and are less likely to access or make use of the services offered and provides recommendations to tackle these inequalities.

Financial implications

24. There are no specific financial implications contained within this report. In taking forward key recommendations, where there are implications for other local strategies and action plans, the detail will be worked up by the relevant strategic and commissioning partnerships and follow appropriate decision making processes.

BACKGROUND PAPERS

Background papers	Held at	Contact
Previous Annual Public Health Reports	Public Health	publichealth@southwark.gov.uk Public Health 020 7525 0280
Southwark Health & Wellbeing Strategy 2015/20	Southwark Council Website	publichealth@southwark.gov.uk 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	Annual Report of the Director of Public Health 2016 (circulated separately)
Appendix 2	Data annex (circulated separately)

AUDIT TRAIL

Lead Officer	Jin Lim, Acting Director of Public Health	
Report Author	Jin Lim, Acting Director of Public Health	
Version	Final	
Dated	19 January 2017	
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 January 2017	

Item No. 18.	Classification: Open	Date: 31 January 2017	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, Acting Director of Public Health	

RECOMMENDATION

1. The board is requested 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		jsna@southwark.gov.uk
Link: www.southwark.gov.uk/jsna		
Southwark Health & Wellbeing Strategy 2015/20		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, Acting Director of Public Health	
Report Authors	Richard Pinder, Consultant in Public Health Kirsten Watters, Consultant in Public Health Russell Carter, Consultant in Public Health	
Version	Final	
Dated	19 January 2017	
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	17 January 2017	

Health and Wellbeing Board	January 2017
PERFORMANCE & IMPROVEMENT PLAN	
<ol style="list-style-type: none">1. Obesity2. Tobacco3. Alcohol and drugs4. Sexual health & HIV	

Health and Wellbeing Board			January 2017	
1. Child obesity – National Childhood Measurement Programme Yr R				
Definition	<p>Obesity Prevalence: % of children in reception or Year 6 whose weight is above the 95th centile of the population</p> <p>Excess Weight Prevalence: % of children in reception or Year 6 whose weight is above the 85th centile of the population</p>		How this indicator works	<p>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.</p> <p>The NCMP is an important source of data to support national and local work to address child hood obesity.</p>
What good looks like	<p><u>Reception Year Children</u></p> <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	<p>Southwark has some of the highest rates of overweight and obesity in the country, with 56% of adults and 42% of children (year 6) classified as obese or overweight. Our most vulnerable populations are at increased risk of becoming overweight and obese.</p>
History with this indicator	<p>Obesity prevalence (2015/16)</p> <ul style="list-style-type: none"> • Reception: 12.2% 	<p>Excess Weight prevalence (2015/16)</p> <ul style="list-style-type: none"> • Reception: 25.2% 		

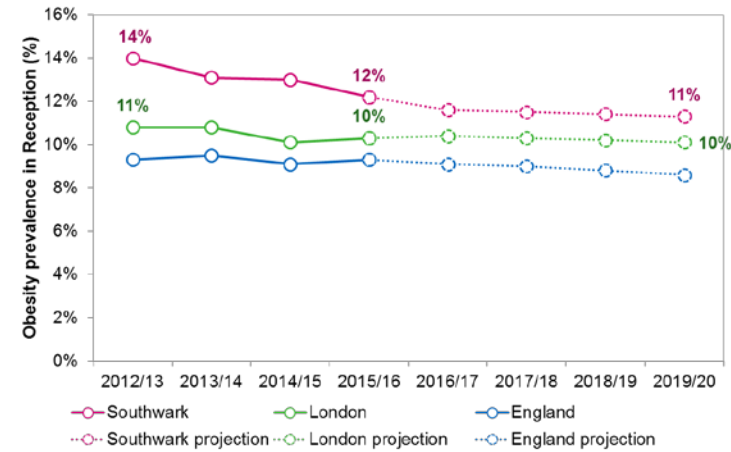
Reception Year (Obesity And Excess Weight)

Reception Year Obesity Prevalence figures (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20)

Period	2012/13	2013/14	2014/15	2015/16
Southwark (%)	14.0	13.1	13.0	12.2
London (%)	10.8	10.8	10.1	10.3
England (%)	9.3	9.5	9.1	9.3
Period	2016/17*	2017/18*	2018/19*	2019/20*
Southwark (%)	11.6	11.5	11.4	11.3
London (%)	10.4	10.3	10.2	10.1
England (%)	9.1	9.0	8.9	8.6

*Projected figures

Reception Year actual Obesity Trajectories (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20) for Southwark, London and England

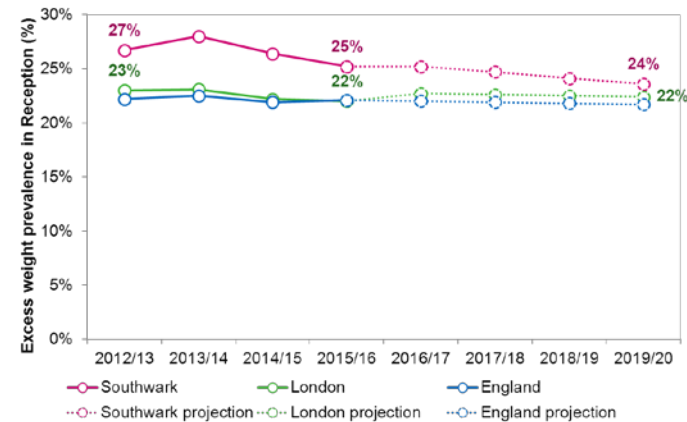


Reception Year Excess Weight Figures (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20)

Period	2012/13	2013/14	2014/15	2015/16
Southwark (%)	26.7	28.0	26.4	25.2
London (%)	23.0	23.1	22.2	22
England (%)	22.2	22.5	21.9	22.1
Period	2016/17*	2017/18*	2018/19*	2019/20*
Southwark (%)	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

*Projected figures

Reception Year actual Excess Weight Trajectories (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20) for Southwark, London and England



Health and Wellbeing Board 1. Child obesity – National Childhood Measurement Programme Yr 6			January 2017	
Definition	<p>Obesity Prevalence: % of children in reception or Year 6 whose weight is above the 95th centile of the population</p> <p>Excess Weight Prevalence: % of children in reception or Year 6 whose weight is above the 85th centile of the population</p>		How this indicator works	<p>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.</p> <p>The NCMP is an important source of data to support national and local work to address child hood obesity.</p>
What good looks like	<p><u>Year 6 Children</u></p> <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	<p>Southwark has some of the highest rates of overweight and obesity in the country, with 56% of adults and 42% of children (year 6) classified as obese or overweight. Our most vulnerable populations are at increased risk of becoming overweight and obese.</p>
History with this indicator	<p>Obesity prevalence (2015/16)</p> <ul style="list-style-type: none"> • Year 6: 26.7% 	<p>Excess Weight prevalence (2015/16)</p> <ul style="list-style-type: none"> • Year 6: 42.1% 		

Year 6 (Obesity And Excess Weight)

Year 6 Obesity Prevalence Figures (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20)

Period	2012/13	2013/14	2014/15	2015/16
Southwark (%)	26.7	26.7	27.9	26.7
London (%)	22.4	22.4	22.6	23.2
England (%)	18.9	19.1	19.1	19.8

Period	2016/17*	2017/18*	2018/19*	2019/20*
Southwark (%)	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

*Projected figures

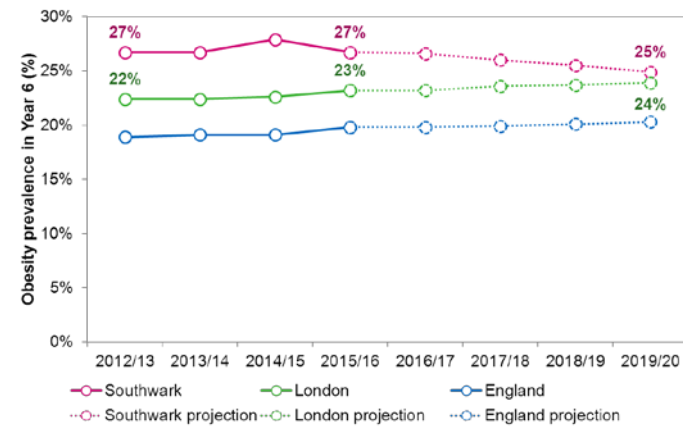
Year 6 actual excess weight figures (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20)

Period	2012/13	2013/14	2014/15	2015/16
Southwark (%)	44.2	43.8	43.6	42.1
London (%)	37.4	37.6	37.2	38.1
England (%)	33.3	33.5	33.2	34.2

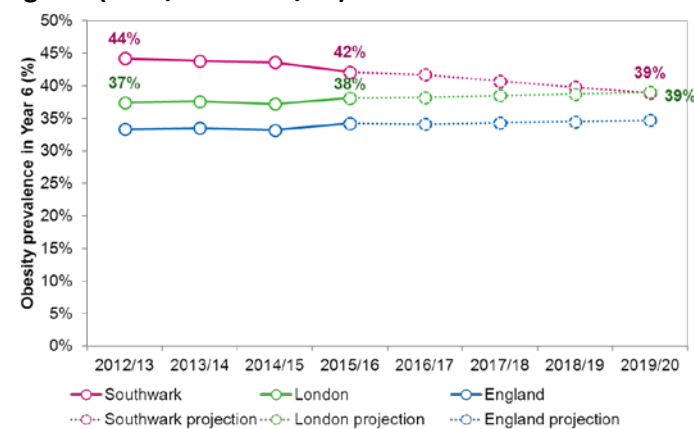
Period	2016/17*	2017/18*	2018/19*	2019/20*
Southwark (%)	41.7	40.7	39.8	38.9
London (%)	38.2	38.5	38.7	39.0
England (%)	34.1	34.3	34.5	34.7

*Projected figures

Year 6 Obesity Prevalence Trajectories (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20)



Year 6 Excess Weight Trajectories (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20)



Performance Overview			RAG rating	Amber
Benchmarking	Reception – London Average Obesity: 10.3% Excess Weight: 22%	Year 6 – London Average Obesity: 23.2% Excess Weight: 38.1%		
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 Great Weight Debate stakeholders event.			Stakeholder event held 1 November. General engagement - ongoing	Southwark Council
Implementation of the Baby Friendly Initiative: Achievement of Stage 1			March 2017	Southwark Council, CCG and GSTT
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.			June 2017	Southwark Council
Review and recommission tier 2 weight management service for unhealthy weight children			April 2017	Southwark Council
Commission adult healthy weight pathway			February 2017	Southwark CCG
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
2. Tobacco

January 2017

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%		

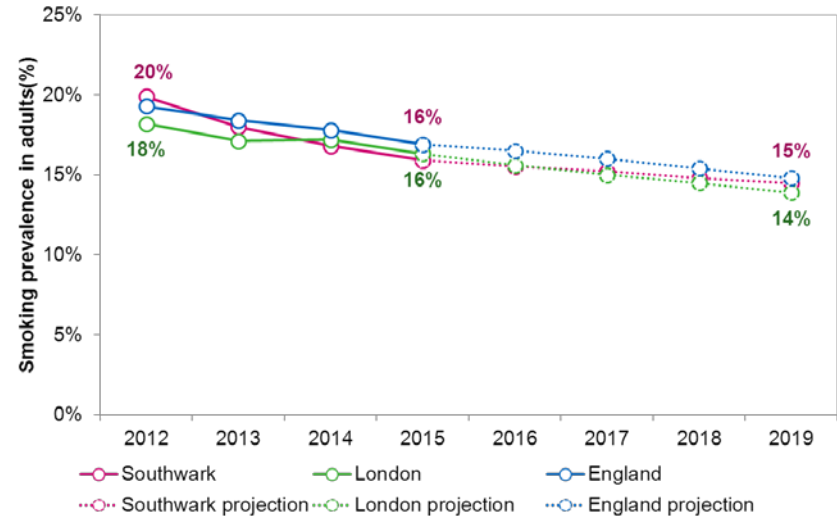
Actual Smoking Prevalence (2010-2015) and Projected Smoking Prevalence (2016-2019) for the Adult Population

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

*Projected figures

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



Health and Wellbeing Board
2. Tobacco

January 2017

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%		

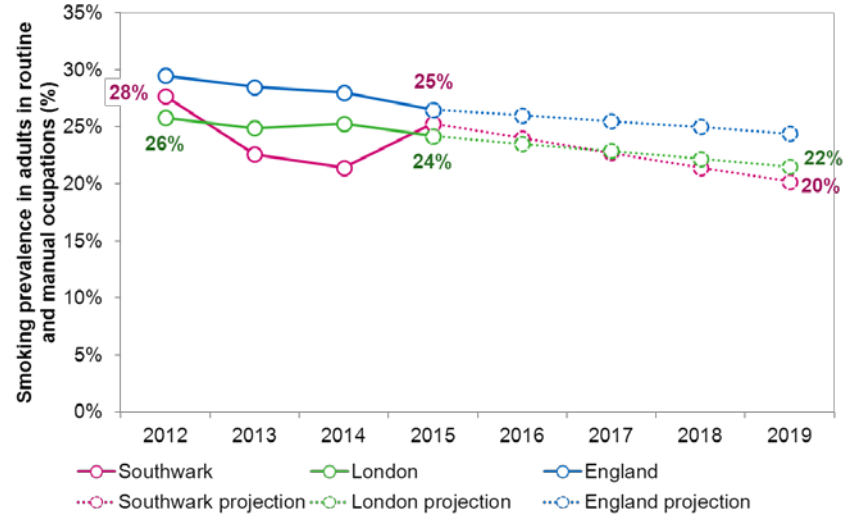
Actual Smoking Prevalence (2010-2015) and Projected Smoking Prevalence (2016-2019) for Routine and Manual Occupations

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

*Projected figures

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



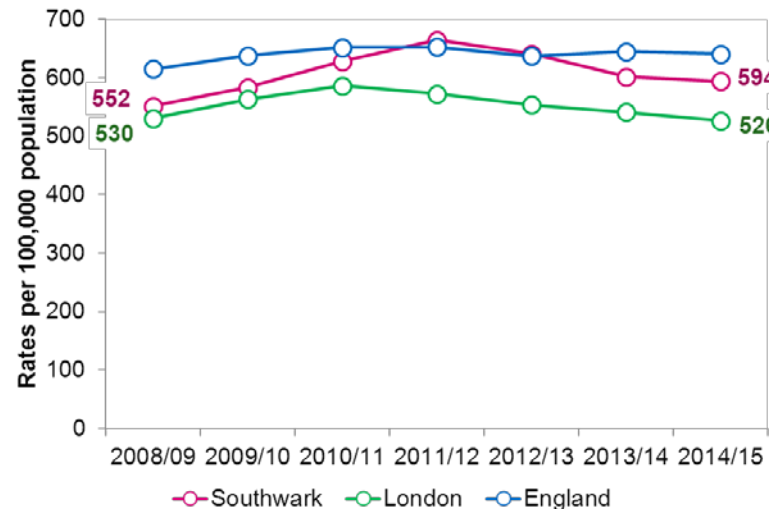
Performance Overview		RAG rating	AMBER
Benchmarking	London Smoking prevalence – adults (2015): 16.3% London Smoking prevalence - adults – routine and manual (2015): 24.2%		
Actions to sustain or improve performance		By when	Partner agency
Tobacco Control Review		Completed - 2015	Southwark Council and Southwark CCG
New tobacco control strategy developed and agreed		Completed - October 2016	Southwark Council
Regulation of tobacco sales including test purchasing for under age sales		Ongoing	Southwark Council
Monitoring of compliance with plain packaging legislation		May 2017	Southwark Council
Review and update training and referral mechanisms for pregnant smokers.		March 2017	Southwark Council, KCH and GSTT
Re-commission stop smoking service to provide targeted support to identified key groups.		April 2017	Southwark Council and Southwark CCG

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).		

Admission episodes for alcohol-related conditions (Narrow definition)

Rate of admissions per 100,000 population

Period	2008/09	2009/10	2010/11	2011/12
Southwark	551.7	583.5	628.4	664.6
London	530.4	563.0	586.6	572.0
England	614.6	638.1	651.9	652.8
Period	2012/13	2013/14	2014/15	2015/16
Southwark	640.7	601.4	593.8	
London	553.8	541.2	526.2	
England	636.9	645.1	640.8	



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.		On-going	CCG and Acute Trusts
On-going active involvement and leadership in licensing and other regulatory activity. <i>Evaluation of Southwark's cumulative impact policy completed and reported, Winter 2016.</i>		On-going	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
Through participation in the Home Office's Local Alcohol Action Areas program, assess and optimise the value of assault data collected by emergency departments (EDs) with a view to reduce alcohol related crime, disorder and harms. <i>Application submitted November 2016; result awaited February 2017.</i>		End of 2018	Southwark Council and Acute Trusts
Conduct a brief alcohol health needs assessment (HNA); this will form part of the Joint Strategic Needs Assessment (JSNA).		February 2017	Southwark council DAAT

Health and Wellbeing Board		January 2017	
3. Drugs			
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 7.0% N=73; difference is not statistically significant to London. Target for top quartile $\geq 7.7\%$*</p> <p>Non-opiate Users 35.3% N=171; difference is not statistically significant to London. Target for top quartile $\geq 45.0\%$*</p> <p><i>Top quartile target for completion statistics apply to current 2016 performance.</i> <i>Latest Period: Completion period: 01/04/2015 to 31/03/2016, Re-presentations up to: 30/09/2016</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		June 2017	Southwark Council DAAT and Southwark CCG

to a better understanding of the epidemiology of misuse locally and inform service 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; Southwark public health with DAAT have proposed a budget for 2017/18 with appropriate mitigation and safeguards for service continuation in the context of financial pressures.	On-going	Southwark Council DAAT
A Drug Related Death (DRD), panel has been assembled and will meet every quarter to discuss deaths due to substance misuse in the borough	First panel meeting January 2017, then ongoing	Southwark Council DAAT, Lifeline

Health and Wellbeing Board

4. Reduce the numbers of people contracting HIV and other sexually transmitted infections

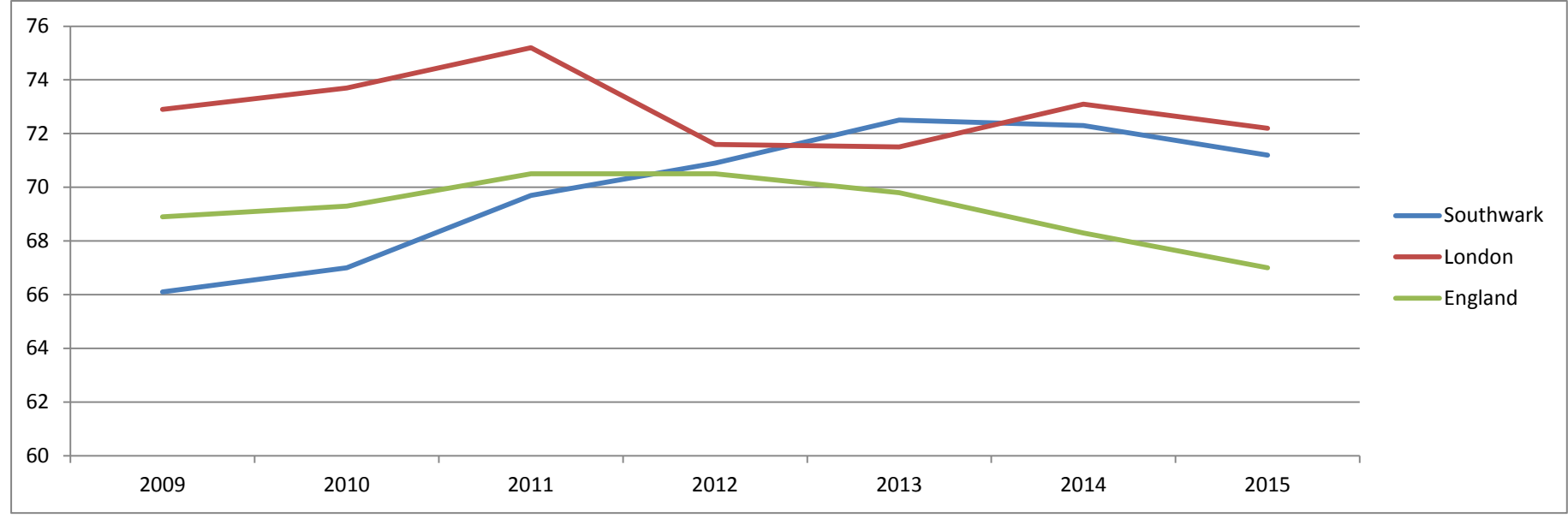
January 2017

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		

	2015/16 Target	2015 Data	2016/17 Target	2016 Data
Proportion of eligible GUM patients who accepted an HIV test	76.5%	71.2%	77.5%	Released in October 2017

The proportion of people who accepted an HIV test is 71.2% against a target of 76.5%. Southwark performs similar to London and better than England.

HIV Testing Coverage 2009-15



	2015/16 Target	2016/17 Target	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17
Proportion of eligible SH24 service users who have returned an HIV test	76.5%	77.5%	80.7%	85.5%	85.3%	Not available yet
Proportion of SH24 service users who have not been to an STI clinic previously	Monitor over time to get a baseline		18.6%	19.5%	18.3%	Not available yet
Total number of tests returned by SH24 service users (individual tests - Chlamydia, Gonorrhoea, Syphilis & HIV)	N/A	N/A	13336	20807	12232	Not available yet
<p>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.</p>						

Performance Overview	Coverage of HIV testing measured in genitourinary medicine (GUM)	RAG rating	AMBER
Benchmarking	London (GUM services only) 72.2%		
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

4. 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.		

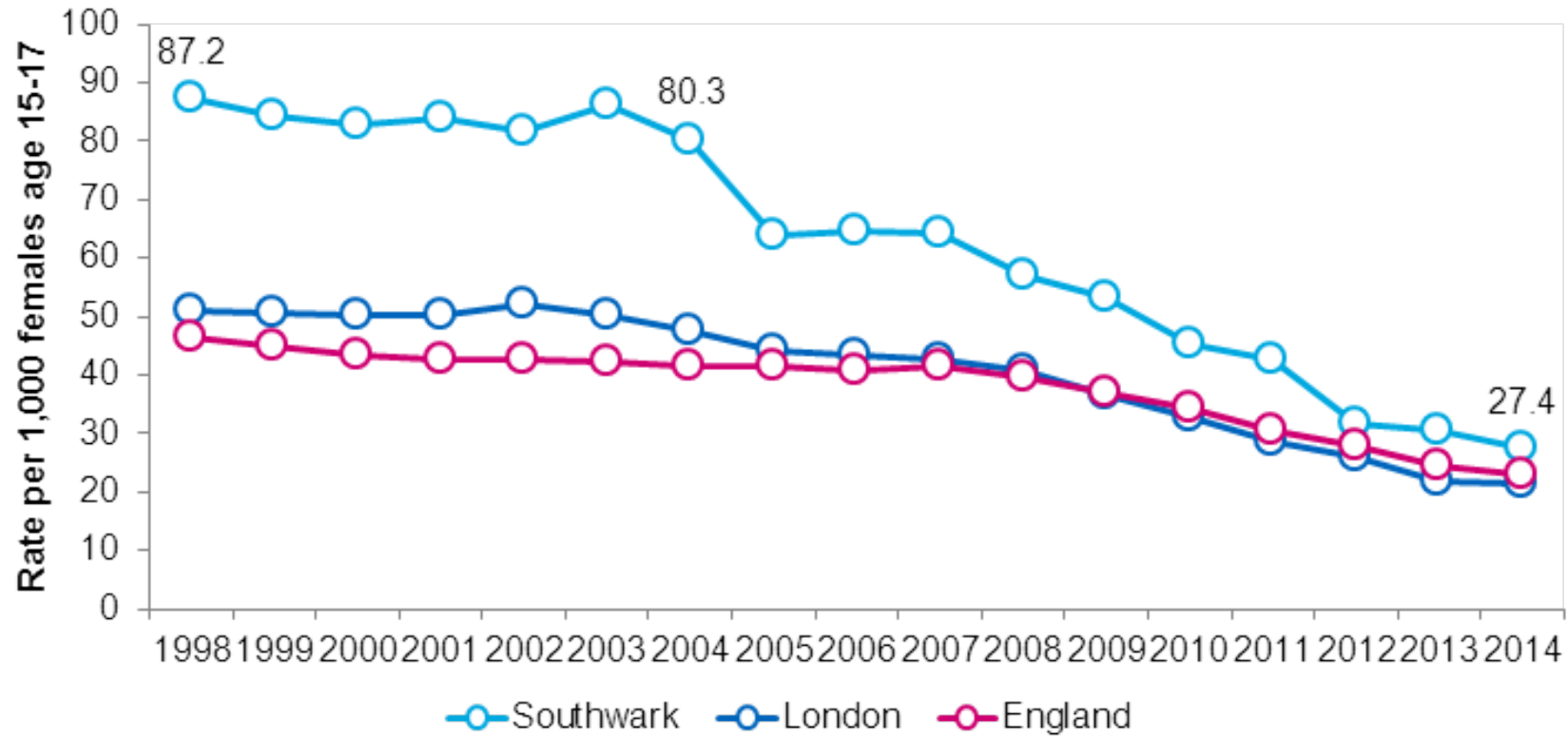
The latest quarterly rate is for September 2015 28.2/1000 which is higher than the previous quarter of 25.6/1000 but maintains the downward trend. The rolling annual rate for September 2015 is 24.3 which is a reduction on the rolling March 2014 rate of 28.7.

The provisional figures show a continuous downward trend: in Southwark there were 76 pregnancies in the first three quarters of the 2015 compared to 87 in the first three quarters of the 2014.

The 1998 to 2014 trend is shown below.

Under 18s Conceptions 1998-2014

Under 18 conceptions



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. 19.	Classification: Open	Date: 31 January 2017	Meeting Name: Health and Wellbeing Board
Report title:		Southwark Healthy Weight Strategy progress report	
Wards or groups affected:		All	
From:		Jin Lim, Acting Director of Public Health	

RECOMMENDATIONS

1. The board is requested:
 - a) To note progress on delivery of the Southwark Healthy Weight Strategy – Everybody’s Business.
 - b) To note recently published National Child Measurement Programme (NCMP) data on children’s obesity levels.

EXECUTIVE SUMMARY

2. The Health and Wellbeing Board agreed the Southwark Healthy Weight Strategy – Everybody’s Business in July 2016. The strategy is comprehensive, including elements of both prevention and treatment of overweight and obesity with actions across the whole life course including pregnant women, children and adults.

Recent NCMP results showed coverage among eligible children remained high at 96% in 2015/16 and the data showed small progress towards all four of the children’s obesity targets included in the healthy weight strategy.

Activity over the past six months has included the development of a delivery structure including 2 parallel implementation groups for the ‘people’ and ‘place’ elements of the strategy and a large event to engage wider stakeholders in the strategy. Also during this period, the UNICEF Baby Friendly Initiative certificate of commitment was achieved, a specialist healthy weight school nurse was recruited and work to deliver the Eat Better, Start Better programme in Children’s Centres was progressed.

BACKGROUND INFORMATION

3. Southwark has had consistently high levels of overweight and obesity in recent years, particularly among children and those from the most deprived parts of the borough.
4. The Health and Wellbeing Board convened a senior leadership Group for obesity to oversee development of a new healthy weight strategy for the borough in May 2016 and agreed the new Southwark Healthy Weight Strategy – Everybody’s Business – in July 2016. The strategy was informed by national and local learning and subject to external scrutiny and assurance.

5. The strategy is comprehensive, including elements of both prevention and treatment of overweight and obesity with actions across the whole life course including pregnant women, children and adults. The strategy also aims to influence the environment in which people live in order to make the healthy choices the easiest choices to make. Although the strategy takes a life-course approach it prioritises children and the early years.
6. Crucially the strategy takes a whole systems approach, including partnership working between numerous Council departments, the CCG and other provider organisations. Obesity cannot be tackled in isolation and the strategy aims to make it clear that obesity is 'everybody's business'.

Progress towards targets

7. The strategy set out a number of targets for reducing childhood obesity by 2021. These were:
 - Reduce Reception Year obesity to 11.3 (13.0% in 2014/15)
 - Reduce Reception Year excess weight to 23.6% (26.4% in 2014/15)
 - Reduce Year 6 obesity to 24.9% (27.9% in 2014/15)
 - Reduce Year 6 excess weight to 38.9% (42.7% in 2014/15)
8. The latest NCMP data were published in November 2016. Data showed small reductions in each of these levels.

		2014/15		2015/16	
		%	London borough ranking	%	London borough ranking
Year R	Obese	13.0	3 rd	12.2	5 th
	Excess weight	26.4	2 nd	25.2	5 th
Year 6	Obese	27.9	1 st	26.7	6 th
	Excess weight	42.7	2 nd	42.1	5 th

9. In 2015/16, 96% of eligible children in Southwark were weighed and measured, which is substantially higher than the national target of 85%.

Summary of activity

10. Following approval of the strategy by the HWBB, a delivery structure has been established. Two parallel delivery groups have been formed and each have now met twice and agreed terms of reference and membership. One of these groups covers the 'people' elements of the strategy (e.g. weight management services for people that are overweight) and the other covers the 'place' elements (e.g. creating healthy food environments by restricting hot food takeaways).
11. In order to develop the approach of making healthy weight 'Everybody's Business', a Great Weight Debate event was held in November which sought to bring together all local stakeholders in the borough. The event was attended by 86 delegates from a wide variety of organisations, many from the voluntary sector. Workshops were held to gather ideas and input from stakeholders and some of these will be taken forward. For example, the development of a network of healthy weight stakeholders in the

borough will enable continued communication and sharing of ideas and best practice.

12. *UNICEF Baby Friendly Initiative:* The UNICEF Baby Friendly Initiative (BFI) is a key programme of the Healthy Weight Strategy in promoting healthy weight in infants. By supporting breastfeeding and parent infant relationships the initiative enables babies to have the best possible physical and emotional health from the start. The Council commission Guys and St Thomas' NHS Trust (GSTT) to deliver all three stages of accreditation in the Health Visiting Service, working in partnership with the 18 Children's Centres in the borough.

Since the healthy weight strategy was agreed by the Health and Wellbeing Board, a BFI Coordinator for Southwark has been recruited and this has enabled a steering group and action plan covering all Baby Friendly standards to be developed. To date, 80% of the Health Visiting workforce have now been trained to support breastfeeding in new mothers and five breastfeeding cafes are in operation in the borough with 881 attendances recorded between April – December 2016. Finally, Baby Friendly champions have been established in each locality of the borough.

The action plan was reviewed by UNICEF and satisfied the requirements for receipt of a Certificate of Commitment in October 2016. Work is on track to achieve Stage 1 in early 2017/18.

13. *Early Years Nutrition and Dietetics Service:* The Council and the CCG jointly fund a Nutrition and Dietetics Early Years Service which delivers the Eat Better, Start Better Programme (Children's Food Trust) in Southwark's Children's Centres to help promote healthy infant weight. A key focus of the service is capacity building among Children's Centre staff to deliver healthy eating advice and practical workshops for families including Cook and Eat, and Introducing Solid Foods sessions. At the end of September, over 370 families had attended one of these sessions.
14. *School age children:* The Council have funded a specialist healthy weight school nurse post and recruitment was successfully completed in summer 2016. The role enhances the focus of the school nursing service on healthy weight interventions and better integrates the school nursing service with other healthy weight initiatives and the healthy child pathway. The nurse leads on implementation of the NCMP programme in Southwark schools and sends follow-up letters with an offer of healthy weight clinics to all families identified as above a healthy weight.

Schools are also supported to promote healthy weight by adopting a 'whole school approach' through the London Healthy Schools programme. In Southwark there are currently 86 registered schools, 46 bronze awards, 10 silver and 1 gold.

15. *Weight management pathways:* Tier 2 and 3 weight management services for children were grant funded as one year pilots in 2015 and both of these have now completed.

The tier 2 service provided 12 week programmes for 4-6 year olds and 7-12 year olds and their families who have been identified as obese. Between April – December 2016, 87 families were referred to and started the programme with 64

completing. Up to September, 83% of children completing had reduced or maintained their BMI, 86% recorded improved nutrition and 66% increased physical activity levels. Work is currently underway to determine the service model that will be commissioned for 2017/18.

The CCG have commissioned a new adult tier 2 and 3 weight management service from GSTT with the new service due to begin in January 2017.

16. *Adult physical activity:* In April 2016, the health referral element of the Free Swim and Gym Programme was launched. The FSG offer is enhanced for key health schemes including the exercise on referral scheme (Kickstart and Active Boost) which supports previously inactive residents over 16 years of age with specific health conditions including those who are obese. Active Boost is a twelve week supported exercise on referral programme commissioned from Everyone Active and run in Southwark Leisure Centres. The programme was included in the Free Swim and Gym offer from April 2016 and the results of the first two quarters for this year are below:
- A total of 344 residents joined the scheme and 208 of these were obese (people with BMI>30).
 - Of the 208 obese participants, 91 completed the programme with 75% reporting they had increased their physical activity levels and 57% successfully reduced their waist circumference.
17. *Healthy weight environment:* The Healthy Weight strategy highlights the importance of tackling the obesogenic environment and includes actions to promote healthy workplaces through the Healthy Workplace Charter, Healthier Catering Commitment and using planning regulations to restrict numbers of hot food takeaways in the borough.

Requirements have now been included in contracts for all leisure centres and park cafes in the borough to work towards achievement of the standards required for the London Healthier Catering Commitment and 29 Southwark Businesses have signed up the London Workplace Health Charter including some of the biggest employers in the borough.

Policy implications

18. Southwark Council and the Southwark CCG have a statutory duty under the 2012 Health and Social Care Act to produce a health and well being strategy for Southwark. The health and wellbeing board leads the production of the strategy.

The Health and Wellbeing Strategy is underpinned by more detailed thematic strategies and action plans – of which the Healthy Weight Strategy is one.

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

Community impact statement

20. The Healthy Weight Strategy acknowledges that some communities and individuals are both more likely to become overweight or obese and less likely to

access services to prevent or treat it. The interventions commissioned to deliver the strategy will be appropriately targeted in the expectation that they will address this issue.

Financial implications

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

BACKGROUND PAPERS

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

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Jin Lim, Acting Director of Public Health	
Report Author	Russell Carter, Consultant in Public Health	
Version	Final	
Dated	4 January 2017	
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 January 2017	

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MUNICIPAL YEAR 2016/17**

NOTE: Amendments/queries to Everton Roberts, Constitutional Team, Tel: 020 7525 7221

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Eleanor Kelly	1	Louise Neilan, Press Office	1
Jin Lim	1	Everton Roberts, Constitutional Team	10
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Councillor Victoria Mills	1		
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