

Health and Wellbeing Board

Tuesday 2 May 2017
10.00 am

Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

Membership

Councillor Peter John OBE (Chair)
Dr Jonty Heaversedge (Vice-Chair)
Andrew Bland
Sally Causer
Aarti Gandesha
Professor Kevin Fenton
Eleanor Kelly
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
Director of Health and Wellbeing
Chief Executive, Southwark Council
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: 21 April 2017



Health and Wellbeing Board

Tuesday 2 May 2017
10.00 am
Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
1.	APOLOGIES	
	To receive any apologies for absence.	
2.	CONFIRMATION OF VOTING MEMBERS	
	Voting members of the committee to be confirmed at this point in the meeting.	
3.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.	
4.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members of the committee to declare any interests and dispensation in respect of any item of business to be considered at this meeting.	
5.	MINUTES	1 - 6
	To agree as a correct record the open minutes of the meeting held on 31 January 2017.	
6.	HEALTH IMPROVEMENT PERFORMANCE REPORT: CHILDHOOD OBESITY, TOBACCO, ALCOHOL, DRUGS & SEXUAL HEALTH UPDATE	7 - 28
	To note the update on performance and activity for childhood obesity, tobacco, alcohol, drugs and sexual health.	

Item No.	Title	Page No.
7.	SOUTHWARK HEALTHY WEIGHT STRATEGY PROGRESS REPORT	29 - 34
	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.	
8.	OUR JOINT SOUTHWARK FORWARD VIEW	35 - 39
	To note the update on the work planned and underway on implementing a joint Southwark Forward View for health and social care in the borough.	
9.	DEVELOPMENT OF AN INTEGRATED URGENT RESPONSE, SHORT TERM REHABILITATION AND REABLEMENT DELIVERY MODEL	40 - 56
	To note the work taking place between Adult Social Care and Guy’s and St Thomas Adult Local Services to reconfigure the existing urgent response and short term rehabilitation and reablement services to create one integrated, multi-disciplinary service.	
10.	SOUTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN (STP)	57 - 66
	To note the update on the south east London sustainability and transformation plan.	
11.	PHARMACEUTICAL NEEDS ASSESSMENT – 2018 REFRESH	67 - 72
	To comment and agree the scope, process and timeline for the refresh of the Pharmaceutical Needs Assessment.	
12.	HEALTHWATCH SOUTHWARK: PRIORITIES FOR 2017/18	73 - 95
	To note the Healthwatch Southwark priorities for 2017/18.	
	OTHER REPORTS	
	The following item is also scheduled to be considered at this meeting.	
13.	BETTER CARE FUND UPDATE	
	To provide an update on latest developments in the Better Care Fund planning for 2017/18.	(To follow)



Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Tuesday 31 January 2017 at 2.00 pm at 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Peter John OBE (Chair)
 Dr Jonty Heaversedge
 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
 David Quirke-Thornton

OTHER MEMBERS

PRESENT: Councillor Rebecca Lury

OFFICER

SUPPORT: Everton Roberts, Principal Constitutional Officer

1. APOLOGIES

Apologies for absence were received from Carole Pellicci and Dr Yvonneke Roe. Apologies for lateness were received from Nick Moberly.

2. MEMBERSHIP

The chair informed the meeting that Professor John Moxham had stood down from the board and that Nick Moberly, Chief Executive of Kings College Hospital NHS Foundation Trust had been nominated to the board in his place as the representative for King's Health Partners. Dr Matthew Patrick, Chief Executive of South London and Maudsley NHS Foundation Trust had also joined the board.

The chair also informed the meeting that Councillor Maisie Anderson, Cabinet Member for Public Health and Social Regeneration was now on maternity leave. He advised that her portfolio responsibilities had been reallocated to other cabinet members and that those of most relevance to the health and wellbeing board had been allocated to Councillor Richard Livingstone, Cabinet Member for Adult Care and Social Inclusion.

RESOLVED:

That the board membership be noted.

3. CONFIRMATION OF VOTING MEMBERS

Those members 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 4 October 2016 be agreed as a correct record and signed by the Chair.

7. DRAFT AIR QUALITY STRATEGY & ACTION PLAN

Councillor Ian Wingfield, Cabinet Member for Environment and the Public Realm introduced the report. The board also heard from Sarah Newman, Team Leader of the Environmental Protection Team.

RESOLVED:

That the Draft Air Quality Strategy and Air Quality Action Plan, Appendix B of the report be noted.

8. HEALTH AND WELLBEING BOARD SUPPORT FOR DULWICH HEALTH CENTRE DEVELOPMENT

Rebecca Scott, Programme Director introduced the report.

RESOLVED:

That the draft letter of support for the development of the Dulwich Health Centre, to be included in the Stage 2 Business case to be submitted to NHS England (attached as Appendix 2 to the report) be agreed.

9. SOUTHWARK FIVE YEAR FORWARD VIEW: DELIVERY PROGRESS UPDATE

Dick Frak, Director of Commissioning, Southwark Council introduced the report. The board also heard from Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG.

RESOLVED:

That the main points of progress in relation to more joined up commissioning, more joined up provider partnership and more empowered residents and citizens be noted.

10. BETTER CARE FUND (BCF) - QUARTER 2 MONITORING REPORT AND UPDATE ON 2017/19 PLANNING

Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG introduced the report. The board also heard from Dick Frak, Director of Commissioning, Southwark Council.

RESOLVED:

1. That the Quarter 2 Better Care Fund (BCF) monitoring report be noted.
2. That the latest position on planning for the 2017-2019 BCF (paragraph 21 of the report) be noted.

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

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

RESOLVED:

1. That the South East London Sustainability & Transformation Plan (STP) Briefing Pack, Appendix 1 of the report which was submitted to NHS England on 21 October 2016 be noted.

2. That 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 be noted.

12. SOUTHWARK LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING - UPDATE REPORT

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

RESOLVED:

1. That it be noted that the Local Transformation Plan for Children and Young People's Mental Health & Wellbeing 2015 – 2020 has been updated.
2. That the contents of the updated plan and the progress made on local priority areas be noted.

13. HEALTHWATCH SOUTHWARK ENGAGEMENT UPDATE - MENTAL HEALTH / SEXUAL HEALTH

Aarti Gandesha, Healthwatch Southwark Manager introduced the report.

RESOLVED:

That the Healthwatch Southwark's engagement with young people on mental health and sexual health be noted.

14. SOUTHWARK SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015-16

Michael O'Connor, chair of the Safeguarding Board introduced the report. The board also heard from Alasdair Smith, Director of Children and Families.

RESOLVED:

That the Southwark Safeguarding Children Board Annual report 2015-16, Appendix 1 of the report be noted.

15. SOUTHWARK SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2015-16

Michael O'Connor, chair of the Safeguarding Board introduced the report. The board also heard from Jay Stickland, Director of Adult Social Care.

RESOLVED:

That the Southwark Safeguarding Adult Board Annual report 2015-16, Appendix 1 of the report be noted.

16. SAFELIVES 'A CRY FOR HEALTH' PUBLISHED REPORT 2016

Gwen Kennedy, Director of Quality & Chief Nurse and Chair of the Southwark Safer Partnership Violence Against Women and Girls Delivery Group introduced the report. The board also heard from Councillor Rebecca Lury, chair of the Healthy Communities Scrutiny Sub-Committee.

RESOLVED:

1. That 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 be noted.
2. That the current commissioning context to domestic abuse services in the borough be noted.
3. That the potential opportunity to bid for additional funding from the Government's Violence Against Women & Girls (VAWG) transformation fund be noted.
4. That it be noted that any additional resources will require a partnership commissioning response.

17. REPORT: ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

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

RESOLVED:

1. That the 2016 Annual report of the Director of Public Health, Appendix 1 of the report be received.
2. That the health of Southwark's population summarised at pages 9 and 10 of the annual report be noted.
3. That the summary recommendations on page 6 and executive summary on pages 7 – 8 of the annual report be noted.
4. That the update on the recommendations in the previous annual public health report pages 62 – 64 be noted.

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

RESOLVED:

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

19. SOUTHWARK HEALTHY WEIGHT STRATEGY PROGRESS REPORT**RESOLVED:**

1. That the progress on delivery of the Southwark Healthy Weight Strategy – Everybody's Business be noted.
2. That the recently published National Child Measurement Programme (NCMP) data on children's obesity levels be noted.

The meeting ended at 4.12 pm

CHAIR:

DATED:

Item No. 6.	Classification: Open	Date: 2 May 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:		Professor Kevin Fenton, Director of Health & Wellbeing	

RECOMMENDATIONS

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

EXECUTIVE SUMMARY

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

Policy implications

5. Southwark Council and the Southwark CCG have a statutory duty under the 2012 Health and Social Care Act to produce a health and well being strategy for Southwark. The health and wellbeing board leads the production of the strategy. Local health and wellbeing commissioning and service plans have to pay due regard to the health and wellbeing strategy.

Community impact statement

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

Legal implications

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

Financial implications

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

BACKGROUND PAPERS

Background papers	Held at	Contact
Southwark Joint Strategic Needs Assessment		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	Performance and Improvement Plan

AUDIT TRAIL

Lead Officer	Professor Kevin Fenton, Director of Health and Wellbeing	
Report Authors	Richard Pinder, Consultant in Public Health Kirsten Watters, Consultant in Public Health Jin Lim, Consultant in Public Health	
Version	Final	
Dated	19 January 2017 (updated 19 April 2017)	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
	Officer Title	Comments Sought
	Director of Law and Democracy	No
	Strategic Director of Finance and Governance	No
	Cabinet Member	No
	Date final report sent to Constitutional Team	20 April 2017

PERFORMANCE & IMPROVEMENT PLAN

1. Obesity
2. Tobacco
3. Alcohol and drugs
4. Sexual health & HIV

Health and Wellbeing Board			May 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% 		

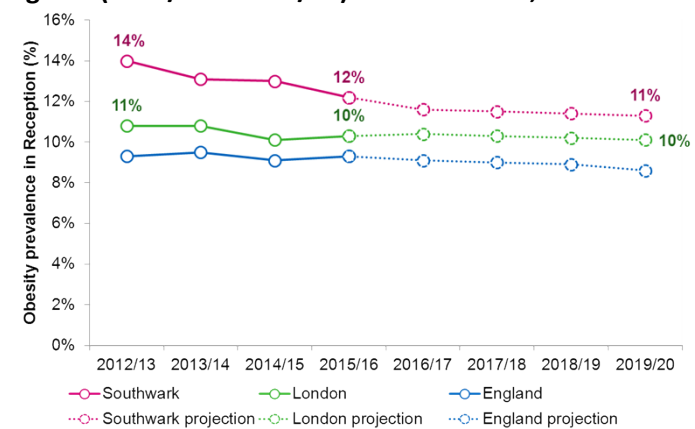
Reception Year (Obesity And Excess Weight)

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

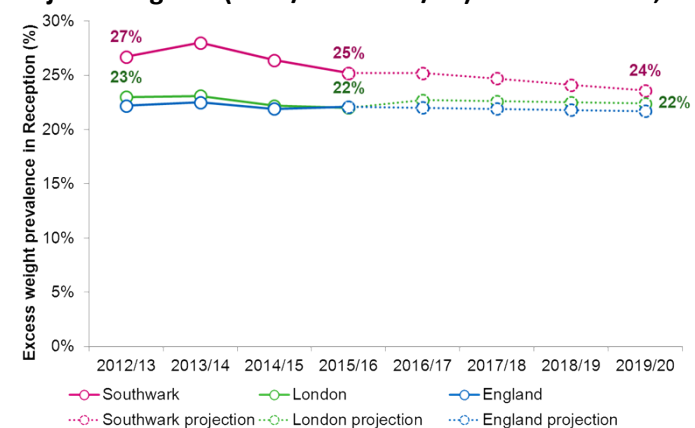


Reception Year Excess Weight Figures (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20)

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			May 2017	
1. Child obesity – National Childhood Measurement Programme Yr 6				
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

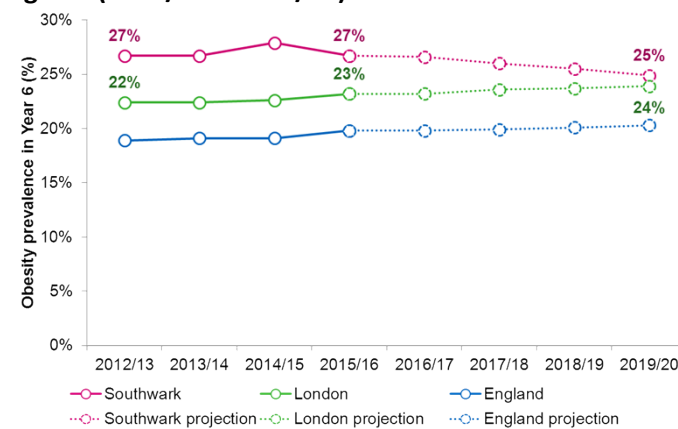
Year 6 actual excess weight figures (2012/13 – 2015/16) and Projected Figures (2016/17 – 2019/20)

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

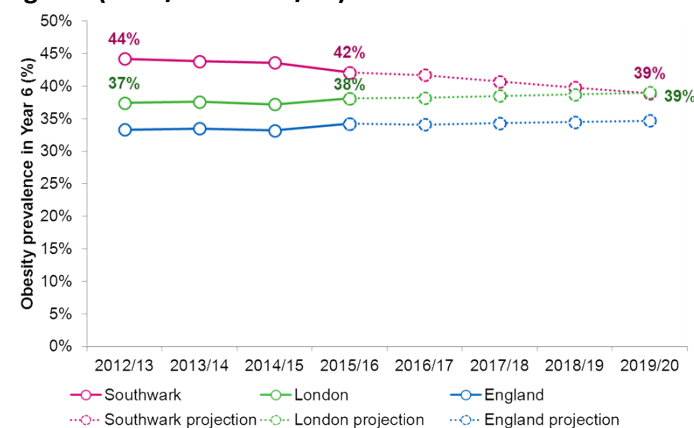
Period	2016/17*	2017/18*	2018/19*	2019/20*
Southwark (%)	41.7	40.7	39.8	38.9
London (%)	38.2	38.5	38.7	39.0
England (%)	34.1	34.3	34.5	34.7

*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. Network to meet again in early summer.	Southwark Council
Implementation of the Baby Friendly Initiative: Achievement of Stage 1		Audit submitted Feb 2017 Assessment May 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.		July 2017	Southwark Council
Review and recommission tier 2 weight management service for unhealthy weight children		Completed New service to launch May 2017	Southwark Council
Commission adult healthy weight pathway (tiers 2 and 3)		Completed Service taking referrals. Service to start May 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

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%		

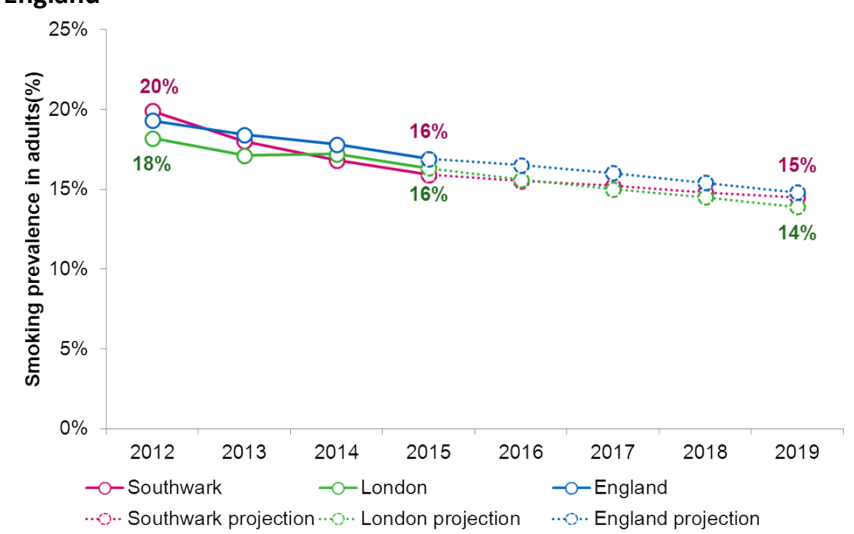
Actual Smoking Prevalence (2010-2015) and Projected Smoking Prevalence (2016-2019) for the Adult Population

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

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%		

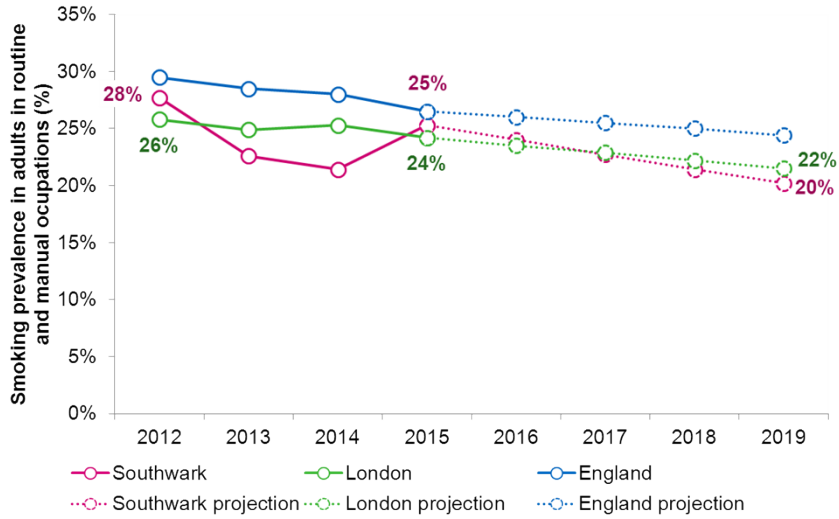
Actual Smoking Prevalence (2010-2015) and Projected Smoking Prevalence (2016-2019) for Routine and Manual Occupations

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	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 (to be compliant from May)		May 2018	Southwark Council
Review and update training and referral mechanisms for pregnant smokers.		July 2017	Southwark Council, KCH and GSTT
Re-commission stop smoking service to provide targeted support to identified key groups.		July 2017	Southwark Council and Southwark CCG

Definition Admission episodes for alcohol-related conditions (narrow definition); directly standardised admission rate per 100,000 population.
Data source: Public Health England from NHS Digital and Office of National Statistics for period 2014/15; last updated September 2016.

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.

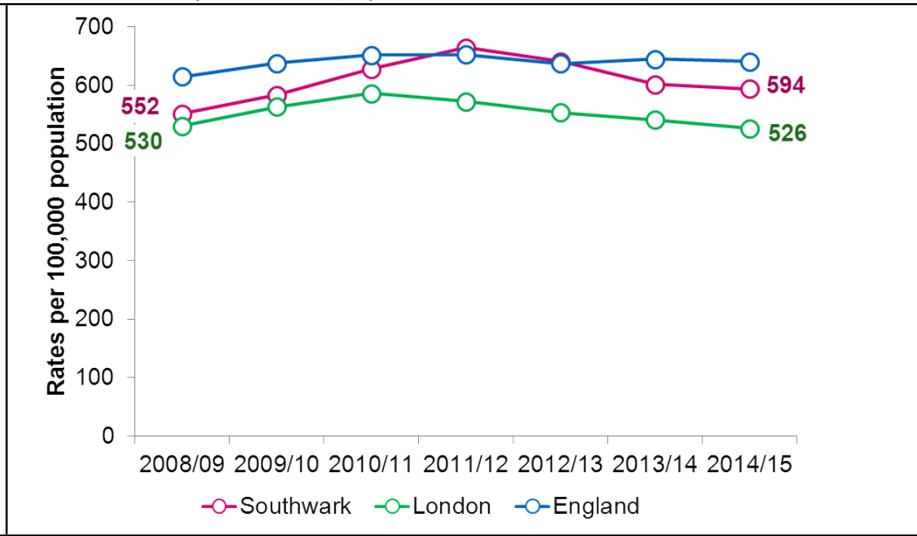
What good looks like Statistically lower than London average.
London as a comparator is a more stretching target than England as mean alcohol consumption per head is lower in London than nationally. Moreover, Southwark is an inner London borough and call-outs are generally higher within inner-London boroughs.

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. First draft action plan is complete and awaiting sign off.		April 2017	Southwark Council, CCG and partners
Southwark's bid to participate in the Home Office's Local Alcohol Action Areas program was successful. The project will assess and optimise the value of assault data collected by emergency departments (EDs) with a view to reduce alcohol related crime, disorder and harms.		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). <i>Completed.</i>		February 2017	Southwark council DAAT

Health and Wellbeing Board		May 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 6.8% N=70; difference is not statistically significant to London. Target for top quartile $\geq 7.6\%^*$ Non-opiate Users 32.0% N=140; difference is not statistically significant to London. Target for top quartile $\geq 44.5\%^*$</p> <p><i>Top quartile target for completion statistics apply to current performance.</i> <i>Latest Period: Completion period: 01/07/2015 to 30/09/2016, Re-presentations up to: 31/12/2016</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 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.	June 2017	Southwark Council DAAT and Southwark CCG
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

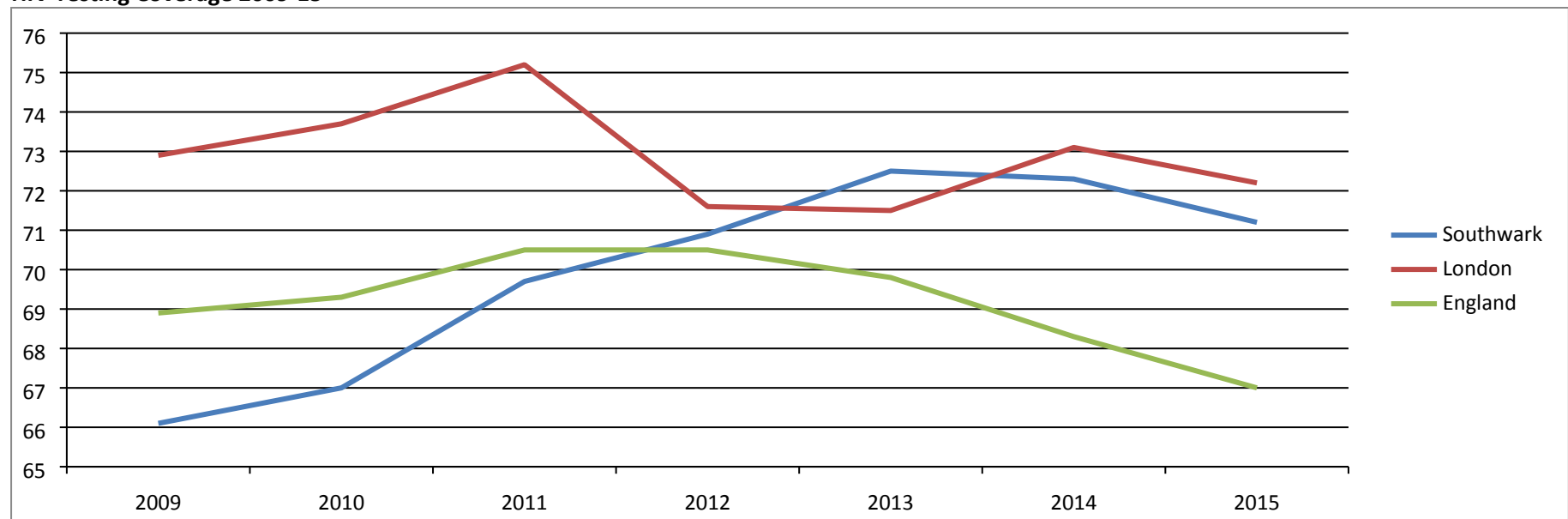
May 2017

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%	86.6%
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%	20.3%
Total number of tests returned by SH24 service users (individual tests - Chlamydia, Gonorrhoea, Syphilis & HIV)	N/A	N/A	13336	20807	12232	13831
<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.</p> <p>Southwark and Lambeth will be joining a new pan-London e-service in October 2017, which will replace the local service and provide better value for money. The procurement is currently underway, and the provider will be announced in May 2017.</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 partnership, and working closely with the Pan-London HIV Prevention Programme.		Ongoing	RISE Partnership
Increase HIV testing amongst eligible groups by examining inequalities in test return rates and seeking to change these via a behavioural insights project with LGA and Behavioural Insights Team.		March 2018	SH:24, Local Government Agency, Behavioural Insights Team

4. Sustain the reduction in teenage pregnancy

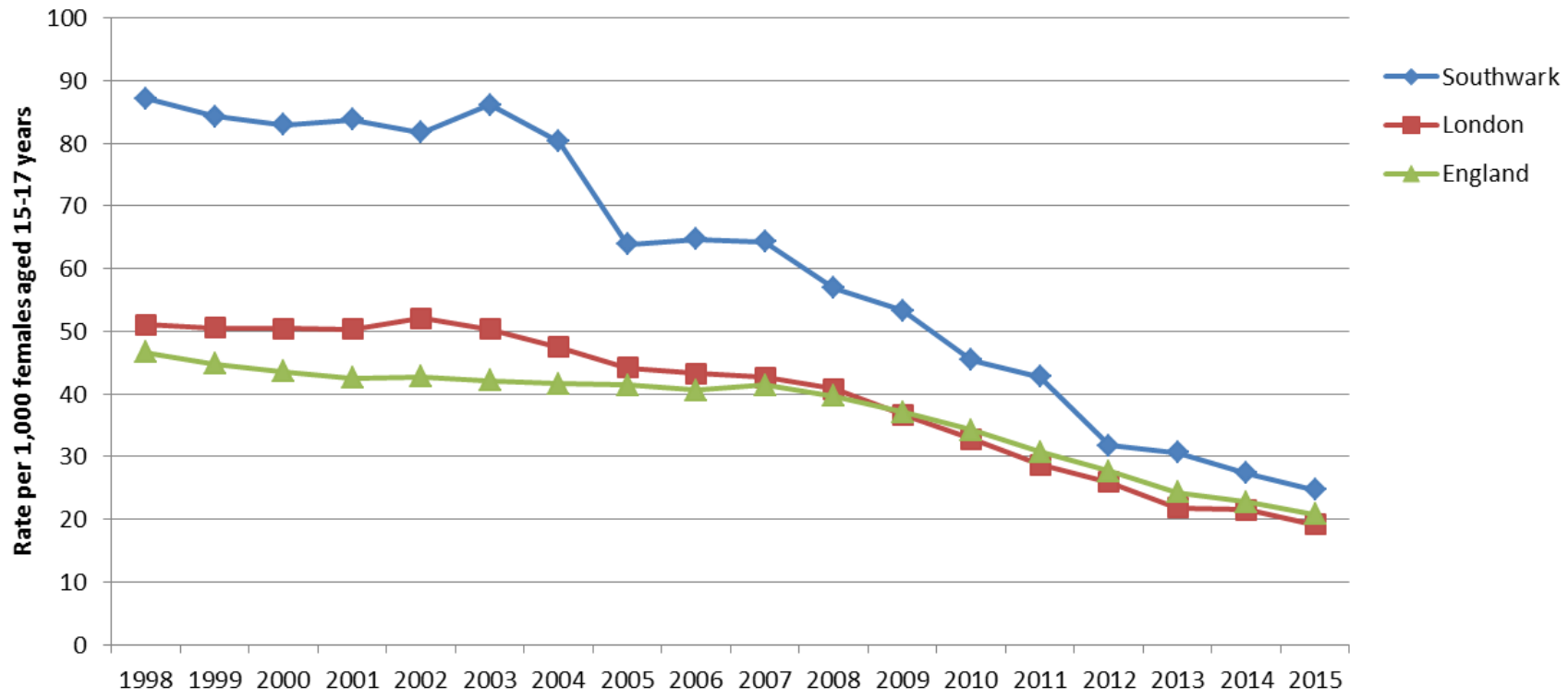
Definition	Under 18 conception rate (reduction trend).	How this indicator works	This indicator shows number of conceptions to women aged 15-17 per 100 women of that age.
What good looks like	No yearly increase in the conception rate amongst women aged 15-17.	Why this indicator is important	Teenage pregnancy 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 rate is for the 12 months ending 31 December 2015. For this period, Southwark's rate was 24.2 conceptions per 1,000 young women aged 15-17 years. This another year of data showing teenage pregnancy rates lower than the last;

Whilst we rely on rates to show a reducing trend in teenage conception, the actual number of conceptions has also declined. The provisional figures show a continuous downward trend: in Southwark there were 101 pregnancies in 2015 compared to 110 in 2014, and 318 in 1998.

The 1998 to 2015 trend is shown below. Southwark remains slightly above the national and London rates, however, the gap has become considerably smaller as we maintain the continual reduction in teenage conception since 1998.

Rate of under-18 conception



Performance Overview		RAG rating	GREEN
Benchmarking	London		
Actions to sustain or improve performance		By when	Partner agency
Review school-based health provision to ensure young people are receiving services appropriate to need.		September 2017	Education, Schools
Condom scheme – increase the number of venues distributing condoms and health promotion contacts with young people		March 2018	Brook
Contraception – increase the number of young women choosing long acting methods of contraception.		March 2018	Brook, GSTT, Kings, SH24, Primary Care and Pharmacy

Item No. 7.	Classification: Open	Date: 2 May 2017	Meeting Name: Health and Wellbeing Board
Report title:		Southwark Healthy Weight Strategy progress report	
Wards or groups affected:		All	
From:		Professor Kevin Fenton, Director of Health & Wellbeing	

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.
3. 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.
4. 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

5. 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.
6. 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.

7. The strategy is comprehensive, including elements of both prevention and treatment of overweight and obesity with actions across the whole life course including pregnant women, children and adults. 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.
8. 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

9. The strategy set out a number of targets for reducing childhood obesity by 2021. These were:
 - Reduce Reception Year obesity to 11.3
 - Reduce Reception Year excess weight to 23.6%
 - Reduce Year 6 obesity to 24.9%
 - Reduce Year 6 excess weight to 38.9%
10. 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

11. 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

12. 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).
13. 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.

14. *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.
15. 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.
16. 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.
17. *Healthy Eating: 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.
18. The Council has collaborated with Sainsbury's to trial their food waste initiative: Waste less, Save more in an urban setting. This initiative commenced in 2016 and part of a five-year plan designed to test, learn and share the best solutions for helping households reduce their food waste and save money. Initially piloted in rural Swadlincote, the aim of this trial is to collaborate with the Camberwell community, particularly in more deprived areas, to spread healthy eating messages, increase cooking skills and change perceptions on eating and cooking more healthily as a means to reducing food waste. The pilot is being followed by the Evening Standard and includes initiatives such as a community fridge at Albrighton Centre and developing local Food Saver Champions. Waste management company Veolia has agreed to conduct waste composition analysis at baseline, after a three-month period, and at the end of the year using previously-agreed frameworks to measure the impact of the intervention on food waste.
19. *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.

20. 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, 52 bronze awards, 16 silver and 1 gold.
21. *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.
22. A new tier 2 weight management service for children between the ages of 4-17 who are between the 91st and 99th BMI centile for their age has been awarded for 2017/18. This service will be commissioned by way of a variation of the existing seven-year Leisure Management Contract with SLM. Payment will be a combination of block funding for the agreed core costs of delivering the service and performance related payment based on achievement of four targets: number of starters, number of completers, number successfully reducing or maintaining their BMI, and the number of children followed up at 9 months after programme completion. The service will consist of 12-week programmes and is scheduled to commence early May 2017.
23. The CCG have commissioned a new adult tier 2 and 3 weight management service from GSTT with the new service due to begin in April 2017.
24. *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.
25. *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.
26. 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. Already 14 businesses have been HCC accredited, and public health has collaborated with the Food Safety Team to signpost all new applicants to the HCC application. Additionally,

29 Southwark Businesses have signed up to the London Workplace Health Charter including some of the biggest employers in the borough.

Policy implications

27. 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.
28. The Health and Wellbeing Strategy is underpinned by more detailed thematic strategies and action plans – of which the Healthy Weight Strategy is one.
29. 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

30. 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.
31. A bi annual Healthy Weight Network for local communities will be established to bring together local VCS so that there is ongoing engagement and information sharing, including updates on accessing services.

Financial implications

32. 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	Professor Kevin Fenton, Director of Health and Wellbeing	
Report Author	Russell Carter, Consultant in Public Health	
Version	Final	
Dated	4 January 2017, updated 19 April 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. 8.	Classification: Open	Date: 2 May 2017	Meeting Name: Health and Wellbeing Board
Report title:		Our joint Southwark Forward View	
Ward(s) or groups affected:		All	
From:		Stephen Gaskell, Head of Chief Executive's Office (Council) Mark Kewley, Director of Transformation (CCG)	

RECOMMENDATIONS

That the Health and Wellbeing Board notes:

1. an update on the work planned and underway on implementing a joint Southwark Forward View for health and social care in the borough;
2. that a senior leadership group has been set up chaired jointly by the Leader of the Council and Chair of Southwark Clinical Commissioning Group (CCG) to ensure effective progress on integration between and across the CCG and the Council for 2018/19 onwards;
3. that the senior leadership group have asked Councillor Richard Livingstone (Cabinet Member for Adult Care and Financial Inclusion) and Richard Gibbs (Vice Chair, CCG) to put in place a joint integrated delivery and planning group (IDPG) to more specifically:
 - deliver on the financial challenge both organisations face in 2017-18 (complimenting, not duplicating, the budget recovery board in the Council and the associated budget monitoring boards in the CCG);
 - progress the integration between the Council and CCG, and delivery on plans that achieves alignment of resources to develop a whole-system approach to a high quality public health and care system in Southwark that is financially sustainable for 2018/19 and into future years.

BACKGROUND INFORMATION

4. Across Southwark there is a strong commitment to improving the health and wellbeing of Southwark residents. Outcomes are generally good. However, the ambition is for the very best outcomes for all Southwark residents, directly tackling health inequalities and ensuring that we use our collective resources to best effect. Moreover, there can be further improvements if we work together and use our resources to deliver the best outcomes for residents.
5. There are strong pillars and foundations of practice in place locally with some of the best trained and educated health and social care workforce delivering outcomes for people in Southwark. We therefore now have an opportunity to fully release the capacity of our people and resources to achieve the very best outcomes across the public health and social care system.

6. In 2016, Southwark Clinical Commissioning Group (CCG) and Southwark Council set out a vision for improving health and social care across the borough. The Southwark five year forward view to 2020/21 set out a clear framework for improving the everyday experience and life outcomes of Southwark residents.
7. The plan describes how over the next five years the Council and CCG want to continue to support what already works well, and introduce more collaborative ways of working across the health and social care system. This will mean some things will continue to work well as they do now. It will also be about supporting positive improvements for local residents.
8. In parallel through the summer of 2016, the Council set about refreshing its Council Plan to 2018. The council plan sets out the commitments to achieving a fairer future for all in Southwark. The council plan sets out seven priority themes for delivery including supporting people to achieve healthy, active lives. Delivery of successful and improved outcomes through the Southwark Five Year Forward View will be crucial in ensuring those priority themes are achieved.
9. At the same time, resources across the public sector have been in increasingly squeezed. For example, local authorities have seen unprecedented year on year reductions in funding from central government grant since 2010. In Southwark's case, the council has had to make savings of approximately £180m since 2010 across all services, including health and social care. Despite this huge funding challenge, working together to achieve better outcomes is not about managing "cuts"; it's about improving quality and value of what is delivered for residents.

KEY ISSUES FOR CONSIDERATION

10. Southwark CCG and the Council want to improve the way that the local health and social care system operates to bring about better outcomes for residents. The motivation for further joining up how the CCG and Council work together is that integration and alignment of resources can achieve a better, more coordinated experience for those using and those working in health and social care services and, better use of our shared resources. The local ambition for health and social care is to create a much stronger emphasis on prevention and early action, and to look at deeper integration across health and social care, and wider council services.
11. To support this change there will be an increasing emphasis to join and align commissioning budgets and contracting arrangements to incentivise system wide improvement. There will be a focus on specific populations, especially vulnerable groups, putting greater emphasis on the outcomes achieved and people's experiences attached to improved services.
12. Recognising that change takes time, effort and is far from a "quick fix" solution especially in the context of the need to continue to manage day to day business and associated shorter term pressures, the CCG and Council have set up a senior leadership group. The purpose of which is to provide collective leadership to help drive the strategic requirements necessary for the CCG and the Council to take forward the plans associated with the Southwark Five Year Forward View.

13. Chaired jointly by the Leader of the Council and Chair of the CCG, the group aims to provide the leadership framework to ensure effective progress on integration between and across the CCG and the Council and deliver on plans for 2018/19 onwards. The group, which first met in February 2017, demonstrates the clear confidence of the Council and CCG, and leadership commitment, to bring about change and improvement for health and social care in Southwark.
14. Shared working across health and social care is of course not new or unfamiliar in Southwark. The borough has a proud history of working together in partnership to achieve improved health outcomes. In the last year, shared capacity across the CCG and the Council has been enhanced through a joint partnership commissioning team. The joint team will provide co-ordinated capacity to achieve progress on the five year forward view in the immediate and shorter term. This, combined with the strengthened leadership focus, will also help progress medium term priorities around aligned commissioning and further integration where this makes sense and achieves better outcomes for Southwark residents.
15. At the same time, both organisations face specific challenges and opportunities in the year ahead in terms of delivering financial sustainability but more so on ensuring residents continue to achieve the best quality services locally. The more immediate impact of a general election in June 2017 also introduces new and different uncertainties which may impact on more short term ambitions. This will require further analysis and monitoring in the run up to the election (and again once the election outcome is clear).
16. To ensure that both organisation retain a key focus of the work needed to align and bring together the commissioning of health and care over the next twelve months the senior leadership group have asked that the Councillor Richard Livingstone (Cabinet Member for Adult Care and Financial Inclusion) and Richard Gibbs (Vice Chair CCG) put in place a CCG/Council integrated delivery and planning group (IDPG).
17. The IDPG, which will act as a working party, provides the leadership oversight across the two organisations to:
 - deliver on the financial challenge both organisations face in 2017-18 (complimenting, not duplicating, the budget recovery board in the Council and the associated budget monitoring boards in the CCG);
 - progress the integration between the Council and CCG, and delivery on plans that achieves alignment of resources to develop a whole-system approach to a high quality public health and care system in Southwark that is financially sustainable for 2018/19 and into future years.
18. The IDPG, which includes officer representatives from each organisation, first met in April 2017 to discuss the scope of the work going forward. The IDPG working party will not in any way duplicate or subsume existing governance and management arrangements across the Council or CCG. Each organisation has processes in place to oversee for example delivery of 2017-18 savings and these will continue as planned.

19. The scope of the IDPG working party will include investigating what mechanisms are required to create system wide transformation, what learning can be taken from other areas that have / are progressing fuller integration across health and social care to inform our local approach and how we can get the most from our existing governance to instill change and achieve improved outcomes.
20. Ultimately, the intended objective of the CCG/Council senior leadership group – and through the activities of the IDPG working party - is that by 2018-19 there is fuller alignment of the commissioning of health and social care in Southwark. As the work is further scoped and progressed, updates will be provided.

Policy implications

21. In 2016, the CCG and Council agreed a five year forward view for improving health and social care outcomes across Southwark. Over the same period, the Council refreshed its Council Plan to 2018 for a fairer future for all, including renewing specific commitments attached to helping people achieve healthy, active lives, revitalised neighbourhoods and providing the best start in life for young people across Southwark.
22. Taken together, these provide the local policy framework in which the senior leadership of the CCG and Council has agreed, as per this report, to prioritise further integration and the opportunity for better alignment between the two organisations, whilst simultaneously achieving financial sustainability across the health and social care sector. Ultimately the key test of success is that residents achieve better health and social care outcomes through the changes driven forward by this work.

Resource implications

23. There are no financial implications from this report. Any decisions or actions arising from the work associated with implementation of the Southwark Forward View (and more specifically the IDPG working party) that have resource impact will need to be considered as part of the Council and CCG normal budget setting and related governance processes.

Community impact statement

24. The public sector equality duty requires public bodies to consider all individuals when carrying out their day to day work, in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.
25. This report is about providing an update on the work planned and underway on implementing a joint Southwark Forward View for health and social care in Southwark. In line with this, the aim of this joint work is to further improve the everyday experience and life outcomes of Southwark residents, in particular focusing on doing things differently; addressing complex and longstanding issues; and putting in place plans that will support change to happen so local people receive more coordinated care and experience better outcomes. Overall this is about improving quality and value so that people in Southwark have

access to the best quality health and social care given the resource envelope available for the borough.

SUPPLEMENTARY ADVICE FROM OTHER OFFICERS

Director of Law and Democracy

26. The Health and Wellbeing Board has a statutory duty, for the purpose of advancing the health and wellbeing of the people in its area, to encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner. The initiatives described in this report clearly support these requirements.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Five Year Forward View – a local vision for health and social care: 2016/17 to 2020/21	160 Tooley Street, London SE1 2QH	Stephen Gaskell Stephen.gaskell@southwark.gov.uk
Southwark Council Plan 2014-2018 (summer refresh, 2016)	160 Tooley Street, London SE1 2QH	Stephen Gaskell, stephen.gaskell@southwark.gov.uk

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officers & Report Authors	Stephen Gaskell, Head of Chief Executive's Office (Council) Mark Kewley, Director of Transformation (CCG)	
Version	Final	
Dated	20 April 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Strategic Director of Finance & Governance	Yes	No
Director of Law and Democracy	Yes	Yes
Cabinet Member(s)	Yes	Yes
Date final report sent to Constitutional team		20 April 2017

Item No. 9.	Classification: Open	Date: 2 May 2017	Meeting Name: Health and Wellbeing Board
Report title:		Development of an integrated urgent response, short term rehabilitation and reablement delivery model	
Ward(s) or groups affected:			
From:		David Quirke Thornton, Strategic Director of Children's and Adults Jay Stickland, Director of Adult Social Care Angela Dawe, Director of Operations and Strategic Development, Adult Local Services	

RECOMMENDATIONS

1. To note the work taking place between Adult Social Care (ASC) and Guy's and St. Thomas' (GSTT) Adult Local Services to reconfigure the existing urgent response and short term rehabilitation and reablement services and create one integrated, multi-disciplinary service. The attached provides an overview of the case for change, the new delivery model, expected outcomes and implementation stages. (The key areas of the report will be highlighted to the HWBB by a brief slide presentation)
2. To note the phased implementation of the changes in order to ensure a smooth transition to the new service whilst maintaining current service delivery and performance. These are set out in section 8 of the report.
3. To note the stakeholder engagement activities that have taken place so far and further plans to engage stakeholders in the development of the service and embed the changes across the health and social care system. These are set out in section 11 of the report.
4. To feedback any comments to further shape and inform the changes.

BACKGROUND INFORMATION

5. The design of the new service has been developed through a provider collaboration between ASC and GSTT and co-produced with NHS Southwark Clinical Commissioning Group (CCG) and council commissioners through the project's governance arrangements.
6. These services predominately support older, frail residents to recover from illness, injury or crisis at home and enable them to improve how they function, remain independent, safe and well living in their community.
7. The focus is to simplify and improve the pathway for people and create one integrated health and social care service with shared responsibility and accountabilities embedded within the two Local Care Networks. As a starting point, this involves bringing together four services (Enhanced Rapid Response,

Supported Discharge, Reablement and the urgent social work response function).

8. As well as reducing duplication and fragmentation, the changes will build on good practice and enable better collective use of resources to effectively reduce or contain spend on longer-term care, A&E admissions and acute hospital beds. Through more effective management of demand it will also contribute to savings and efficiency programmes.
9. A detailed business case has been produced and approved by the Children and Adults Board on 5th April and the GSTT Trust Management Executive on the 6th April. This agrees the reconfiguration of resources, the shared leadership and management structure and the phased implementation plan to establish the service.

KEY ISSUES FOR CONSIDERATION

10. The case for integrating these services has been shaped by the following:
 - Feedback on existing services – current pathways can be complicated and confusing and means for some patients / service users the pathways are difficult to navigate resulting in fragmented and un-coordinated care.
 - National legislation and policy – the Care Act, Better Care Fund and the NHS Five Year Forward View, promotes a vision for integration to deliver better sustainable health and social care and a system wide approach to demand management
 - Local drivers – Southwark’s Five Year Forward View, Sustainability and Transformation Plan, ASC’s Vision and priorities and GSTT’s Strategic Plan, CCG Commissioning Intentions
 - Current and future population need and demand – Health and social care profile for Southwark shows demand for these type of services is expected to increase by 25% to 30% over the next decade.
 - Current savings targets for both ASC and GSTT – the collective use of resources will provide scope for reducing the incidence and amount of ongoing long term support and will realise cashable savings.
11. A staged implementation approach is recommended to allow the necessary organisational and structural changes to take place to create a shared leadership and management structure and integrated workflows supported by the right staffing and skills mix.
12. The priority for the business case has been to identify the skills mix, staffing model and costs needed to establish the service and build confidence and trust making sure there are robust arrangements in place underpinned by a working culture that will sustain integrated working in practice. Once the service is established, work will continue with stakeholders to develop the full operating model making sure that it is embedded in the whole system.

Outcomes and benefits realisation

13. The development of an integrated outcomes framework and benefits realisation plan is work in progress and will be in place for when the service goes live. The main benefits expected to be gained from the changes will include:

- Improvements in quality of care offered to patients / service users
- Improved clinical and functional outcomes for patients / service users so they are able to live safe and well in their communities
- Improved patient, service user and carer experience with care co-ordinated around the person
- Improved access to services
- Improved efficiencies to the system through a streamlined pathway and a reduction in duplication and handoffs
- Improved integrated working, connectivity and communication across the whole system
- Better use of workforce and skills mix through a shared governance, leadership and management structure
- Improved recruitment and retention
- Improved professional and practice development
- Greater staff satisfaction through shared systems and models of work and by being part of a wider community response, linking in with the local care networks and contributing to the overall health and well-being of residents
- Increased number of people accessing short term rehabilitation and reablement
- Reduced dependency on long term services, possible admissions to long term care delayed, hospital admissions and A&E attendance reduced.
- Better management of more acutely ill patients in secondary care, by more appropriately managing demand of other less ill patients into a wider range of services

Community impact statement

14. See section 12 of the report.

Resource and financial implications

15. The changes will be achieved within the existing financial envelope.

Legal implications

16. The changes will comply with the statutory health and social care framework.

Consultation

17. The report sets out the stakeholder engagement that has been carried out so far. This will continue as the model develops.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Development of an Integrated Urgent Response, Short Term Rehabilitation & Reablement Delivery Model

AUDIT TRAIL

Lead Officer	David Quirke Thornton, Strategic Director of Children's and Adults	
Report Author	Janice Lucas, Institute of Public Care	
Version	Final	
Dated	19 April 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	-
Strategic Director of Finance and Governance	No	-
Cabinet Member	No	-
Date final report sent to Constitutional Team	19 April 2017	



Guy's and St Thomas'



NHS Foundation Trust

Development of an Integrated Urgent Response, Short Term Rehabilitation & Reablement Delivery Model

1. Introduction

- 1.1. The purpose of this report is to inform the Health and Wellbeing Board of the work taking place between Adult Social Care (ASC) and Guy's and St. Thomas' (GSTT) Adult Local Services to reconfigure the existing urgent response and short term rehabilitation and reablement services and create one integrated, multi-disciplinary service.
- 1.2. The report provides an overview of the case for change, the new delivery model, expected outcomes and implementation stages. (The key areas of the report will be highlighted to the HWBB by a brief slide presentation)
- 1.3. The design of the new service has been developed through a provider collaboration between ASC and GSTT and co-produced with NHS Southwark Clinical Commissioning Group (CCG) and council commissioners through the project's governance arrangements.
- 1.4. A detailed joint business case has been produced setting out the reconfiguration of resources, the shared leadership and management structure and the phased implementation plan to establish the service. This was approved in April by the Council's Children and Adults Board and GSTT's Trust Management Executive.

2. Recommendations

- 2.1. To note the work taking place between Adult Social Care (ASC) and Guy's and St. Thomas' (GSTT) Adult Local Services to reconfigure the existing urgent response and short term rehabilitation and reablement services and create one integrated, multi-disciplinary service.
- 2.2. To note the phased implementation of the changes in order to ensure a smooth transition to the new service whilst maintaining current service delivery and performance. These are set out in section 8 of the report.
- 2.3. To note the stakeholder engagement activities that have taken place so far and further plans to engage stakeholders in the development of the service and embed the changes across the health and social care system. These are set out in section 11 of the report.

2.4. To feedback any comments to further shape and inform the changes.

3. Service Scope

- 3.1. The urgent response and short term rehabilitation and reablement functions across health and social care play a critical part in avoiding admission to hospitals, and care homes and attendance at A&E as well as maximising people's independence to remain at home for as long as possible.
- 3.2. Appendix 1 sets out the current ASC and GSTT services or parts of services whose main function is to provide an urgent response or short term rehab or reablement within the community. The purpose of these services is to provide short term help or treatment for people in urgent need or crisis and who need short term interventions to enable them to recover, prevent or reduce the need for longer term care.
- 3.3. They support the following population cohorts:
- Predominantly older adults with a physical disability/ frailty
 - Recovering from a short term illness or impairment or crisis
 - Housebound
 - Typically post-acute admission or to avoid acute admission
 - Multiple pathologies/ multi-factorial
 - Needing intensive (once a day or more) interventions to improve functional independence
 - Health and/or social care professional skills required
- 3.4. The focus is on working with people with the following needs – mobility, personal care, toileting, meal preparation, home environment, family and carers. The desired outcomes for the person is to improve their independence and self-care, prevent falls, increase resilience for further illness and episodes and for the person to re-engage with the community.

4. Approach

- 4.1. In May 2015, with the changing national and local health and social care environment, ASC and GSTT recognised as a priority the need to consider what more could be done to further develop and improve integrated working across these pathways and achieve better outcomes and experience of services for people within existing and reducing resources.
- 4.2. Working alongside ASC and GSTT service managers and service heads, the Institute of Public Care (IPC) designed and facilitated the review and design process, using a project management approach informed by integration good practice and underpinned by a cultural change management methodology. This has involved working through the following steps:
- Building a leadership coalition to create significant drive and momentum for change based on a shared vision and purpose
 - Taking a “bottom-up” approach to developing and articulating the strategic vision and outcomes
 - Developing underpinning “design principles”

- Reviewing and learning from existing arrangements and identifying gaps, overlaps, issues and challenges
- Engaging stakeholders across the system to develop and co-produce the operating model. This has included front line practitioners, managers and people with lived experience.
- Exploring options for alternative arrangements
- Agreeing a “new model”
- Testing and learning from the new model through on-going reflection, review and evaluation against the strategic vision and outcomes, making adjustments where needed
- Final evaluation and confirming “business as usual” arrangements

4.3. This approach focuses on bringing about the cultural, attitudinal and behavioural changes as well as the practice, process and organisational changes that need to take place to deliver and sustain improvements for the service user / patient.

5. The Case for Change

5.1. The case for integrating these services has been shaped by the following:

- Feedback on existing services – current pathways can be complicated and confusing and means for some patients / service users the pathways are difficult to navigate resulting in fragmented and un-coordinated care.
- National legislation and policy – the Care Act, Better Care Fund and the NHS Five Year Forward View, promotes a vision for integration to deliver better sustainable health and social care and a system wide approach to demand management
- Local drivers – Southwark’s Five Year Forward View, Sustainability and Transformation Plan, ASC’s Vision and priorities and GSTT’s Strategic Plan, CCG Commissioning Intentions.
- Current and future population need and demand – Health and social care profile for Southwark shows demand for these type of services is expected to increase by 25% to 30% over the next decade.
- Current savings targets for both ASC and GSTT – the collective use of resources will provide scope for reducing the incidence and amount of ongoing long term support and will realise cashable savings.
- The focus is to simplify and improve the pathway for people and create one integrated health and social care service with shared responsibility and accountabilities embedded within the two Local Care Networks.

5.2. The design phases and engagement with all stakeholders generated rich conversations and consensus from which the following key messages about how services are currently operating have been distilled:

- Southwark has a rich selection of services that have developed across the whole system which play a critical part in supporting people to live as independently as possible
- There is a wealth of good practice and experience that can be shared across the teams and services that make up the pathways

- For those patients / service users who are able to access the right services at the right time they receive responsive, holistic, co-ordinated care and support.
- There are overlaps between some services as well as confusion and a lack of knowledge of the range of services and functions that make up the pathway and the roles the different disciplines play within them
- The referral routes, screening and assessment processes that have developed are complicated and confusing for practitioners and means for some patients/service users the pathways are difficult to navigate and can result in fragmented and un-coordinated care
- This confusion sometimes results in having to fit people into services rather than co-ordinating services around them in a person-centred way
- There is a willingness and commitment from front line practitioners to improve patient / service user and staff experience of the pathways through improved design and co-ordination, building on what works well now to create a person centred pathway built around the needs of the individual
- More could and should be done to improve communications between services and teams particularly to understand the different roles and functions that make up the pathway
- It is important to consider how the pathway should work in practice first and then determine the organisational arrangements to enable all staff to deliver the best possible outcomes for people i.e. form follows function
- Community health services have been delivered through an integrated contract across Southwark and Lambeth and are therefore not often organised or managed on a borough specific basis.

5.3. Current performance reflects that services in Southwark are having a positive impact on reducing people going into hospital and improving discharges from hospital. However, there is more scope for reducing the incidence and amount of ongoing long term support through an improved rehabilitation and reablement model.

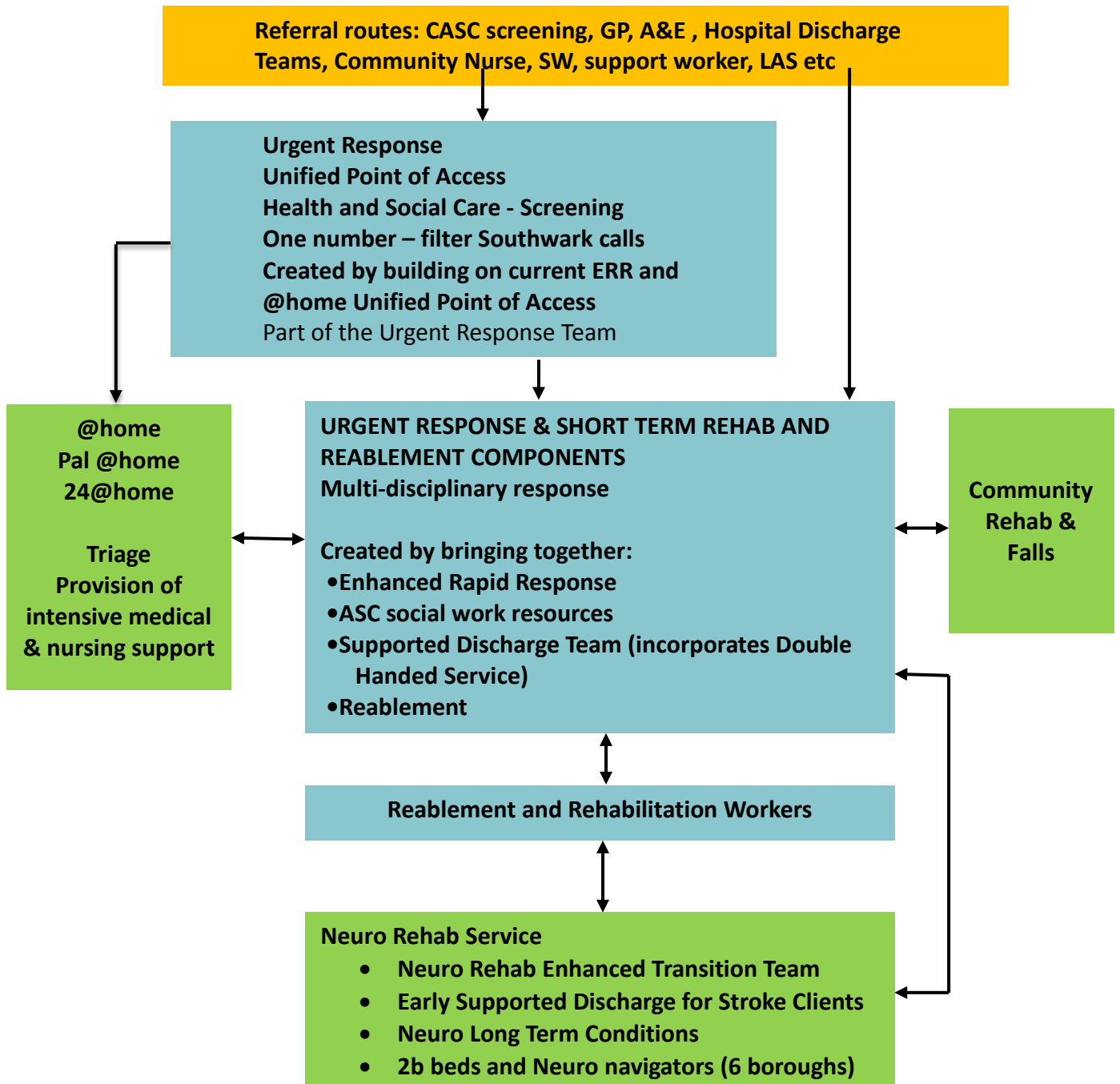
6. Longer Term Vision and Starting Point for 2017

6.1. The shared purpose and vision is to bring together all urgent response and short term rehabilitation and reablement functions to create one co-ordinated health and social care delivery model that:

- Improves people's personal outcomes and experience
- Co-ordinates care around the person, streamlines the pathway, simplifies access, avoids duplication and reduces handoffs
- Improves integrated working and provides connectivity across the whole system
- Improves the pathway for staff, builds on what works well now and develops a shared and robust working culture
- Aligns with the developing Local Care Networks and is eventually embedded in the whole system, becoming population rather than service focused
- Increases the number of people accessing short term rehabilitation and reablement
- Improves outcomes to enable more people to live independently at home

- 6.2. Since January 2016, ASC and GSTT have been working in a co-productive way with CCG and Council commissioners to consider how we can turn the vision of this ideal service model into a reality. The challenge has been to look at how we can bring about the level of transformation and change needed to simplify and integrate the pathway, bearing in mind how the services and teams are currently configured, as well as the complexities of the different contracting arrangements.
- 6.3. It is recognised that this will take time to achieve and needs to be tackled in manageable stages. In June 2016, the Project Board agreed that a practical starting point and a good first step towards achieving the vision would be to:
- Bring together Enhanced Rapid Response, ASC social work urgent response functions, Supported Discharge Team (incorporates the Double Handed Service) and the Reablement Service to create an integrated health and social service urgent response and short term rehabilitation and reablement service aligned to the two Southwark Local Care Networks.
 - Create a simple access route to the health and social care urgent response function by building on the current ERR and @home unified point of access
- 6.4. It was agreed that @home, pal@home, 24@home, Neuro Rehab Service and Community Rehab and Falls will be part of the overall delivery model but will not form part of an integrated delivery service. Further consideration of how to, or whether to, integrate these or other teams will require further work. Clear pathways and joint working with these teams will be part of the overall model when implemented.
- 6.5. This starting point builds on existing integrated and joint working and brings together teams that already serve the same people and population with similar needs and also provide a similar set of interventions, skills and knowledge base. The components of the delivery model are set out in Chart 1 below.

Chart 1: Starting point for 2017 - Access, Urgent Response, Short Term Rehab & Reablement



7. Purpose and service criteria

7.1. The core purpose of the service would be to:

- Provide responsive, holistic, home-based, person-centred co-ordinated care, treatment and support focused on enabling people to maximise their independence or recover from illness or injury
- Improve people's outcomes to enable them to live at home, safe and well in their communities
- Reduce dependency on long term services, delay possible admission to long term care and reduce hospital admissions and A&E attendance
- Work effectively with all parts of the health and social care system to provide seamless, smooth and safe transfers

The urgent response component would be for people who:

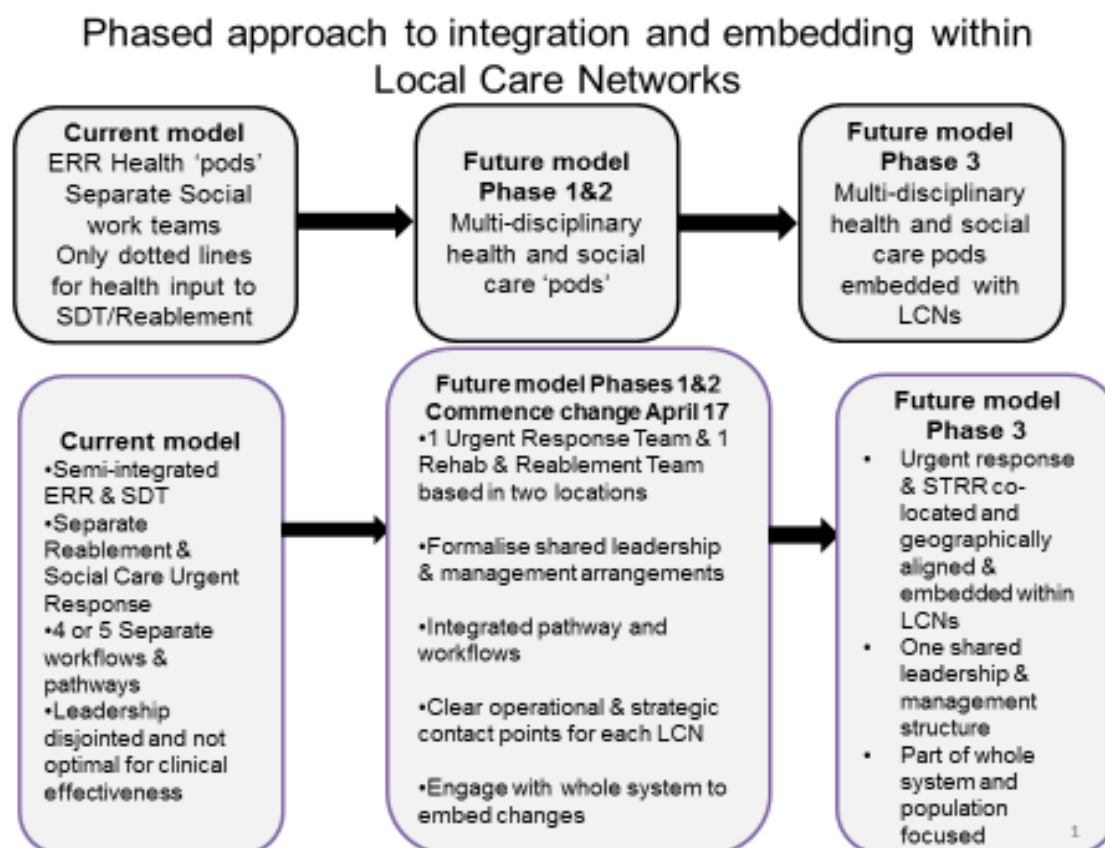
- Are 18 or over and are a resident of Southwark taking into account the different responsibilities of health and social care
- Are medically stable / predictable
- Live in the community and require an urgent response within 2 to 24 hours to:
- Prevent an avoidable admission to hospital
- Prevent a clinical deterioration
- Prevent a social crisis
- Prevent admission to A&E
- Prevent admission to emergency residential or nursing care

The short term rehabilitation and reablement component would be for people who:

- Are 18 or over and are a resident of Southwark taking into account the different responsibilities of health and social care
- Are in hospital or the community and require short term rehabilitation and / or reablement to:
- Help them recover from illness or injury at home so that they don't go into hospital unless they really need to
- Settle them back into living at home if they have recently left hospital
- Support them to improve their function, remain independent, safe and well at home and prevent the need for longer term care

8. Phased approach to implementing the model - alignment and embedding within LCNs

- 8.1. The diagram below sets out the proposed staged approach to move from how the teams are organised now towards becoming part of the whole system and population focused.



- 8.3. The long term plan is to geographically align staff to each LCN based on an assessment of current and future population need and demand. The service will flex across the two LCNs to accommodate levels of variation in need and ensure delivery of a flexible and responsive service alongside effective management of resources. The management team would have collective responsibility to deliver a shared service to Southwark as a whole not just to one local care network
- 8.4. This will take place when there is sufficient staff to ensure that two separate teams can safely deliver an urgent response to each LCN and accommodation and IT access is in place. The starting point will be to align roles and contact arrangements so each LCN is clear who to contact operationally and strategically and engage with the whole system to embed the changes.
- 8.6. The priority for the detailed business case has been to identify the skills mix, staffing model, shared leadership, governance structure and costs needed to establish the integrated service. Critical to the success of this collaboration will be the creation of a strong and robust leadership coalition across ASC, GSTT and CCG. Success also requires robust governance arrangements dedicated to

delivering the Vision and with the authority to make joint commitments and resourcing decisions.

- 8.7. Underpinning this will be a joint provider responsibility to provide a service that will deliver the shared outcomes and achieve the agreed benefits. In exploring the most effective arrangements for the shared management and delivery of the service, consideration has been given to how GSTT and ASC can move from their existing service lead and team management arrangements to create a robust shared service and team lead structure.
- 8.8. As this will involve GSTT and ASC disaggregating their current management structure, structural changes will be implemented in phases to ensure current service delivery is not destabilised. Appendix 2 sets out the timetable and detail of the phases. Taking a phased approach will mean that the management changes can start now building on existing integrated arrangements.

9. Financial implications

- 9.1. For the first phase the changes will be delivered within existing resources. There are existing pressure points and non-recurring costs which will be highlighted through the implementation phases.

10. Outcomes and benefits realisation

- 10.1. The development of an integrated outcomes framework and benefits realisation plan is work in progress and will be in place for when the service goes live. The main benefits expected to be gained from the changes will include:

- Improvements in quality of care offered to patients / service users
- Improved clinical and functional outcomes for patients / service users so they are able to live safe and well in their communities
- Improved patient, service user and carer experience with care co-ordinated around the person
- Improved access to services
- Improved efficiencies to the system through a streamlined pathway and a reduction in duplication and handoffs
- Improved integrated working, connectivity and communication across the whole system
- Better use of workforce and skills mix through a shared governance, leadership and management structure
- Improved recruitment and retention
- Improved professional and practice development
- Greater staff satisfaction through shared systems and models of work and by being part of a wider community response, linking in with the local care networks and contributing to the overall health and well-being of residents
- Increased number of people accessing short term rehabilitation and reablement
- Reduced dependency on long term services, possible admissions to long term care delayed, hospital admissions and A&E attendance reduced.
- Better management of more acutely ill patients in secondary care, by more appropriately managing demand of other less ill patients into a wider range of services

11. Stakeholder Engagement

- 11.1. A stakeholder engagement and communication plan has been drafted to support the development of a detailed business case. It is currently being reviewed and revised to ensure that relevant stakeholders are engaged in the implementation of the new service and the ongoing development of the operating model.
- 11.2. A key part of this will be the engagement of people with lived experience in co-producing relevant areas of the service user/patient / carer pathway. So far the design of the model has been underpinned by the need to deliver peoples' expectations as defined by the Southwark and Lambeth "Attributes of Care" and the National Voices definition of person-centred, co-ordinated care and supporting "I" Statements. A workshop for service user/patient, carers and their representatives was held on 26th January and the feedback has been fed into the design.
- 11.3. Discussions are currently taking place on how best to engage people with lived experience in the most meaningful way in the further development of the service. These could include:
- Linking into existing groups and forums (i.e. Citizen's Forum, Older People's Partnership Group etc) to engage and share the development of the model as stakeholders.
 - When the service is in place, select individuals who are going through the pathway and carry out independent one to one semi-structured interviews to discuss and learn from their experience. This feedback would then inform actual practice as well as contribute to overall performance monitoring.

12. Community Impact Statement

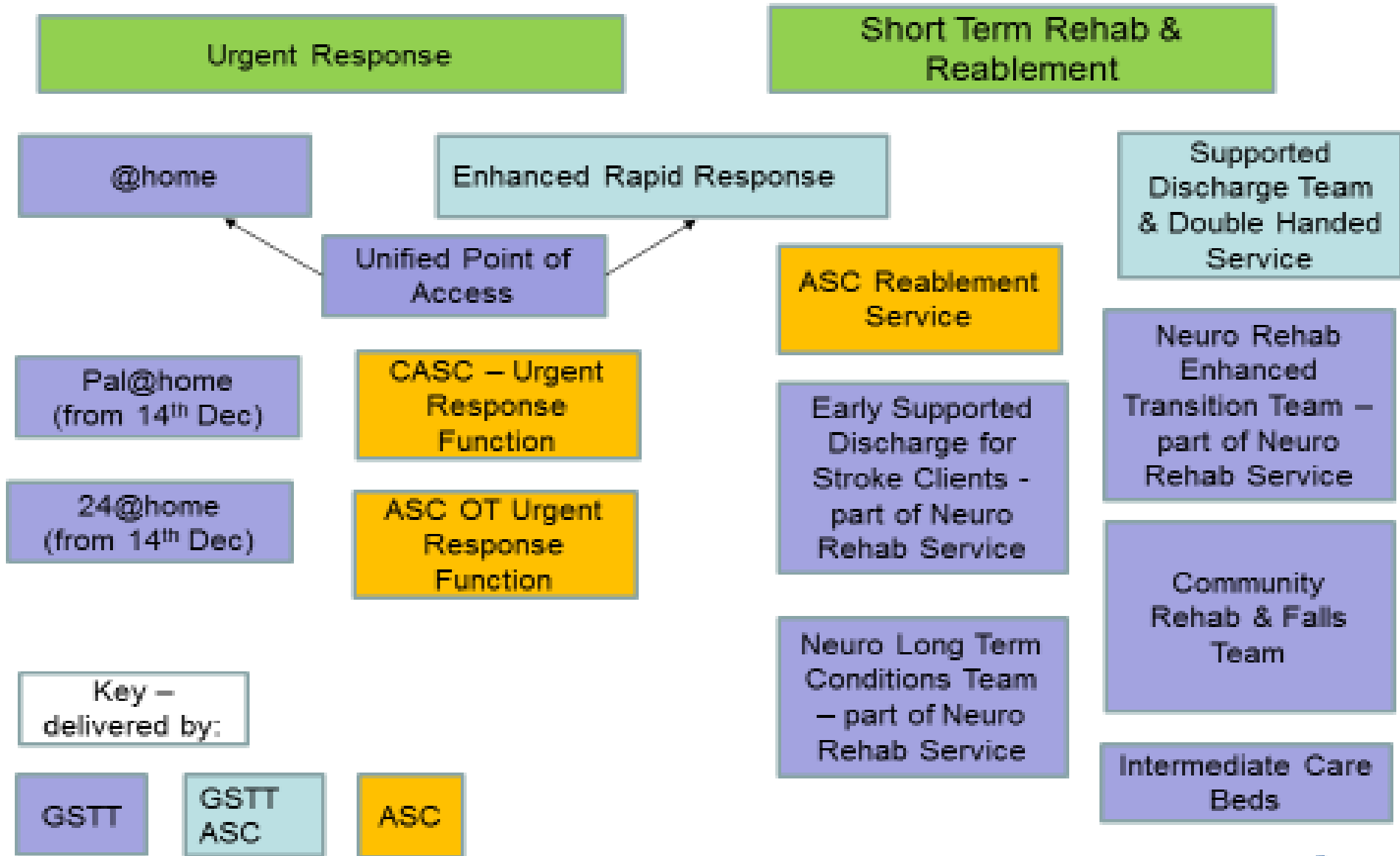
- 12.1 As set out under the Equality Act 2010 and the Public Sector Equality Duty (PSED) an equalities impact assessment has been carried out¹. The analysis identified the integration of these services will have a positive impact to all members of the Southwark community by providing a more localised and joined up approach. It will simplify and improve access to the pathway for both hospital and community referrals and increase the number of people accessing short term rehabilitation and reablement.
- 12.2. It will have a particular positive impact for older, frail residents due to health and social care conditions associated with advanced age. People will benefit from an increased emphasis on preventing and reducing significant care and support needs and avoid admission to hospitals, care homes and attendance at A&E as well as maximising people's independence to remain at home as long as possible.
- 12.3. The analysis did not identify any negative impacts on the protected characteristic groups and demonstrates that the changes show no potential for discrimination. However the analysis highlighted opportunities for the council to improve the information and advice it provides, in particular via the Adult Social Care pages of

¹ Equality and Impact Analysis – Director Adult Social Care, April 2017

the council website. The analysis also identified the importance of the development of the council's community hub model to ensure that older adults, adults with a physical or learning disabilities and the carers who support them can access appropriate information, advice and support to meet their needs (the mental health community hub is already up and running).

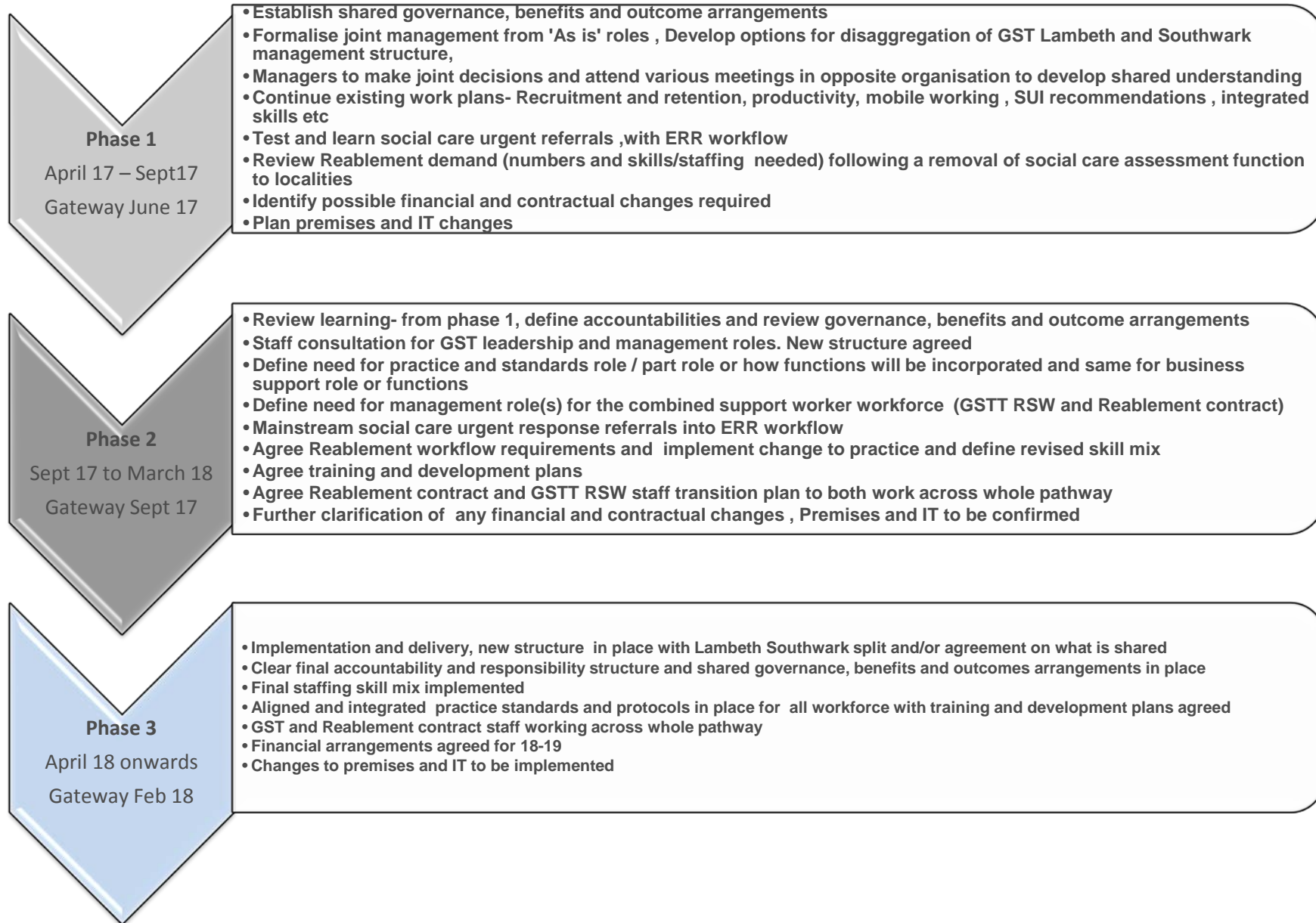
April 2017

Appendix 1: Current services / teams in the pathway



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Appendix 2: Timetable and Gateways



Item No. 10.	Classification: Open	Date: 2 May 2017	Meeting Name: Health and Wellbeing Board
Report title:		South East London Sustainability and Transformation Plan (STP)	
Ward(s) or groups affected:		All wards and groups	
From:		Andrew Bland, CCG Chief Officer	

RECOMMENDATIONS

1. The Board is asked to note that the attached paper gives an update on the south east London STP in a standard form for all boards and governing bodies in south east London.
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 especially the engagement activities that are planned.

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.
 - 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 last made to the Health and Well Being Board in January.

KEY ISSUES FOR CONSIDERATION

Governance and Leadership

6. The revision to governance structure following the STP conference has been implemented. The STP has now established two programme boards, one for clinical transformation and one for driving provider productivity. Both boards have now started to meet.

7. Local authorities are not asked to formally agree or endorse 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.

Access to Sustainability and Transformation Funding

8. Access to transformation funding is via the STP and we submitted bids against four areas in 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

9. We have not yet been formally notified of the outcome of these bids, although the indication is that they have been well-received and we are likely to receive most of the funding we asked for.

Elective Orthopaedics

10. 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:

- ask our provider colleagues to present a collaborative proposition on the three-site option and trusts have worked together on a shared description of the three-site option.
- Undertake a workforce analysis of the potential impact on trauma and A&E departments should elective care be consolidated work. The results of this study have been sent to trusts to validate.

- Describe how the revenue from patient care at elective orthopaedic centres would be shared between the three trusts (the commercial model). A preferred model has been agreed.
11. We intend to take the results of this work to the CCG committee in common at the end of June.

Communications and Engagement

12. It is clear that the negative national publicity about STPs has undermined some of the good work with have been doing 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 that 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.
13. We are planning a series of ‘civic engagement’ events that will take place in all six boroughs, to give south east London residents a chance to hear more about our plans direct from NHS leaders, and tell us their views. The full programme is under development but the following events will take place after the election:
- **Lewisham:** Thursday 29 June, 5pm - 8pm
Townhall Chambers, Catford Road, London, SE6 4RU
 - **Bexley:** Tuesday 4 July, 10am - 1pm (venue TBC)
 - **Southwark:** Tuesday 11 July, 5pm - 8pm
Walworth Methodist Church, 54 Camberwell Road, London, SE5 0EW

Community impact statement

14. 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	Our Healthier South East London Sustainability & Transformation Plan Programme Update, end March 2017

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark CCG	
Report Author	Mark Easton, Programme Director, <i>Our Healthier South East London</i>	
Version	Final report	
Dated	20 April 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	
Strategic Director of Finance and Governance	No	
Cabinet Member	No	
Date final report sent to Constitutional Team		21 April 2017

Our Healthier South East London STP programme update, end March 2017

1. Introduction

This is our second monthly update to boards and governing bodies. It is designed to give a succinct update on Our Healthier South East London – the sustainability and transformation plan (STP) - in a way that can be shared at meetings held in public.

The [delivery plan](#) for the next two years of the NHS Five Year Forward View has just been published. There are several pages on the future of STPs which will need to be considered in our governance forums. However the plan emphasises two things that are very much in line with our local thinking. First, that the shape of STPs will continue to be locally determined rather than following a national template, and second, that STPs are not new statutory bodies. To quote: “they [STPs] supplement rather than replace the accountabilities of individual organisations. It’s a case of ‘both the organisation and our partners’, as against ‘either/ or.’”

2. At a glance

This month saw a number of important meetings and programme developments:

- The team welcomed a new Director of Communications and Engagement – Carl Shoben joins from NHS Improvement.
- We met with NHS England and NHS Improvement and gave a summary of progress from Trusts and CCGs in delivering plans to meet efficiency requirements. Significant progress has been made over the quarter but there are a number of financial risks still to be managed going into the new financial year. The STP will continue to have a role in coordinating our approach.
- We held the latest in our series of workshops with south east London Healthwatch organisations to update them on the STP and get their input into how we evaluate our plans.
- Our Equalities Steering Group met this month to discuss plans for cancer services to help ensure health inequalities are being properly considered, meaning patients experience better outcomes and access to local services.
- Our Patient and Public Advisory Group, comprising patient and public voices from the clinical and enabling work streams of the programme, met to discuss STP finances and to hear about our plans for civic engagement over the next six months.
- We met with all south east London local authority leaders and provided an update on the STP. We are now looking to schedule a meeting with local authority officers to discuss progression of our community based care work stream – focusing on integration and local care networks.
- We held a workshop on workforce productivity to develop the work streams that will help to address our financial gap.
- We held a workshop on estates with representatives from providers and commissioners and agreed a way forward to get the maximum possible value out of our large property portfolio.

Looking forward:

- Our next Productivity Programme Board will take place on 21 April. The group looks at how we can implement the savings that previous benchmarking work has suggested might be possible across south east London.

- Our next Strategic Planning Group - the senior governance group of the STP - is having its first meeting in public on 26 April.

3. Leadership

We have initiated a piece of work to look at how we support our leaders (in all organisations) and identify and develop leaders of the future. It will also help to draw partners together to work on solving problems on a system basis. At the moment we are conducting a series of structured interviews with key stakeholders in south east London to help build a picture of organisational development activity across the STP so that we can scope what else might be needed. It will also consider at what level support for areas such as talent management is best provided. This work is sponsored by Tim Higginson, CEO at Lewisham and Greenwich NHS Trust and Dr Jonty Heaversedge, Clinical Chair of Southwark Clinical Commissioning Group, and supported by the programme. The first results will be reported to the Strategic Planning Group on 26 April.

4. Update from programme groups

4.1 Community Based Care

A second meeting of public health teams in response to the stock take and gap analysis of prevention and self-care work across south east London has led to them identifying a number of collaborative work streams to maximise the effectiveness of their work and resources as part of the STP:

1. Health Intelligence
2. Communications (public health campaigns)
3. Commissioning
4. Population Health Management
5. Smoking & Alcohol
6. Mental health & wellbeing
7. Obesity

To take this forward, leadership from our community based care work stream and public health will meet to discuss how we can work together on these specific areas to identify gaps or variation across south east London, and also to spread best practice.

4.2 Urgent and Emergency Care

National guidance was published during March on areas of focus for urgent and emergency care going forwards. These are:

- **Ambulances** - for example, faster response for patients with life threatening conditions, increase see and treat and hear and treat
- **Hospitals** - priority areas include, focusing on the sickest patients including improving senior decision making in A&E, with new pathways including time sensitive measures, front-door streaming guidance, reducing ambulance handover delays
- **Hospital to Home** - examples being, implementing discharge to assess and piloting a variety of hospital at home schemes
- **NHS Online** - live testing in three areas with fast rollout where possible
- **NHS 111 calls** - single entry point for urgent care via 111
- **GP** - examples include extending primary care opening hours and availability of GPs, improved access to acute clinicians and increased collaboration with secondary care

- **Urgent Treatment Centres** - new terminology for urgent care centres will be 'urgent treatment centres'. By June this year, all STP areas will complete a gap analysis against standards, including staffing and capital requirements to ensure there is a standardised offer. By October, all STP areas are expected to make, and where necessary consult on, local decisions on how to offer standardised access to these services. A local plan will also need to be agreed so that direct booking of people into urgent treatment centres can be done by NHS 111, ambulance services and general practice.
- **Digital/workforce** – we are completing a gap analysis on the facilities specification standards for urgent treatment centres. We are also reviewing what is in place across south east London to provide telephone access to hospital clinicians. Estates and technology transformation funding has been agreed to support the connection between the two electronic patient record systems in south east London and NHS 111 call handlers using a patient relationship management system. Next steps are to provide access to NHS 111 clinicians so they can use the systems to identify what patient information is useful and ensure appropriate information governance.

We are now working with local urgent care leads, NHS 111, community based care leads and London Ambulance Service to develop the local plan to implement all of the above guidance and attract future STP funding. We will submit this plan to NHS England at the end of April. Progress on the plan will be reported to the next Network Executive Group and A&E Delivery Board in early April, before being submitted for sign off to our Clinical Board.

4.3 Mental Health

We have been developing a baseline of activity across south east London on how clinical commissioning groups are working towards the interventions set out in the [Mental Health Five Year Forward View](#). We are also working alongside colleagues in the Healthy London Partnership to see how activity at a south east London level sits alongside interventions they are taking forward under a 'once for London' approach.

We are also reviewing the current mental health spend across south east London to establish: the total investment, comparing spend by clinical commissioning group to understand why they may differ, if we are getting the right outcomes for patients and value for money on services where we spend most money.

Work is also underway to look at out of area treatment and placement for people who need inpatient mental health care. We know discharge processes differ borough by borough, for example – there are different contact telephone numbers for supported housing and different discharge forms. This makes it complex and slow, leading to patients staying on wards when they could be in supported housing. If we can make this simpler and consistent across south east London it could help to increase bed capacity and reduce the number of people having to go out of the area for treatment.

The mental health steering group will meet on 28 April to agree that continuing to develop a south east London approach to tackling these priorities is the right way forward, before a final report is taken to our clinical board.

4.4 Collaborative Productivity

The provider productivity programme is hosting a series of workshops to explore the detail of what we might be able to save by working more closely across the STP footprint. The idea is that many 'back office' services can be delivered differently in a way that costs less, but also offers a high standard of service to front line clinicians. We are looking at both shared

service and outsourced models as well as being clear what needs to be offered locally. Whilst all organisations have a need to make savings in these areas if we are to create a sustainable healthcare system, there will not be a 'one size fits all' solution so, for example, there are areas where just the mental health Trusts might work together. Work to understand the clinical strategies of the providers and how these fit with the STP as a whole will help to ensure that we make decisions that are aligned with service delivery.

For example, our estates work is looking at plans borough by borough, so that any sales make sense and we retain buildings which could be used to deliver healthcare, whilst disposing of those that are no longer suitable or needed.

Workforce

The HR work stream is looking at a number of areas including bank and agency spend and provision of occupational services. The HR work stream will also be supporting our programme groups in modernising the workforce, particularly with regard to changing outpatient services and seeing patients closer to home.

Finance back office

Finance back office is currently focused on streamlining systems and processes and adopting common ones where necessary. Areas of focus include payroll and IT systems.

Procurement

The procurement workstream will build on the existing service led by Guy's and St Thomas' NHS Foundation Trust (which now covers Lewisham and Greenwich and Dartford and Gravesham) as well as the King's College Hospital NHS Foundation Trust Integrated Facilities Management work. It will focus initially on adopting common purchase to pay systems, developing a shared product catalogue and reviewing support to specialist services, liaising closely with specialist commissioning teams.

4.5 Specialist Services

Work on specialist services, particularly renal and cardiac is continuing. This includes looking at patients currently travelling from outside the STP to receive care and those who are not receiving care at their nearest unit for services such as renal dialysis. Wherever possible we are developing pathways that cover the whole spectrum of care including community services and primary care as well as highly specialised services. These pathways will link into the relevant STP workstreams, for example patients access some specialist services such as Hyper Acute Stroke Units (HASUs) and Heart Attack Centres as emergencies which impacts on the provision of Urgent and Emergency Care. Changes in these areas, such as the review of stroke services in Kent, can impact on the number of patients that we see in south east London and we need to ensure this is reflected in our plans.

4.6 Cancer

The south east London Cancer Alliance had its second meeting this month. It brings together colleagues from primary and secondary care, commissioning, Macmillan Cancer Support, Cancer Research UK and patient representatives. This is the group that will be working to deliver the cancer programme across south east London and was set up based on recommendations from the national Cancer Taskforce strategy. The idea behind the alliance is that brings together local leaders from different health and care settings to deliver the cancer strategy and the Five Year Forward View.

Our priorities in south east London are to improve prevention, detection, outcomes, patient experience and the quality of cancer care, as well as making it equitable for all our residents.

At our last meeting, public health consultant and cancer screening lead for London led a discussion on improving coverage and uptake of screening for cervical, breast and colorectal cancer. We are reviewing how to take this forward at a south east London level. We have also submitted cancer transformation funding bids for early diagnosis, the recovery package and stratified follow-up, which is part of the Living With and Beyond programme and will hear the outcome of these in the next few weeks.

4.7 Information management and technology (IM&T)

Developments in IT and other digital technologies present a huge opportunity for us to advance the way we deliver care to our citizens. An ambitious vision for south east London has been set out in our [Local Digital Roadmap](#) (LDR), which examines the opportunities to exploit new technology over the next five years and beyond.

We have successfully secured funding for several schemes from NHS England's Estates and Technology Transformation Fund (ETTF) - a multi-million pound fund for facilities and technology across England. It is part of the General Practice Forward View, which makes commitments to modernising buildings and better use of technology to help improve general practice services for patients.

The funding we have received will focus on two key areas:

1. Sharing patient information across our care system, particularly between social care, out of hours services and emergency and urgent care.
2. Developing the infrastructure to pilot virtual consultations with citizens.

Work in these key areas is already underway and piloting will start later in 2017.

4.8 Estates

The second of two estates workshops was held in March, bringing together providers and commissioners from across south east London to look at their estates plans. The workshop focused on a collaborative approach to agreeing what of our existing estate can be identified as 'core', what is not fit for purpose or surplus, what reconfiguration may be required of 'core' estate, and what new estate may be required.

To take this work forwards we are planning two further workshops to look at benchmarking against the [Naylor review](#) - which examines how the NHS can make the best use of its estates, and learning from the Oxleas approach to remote working.

We have also agreed with partners that over the coming months there should be collaborative reviews of estate requirements across the boroughs via local estates forums, informed by the Naylor report.

5. Communications and engagement – Lambeth public engagement event

The first of our 'civic engagement' events will be taking place in Lambeth on 11 May 2017 – full details to be released shortly. This is series of events that will take place in all six boroughs to give south east London residents a chance to hear more about our plans direct from NHS leaders, and tell us their views.

More dates are currently being agreed and our website will be regularly updated with details of all events – please visit www.ourhealthiersel.nhs.uk or follow us on Twitter @ourhealthiersel

Item No. 11.	Classification: Open	Date: 2 May 2017	Meeting Name: Health and Wellbeing Board
Report title:		Pharmaceutical Needs Assessment – 2018 Refresh	
Ward(s) or groups affected:		All Southwark wards and all population groups	
From:		Professor Kevin Fenton, Director of Health and Wellbeing	

RECOMMENDATIONS

1. Southwark Public Health invites the Health and Wellbeing Board to:
 - Comment and agree the scope, process and timeline set out in this document for the refresh of the Pharmaceutical Needs Assessment.
 - Instruct the public health team to lead, deliver and report back to the Health and Wellbeing Board in due course on progress.

BACKGROUND INFORMATION

2. Since 1 April 2013, every Health and Wellbeing Board (HWB) in England has held a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA).
3. This PNA refresh for Southwark and due for publication in March 2018 seeks to:
 - Identify the current and future pharmacy needs for Southwark's population based on demographics of the borough and services within neighbouring areas
 - Engage with professionals and the public to identify whether unmet need or duplication is experienced; with an impetus to allocate resources more efficiently
 - Present and compare the current state of pharmacy provision in Southwark and the services they currently provide - including dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users

KEY ISSUES FOR CONSIDERATION

Local context

4. The PNA will be undertaken in the context of the needs of the local population. Health and wellbeing needs for the local population are described in Southwark's Joint Strategic Needs Assessment. The PNA will not duplicate these detailed descriptions of health needs and should be read in conjunction with the JSNA.

5. The Southwark profile will include the following information:
 - Demography including age/gender, population projections (in the next three to five years), ethnicity and deprivation
 - The health needs of the local population (including healthy lifestyles) compared to England average / inequalities within the borough.
 - National and local strategic plans, including the local commissioning strategy, CCG Primary Care Plan and the local joint Health and Wellbeing strategy.

Assessment of pharmaceutical services

6. In this section we will include all the pharmaceutical services provided in the borough and more specifically:
 - Essential services (distribution of pharmacies / opening hours and access / dispensing)
 - Premises (consultation areas / access for those with a disability)
 - Advanced services (Medicines Use Reviews / New Medicines Service / appliance use reviews / stoma appliance customisation service)
 - Enhanced services (London Community Pharmacy Vaccination Service / seasonal influenza vaccination)
 - Locally commissioned services (stop smoking / sexual health / NHS Health Checks / supervised consumption / needle and syringe exchange service/ free (vitamin) D distribution)

The role of pharmacy in improving the health and wellbeing of the local population

7. Providers of pharmaceutical services have an important role to play in improving the health of local people. They are easily accessible and are often the first point of contact, including for those who might otherwise not access health services. Community pharmacies can contribute to the health and wellbeing of the local population in a number of ways, including safe supplying of medication, support for self-care or self-limiting illnesses, providing information and brief advice, providing on-going support for behaviour change and signposting to other services.
8. Commissioners are recommended to commission services which are evidence-based, high quality, consistent, equitable, and accessible and evaluated through a framework and implementation process which ensures governance.

Lessons from the current PNA

9. Community pharmacies are the main provider of smoking cessation services in Southwark. They provide pharmacy based one-to-one smoking services improving choice and access for would-be quitters.
10. All pharmacies in Southwark have been offered the opportunity to deliver Emergency Hormonal Contraception (EHC), making pharmacies one of our main providers. The service includes an advisory service to signpost the relevant population (under 25s) for chlamydia screening when Emergency Hormonal Contraception is provided, since those requiring such contraception may also be at risk of infection. A small number of pharmacies have been commissioned to provide needle exchange across the borough.

11. These pharmacies were commissioned based on specific criteria including flexible opening hours, geography and prevalence of injecting users.
12. The Local Government Association (LGA) report recommends that local commissioners consider the Healthy Living Pharmacy model and how it could be used to help improve health and reduce inequalities.
13. The findings from the most recent PNA identified that while there was no need for additional pharmacies, the PNA should be the basis for all future pharmacy commissioning intentions and that pharmacies should provide a wide range of services above core contracts.

Policy implications

14. The refreshed PNA will focus on the following key areas:
 - Provision of local pharmaceutical services in Southwark
 - Review of the locations, opening hours and access
 - The extended opening hours of some community pharmacies.
15. For Commissioners:
 - Ensure pharmacy provision is equitable across the borough, with services being relevant to key issues in each ward.
 - Work more closely with pharmacies to increase population awareness of pharmacy services. This would help services to be used more effectively and contribute to the improvement of the health of the local population.
 - Plan pharmaceutical services for projected demographic changes, for example the expected growing of elderly population
 - Review the service provision in the event of new housing developments and new estates.
 - Ensure pharmacy services are in-line with wider service reviews and strategies across the borough.
16. For the Health and Wellbeing Board:
 - Ensure there are systems in place to monitor potential changes that will affect the delivery of pharmaceutical services and have a process in place to decide whether the changes are significant and any actions needed to be taken.
17. For Pharmacists:
 - Ensure patients are aware of services that may improve access to services, such as language services.

Community impact statement

18. Providers of pharmaceutical services have an important role to play in improving the health of local people. They are easily accessible and are often the first point of contact, including for those who might otherwise not access health services. Community pharmacies contribute to the health and wellbeing of the local population in a number of ways, including safe supplying of medication, support for self-care or self-limiting illnesses, providing information and brief advice,

providing on-going support for behaviour change and signposting to other services.

Resource implications

19. The PNA refresh will be undertaken in house and led by Public Health. Some resources may be required to conduct a public engagement survey and a pharmacy workshop as part of the requirement to engage with the public and community pharmacies in the borough. Discussions are underway with NHS England as to the scope of this engagement, but it is not anticipated that any additional costs would be significant at this stage.

Legal implications

20. The refreshed PNA will be undertaken in accordance with the requirements set out in regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

Financial implications

21. There will be no financial implications. The PNA document will be produced in house with contribution from various stakeholders identified as part of the PNA engagement process.

Consultation

22. The PNA refresh requires a steering group that will include leading members from the council (PH Team), Southwark CCG and Medicines Optimisation Team, Local Pharmaceutical Committee (LPC), Local Medical Committee (LMC), NHS England and Healthwatch Southwark.
- In the process of undertaking the PNA the steering group will consult the views of a range of key stakeholders (such as neighbouring boroughs Lambeth/Lewisham, local pharmacies, etc.) to identify issues that affect the commissioning of pharmaceutical services and to meet local health needs and priorities.
 - A pharmaceutical service mapping workshop and a stakeholder event will be organised in spring / summer 2017 respectively.
 - If required, ¹ a 60-day public consultation will be undertaken from October 2017 to early December 2017 to seek the views of members of the public and other stakeholders, on whether they agree with the contents of the PNA and whether it addressed issues that they considered relevant to the provision of pharmaceutical services. The feedback gathered from the consultation will be reported and reflected in the final PNA. *See Appendix 1 for the PNA timeline.*

¹ We understand that there is a pan-London approach and that more clarity is required from the PNA lead at NHSE in understanding what the minimum requirements for refreshing the current PNA as well as their support to HWBs would be at this stage.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Pharmaceutical Needs Assessment 2015	http://www.2.southwark.gov.uk/downloads/download/3757/southwark_pharmaceutical_needs_assessment	Dr Leidon Shapo Tel: 020 7525 7705
Link: http://www.2.southwark.gov.uk/downloads/download/3757/southwark_pharmaceutical_needs_assessment		

APPENDICES

No.	Title
Appendix 1	Gantt Chart for Southwark's Pharmaceutical Needs Assessment, 2018 refresh

AUDIT TRAIL

Lead Officer	Richard Pinder, Consultant in Public Health Medicine	
Report Author	Leidon Shapo, Head of Programme (Health & Social Care)	
Version	Final	
Dated	19 April 2017	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	
Strategic Director of Finance and Governance	No	
Cabinet Member	Advised	
Date final report sent to Constitutional Team		19 April 2017

APPENDIX 1

Gantt Chart for Southwark's Pharmaceutical Needs Assessment, 2018 refresh

Key steps	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Engagement of stakeholders													
Steering group members identified													
SG formed and terms of reference signed off													
Timeline developed and shared with stakeholders													
PNA paper submitted to SMT and HWB													
Existing data held by PH/council identified													
Template to collect remaining data agreed with LPC and LMC													
Data collection - current services, health needs and local/national priorities													
1st PNA SG meeting - with a freq of 4-6 wks afterwards (April - Sep.17)													
Agreement of communications plan and consultation process													
Access and identify health needs and local/national priorities													
Patient/public engagement survey & Pharmacies survey													
Map current service provision													
Identify gaps in current service provision against the identified needs and priorities													
Prioritise identified gaps													
Pharmaceutical workshop													
First draft of the PNA													
Finalise draft of the PNA													
Formal consultation													
Analyses of consultation responses / prepare consultation response													
Amend PNA in light of consultation													
Report on consultation to HWB													
Finalise PNA for submission to HWB													
PNA signed off by DPH and HWB													
PNA published													

Item No. 12.	Classification: Open	Date: 2 May 2017	Meeting Name: Health and Wellbeing Board
Report title:		Healthwatch Southwark: Priorities for 2017/18	
Wards or groups affected:		Southwark wide	
From:		Aarti Gandesha, Healthwatch Southwark Manager	

RECOMMENDATIONS

1. The board is asked to note Healthwatch Southwark's priorities for 2017/18.

EXECUTIVE SUMMARY

2. HWS (Healthwatch Southwark) was created in April 2013, as part of the 2012 Health and Social Care Act reforms and is part of a local Healthwatch network that is supported by a national Healthwatch England body.
3. 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 health and social care services.
4. The Healthwatch remit is large - we cover both health and social care for children and adults – therefore each Local Healthwatch identifies priority areas to help channel resources into work that will achieve the greatest impact for Southwark residents. Local Healthwatch choose priority areas in different ways, and all priorities are set within our local health and social care context.
5. In 2013, Southwark Council awarded Community Southwark the contract to deliver Healthwatch Southwark. In the first year, the Healthwatch Southwark team engaged with local people and launched four broad priority areas:
 - Access to GPs
 - Mental health
 - Sexual health
 - Social care
6. In September 2016, the Healthwatch Advisory Group felt it was time to engage with Southwark residents and key stakeholders on what we should be working on going forward. An approach for this refresh exercise was agreed at the Healthwatch Southwark Advisory Group meeting in September 2016. The group decided to gather:
 - **Views of local people / voluntary and community organisations representing local people** - we heard from 397 people.

- **Views of statutory organisations** - we received feedback from 10 organisations.
 - **Information from Healthwatch’s information and signposting database** - 167 queries logged between January 2015 and December 2016.
7. Healthwatch England (HWE) provide guidance to local Healthwatch on how to select priorities – HWE recommend that there is a clear rationale for each priority area so that local people can understand how decisions have been made and why these priority areas are important to local people.
8. In March the Healthwatch Southwark Advisory Group came together to review this information and agreed a decision-making matrix for how priority areas should be chosen. They then short-listed the following priority areas, from the information gathered from local people, statutory organisations and from HWS’s information and signposting database:
- Care at home – overstretched / insufficient provision
 - Nursing and care homes – quality issues and lack of provision
 - Continuity and coordination of care – focusing on leaving hospital
 - Support for unpaid carers – insufficient support, poorly communicated
 - District nursing and occupational therapy – long waits / non-attendance
 - Timely access to GPs / A&E waits
 - Mental health crisis care
 - Listening and attitudes among staff – including GPs and receptionists
 - Talking therapies – access and long waiting times
 - Child and adolescent mental health services (CAMHS)
 - Dentistry – fees
9. The Advisory Group discussed each of these priority areas against the criteria. This supported the staff team to choose priority areas for 2017/18, bearing in mind that there is one year remaining of the HWS contract:

1. Timely access to GPs

With a spotlight on:

- Choice and equality of access to GPs
- GP appointment systems
- Impact on other services
 - Streaming of patients at King’s Hospital: This will involve supporting GP Fellows to carry out a two-week pilot trialling a new way of streaming patients. We have been asked to support by collecting feedback from patients
 - Evaluation of NHS England’s winter communications materials: South East London Healthwatch organisations have been commissioned to get feedback from public on the 2016 campaign, to inform their Winter 2017 programme.

2. Going home

With a spotlight on:

- Step-down beds:
 - Follow up on recommendations made in our report, and action plan produced by Council/CCG and Lime Tree, and how this will be used to inform expansion of step-down.
 - Enter and View at Lime Tree to review progress against recommendations in our report.
- On-the-ground experiences of transfer of care - from staff, patients and carers.

3. Southwark's nursing homes

- Continue correspondence with Council and CCG regarding nursing care provision in Southwark.
- Engagement may be necessary if there are changes to provision.

4. Impact of caring on carers

- Engaging with unpaid carers on: awareness of rights and support available, assessments, support organisations available, respite care and impact on life/wellbeing.
- Hear from a range of carers including: carers of people with dementia, parent carers, young carers, carers of people with mental health problems, carers of people who are frail/older, carers of people at end of life, and carers of adults with complex needs.

5. Help in a mental health crisis

With a spotlight on:

- Mapping the mental health crisis care pathway.
- On the ground experiences of mental health crisis care and ongoing changes - from staff, patients and carers.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Healthwatch Southwark: Our priorities for 2017/18 (April 2017)

AUDIT TRAIL

Lead Officer	N/a	
Report Author	Aarti Gandesha, Healthwatch Southwark Manager	
Version	Final	
Dated	19 April 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 April 2017



#NewPriorities



Healthwatch Southwark

Our priorities for 2017/18

April 2017

Contents and acknowledgements

The purpose of this report is to share our priority areas for 2017/18 with statutory stakeholders and members of the public.

The report opens with our new priority areas for 2017/18. The document then goes on to give background information about why we have priority areas and what they have been in the past, and then how we came to choose our new priorities.

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Thank you to all the members of the public who took their time to share their views and experiences with us - this has been an invaluable part of this process. Thank you also to all the statutory organisations who completed our online survey. Finally, thank you to our Advisory Group and volunteers who supported us with the engagement and decision-making.

1. Timely access to GPs

With a spotlight on:

- Choice and equality of access to GPs
- GP appointment systems
- Impact on other services. We know that problems with GP access can impact on the way people use other services. To help find ways to resolve this we will:
 - Be supporting GP Fellows to carry out a two week pilot trialling a new way of streaming patients at King's Hospital. We have been asked to support by collecting feedback from patients.
 - Evaluation of NHS England's winter communications materials, which aimed to help people find the best place to go for healthcare. South East London Healthwatches have been commissioned to get feedback from the public on the 2016 campaign, to inform their programme in winter 2017.

Quotes from members of the public explaining why this should be a priority area:

“The way GPs are doing their appointment system at the moment isn't working out. You either have to hope to book on the day (which is only supposed to be for emergencies - and even that's when you're very lucky) or you have to book an appointment for two weeks in advance. There's no in between. You are constantly told only to go to A&E for life threatening emergencies but for any other appointment you have to wait at least two weeks (unless you're lucky). If you don't want people to go to hospital you need to provide better GPs waiting times, it's that simple.”

“GP appointments. I've been a patient there 18-19 years. Now they've got a rule that you have to book a week ahead except for emergency, but they define emergency - I think pain is an emergency. Don't just tell me to use my meds - if I call it is because I really need it. You have to phone at 8am and ring for 20 minutes. Sometimes they send you to the extended service but then you wait and then they might send you to A&E - why not go straight there? Sometimes I go straight there as there is no option. I can't queue up for help in my wheelchair.”

“Waiting times for GP appointments - no point everyone is being told to phone at 8am - it shouldn't be survival of the fittest. Overall, too many people waiting to access services makes it certain that a significant part of the population don't get timely treatment/ intervention.”

2. Going home

With a spotlight on:

- Step-down beds at Lime Tree facility (where people can stay after discharge from hospital but before they are able to go home).
 - Follow up on recommendations made in our previous [report](#), and action plan produced by Southwark Council/Clinical Commissioning Group (CCG) and Lime Tree, and examine how this will be used to inform expansion of step-down.
 - 'Enter and View' visit at Lime Tree to review progress against recommendations in our report.
- On-the-ground experiences of transfer of care - from staff, patients and carers.

Quotes from members of the public explaining why this should be a priority area:

“Where services are not joined up or where professionals are too over-stretched and fail to regard users as people rather than statistics.”

“Hospitals - no arrangement was made for aftercare and even discharged when no services on weekends.”

“The only concern I have experienced is the link between leaving hospital and coming home, and attending appointments soon after discharge.”

3. Southwark's nursing homes

- Continue correspondence with Southwark Council and Clinical Commissioning Group (CCG) regarding nursing care provision in Southwark.
- Engagement may be necessary if there are changes to provision.

Quotes from members of the public explaining why this should be a priority area:

“Care homes - there's not enough of them available and the application process can be very difficult.”

“Care homes and care in homes is often poor because the nurses are overworked and underpaid. They are allotted a certain amount of time for each patient and this leads to a rushed/poor service.”

“Care homes. Recent example - the HC care home scandal in Camberwell Green. This is just one example of poorly run care homes. Poor staffing, poor management, lack of training for staff, poor nutrition, poor diet, lack of activities for the residents, lack of personal care.”

4. Impact of caring on carers

- Engaging with unpaid carers on: awareness of rights and support available, assessments, support organisations available, respite care and impact on their life/wellbeing.
- Hear from a range of carers including: carers of people with dementia, parent carers, young carers, carers of people with mental health problems, carers of people who are frail/older, carers of people at end of life, and carers of adults with complex needs.

Quotes from members of the public explaining why this should be a priority area:

“Support for carers - I was never told about any support available to me. Services seem to be improving, but they are not widely known. Carers often end up putting themselves and their needs behind others so asking for help can be difficult, or even something not considered. So I believe services should be made more visible.”

“Proper, meaningful home care and support for carers is basically non-existent. I get 6 hours a week home care for my mum but it doesn't give me 6 hours of free time. I still have to look after three children. I don't get any time off for myself. And I need time for counselling but there's no point in even arranging it - I can't go. The worst part is, I've been asking for a Bengali nurse since my mum came out of hospital because she can't speak English. I have to be there the whole time the nurse is because mum can't tell them what she wants for dinner, when she needs the toilet, how she feels about anything. I constantly have to be there!! It makes having a carer pointless.”

“Carers are finding it difficult to get access to support. They often get refused after an assessment or get very little support. The response from Adult Social Care is very slow.

We get the idea that they are understaffed and underfunded. People have a long time for an assessment and the outcome of the assessment and for support to be put in place. Particular when conditions are not falling into one category then teams are passing it from one to the other causing unnecessary delays. The assessments should take all social care needs into consideration instead of splitting it out by disability.”

5. Help in a mental health crisis

With a spotlight on:

- Mapping the mental health crisis care pathway.
- On-the-ground experiences of mental health crisis care and ongoing changes - from staff, patients and carers.

Quotes from members of the public explaining why this should be a priority area:

“People experiencing mental distress aren't always given enough support, sometimes they don't know who to talk to so can feel isolated. With many centres closing there will be less chance of people being able to meet socially and feel a part of a supportive and safe group.”

“People with mental health issues often feel as if it is impossible to seek help and remain isolated. The lack of A&E at the Maudsley has not helped. The arrangement at King's was inadequate...”

“Mental health is not working properly. I was in A&E at King's and there were three mental health patients not getting attended to. They were going mad because they weren't being seen. One woman was restrained by staff but escaped and ran out into the street screaming that she was going to kill herself so she'd get seen quicker. She ran in front of the traffic on Denmark Hill and got hit by a car. It was very disturbing... and then all the other cars behind that one started knocking into each other. She caused a pile up. She got taken straight into A&E though.”

What is Healthwatch?

Healthwatch started in April 2013 and is the independent consumer champion created to gather and represent the views of the public nationally (through Healthwatch England) and locally.

Healthwatch Southwark gives people a voice in health and social care and influence the design and delivery of services in our borough. Our role is to:

- ✓ Listen to the needs and experiences of residents and communities.
- ✓ Learn from the experiences of local people and influence the professionals who plan, buy and deliver services, so that these can be improved. To help us do this we sit on many NHS and Southwark Council boards and committees.
- ✓ Act on concerns when things go wrong, and find solutions.
- ✓ Visit health and social care services to find out what it's like for people using them and make recommendations.
- ✓ Provide information and signposting on local health and care services.
- ✓ Work with organisations that scrutinise and inspect local services such as the Care Quality Commission.
- ✓ Provide Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

To see our annual reports which describe the work we have done so far, please visit our [website](#).

Why have priority areas?

The Healthwatch remit is large - we cover both health and social care for children and adults - and therefore each local Healthwatch identifies priority areas to help channel resources into work that will achieve the greatest impact. Local Healthwatch choose priority areas in different ways, but all priorities are set within our local health and social care context and taking into account the views and experiences of local people.

Our work so far

In 2013, Southwark Council awarded Community Southwark the contract to deliver Healthwatch Southwark. In this first year, the Healthwatch Southwark team engaged with local people and launched four broad priority areas:

- Access to GPs
- Mental health
- Sexual health
- Social care

Background

Over the last few years, we have undertaken a number of activities within these four areas, some of which are outlined below. To see our published reports, please visit our [website](#).



44 GP practices
A review of their out of hours answerphone messages



44 GP practices
A review of their online information about complaints



19 Healthwatch Youth Volunteers
Enter and Viewed 2 sexual health clinics and visited 17 pharmacies



12 Healthwatch Youth Volunteers
Trained in Enter and View



5 'Going Home' stories
Tracking the experiences of people leaving hospital



4 Enter and View visits
To St Thomas' Hospital Emergency Department



8 ethnographic interviews
With people with 3+ Long Term Conditions



5 members of staff and volunteers
Trained in ethnographic engagement



44 GP practices
A mystery shop to see if offered interpreting services



105 young voices heard on sexual health



Presented to 5 Overview and Scrutiny Committees
On personalisation, mental health, quality of GPs, centralised place of safety, sexual health education



114 young voices heard on mental health



2 Enter and View visits
To Burgess Park Care Home



4 Enter and View visits
To King's Hospital Emergency Department

Even though we will be working on new priority areas for 2017/18, a key part of our role will be to continue monitoring progress made by providers and commissioners in recommendations we have made in the past.

How we refreshed our priorities for 2017/18

It has been a while since we have refreshed our priorities. The approach taken in 2013 was to have 4 broad priority areas that we could explore in detail over a number of years. In 2016, the Healthwatch Advisory Group felt it was time to engage with Southwark residents and key stakeholders on what we should be working on going forward. An approach for this refresh exercise was agreed at the Healthwatch Southwark Advisory Group meeting in September 2016. The group decided on the approach outlined below:

Information from local people / voluntary and community organisations working with local people:

- What health and/or social care services do you think are currently working well?
- Are there any areas of health care which you feel are not working well?
- Are there any areas of social care you feel are not working well?
- We want local people to be able to access services no matter who they are or where they live. Are there any groups you feel have a poor experience of using services?
- We want to know what specific areas you would like to see Healthwatch Southwark focus on. What do you think we should prioritise across health and social care?

Information from statutory organisations:

- What has your organisation identified as priority areas within health and social care?
- What areas do you think Healthwatch could add most value?
- Is there anything else you would like to tell us, particularly about our role and how we work with your organisation?

Information from Healthwatch's information and signposting database:

- Review of information from our information and signposting log, between the period January 2015 - December 2016.

Engagement took place between 11th October 2016 - 27 February 2017.

How we refreshed our priorities for 2017/18

Our engagement with local people

We received 397 responses to our survey asking local people their views about our new priorities. This section explains:

- What local people think is not working well in health and social care
- Groups of people who respondents feel have a poor experience of accessing or using services
- What local people think our priority areas should be (we asked for their top 3).

What local people told us is not working well in health and social care

291 people told us about healthcare, raising 566 topics. 253 people told us about social care, raising 389 topics.

We analysed the topics mentioned by service (and sub-type of service), by theme (and sub-theme), and by the group of people affected. We also looked at the crossovers, so that if a particular theme was often mentioned around a particular service this would be revealed, suggesting more specific priorities for our work.

The list below shows which topics received the most mentions (those mentioned by <3% of respondents are not listed). The list does not include themes which were very broad (e.g. 'quality of care') or themes where most mentions were about a specific service. The list also does not include areas beyond the remit of Healthwatch Southwark, such as staff welfare or housing issues, although we remain aware of the broad impact of these issues.

Topic	% of respondents who mentioned this (of 291 for healthcare and 253 for social care)
GPs	49%
Access to timely care at the GP (includes appointment booking and systems, and long waits for appointments)	32%
Listening and attitudes at the GP	4%
Overstretched/under-resourced GPs	3%
Quality of care at the GP	3%
Access for different groups to the GP	3%
Continuity of care at the GP	3%
Hospitals	39%
A&E generally	8%
Access to timely care in hospitals	13%
- Long waits in A&E/mental health crisis care	5%

How we refreshed our priorities for 2017/18

Overstretched/under-resourced hospitals	3%
Continuity and coordination in hospitals	3%
Hospital discharge	3%
Mental health services	18%
Talking therapies generally	6%
Access to timely mental healthcare	4%
CAMHS generally	3%
Care and support at home	15%
Overstretched/under-resourced care at home	3%
Care and nursing homes	14%
Quality of care in homes	4%
Overstretched/under-resourced homes	3%
Support for carers	14%
Insufficient - more needed/not always offered	5%
Respite care - insufficient provision	3%
Dentistry	11%
Fees in dentistry	4%
Listening and attitudes (total mentions across health and social care)	10%
Healthcare not holistic/person-centred	3%
Continuity and coordination (total general mentions across health and social care)	8%
Poor communication (total mentions across health and social care)	8%
Occupational therapy	8%
Long waits for care in occupational therapy	3%
Social services	7%
Social workers	6%
District nursing	6%
Health and social care benefits (total mentions)	5%
Insufficient personal budgets	3%
Services for children and young people (not including 'activities', or services for looked after young people)	4%
Social care for older people	4%
Services for disabled people	4%
Activities for young people - more needed	3%
Social care assessments - unfair	3%

Groups that local people feel have a poor experience of using services

316 people answered this question. Groups of people with 9 or more mentions (3%) were:

How we refreshed our priorities for 2017/18

- People with health conditions / disability - 78 mentions (specifically mental health conditions - 25, specifically learning disabilities and autism - 8)
- People facing language barriers - 59 mentions
- Older people - 57 mentions
- Black and Minority Ethnic (BAME) groups - 47 mentions (specifically immigrants - 8)
- Children and young people - 23 mentions
- Economically disadvantaged people - 13 mentions

What local people feel our priority areas should be

336 people answered this question, suggesting an average of 2 priorities each. The list below shows which services, themes and groups of people received the most mentions (those mentioned by <3% of respondents are not listed).

Topic	% of 336 respondents who mentioned this
GPs	17%
Access to timely care at the GP	4%
Mental health and drugs services	14%
General services/support for specific groups	12%
Services overall for older people	4%
Total mentions of older people including specific services	7%
Services overall for people with disabilities and their families	4%
Total mentions of disabled people including specific services	4%
Services overall for children and young people	3%
Total mentions of young people including specific services	3%
Access to timely care (including proper use of A&E)	9%
Hospitals	7%
Social care (not further specified)	7%
Access for different groups	5%
Communication and information	5%
Access to services, treatments, pathways	3%
Dentistry	3%
Quality of care	3%
Care/nursing homes	3%
Care at home	3%

How we refreshed our priorities for 2017/18

Information from statutory organisations

We asked statutory organisations to tell us:

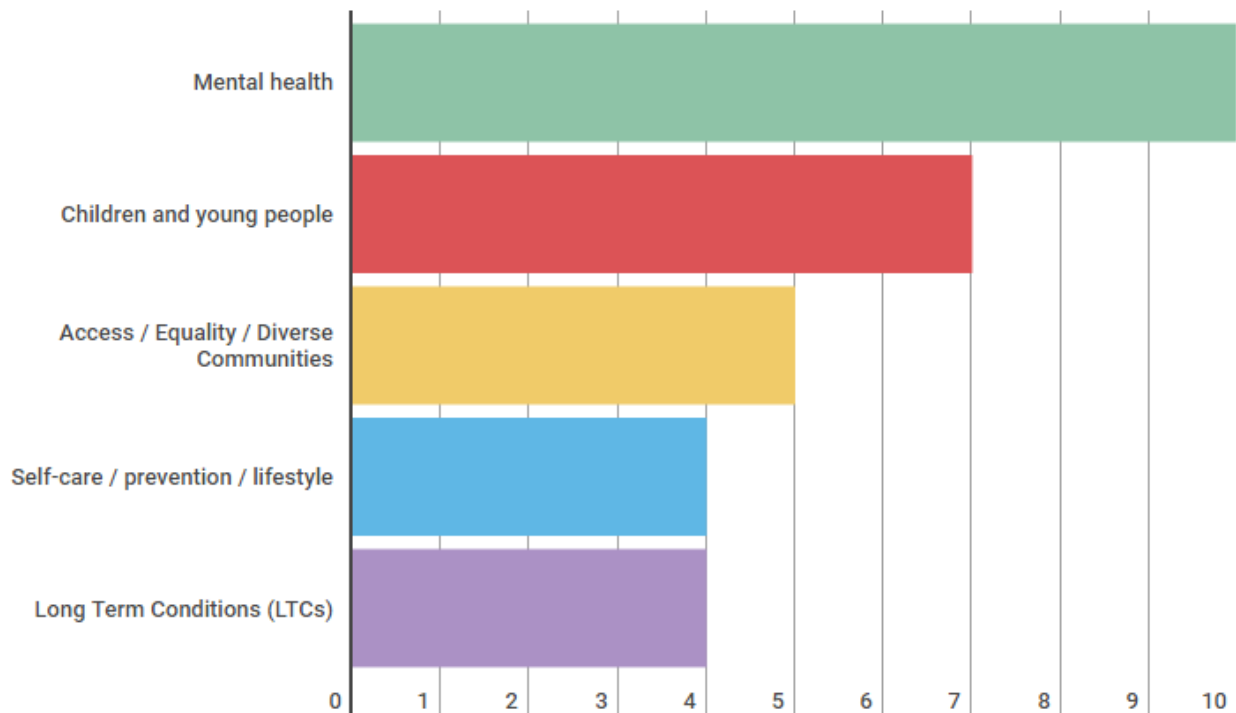
- Their priority areas within health and social care
- In which areas they think Healthwatch could add most value
- Any other comments, particularly about our role and how we work with them

The following organisations sent us information to support us in setting priorities:

- ✓ Southwark Council
- ✓ Southwark CCG
- ✓ Metropolitan Police
- ✓ Public Health
- ✓ Local Care Networks (North and South)
- ✓ Children & Young People Health Partnership (CYPHP)
- ✓ Sustainability and Transformation Plan (STP)
- ✓ 5 South East London Healthwatches (Lambeth, Lewisham, Bromley, Bexley, Greenwich)

Priority areas of these organisations

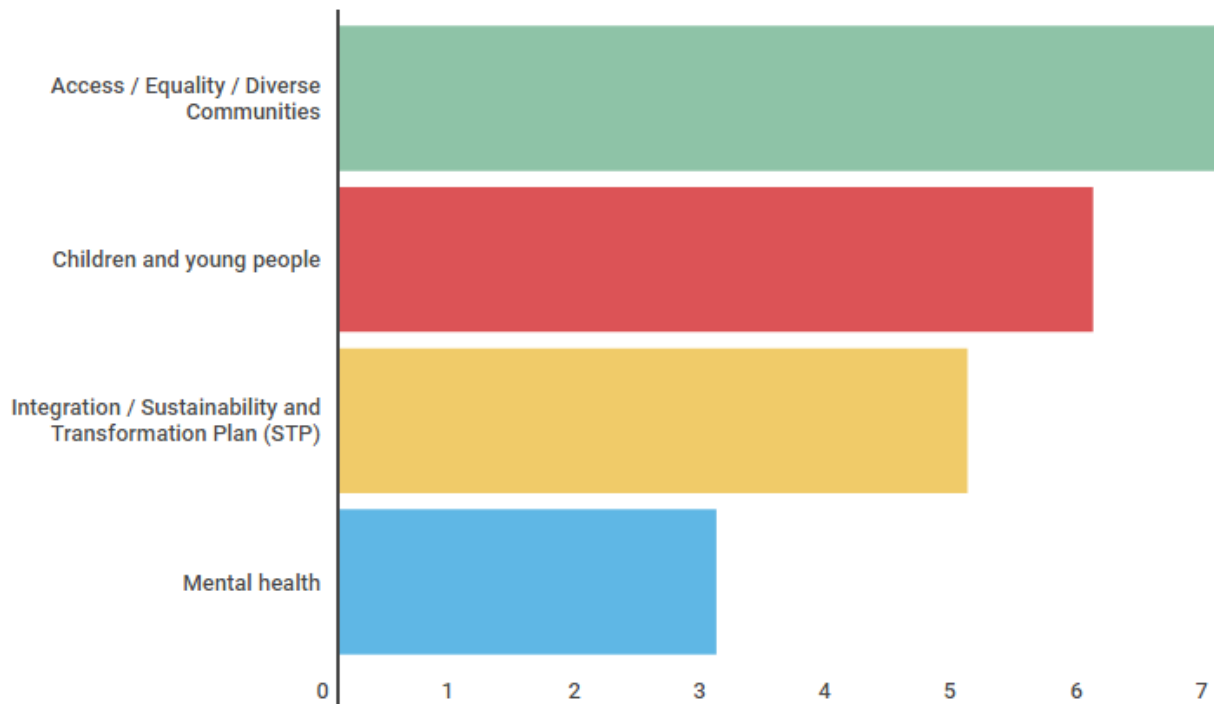
The table below shows the top 5 themes given when we asked organisations to tell us their priority areas within health and social care.



How we refreshed our priorities for 2017/18

Where organisations think Healthwatch could add most value

The table below shows the top 4 themes, when we asked organisations to tell where they thought Healthwatch could add most value.



How we refreshed our priorities for 2017/18

What issues had local people already raised with us? Our issues log

Healthwatch Southwark runs a signposting service - people can get in touch with us to ask for information or report issues with their care. Topics raised have been categorised as 'signposting', 'issues', or both. Between January 2015 and December 2016, 167 people raised 'issues' with publicly funded health and social care services in Southwark.

We analysed the topics mentioned by service, and by theme. We also looked at the crossovers where particular themes were often mentioned around particular services. Many contacts talk about more than one service and theme. The list below shows which topics received the most mentions (those mentioned by <3% of contacts are not listed). This list does not reflect the severity of each issue.

Topic	% of 242 contacts who raised this
GPs	48%
Access to timely care at the GP	12%
Staff attitude/manner or not feeling listened to at the GP	4%
Access to timely care	24%
Access to timely care: appointments	6%
Access to timely care: can't get through	5%
Acute hospital services	15%
KCH hospital services	6%
GSTT hospital services	8%
Quality of care	12%
Social care	11%
Residential care and supported housing services	2%
Southwark Council - social services in general/social workers	6%
Records and test results	8%
GP quality/catchments/choices/capacity	8%
Poor communication about care and services	7%
Poor communication impacting on access	6%
Staff attitude/manner; not feeling listened to	6%
Equal access (disability, homelessness, language, refugees)	5%
Community services (provided by GSTT)	5%
Access to timely care at GSTT community services	4%
Mental health services (provided by SLaM)	5%
SLaM hospital services	3%
Patient voice (e.g. consultation, complaints)	5%
Care not initiated (e.g. no referral or assessment)	4%
NHS England - other than Primary Care Support	4%
NHS England - Primary Care Support Service (patient records)	3%

How we refreshed our priorities for 2017/18

Choosing which issues to focus on

On 14 March 2017, the Healthwatch Southwark Advisory Group met to consider the information we had collected from local people, community and voluntary sector organisations that support local people, statutory organisations and South East London Healthwatch, and data from Healthwatch Southwark's information and signposting database.

Our Advisory Group then short-listed the following areas as possible priorities, from the information gathered from the public and other stakeholders:

- Care at home - overstretched / insufficient provision
- Nursing and care homes - quality issues and lack of provision
- Continuity and coordination of care - focusing on leaving hospital
- Support for unpaid carers - insufficient support, poorly communicated
- District nursing and occupational therapy - long waits / non-attendance
- Timely access to GPs / A&E waits
- Mental health crisis care
- Listening and attitudes among staff - including GPs and receptionists
- Talking therapies - access and long waiting times
- Child and adolescent mental health services (CAMHS)
- Dentistry - fees

The Advisory Group then agreed a decision-making matrix for ranking the different potential priority areas - shown in the table below. Eleven criteria were chosen and each was given a weighting reflecting its importance.

Criteria	Weight (out of 5)
Significance of the issue, for those it affects	5
Affects those generally less heard / most excluded	5
Healthwatch Southwark can make a difference	5
Sufficient resources to effectively deliver	5
Asserts the impact of Healthwatch Southwark	5
Impact on a large number of people	4
Statutory organisations not addressing issues identified by local people	4
Builds on existing research/practice/networks/relationships	3

How we refreshed our priorities for 2017/18

Partnership working - low input from Healthwatch but high impact	2
National/regional issue	1
Statutory organisations prioritizing issues raised by local people	1

The Advisory Group discussed each of the shortlisted possible priority areas considering the criteria. This supported the staff team to give each potential priority a score of 1 to 3 for each of the criteria, depending on how strongly it applied to that topic. The score was then multiplied by the weighting of the criteria and the results totalled to give an overall score for each possible priority area.

The five top scoring areas were then chosen as our new priorities:

1. Timely access to GPs
2. Going home
3. Southwark's nursing homes
4. Impact of caring on carers
5. Help in a mental health crisis

Appendix 1: Demography of people we heard from

The below tables and graphs present the demography of the members of public we spoke to - 397 in total. Not everybody who gave us feedback provided us with these details. We have compared this data to statistics about the population of Southwark (e.g. Census data) and need to caveat the following:

- We have over-representation of females, compared to males.
- We have under-representation of people aged under 40, and over-representation of people aged over 40.
- We have over-represented the number of White British people, but under-represented White 'Other' e.g. Polish, French.
- We have under-represented Chinese people and mixed race people.

Ethnicity	%
White total	50%
White or White British	4%
White Irish	2%
Gypsy or Irish Traveller	0%
Other White (White Polish, White French etc.)	7%
Black total	33%
Black or Black British (not further specified)	12%
Black African/Black African British	15%
Black Caribbean/Black Caribbean British	5%
Other Black	0%
Asian total	9%
Asian or British Asian (not further specified)	2%
Bangladeshi/British Bangladeshi	2%
Pakistani/British Pakistani	1%
Indian/British Indian	1%
Chinese/British Chinese	1%
Other Asian groups	2%
Mixed ethnicity	3%
Arab	1%
Latin American	4%
Not stated	10%

Gender	%
Female	66%
Male	34%
Transgender	1%

Age	%
Under 18	6%
18-25	9%
26-29	4%
30s	15%
40s	18%
50s	21%
60-64	9%
65-74	12%
75+	6%
Not given	11%

Disability	%
No disability / health condition	62%
Disability / health condition	33%
Not stated	5%

Sexuality	%
Heterosexual/straight	94%
Homosexual/gay/lesbian/bisexual/other	6%

Appendix 2: Where we spoke to local people

The Healthwatch Team, with support from volunteers and students on placement, engaged with Southwark residents in a variety of ways. Below is a list of all the places we visited and groups we contacted to complete our surveys.

Voluntary and Community Sector groups visited

- Link Age Southwark
- Time and Talent's - Men's Pub Club
- Advising London (over 3 visits)
- Advising London at their Spanish advice service at Pembroke House and main office
- Caribbean Roots at Camberwell Library
- Bengali Women's Group
- Lambeth and Southwark Mind - Open Mind (peer support group)
- Southwark Carers
- Teens and Toddlers
- Cambridge House
- Provider Led Groups meetings

Local events attended

- Health and Wellbeing Exhibition - London Borough of Southwark Community Council Event
- Camberwell Arts Open Evening
- Southwark Wellbeing Hub - Wellness event
- Msaada BAME Volunteering at SLaM - Black History Month event
- Healthwatch Southwark's 'Young Voices' public event
- Healthwatch Southwark's 'Winter Wellness' public event
- Community Southwark's 'Meet the Funders' event
- Southwark and Lambeth Citizens Forum
- Community Action Network screening of 'I, Daniel Blake'

Stalls at Hospitals

- St Thomas' Hospital - Bird Song Corridor
- St Thomas' Hospital - Gassiot House
- St Thomas' Hospital - Evelina Children's Hospital
- Guy's Hospital - Transport Lounge

Survey sent by email to...

- HWS volunteers, including Youth volunteers
- Local Councillors
- Camberwell College of Art
- London Southbank University
- Lewisham and Southwark College
- Youth United
- London College of Communication
- Young Learning Network
- Charter School's Parent email list
- Southwark Patient Participation Groups (PPG)
- London Borough of Southwark Youth Council
- HomeStart
- Young Learning Network
- Black Prince Trust
- Southside young leaders
- Real Drama
- Faizal Walk Foundation
- Gracebrook Training
- Sickle Cell Young Stroke Survivors group
- London Bubble Theatre
- South Cyprus Turkish Association
- Multi-Cultural Support Aid Service - Hearts of Love
- Indoamerican Refugee & Migrant organisation
- Southwark Refugee Communities Forum
- Play group at Cambridge House
- Blue Elephant Theatre
- Empowering People with Excellence
- Bede House
- ATD Forth World
- Ahoy
- 'Cause you can
- Working with Men
- Youth United

Local meetings attended

- Camberwell Community Council Meeting
- Dulwich Community Council Meeting
- Borough, Bankside and Walworth Community Council Meeting
- Peckham and Nunhead Community Action Network meeting
- Bermondsey and Rotherhithe Community Council meeting
- Wellbeing Hub's information sharing group
- CCG Patient Participation Group (PPG) Network meeting
- Community Southwark's Provider Led Group meetings

Public spaces

- Feedback boxes left at Southwark Resource Centre, Faces in Focus, Cambridge House, Pecan & Pembroke House
- Kingswood Estate community shop
- Memushka (Polish restaurant)
- Interviews at Southwark Resource Centre
- Southwark Pensioners Centre
- Interviews at Pecan (Food Bank)

Other

- Healthwatch Southwark website
- HWS monthly e-newsletter
- HWS Twitter
- HWS Facebook
- Community Southwark website and 'Keeping up with Southwark' newsletter
- Community Southwark twitter
- SE5 Forum
- Mumsnet
- Southwark News

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