Open Agenda

Health and Wellbeing Board

Monday 10 July 2017
11.00 am
Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

Membership

Councillor Peter John OBE (Chair)	Leader of the Council
Dr Jonty Heaversedge (Vice-Chair)	NHS Southwark Clinical Commissioning Group
Councillor Maisie Anderson	(Maternity Leave)
Andrew Bland	NHS Southwark Clinical Commissioning Group
Sally Causer	Executive Director, Southwark Law Centre
Kevin Fenton	Director of Health and Wellbeing
Aarti Gandesha	Healthwatch Southwark
Eleanor Kelly	Chief Executive, Southwark Council
Councillor Richard Livingstone	Cabinet Member for Adult Care and Financial Inclusion
Gordon McCullough	Chief Executive, Community Southwark
Councillor Victoria Mills	Cabinet Member for Children and Schools
Nick Moberly	Chief Executive, King's College Hospital NHS Foundation Trust
Councillor David Noakes	Opposition Spokesperson for Health
Dr Matthew Patrick	Chief Executive, SLAM NHS Foundation Trust
Carole Pellicci	Southwark Headteachers representative
David Quirke-Thornton	Strategic Director of Children's and Adults' Services
Dr Yvonneke Roe	NHS Southwark Clinical Commissioning Group

INFORMATION FOR MEMBERS OF THE PUBLIC

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Contact

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

Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: 30 June 2017

PRINTED ON RECYCLED PAPER

Health and Wellbeing Board

Monday 10 July 2017
11.00 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** To agree as a correct record the open minutes of the meeting held on 2 May 2017.	1 - 5
6.	**BETTER CARE FUND UPDATE** To note the latest position on planning for the 2017-2019 Better Care Fund.	6 - 10

Item No.	Title	Page No.

7. SOUTHWARK FIVE YEAR FORWARD VIEW: DELIVERY PROGRESS UPDATE 11 - 42

To review the briefing paper and note the main points of progress.

8. MAXIMIZING THE HEALTH DIVIDEND FROM LOCAL REGENERATION 43 - 71

To discuss the paper which sets out how as part of the regeneration program, the vision for the health and wellbeing of local people can be strengthened, and how new improved facilities can underpin the delivery of sustainable primary and community health services.

9. SOUTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN 72 - 79

To note the update on the south east London sustainability and transformation plan.

OTHER ITEMS

The following items are also expected to be considered at this meeting.

10. SEXUAL HEALTH TRANSFORMATION PROGRAMME

11. DEFIBRILLATORS IN SCHOOLS

Date: 30 June 2017

Agenda Item 5

Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board meeting held on Tuesday 2 May 2017 at 10.00 am held at the Council Offices, 160 Tooley Street, London SE1 2QH

PRESENT:
Councillor Peter John OBE (Chair)
Dr Jonty Heaversedge
Andrew Bland
Aarti Gandesha
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

OFFICER SUPPORT: Everton Roberts, Principal Constitutional Officer

1. APOLOGIES

Apologies for lateness were received from Andrew Bland and Nick Moberly. Apologies for absence were received from Sally Causer.

2. CONFIRMATION OF VOTING MEMBERS

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

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

The chair gave notice that the following late item would be considered for reasons of urgency to be specified in the relevant minute:

Item 13: Better Care Fund – Update and proposal for 2017/18 planning

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

5. MINUTES

RESOLVED:

That the minutes of the meeting held on 31 January 2017 be agreed as a correct record and signed by the Chair.

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

Professor Kevin Fenton, Director of Health and Wellbeing introduced the report. The board also heard from Jin Lim, Consultant in Public Health.

RESOLVED:

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

7. SOUTHWARK HEALTHY WEIGHT STRATEGY PROGRESS REPORT

Professor Kevin Fenton, Director of Health and Wellbeing introduced the report. The board also heard from Jin Lim, Consultant in Public Health.

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.

8. OUR JOINT SOUTHWARK FORWARD VIEW

Councillor Peter John, Chair and Jonty Heaversedge Vice-Chair introduced the report. The board also heard from Stephen Gaskell, Head of Chief Executive's Office, Southwark Council and Mark Kewley, Director of Transformation, NHS Clinical Commissioning Group.

RESOLVED:

1. That the update on the work planned and underway on implementing a joint Southwark Forward View for health and social care in the borough be noted.

2. That it be noted that a senior leadership group has been set up chaired jointly by the Leader of the Council and the Chair of Southwark Clinical Commissioning Group to ensure effective progress on integration between and across the CCG and the Council for 2018/19 onwards.

3. That it be noted 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.

9. DEVELOPMENT OF AN INTEGRATED URGENT RESPONSE, SHORT TERM REHABILITATION AND REABLEMENT DELIVERY MODEL

Jay Stickland, Director of Adult Social Care, Southwark Council and Angela Dawe, Director of Operations and Strategic Development, Adult Local Services, Guy's and St Thomas' NHS Foundation Trust introduced the report.

RESOLVED:

1. That 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 be noted.

2. That the phased implementation of the changes in order to ensure a smooth transition to the new service whilst maintaining current service delivery and performance as detailed in section 8 of Appendix 1 of the report be noted.

3. That 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 as detailed in section 11 of the

report be noted.

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

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

RESOLVED:

That the current position on the development of the Sustainability and Transformation Plan and the steps being taken to implement the plan, especially the engagement activities that are planned be noted.

11. PHARMACEUTICAL NEEDS ASSESSMENT - 2018 REFRESH

Professor Kevin Fenton, Director of Health and Wellbeing introduced the report. The board also heard from Chris Williamson, Public Health Intelligence Specialist.

RESOLVED:

1. That the scope, process and timeline set out in the report for the refresh of the Pharmaceutical Needs Assessment be agreed.

2. That the public health team lead, deliver and report back to the health and wellbeing board on progress in due course.

12. HEALTHWATCH SOUTHWARK: PRIORITIES FOR 2017/18

Aarti Gandesha, Healthwatch Southwark Manager introduced the report.

RESOLVED:

That Healthwatch Southwark's priorities for 2017/18 be noted.

13. BETTER CARE FUND UPDATE

This item had not been circulated 5 clear working days in advance of the meeting, the chair agreed to accept the item as urgent in order to ensure appropriate input from the board into arrangements for agreeing the final plan.

Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG and Genette Laws, Director of Commissioning, Southwark Council introduced the report.

RESOLVED:

That the latest position on planning for the 2017-2019 Better Care Fund be noted and the process for final sign off, as set out in paragraphs 17 and 18 of the report be agreed.

The meeting ended at 12.07 pm

CHAIR:

DATED:

Agenda Item 6

Item No. 6.	Classification: Open	Date: 10 July 2017	Meeting Name: Health and Wellbeing Board
Report title:		Better Care Fund (BCF) – update	
Ward(s) or groups affected:		All	
From:		Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG Genette Laws, Director of Commissioning, Southwark Council	

RECOMMENDATION

1. That the Health and Wellbeing Board note the latest position on planning for the 2017-2019 Better Care Fund (BCF).

BACKGROUND INFORMATION

2. The Board received a report at its meeting on 2 May 2017 on the background to the (BCF) and the latest position regarding the development of the 2017-18 plan. The report stated that the national BCF planning guidance had been delayed since November 2016. As this sets out the requirements, timetable and templates for BCF submissions this had hampered the production of a local BCF plan. It was advised that the guidance was expected shortly after the general election after which a BCF plan may need to be produced and agreed in a relatively short period of time. As it is an important requirement of the BCF that it is endorsed by the Health and Wellbeing Board, as well as being agreed by the council and the CCG, the Board agreed to receive a report on the draft BCF plan before submission, recognising that this may require a special meeting to be convened. Board agreement is important in order to provide assurance that there is agreement on the approach to funding services from the BCF, and is a key component of the national BCF assurance process.

3. The purpose of this report is to update the Board on developments regarding the BCF since the May report.

KEY ISSUES FOR CONSIDERATION

4. At the time of drafting this report (28 June) no BCF guidance has been issued and there is no known date for it to be issued, hence the position is essentially unchanged from the previous report. The reason for the delay has not been officially stated and no publication date provided. However discussions have been ongoing between the CCG and the council in order to progress discussions on the BCF to ensure maximum preparedness for the production of an agreed plan, and to help ensure stability for the services funded through the 2016-17 BCF until the 2017-18 plan is agreed. This work is informed by documents that have been released including draft guidance, policy framework, letters and advice from national BCF sources, and the formal grant conditions for the Improved Better Care Fund (IBCF) grant which are finalised. Some key aspects of the preparations are set out below:

Improved better Care Fund

5. There is a new Improved Better Care Fund (IBCF) grant of £9.129m which will be paid directly to the local authority for protection of social care. The original local government settlement incorporated £1.658m IBCF for Southwark. An additional sum of £7.471m for Southwark was announced in the Spring Budget to address critical social care budget pressures.

6. The grant conditions for IBCF have been confirmed by DCLG on 24 April 2017 as follows:

> Grant paid to a local authority under this determination may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.
>
> A recipient local authority must:
>
> - pool the grant funding into the local BCF, unless an area has written Ministerial exemption;
> - work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and
> - provide quarterly reports as required by the Secretary of State.
>
> The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans for spending the grant have been locally agreed with Clinical Commissioning Groups involved in agreeing the Better Care Fund plan.

7. Clearly the iBCF is a key change for 2017/18 bringing the total BCF to over £30m. However the additional funding is to be seen in the context of a structural budget deficit in Social Care that is in excess of the value of iBCF grant which limits the opportunities for this grant to fund new services. This is in line with local and national expectations regarding the application of this grant to protect existing service levels.

8. The CCG and council have considered initial proposals from the council for the way iBCF will be applied. The areas being considered focus on protecting home care services and nursing care services for which there are insufficient budgets to maintain current service levels, together with some funding for transformation including invest to save initiatives. These proposals will be further developed through discussion with health partners and when agreed will be presented to the Board as part of the draft BCF once the final submission date is known.

9. **2017-18 anticipated core BCF (excluding Improved BCF):**

- CCG Contribution £21,031,441 (includes expected 2017-18 uplift of £352,000)
- 2017-18 Council contribution - Disabled Facilities Grant : £1,263,268
- 2017-18 Total Main BCF (excluding Improved BCF) £22,294,709 (tbc)

Note: the BCF was £21,828,441 in 2016/17.

10. As reported to the last Board the Health and Social Care Partnership Board has recommended that for 2016-17 scheme budgets within the core BCF will roll forward into 2017-18 ensuring continuity of services. It is envisaged that a process of evaluation and redesign of the BCF will be undertaken in alignment with broader planning processes across the partnership and be implemented in most cases in 2018-19. Given the national delays in 2017-18 planning this is considered the most pragmatic approach. However ways of addressing immediate cost pressures within the BCF, including services for dementia and overnight homecare are being considered. BCF schemes will be evaluated against key criteria to ensure the final balance of schemes funded within the BCF has maximum impact.

11. Existing and new schemes will be rationalised and grouped into specific themes which more closely reflect the aims of the BCF programme, such as support for hospital discharge, hospital admissions avoidance and care in the home.

12. Any material changes to the core BCF will be set out in the report on the draft plan to the Board.

Key anticipated BCF planning criteria:

13. From draft information informally released it is understood that there will be 4 key BCF requirements which will be tested in the national assurance process:

a. Plans jointly agreed by the CCG, Council and Health and Wellbeing Board

b. Social Services funding level to be maintained from previous year

c. NHS Commissioned community health services minimum ring fenced sum to be maintained.

d. Managing Transfers of Care. Local bodies will be expected to be committed to reducing delayed transfers of care from hospital including through the agreement of a plan against the “High Impact Change” model.

14. Local areas will also be expected to have a clear plan for achieving integration of health and social cares services so that people are better supported in the community.

15. There are expected to be 4 key targets the schemes will be judged on:

a. Non-elective admissions to hospital

b. delayed transfers of care

c. re-ablement outcomes

d. care home admissions

16. Work is continuing on draft plans covering these issues.

Summary of next steps

17. Work will continue to develop BCF proposals as set out above. When national guidance is released this will be incorporated into a BCF plan that meets the requirements as soon as possible. The proposed plan will be agreed through the individual governance routes of the CCG and Council and the joint Health and Social Care Partnership Board prior to being presented to the Health and Wellbeing Board. As previously agreed this may require a special meeting of the Health and Wellbeing Board to consider the plan before submission, depending on the final timetables and how this fits with existing meeting dates.

18. Schemes currently funded through the BCF have had their 2016/17 funding rolled forward in 2017/18 and any significant changes when the BCF is agreed will be subject to appropriate notice. It is anticipated that most significant changes will now be implemented in 2018/19.

Policy implications

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

Resource implications

20. The application of the iBCF grant and any changes to the core BCF for 2017-19 arising from the planning process described in this report will have resource implications. These will be presented to the Health and Wellbeing Board before the BCF is finalised in line with the national timetable.

Consultation

21. The BCF funds a range of health and social care services that are developed in line with existing policies on consultation in the commissioning process.

22. The approach to developing the BCF for 2017-19 has been discussed by the joint Adults Commissioning Development Group which includes senior CCG and Council and Healthwatch representation. The draft plan will be subject to consultation.

23. The plan includes the requirement to agree a high impact changes plan on delayed transfers, which requires joint discussion with local hospital trusts.

BACKGROUND DOCUMENTS

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

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG Genette Laws, Director of Commissioning, Southwark Council		
Report Author	Adrian Ward, Programme Manager, Partnership Commissioning Team		
Version	Final		
Dated	29 June 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			29 June 2017

Agenda Item 7

Item No. 7.	Classification: Open	Date: 10 July 2017	Meeting Name: Health and Wellbeing Board
Report title:		Southwark five Year Forward View: Delivery Progress Update	
Ward(s) or groups affected:		All wards	
From:		Mark Kewley, Director of Transformation, NHS Southwark CCG	

RECOMMENDATIONS

1. The board is requested to:

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

EXECUTIVE SUMMARY

2. The *Southwark Five Year Forward View* sets out an explicitly place-based approach to commissioning and co-producing health and care services as part of flourishing and resilient communities. This is a radical move away from the traditional institutional and disease-specific approaches, the delivery of which will be exceptionally challenging but important. In seeking to make that radical shift occur the strategy identifies specific issues to resolve in four main areas:

   - Reducing the fragmentation of commissioning and contracting
   - Reducing the fragmentation between providers of care
   - Increasing people's ability to participate in and shape their own health, care and communities
   - Increasing the system-wide sharing of accountability for change, through better partnerships

3. The 'plan on a page', contained within the supporting presentation, sets out a series of practical actions that the Council and CCG have worked on over the course of 2016/17. Significant progress has been made in all areas, for example:

   - Significantly aligning the governance and functioning of our respective commissioning activities through the development of joint commissioning development groups, and by beginning the creation of a shared Partnerships Commissioning Team. In addition, the CCG is attempting to move towards more place-based budgets by becoming a delegated commissioner of general practice services.

- Successfully establishing locality-based multi-professional boards for both North and South Southwark, with the inclusion of social care representatives, general practice federations, the foundation trusts, healthwatch, Community Southwark, and community pharmacy. As a practical leadership task these groups have focused on redesigning pathways of care for people who live with multiple chronic conditions.

- Successfully developing a tripartite VCS Strategy to make practical progress in (i) developing more effective service delivery through VCS organisations, and (ii) engaging and exciting local communities to make them flourish. And working with *healthwatch Southwark* to undertake significant local engagement and co-design in relation to pathways of care for people living with multiple chronic conditions.

- Establishing a Southwark and Lambeth Strategic Partnership to oversee priority projects, such as the development of Local Care Networks and the improvement in information sharing for diagnosis and treatment as well as proactive population health management.

4. This presentation builds on the update given in January, to show how we have taken some small practical steps to create some common purpose and momentum across the local health and care system. It also highlights further opportunities to explore as we think about plans for 2018/19 and beyond.

BACKGROUND INFORMATION

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

BACKGROUND PAPERS

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

APPENDICES

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

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark Clinical Commissioning Group David Quirke-Thornton, Strategic Director of Children's and Adults' Services		
Report Author	Mark Kewley, Director of Transformation, NHS Southwark CCG		
Version	Final		
Dated	29 June 2017		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		**Comments Sought**	**Comments Included**
Director of Law and Democracy		No	No
Strategic Director of Finance and Governance		No	No
Strategic Director of Children's and Adults' Services		No	No
Date final report sent to Constitutional Team			29 June 2017

APPENDIX 1

NHS Southwark Clinical Commissioning Group

Southwark Five Year Forward View: Into Action

Local Care Networks: What have we achieved and where do we need to go next?

June 2017

For people like Roy, health is not separate from other parts of his life. His experience shows we could do more to take a holistic view

NHS Southwark Clinical Commissioning Group

Strategic challenges

https://youtu.be/yu2ZykjcSYw

- **Multimorbidity is the norm**: "I had my first heart attack when I was 37…I'm also a type II diabetic…I have neuropathy in my feet…and vascular disease in my legs"
- **Managing care is burdensome and complex**: "Over a year [I have] 50-60 appointments…I take [about] 25 tablets a day". "After my second heart attack I had about eight or nine doctors around my bed, but the doctor I'd seen before them wasn't with them".
- **Our approach leaves people feeling disempowered:** "I very rarely ask questions…I wouldn't understand what they were saying anyway…and letters [may as well be in another language]."
- **All parts of a person's life are affected by chronic disease**: "I'm pretty much in pain all the time with my legs and feet." "The nurse said: 'You're clinically depressed'…[by the end of the conversation] I was in tears".
- **People's goals are about their lives, not their diseases:** "I want to get up and go fishing, go and see my grandson, see him grow up…but I'm not expecting anything special"

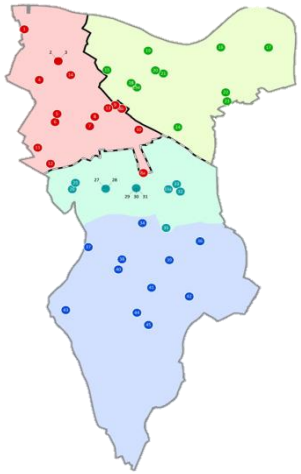
Our strategy is to maximize the value of health and care for Southwark people, ensuring our services are person-centred and empowering

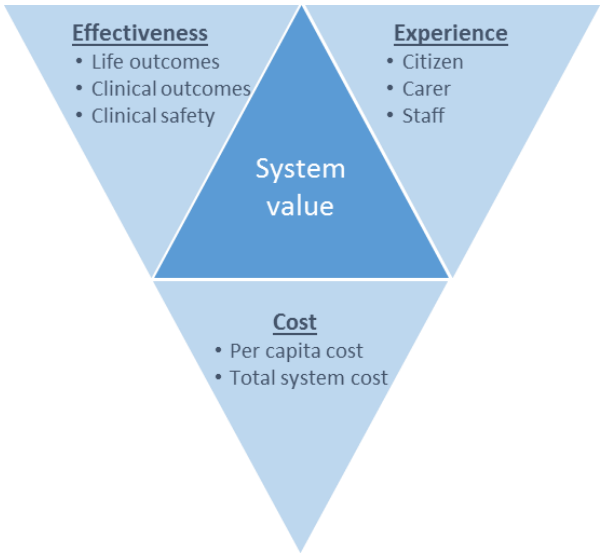
NHS Southwark Clinical Commissioning Group

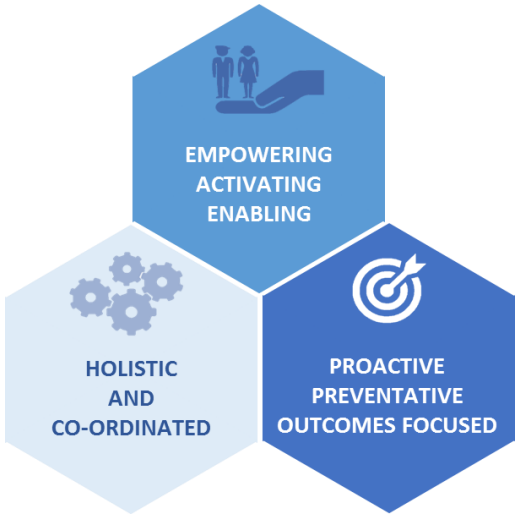
Strategic vision

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

Emphasize populations rather than providers	Focus on total system value rather than individual contract prices	Focus on the 'how' as well as the 'what'







Arranging networks of **services around geographically coherent local communities**	Moving away from lots of separate contracts and **towards population-based contracts that maximize quality outcomes** (effectiveness and experience) for the available resources	Focusing on commissioning services that are characterized by these attributes of care, **taking into account people's hierarchy of needs**

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

NHS Southwark Clinical Commissioning Group

Strategic challenges

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

1

The **fragmented contracting arrangements** can make it difficult to move resources to where they are needed to deliver what really matters to people

2

The **fragmented arrangement of organisations and professions** can reinforce boundaries and can make it too difficult to work together and to work consistently

3

The **disempowerment of service users** and carers can create confusion and risks making people passive recipients of care

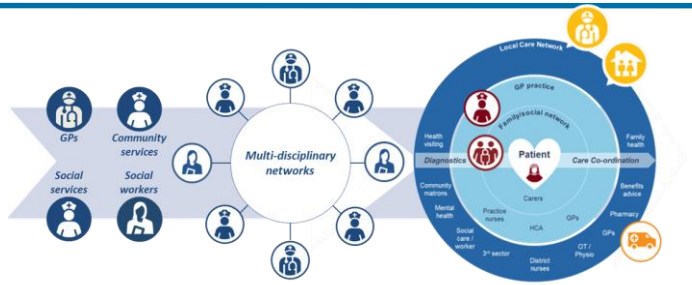
4

There is not yet a strong mechanism for different agencies in the local system to align strategies and work together purposefully to implement a transformation plan

That fragmentation is reduced when professionals work together across boundaries to support people as 'whole people'

NHS Southwark Clinical Commissioning Group

Strategic aim

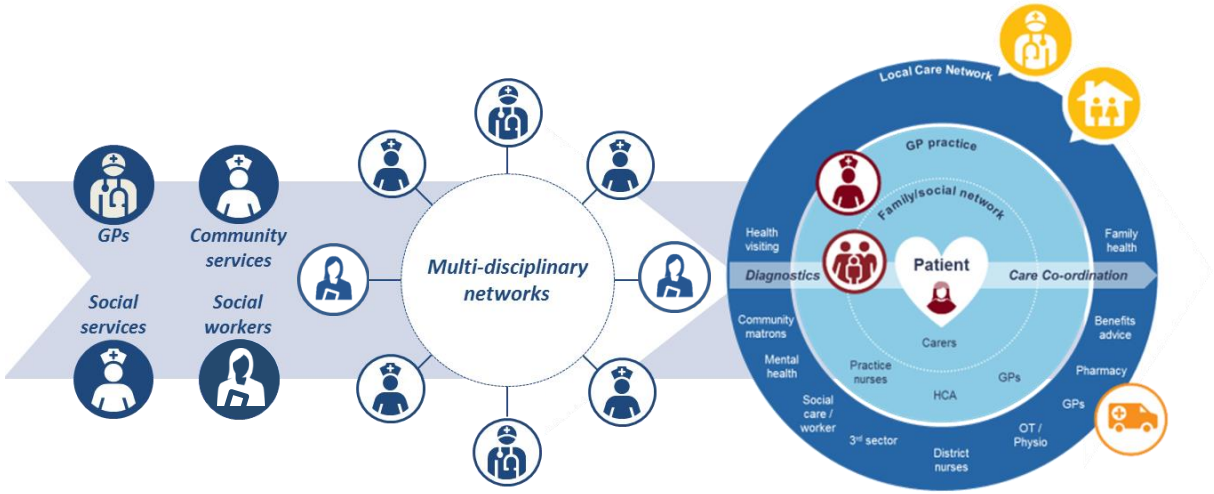


In each Local Care Network a multi-specialty community team needs to:

- Include all individual general practice staff within the locality, operating as part of an effective and collaborative federation, which can – individually or jointly – deliver core and enhanced primary care services (drawing on existing and new roles such as clinical pharmacists and care navigators).
- Include social workers, operating on a geographical basis, whose clients live within the locality.
- Include the district nursing services, community mental health teams and the home care services that operate within the LCN, recognising that this will require those teams to have an alignment with the LCN geography and strong functional integration across those services.
- Include named specialists (for example consultant or specialist nurses in paediatrics, general and elderly medicine, chronic diseases such as diabetes/respiratory/HF, and mental health) who can provide accessible outreach and support and who can act as a point of contact when residents from a locality require inpatient care.
- Formally link to the urgent response and post-acute care services, such as Enhanced Rapid Response and @home, so that preventable admissions are reduced and transitions into and out of hospitals are timely, well planned and coordinated.
- Formally link to the wider network of institutions that support people in their daily lives, for example local schools, community pharmacists, care homes, nursing homes, and other local voluntary and community sector providers.

We have been talking about Community Based Care for a long time; over 18 months we've made some significant progress on delivery

NHS Southwark Clinical Commissioning Group



1. Start small and do something practical
2. Reflect, learn and celebrate success
3. Align and build

We have achieved a lot over the past 18 months – building stronger relationships and using collaborative models of working

NHS Southwark Clinical Commissioning Group

1 Start small

Build a coalition and agree practical objectives

Create relationships and shared understanding

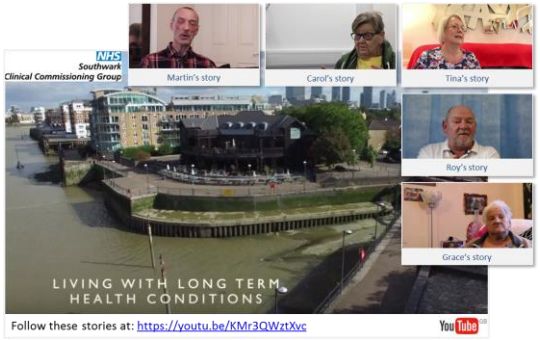
Developing LCNs and a shared programme

Phase 2
- Coalition of the willing
- Regular LCN meetings
- Programme boards in each organisation
- Long term chair arrangements
- Care Coordination Programme

Co-design new ways of working

Get more people involved

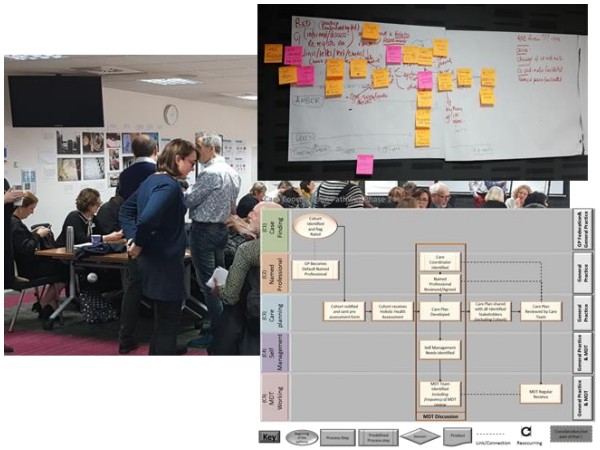
Collecting stories and learning together



Make this part of the 'day job'

Test learn and improve…

LCN teams planning for delivery



We created a local Strategic Partnership, and agreed to focus our efforts on a practical redesign task, underpinned by a CQUIN

NHS Southwark Clinical Commissioning Group

1 Start small

We have worked together to improve care pathways for people with multiple LTCs

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

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

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

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

Dr. Rebecca Rosen (Greenwich GP)

C1 Case Finding → C2 Named Profession → C3 Care Planning → C4 Self-Management → C5 MDT Working

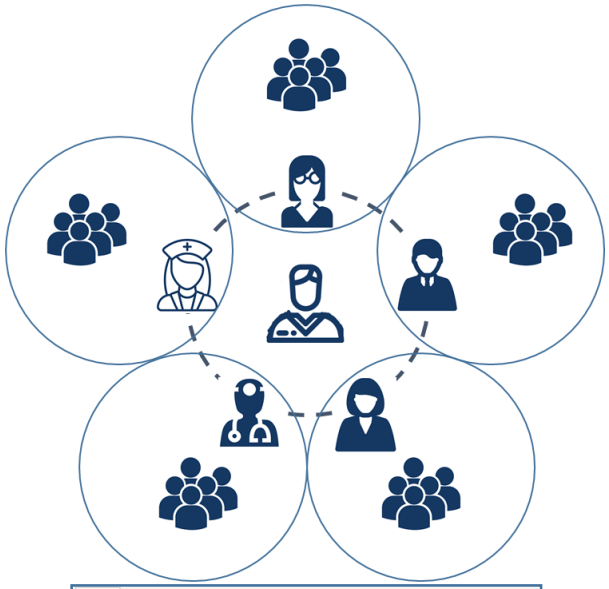
1. Source: https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/lndn-prim-care-doc.pdf

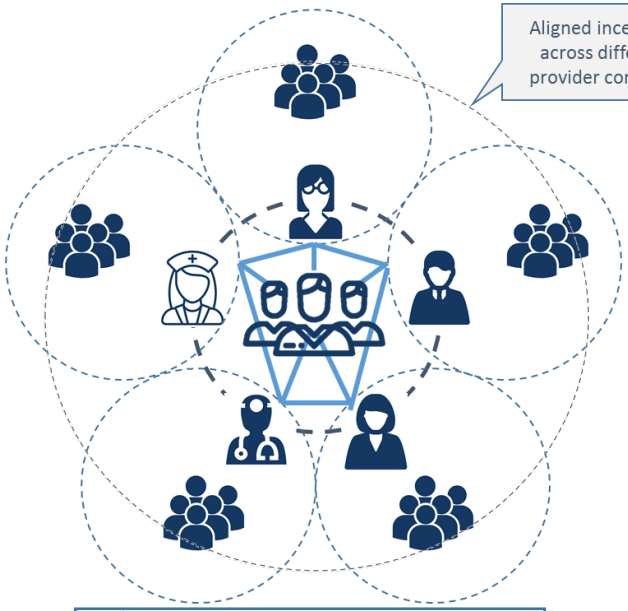
We built new relationships that have deepened over time, and we recruited new leadership posts to add extra practical support

NHS Southwark Clinical Commissioning Group

1 Start small

LCNs have matured from simple meetings of the willing, increasingly becoming more robust and resourced leadership teams





Phase 1
- Coalition of the willing
- Regular LCN meetings
- Interim chair arrangements
- Joint projects

Phase 2
- Coalition of the willing
- Regular LCN meetings
- Programme boards in each organisation
- Long term chair arrangements
- Care Coordination Programme

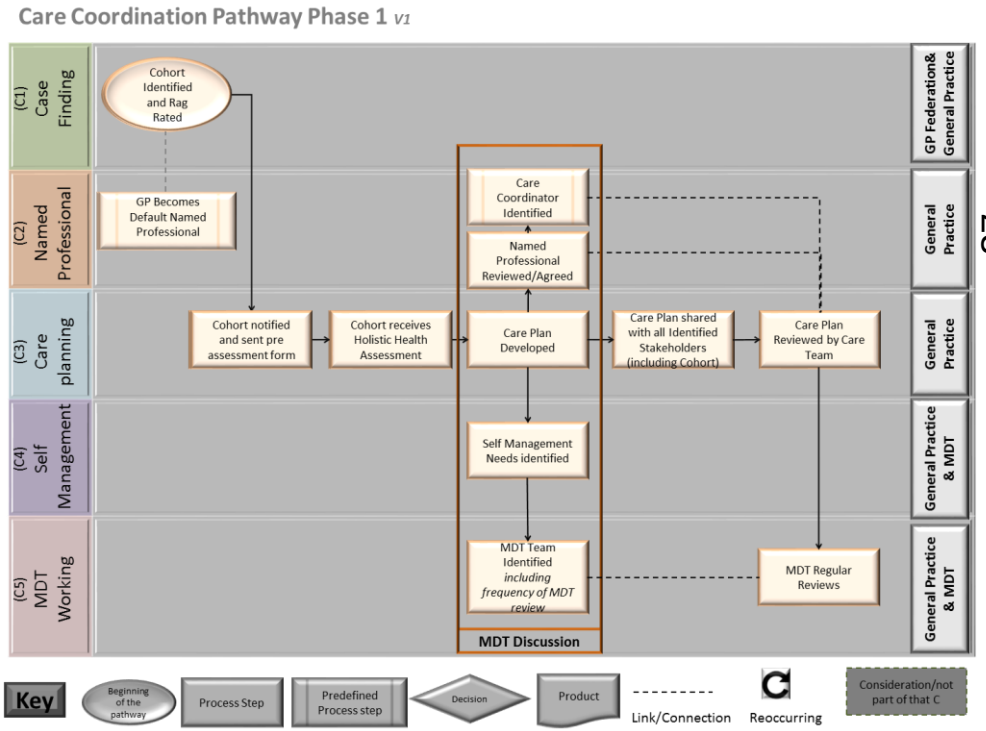
Phase 3
- Formal partnership (i.e. MOU and shared contract incentives)
- LCN meetings & internal programme boards
- Chair, COO (8d), Senior Change Manager (8b)
- Care Coordination Programme

We involved local clinicians in Expert Reference Groups and workshops to begin to build a description of a new pathway

NHS Southwark Clinical Commissioning Group

1 Start small

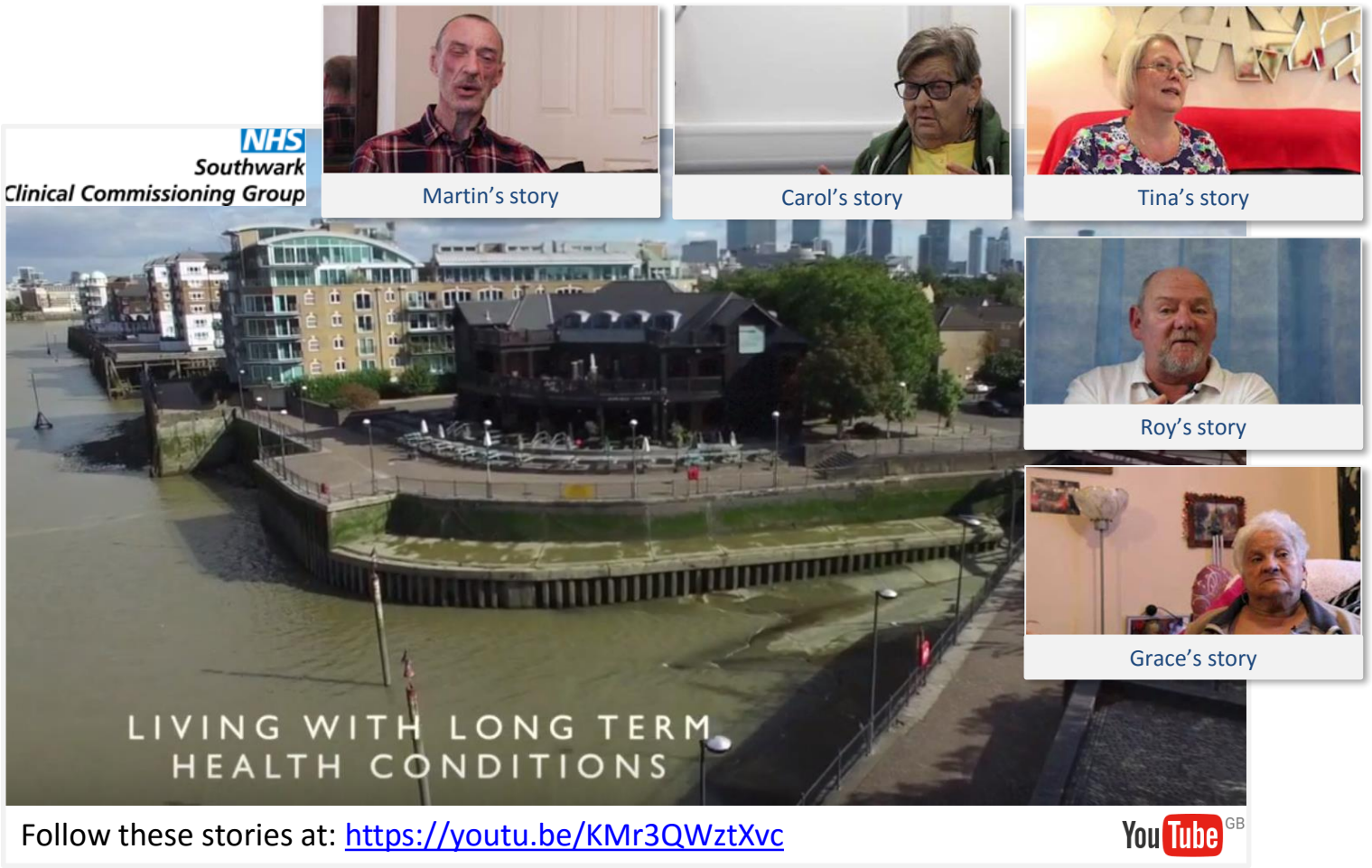
Illustrative examples of the type of cross-borough planning and design workshops we have led



We engaged in some focused patient insight work to help us to understand the nature of living with multiple long term conditions

NHS Southwark Clinical Commissioning Group

1 Start small



Follow these stories at: https://youtu.be/KMr3QWztXvc

We broadened our engagement to include all GP practices, alongside local people, interacting in a series of PLT learning events

NHS Southwark Clinical Commissioning Group

1 Start small

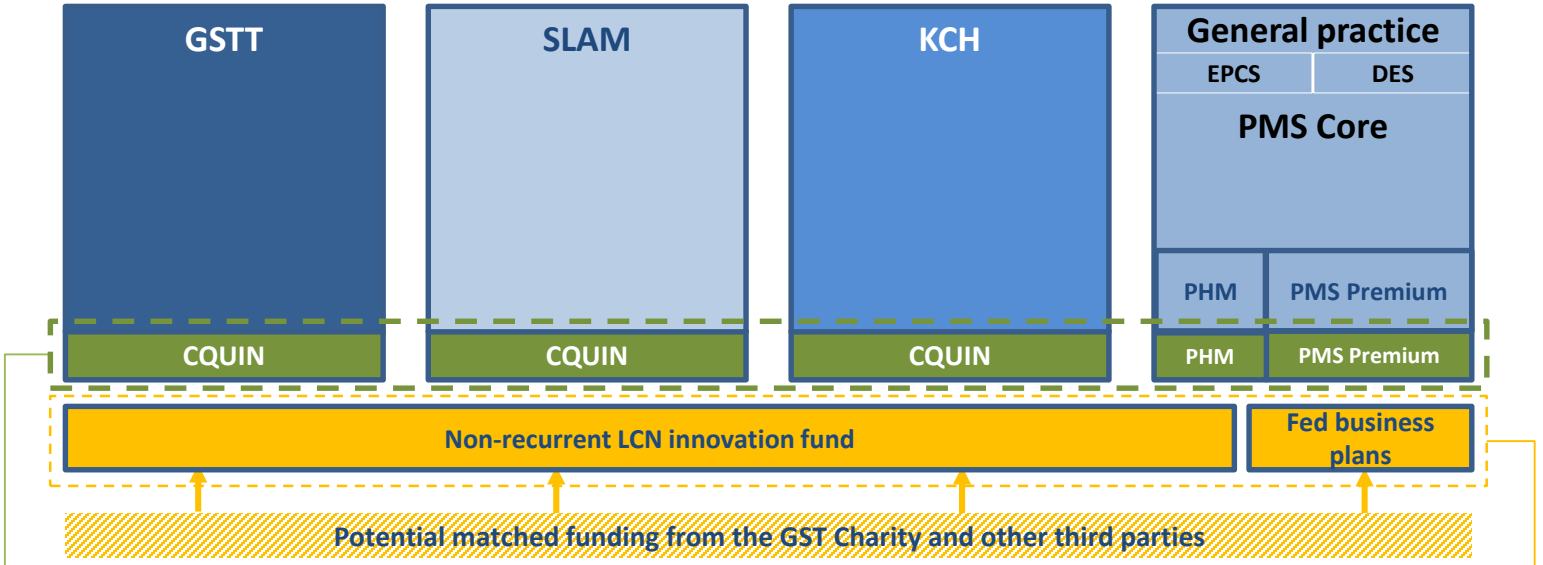
PLTs and patient engagement were jointly led between the CCG and the LCNs; and participants included CCG leads, local GPs, district nurses, SAIL reps, and acute consultants

Thinking about the issues and challenges	Exploring new guidance and ways of working	Exploring new guidance and ways of working
• Used videos of patient stories as the basis for discussion • Explored practical challenges and aspirations for managing patients with multiple LTCs • Worked in groups to explore what practice data shows about processes and gaps (collected and presented by federations)	• Heard from LCN leads about the plans for 3+LTC pathway • Heard from national NICE lead GP about the new multi-morbidity guidance • Explored practical changes that could be made to improve care and make the most of general practice input	• Ran a morning patient session, with people who have lived experience of 3+ LTCs • Showcased patient stories through artwork • Ran a co-design discussion session between clinical staff and patients to talk about care planning • Staff received training on collaborative care planning

We have worked within the limits of existing contracts, but we have made real progress to align incentives for collaborative working

NHS Southwark Clinical Commissioning Group

1 Start small



Shared incentive

- Separate contracts with each existing contract holder
- Acute contracts include an identical CQUIN component
- Primary care contracts to include an equivalent component, to fund delivery of core parts of the new pathway
    - PHM Contract (focused on higher complexity)
    - PMS Contract (focused on lower complexity)

Aligned transformation funding

- We are asking GP federations to continue to focus on developing neighbourhood based models of working
    - Embedded team to mobilise PHM
    - Investment in cluster working
- We have funded two VCS organisations (Pembroke House and Time & Talents) to explore how they can support people with multimorbidity as part of an LCN
- We are supporting community pharmacy to be involved
- We have given additional discretionary funding to the LCN boards to test new ways of working

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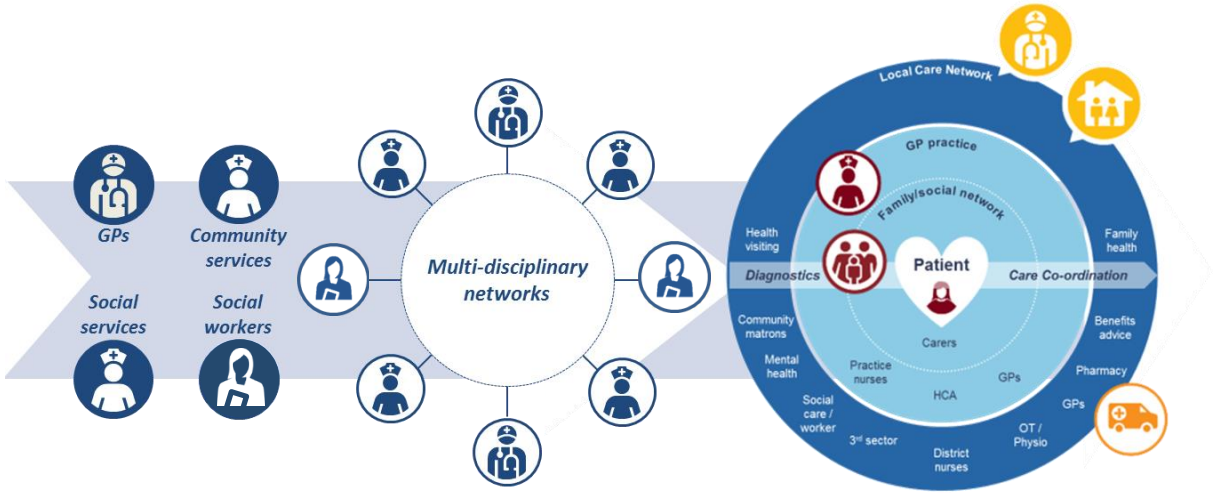

1 Start small and do something practical

2 Reflect, learn and celebrate success

3 Align and build

This has been hard, but we have demonstrated new ways of working and we have landed some significant agreements

NHS Southwark Clinical Commissioning Group

2 Celebrate success

- It takes time to build a common understanding of what we are trying to do
- Building strong relationships and supporting culture change is hard, and it requires investment of time and effort
- It is important to make sure that people are aware of what is happening and that they are able to join in
- Genuine patient engagement is not easy, but it is hugely valuable and brings fresh perspectives
- It requires patience, commitment and skill to turn collaborative design work into agreed contracts
- The design phase is the easy bit, we now need to implement this, taking a 'test and learn' approach
- As we have worked together on this practical pathway it has become easier to talk about what else LCNs can do together

- Months of discussions led to agreeing the 2016/17 CQUIN
- Regular LCN Boards in north and south
- Co-located N/S LCN working groups
- GP Incentive for audits of 3+ LTC patients
- Three PLTs with MDT representation
- Five deep dive professional videos
- Contact with all patients with 3+ LTCs
- PMS negotiations initially stalled – now PHM and PMS look very positive
- Southwark and Lambeth LCNs are developing an implementation plan
- …other service redesign / alignment

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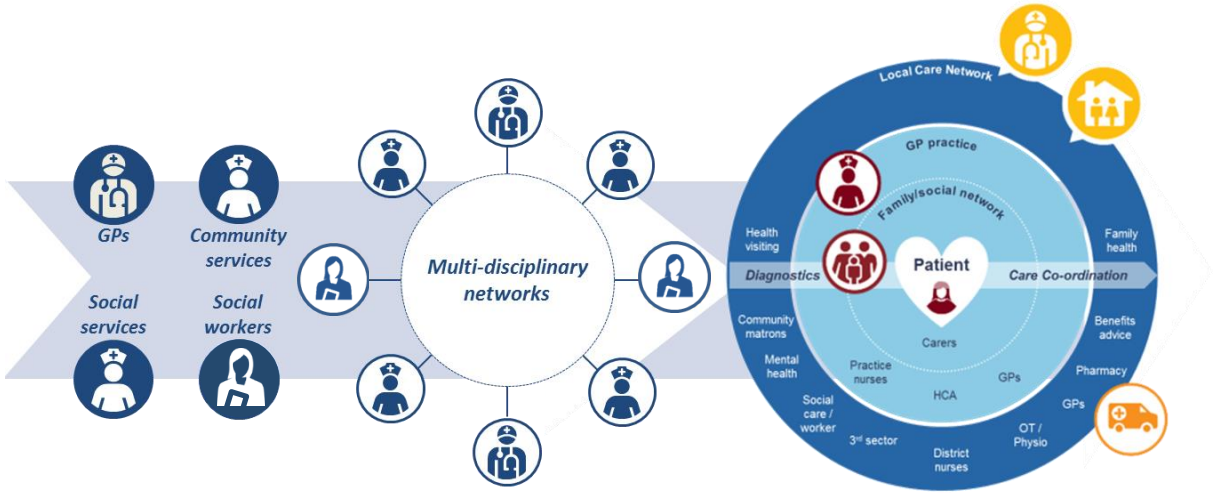

1. Start small and do something practical
2. Reflect, learn and celebrate success
3. Align and build

NHSE are trying to support the development of LCN-type approaches

NHS Southwark Clinical Commissioning Group

3 Align & build

- Last year NHS England launched a framework in relation to the Multispecialty Community Provider (MCP) new model of care. The fundamental rationale for introducing the MCP is to address the reality that – as a patient, clinician, or commissioner – we would not choose to recreate from scratch the historical partitions between primary, community, mental health and social care and acute services.

- The **MCP model attempts to dissolve those divides** and to create integrated and accountable care, it is **a new type of provider, with greater freedoms and accountability**. MCPs are firmly **grounded in the registered list** and therefore they will only get off the ground and be viable with the inclusion and active support of general practice, working with local partners. An MCP supports practices to work at scale and also to benefit from working with larger community based teams. **It offers practices, federations and super-practices the potential to combine with community services and create a broader, more holistic and resilient form of general practice**.

- MCPs are providers not a new type of commissioner, and in that sense it is very different from GP multi-funds or practice-based commissioning. However, the creation of accountable care providers will necessarily change what CCGs do in future – **potentially many of the existing functions of a CCG will be performed by the MCP**.

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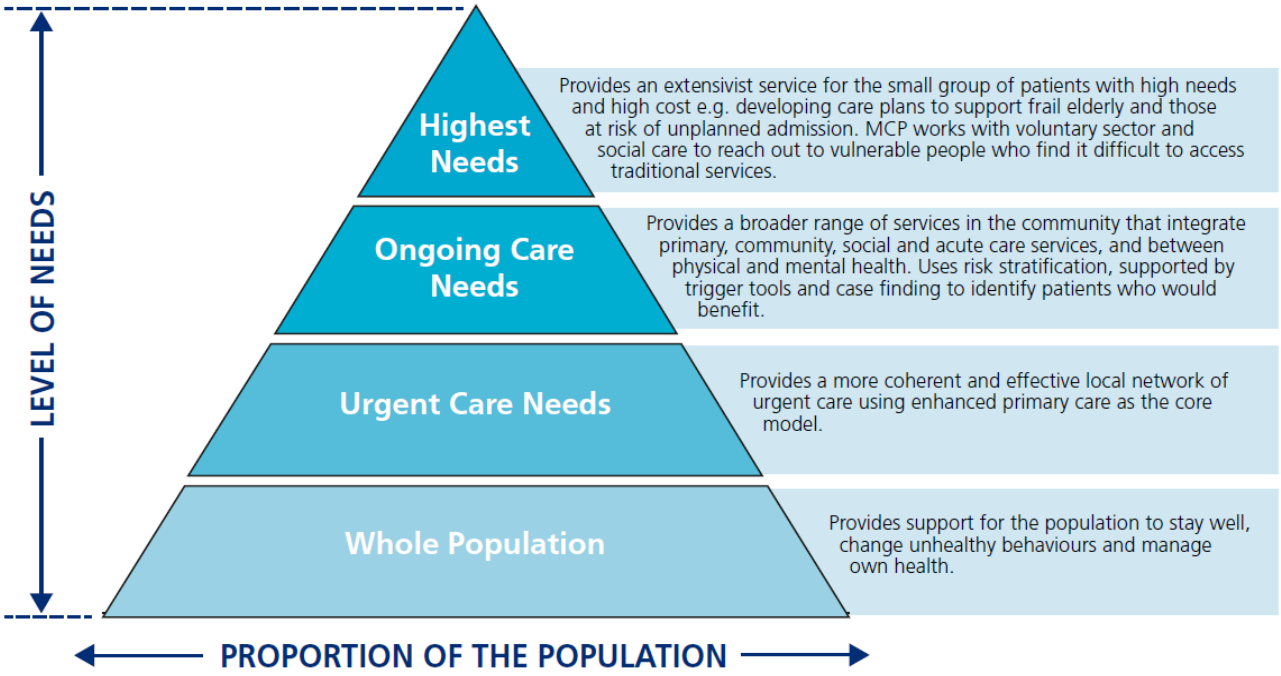
MCPs are accountable for providing care and proactive management to the whole population – its what our LCNs could become

Figure 1: The four levels of the MCP care model



MCPs offer a practical route to rearrange service delivery in order to deliver **place-based services to a whole population**.

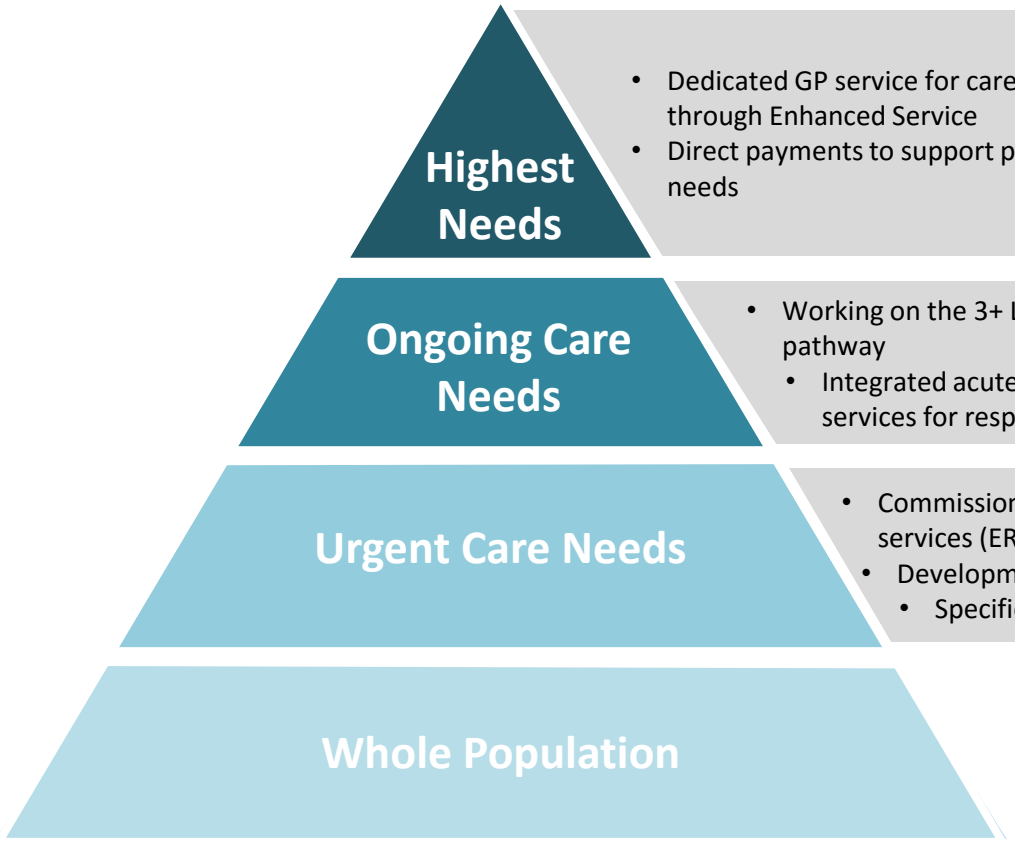
Importantly, **MCPs can cover primary care services as well as community services, community mental health services, social services and potentially aspects of acute care**. And they play an important role in organising urgent and emergency care, as well as supporting integration of care for people with chronic needs.

Note: Some MCP Vanguards have integrated health and social care budgets, whereas others such as Dudley have seconded adult social care workers into the MCP with a view to fully integrating at a later date.

Many of the things described in MCP Vanguard areas are already done here! The challenge is to align them around our populations

NHS Southwark Clinical Commissioning Group

3 Align & build



	Changes we are have already made	Additional things need to explore
Highest Needs	• Dedicated GP service for care home, delivered through Enhanced Service • Direct payments to support people with CHC needs	• The MCP approach could allows for local areas to align services more explicitly around local populations / neighbourhoods
Ongoing Care Needs	• Working on the 3+ LTC care coordination pathway • Integrated acute, nursing and GPwSI services for respiratory and diabetes	
Urgent Care Needs	• Commissioning new nursing services (ERR/@home) • Development of EPCS hubs • Specification for new 111	
Whole Population		

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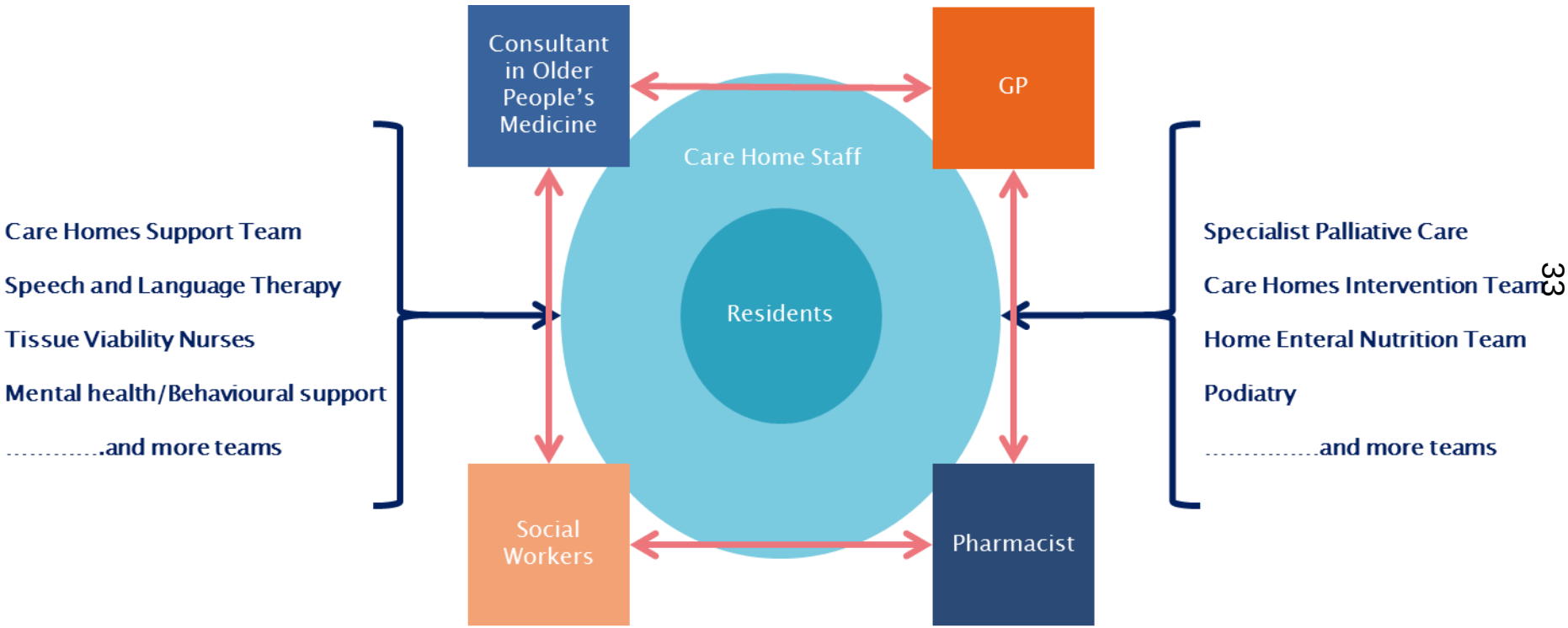
Local examples: our Care Homes Service has a single registered list, pharmacist and social care input, and dedicated consultant support

NHS Southwark Clinical Commissioning Group

3 Align & build



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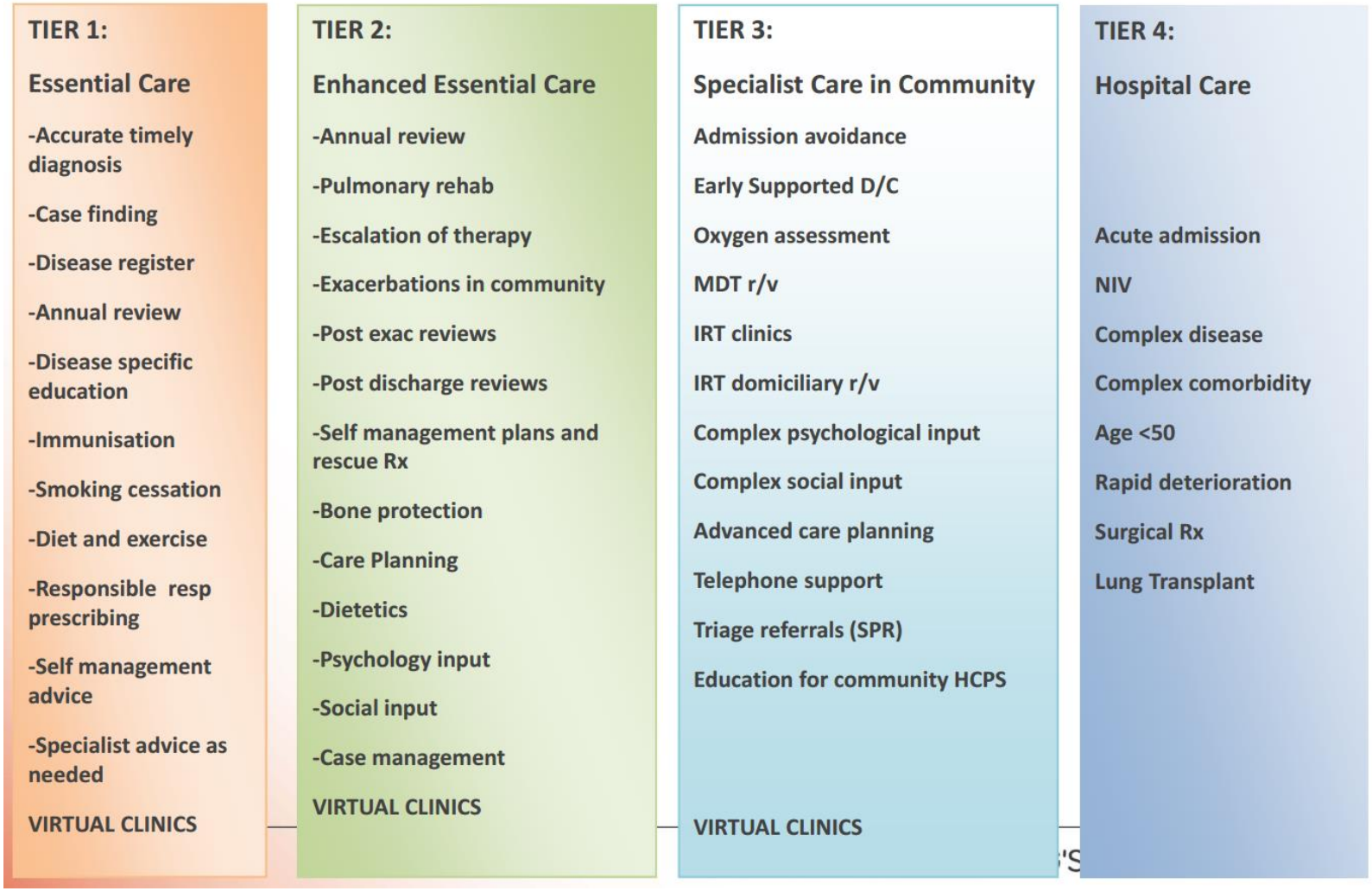
Local examples: Our Integrated Respiratory Service builds increasing specialist support around general practice

NHS Southwark Clinical Commissioning Group

3 Align & build



1. *Source: http://www.kingsfund.org.uk/sites/files/kf/media/noel-baxter-irem-patel-integrated-care-respiratory-may14.pdf*
2. *See the vimeo slideshow at: https://vimeo.com/95417541*

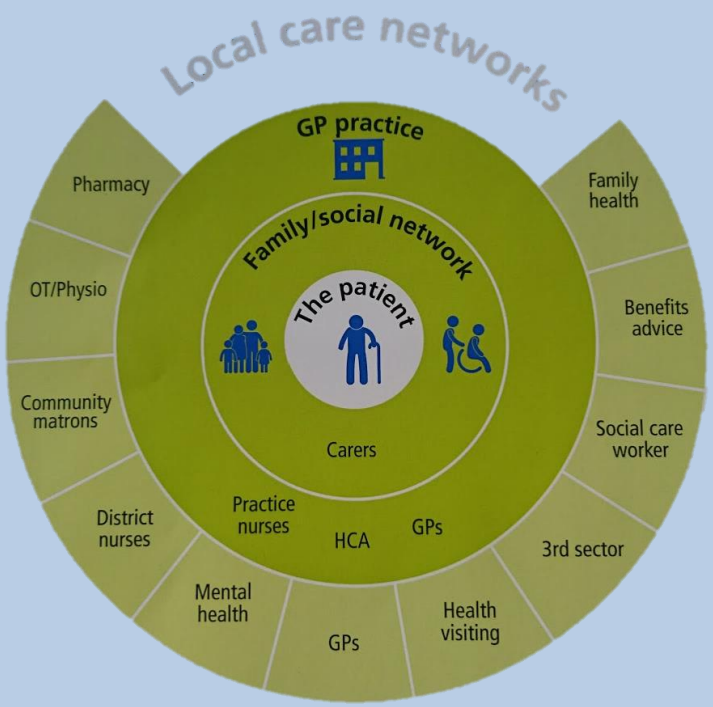
Some adult social care services are being shaped around LCN populations in the north and the south of the borough

NHS Southwark Clinical Commissioning Group

3 Align & build

Our vision for adult social care

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



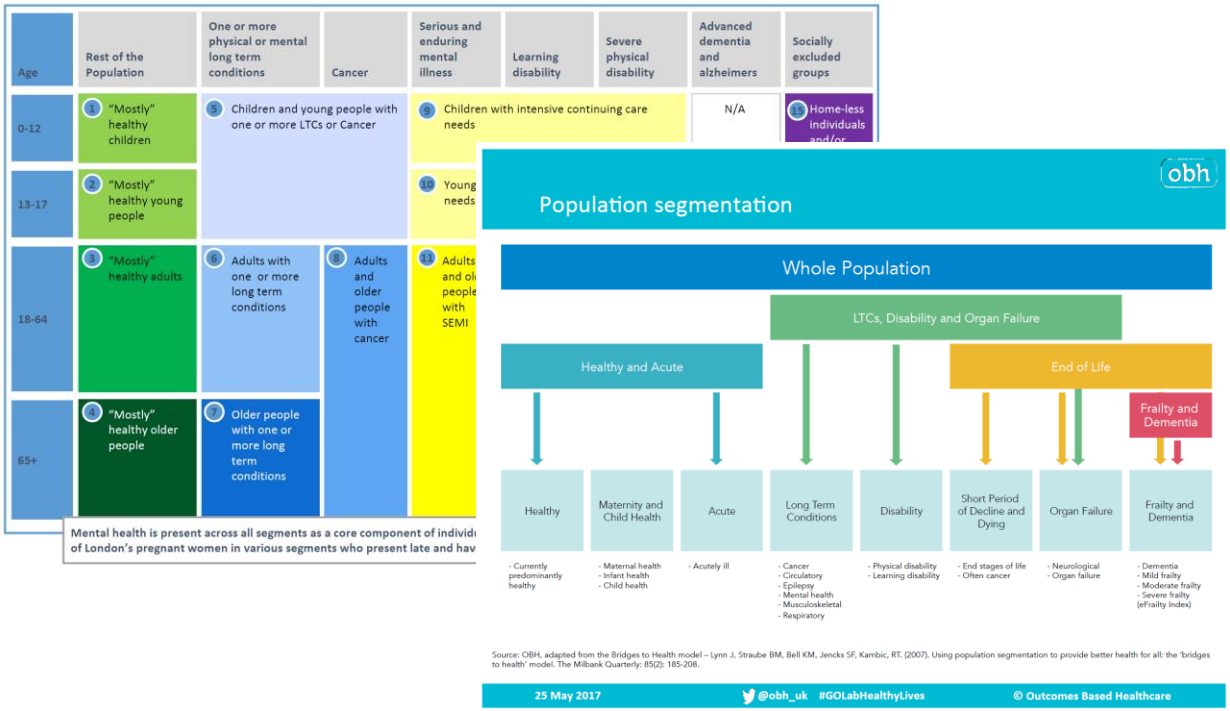
Some services – such as the Contact Adult Social Care (CASC), and Urgent Rehabilitation & Reablement – are provided at a pan-borough level; whereas other services, such as the PD & OP Intake (assessment) and Case Management functions are aligned to LCN populations and geographies.

The development of LCNs requires us to think differently about how we align resources to population groups

NHS Southwark Clinical Commissioning Group

3 Align & build

- Through the Integrated Planning and Delivery Group (IPDG) the CCG and the Council are exploring how whole population segmentation can help us to move towards a more person-centred and place-based approach to commissioning and contracting.
- These types of approaches underpin the development of many accountable care systems
- There is no perfect way to approach segmentation; but we are seeing that several approaches have been developed for health and social care, and they share many important features



A

Appendix – background information

In places such as Dudley, they are building towards an MCP via a series of consolidating steps

NHS Southwark Clinical Commissioning Group

A Vanguard examples

Stage 1: Teams without walls	Stage 2: Align specialist services	Stage 3: Community-led retrieval
The first stage, already substantially in place, of delivering this mutual-networked care is to establish across Dudley **a joined up network of GP-led, community-based multi-disciplinary teams** which enable health, social care and the voluntary sector to work together in **"teams without walls"** for shared benefits and outcomes, coordinating the care planning for individual patients. These teams transcend organisational boundaries and interests, and focus collectively on delivering integrated patient centred care aimed particularly at that cohort of patients identified as being most at risk of emergency hospital admission. **This concept begins at practice level with Multi-Disciplinary Teams (MDTs) including the GP, District Nurse, Assertive Case Manager, Mental Health Worker, Social Worker and Voluntary Sector Link Worker.**	This involves **expanding the mutual network of care to fully incorporate all specialist community services and some aspects of urgent care,** better aligning health and social care services into a single approach – such as single access to CAMHs services and the integration of telecare and telehealth. This includes the **establishment of a community rapid response service, designed to intervene in a crisis in the patient's home** – both avoiding the need to go to ED and connecting the person back into their local network of care. This also includes using our **primary-care led urgent care centre as a point of triage for all patients attending hospital**.	This **extends the model to include current consultant-led services which operate to support population health and wellbeing**. This will include specialties which support the management of long-term conditions such as diabetes medicine and respiratory medicine. Consultants will work in partnership with GPs to the same outcome objectives for improving population health and wellbeing. This will include collaborating to deliver improved services to the frail elderly. Our ambition is to remove all delayed transfers of care from the system. We will achieve this by **shifting the locus of control from hospital to community. The integrated MDT, with support from consultant physicians, will become responsible for the whole pathway of care for the frail elderly**: from community, into hospital and back into the community – so that there are no longer any transfers of care. **Patients will be retrieved back into the community rather than transferred from one team, or one organisation, to another**.

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http://www.dudleyccg.nhs.uk/wp-content/uploads/2016/04/Operational-Plan-2016-17-V2.pdf *(see pages 39-46)*

In places such as Fylde Coast, integrated 'Extensivist' services are being developed to support people with complex needs

NHS Southwark Clinical Commissioning Group

A Vanguard examples

Cohort Identification:

- >60yrs
- 2+ LTCs (incl: CAD, AF, CHF, COPD, Diabetes, Dementia; excl: CKD, epilepsy, cancer)
- Risk score >=20

Local population size: 151,436
Estimated cohort size: **500 people**

Training and development

The service will seek to develop a specific Extensivist training programme for all roles in the team. Basic components include:

- CBT and behavioural support
- How to support patients with dementia
- End of life planning and emotional support
- Patient activation and motivation
- General training on the LTCs of the group
- Leadership training for all staff
- Team working and continuous improvement
- Use of IT systems, including EMIS and home monitoring

A dedicated team operating at a supra-practice level (covering 500 patients)

The team is made up of:

Identified patients are de-listed from their practice and enlisted with the Extensivist service

Clinic leaders

- 2 x Extensivist / senior medical leader (one GP plus one consultant) leading care planning
- Advanced practitioner, making differential diagnoses, coordinating patient care

Care Coordinators

- Nurse, OT, Physiotherapist, Social worker, pharmacist, dietician

Delivering specialist care in-line with individual training

Sub-specialists will also cover the most complex patients with the disease they specialise in

Wellbeing support worker

Build a strong supportive relationship with the patient

Act as the point of contact for the patient and their family

Responsible for self-management support (patient activation)

Bridge the gap between clinician and the patient

Assist in navigating the system

Administration

- Service manager / Analyst – regular analysis of performance
- Administrators – support day-to-day clinic operations

Service Times

Full service: Monday-Friday, 8am-7pm | Out of Hours: Sat / Sun / BH 9am-1pm | No service: all other hours

1. For more detailed team role descriptions and the high level process map see the following link
http://democracy.blackpool.gov.uk/documents/s3471/Appendix%207a%20Fylde%20Coast%20Extensivist%20Service%20Summary%20Report%20of%20Progress%20171114.pdf

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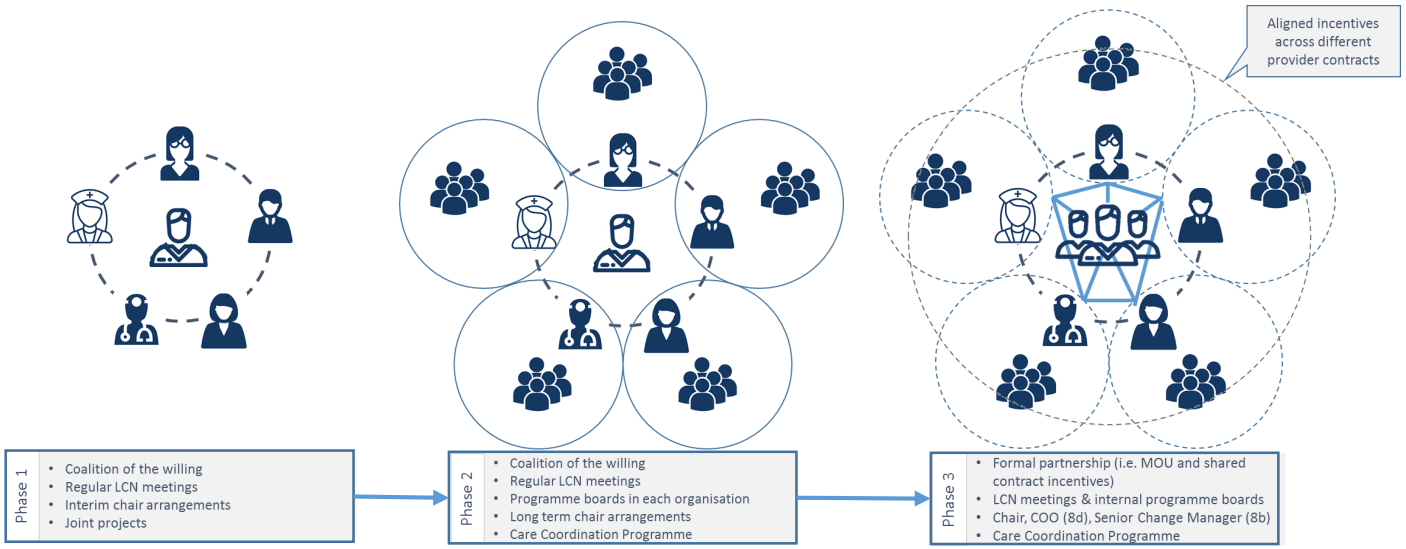
We built new relationships that have deepened over time, and we recruited new leadership posts to add extra practical support

NHS Southwark Clinical Commissioning Group

A LCN members



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North LCN Board	
Louisa Dove (Chair)	QHS (GP Federation)
Aarti Gandeshi	Healthwatch
Sue Bowler	Guy's and St Thomas' (GSTT) - ALS
Rederi Grobler	Guy's and St Thomas' (GSTT) - ALS
Mick Wright-Turner	South London and Maudsley
Graham Collins	Community Southwark
Rebecca Dallmeyer	QHS (GP Federation)
Louise Flynn	QHS (GP Federation)
Simon Rayner	Southwark Council
Atul Patel/Zahir Harunani	Community Pharmacy

South LCN Board	
Dr Emily Finch (Chair)	South London and Maudsley
Cathy Ingram	Guy's and St Thomas'
Aarti Gandeshi	Healthwatch
Dr Dan Wilson	King's College Hospital
Dr Lauren Parry	Improving Health (GP Federation)
Gordon McCulloch	Community Southwark
Harprit Lally	Improving Health (GP Federation)
Jill Solly	King's College Hospital
Nicola Jones	Guy's and St Thomas'
Nigel Smith	Improving Health (GP Federation)
Pauline O'Hare	Southwark Council
Zinat Abedin	Local Pharmaceutical Committee
Popoola Fatai/Ade Olayide	Community Pharmacy

In 2016/17 we have made progress in all addressing fragmentation in our system

NHS Southwark Clinical Commissioning Group

A Plan on a page

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

1 **We have begun** to address the fragmented arrangements of commissioning & contracting, by:

a) Establishing joint population-based commissioning development groups (CDGs) and a Joint Committee

b) Creating fully assured BCF plans

c) Recruiting a Associate Director to oversee the implementation of a joint Partnership Commissioning Team for the CCG and the Council

d) Establishing a shared system incentive (with alternative arrangements for general practice)

e) Starting formal options appraisal and engagement to determine if we will submit an application for delegation

2 **We have begun** to address the fragmented arrangement of organisations and professions, by:

f) Establishing two Local Care Network Boards in Southwark, with consistent multi-agency representation, and funded LCN chairs – additional resources are being agreed to support further development

g) Putting into practice two 'at scale' Extended Access Hubs, developing GP federations, and orienting adult social care around neighbourhood and LCN geographies

h) Agreeing our local Sustainability and Transformation Plan (STP) and launching a consultation on an elective orthopaedic centre model

3 **We have begun** to address the need to empower residents and service users, by

i) Holding public meetings about our GP contracts, involving local residents in the development of a new pathway of care for people with complex needs, and the incorporation of Healthwatch reports into our CDGs

j) Creating a tripartite VCS Strategy informed by a series of discussion events

k) Successfully bidding to be a pilot site to embed Patient Activation Measures in our local services

l) Requiring providers to include collaborative care planning and self-management in the pathways for people with chronic conditions

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

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

NHS Southwark Clinical Commissioning Group

A Plan on a page

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

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

a) Using our CDGs to develop plans that support population-based and outcomes-focused contracting for CYP, adults and SMI groups

b) Fully utilising BCF opportunities, moving towards a thematic approach to H&SC funding within the scheme

c) Deepening our joint working with the Council by establishing a Partnerships Commissioning Team

d) Making the most of our commissioning opportunities to simplify GP contracting and support collaboration with the wider health and care system

2 **We continue** to address the fragmented arrangement of organisations and professions, by:

f) Building greater capacity and purpose within our Local Care Networks – investing in an 'engine room' to drive a wider programme of activity (covering aspects of coordinated care, planned care, and urgent care)

g) Implementing the GPFV, and increasing the scope of our Extended Access Hubs to meet the London Access Specification (including offering routine pre-bookable appointments)

h) Beginning to deliver projects within our local STP, including sharing corporate functions and the further development of the Local Care Record and analytics

3 **We continue** to address the need to empowering residents and service users, by

i) Holding public meetings to inform our approach to local contracting (including creating a local outcomes framework)

j) Undertaking more focused community development work as part of a wider ambition around social regeneration

k) Building on the PAM pilots so that self-management is more effectively supported in Southwark; and that service users and staff to make the most of collaborative care planning

l) Involving local residents in the development of a new pathway of care (through ethnographic research, patient stories and experience-based co-design)

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

Agenda Item 8

Item No. 8.	Classification: Open	Date: 10 July 2017	Meeting Name: Health and Wellbeing Board
Report title:		Maximizing the health dividend from local regeneration	
Ward(s) or groups affected:		All wards and groups	
From:		Andrew Bland, Chief Officer, NHS Southwark Clinical Commissioning Group	

RECOMMENDATION

1. The Board is asked to consider and discuss the attached paper. This sets out how, as part of the regeneration program, the vision for the health and wellbeing of local people can be strengthened, and how new improved facilities can underpin the delivery of sustainable primary and community health services.

BACKGROUND INFORMATION

2. Southwark Council is leading on an ambitious and exciting regeneration programme in the north and centre of the borough.

3. In parallel, the CCG has been leading on a transformation program which will lead to high quality sustainable primary and community services across the borough.

4. The CCG, working with health service commissioners and providers and the council's regeneration team, has developed a local estates plan which brings together principles and proposals for the development of an infrastructure that will support both the increasing population and transformation program.

5. Both organisations are actively looking at how the overall approach can also underpin social regeneration in the borough, supporting the development of healthy and sustainable communities.

6. The attached report sets out an approach which brings these three threads together.

KEY ISSUES FOR CONSIDERATION

Discussion points

7. In reviewing this report the Health and Wellbeing Board are asked to consider the following issues:

   - The fit with the council's vision for social care services in community hubs.

   - The fit with the council ambition for social regeneration and what might this look like in practice.

- How can HWB members help secure all possible resources to support the development of health facilities in the parts of the borough most under pressure from regeneration?

- Given there is an urgency to the challenges we face and the long lead-in for developing health facilities what more can we do in partnership to secure appropriate sites for community health hubs?

APPENDICES

No.	Title
Appendix 1	Maximizing the health dividend from local regeneration – July 2017

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark Clinical Commissioning Group
Report Author	Mark Kewley, Director of Transformation; Malcolm Hines, Chief Finance Officer; Rebecca Scott, Programme Director
Version	Final
Dated	29 June 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		29 June 2017

APPENDIX 1

NHS
Southwark
Clinical Commissioning Group

Maximizing the health dividend from local regeneration

Health and Wellbeing Board

10 July 2017

The best possible health outcomes for **Southwark people**

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NHS Southwark Clinical Commissioning Group

- Strategic overview of the regeneration opportunities and challenges
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- Detailed description of the growth areas and resources
  - Old Kent Rd, Aylesbury, Elephant & Castle, Blackfriars & Borough, and Peckham
  - Resources, financial issues and s106

- Discussion

Points for discussion

NHS Southwark Clinical Commissioning Group

In reviewing this report the Health and Wellbeing Board are asked to consider the following issues:

- The fit with the council's vision for social care services in community hubs.
- The fit with the council ambition for social regeneration and what might this look like in practice.
- How can HWB members help secure all possible resources to support the development of health facilities in the parts of the borough most under pressure from regeneration?
- Given there is an urgency to the challenges we face and the long lead-in for developing health facilities what more can we do in partnership to secure appropriate sites for community health hubs?

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Strategic overview of the regeneration opportunities and challenges

The best possible health outcomes for **Southwark people**

To capture the real dividends of regeneration in the borough we need to consider a range of issues relating to health services, health promotion and creating flourishing communities

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Southwark: an area of rapid regeneration

Physical regeneration – places and spaces

Thinking about place-shaping and developing new health services

- Primary care and population growth
- Actively supporting new models of care delivery

Thinking about the built environment and health promotion

- Environments to promote positive behaviours
- Environments to reduce harm & stress

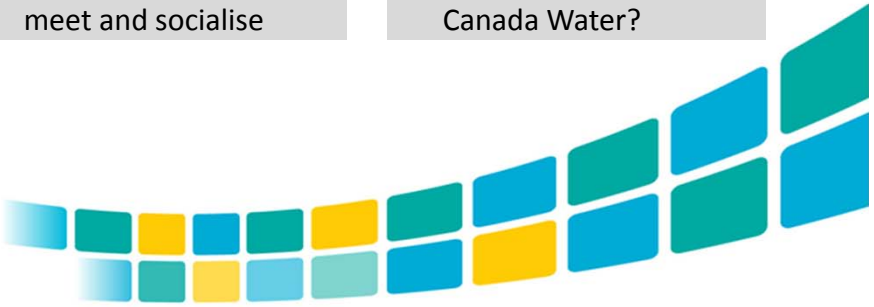
Social regeneration – people and communities

Spaces to support flourishing and resourceful communities

- Involving people in the process of place-shaping
- Creating connected communities: places to meet and socialise

Capturing the dividends of regeneration for jobs and growth

- Local jobs in the cycle of construction
- A hub for local industry and key workers: health and care in Canada Water?



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PHYSICAL REGENERATION – PLACES AND SPACES

Places in the borough are experiencing rapid population growth which is putting a demand on the health care infrastructure, particularly in primary care

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- The population in Southwark is projected to increase significantly over the next 10-15 years as a result of a number of ambitious and exciting regeneration projects in the north and centre of the borough.
- This offers opportunities to address a number of issues relating to the wider health and wellbeing of the population:
  - The additional pressure on primary care from the additional population means we will need additional facilities located in the areas of highest growth.
  - The CCG is leading on the development of new models of care with local care networks offering a broader range of integrated services. These will be centred in Community Health Hubs and Community Health Support Hubs.
  - There is a growing recognition of the importance of social regeneration in supporting healthy communities, with an emphasis on high quality planning, 'place-making' and addressing wider determinants of health through housing, employment, leisure opportunities and a sense of community.

Population growth is focused in specific areas; this is happening at the same time as wider demographic changes which alter the way we need to provide health and care

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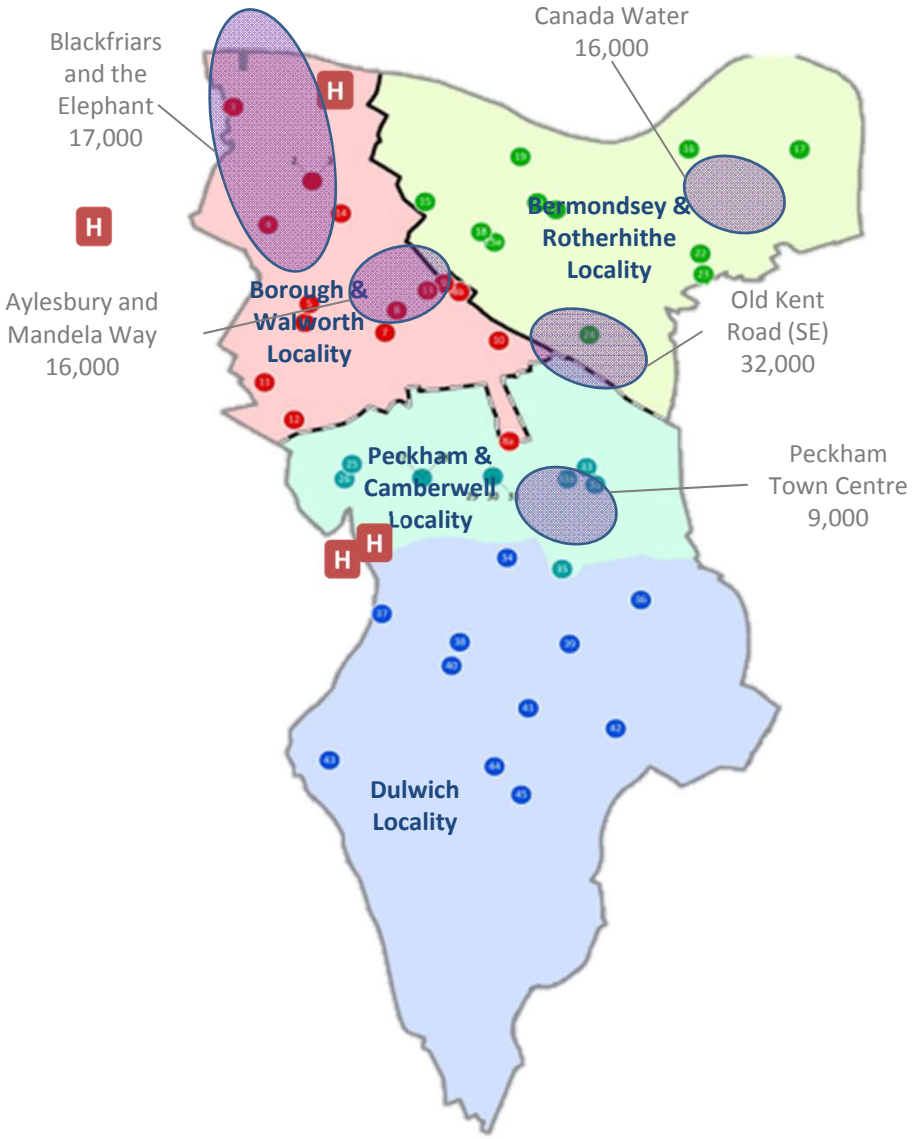

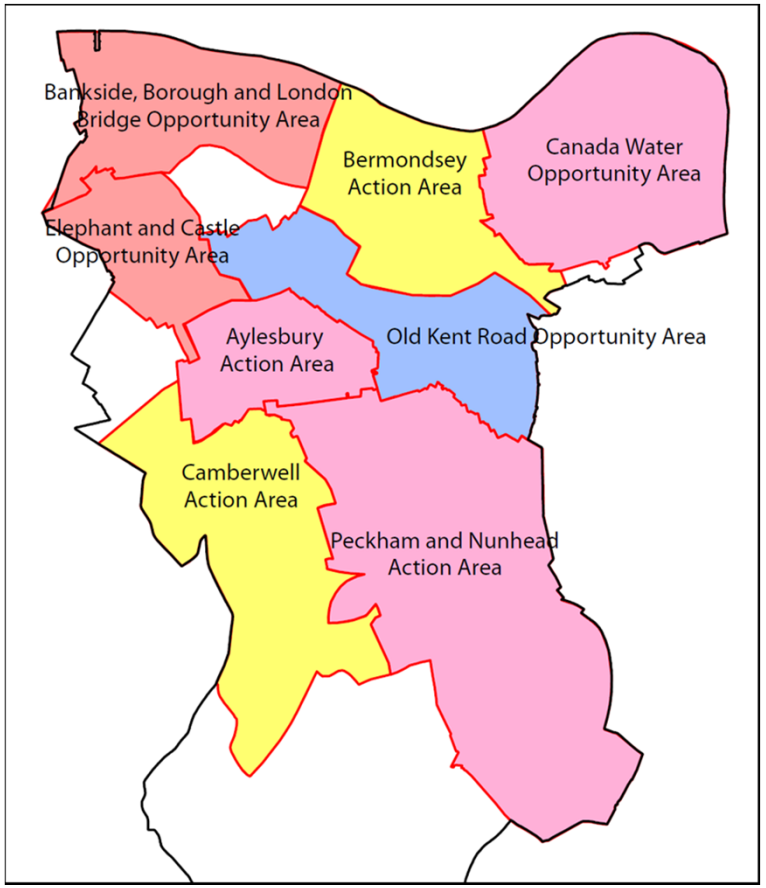

Demographic changes require new ways of working. These models are based on much greater integration and co-location of primary care and social care teams, operating in locality hubs

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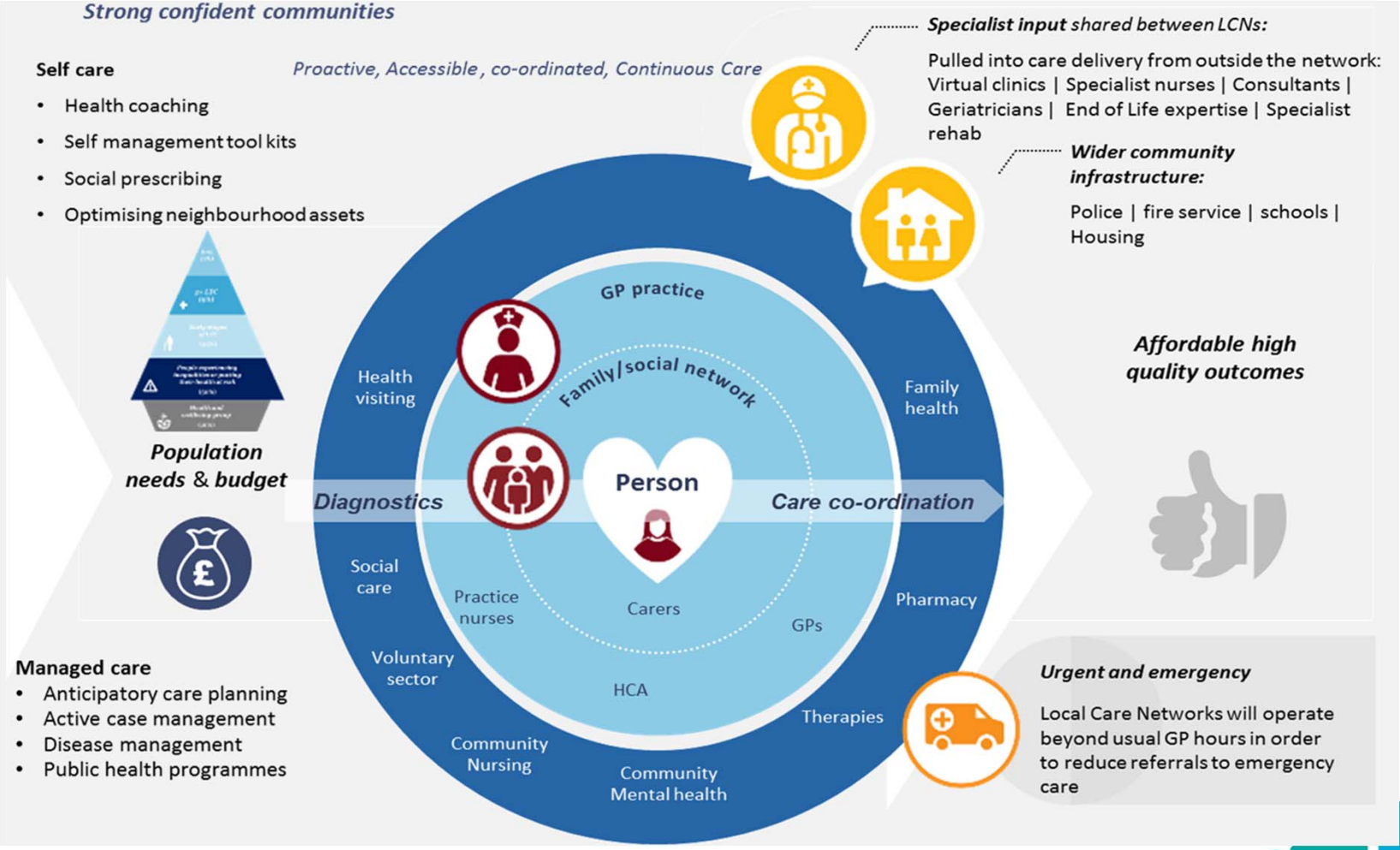

Our development of the health care infrastructure must respond to this population growth and demographic change, in a way which supports new models of care delivery

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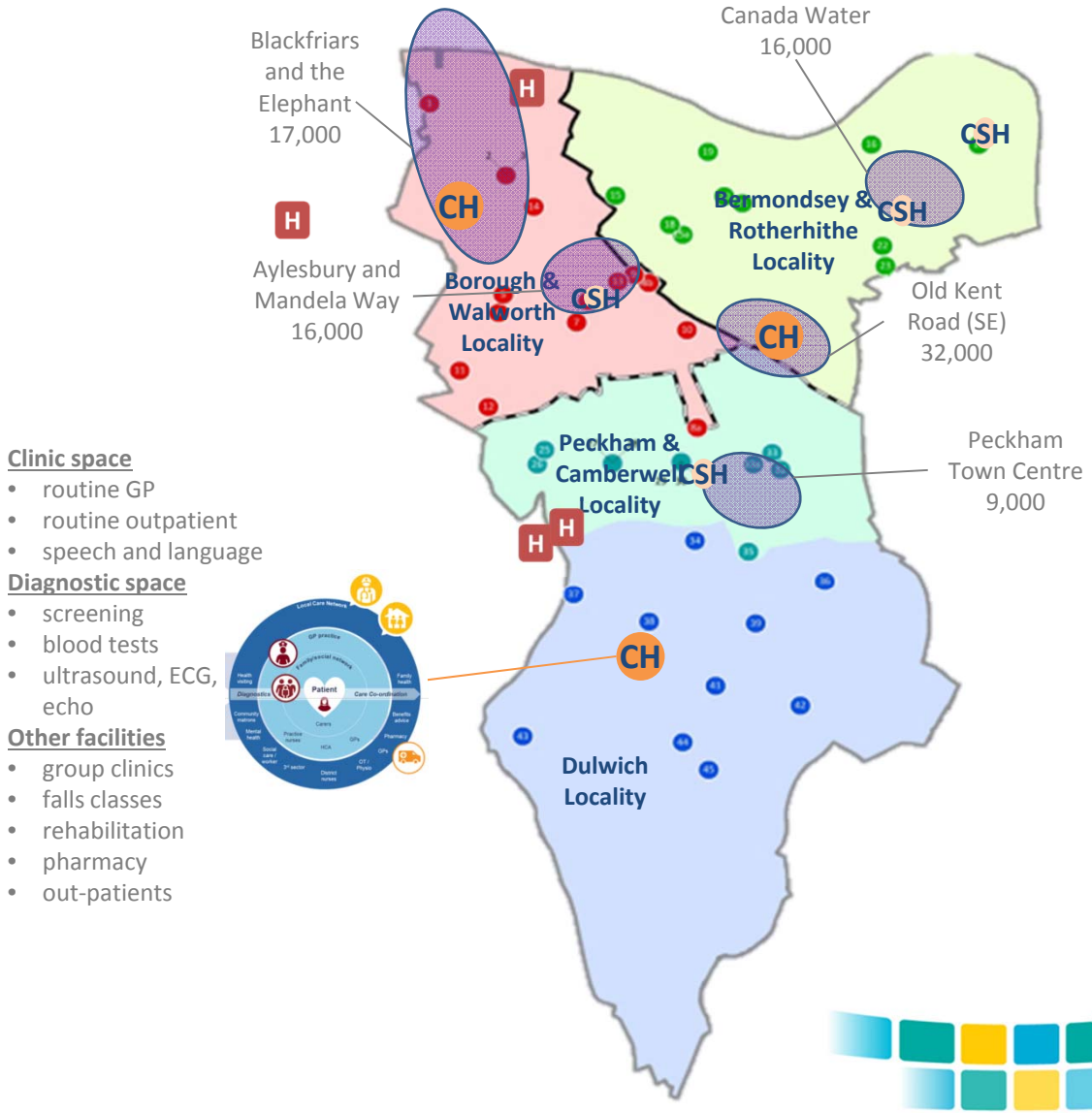

Clinic space
- routine GP
- routine outpatient
- speech and language

Diagnostic space
- screening
- blood tests
- ultrasound, ECG, echo

Other facilities
- group clinics
- falls classes
- rehabilitation
- pharmacy
- out-patients

Local estates strategy plan proposals:

3 Community health hubs:

CH
- Elephant and Castle
- Old Kent Road
- Dulwich

4 Community health support hubs:

CSH
- Aylesbury
- Canada Water
- Surrey Docks
- Lister

Thinking about place-shaping and developing new health services: strategic response

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- Focus investment in areas where the population increase is greatest.
- Support the development of up to three Community Hubs, which can accommodate increased primary care activity, services provided by Local Care Networks (LCNs) and the wider out-of-hospital services requires across a locality
- Maximise the utilisation of existing clinical space through extending hours of operation where possible, and providing alternative spaces for non-face-to-face clinical activity
- Develop technological solutions that support a greater degree of service integration and offer alternatives to face-to-face consultations
- Identify other ‘support hub’ facilities which can also accommodate locality services provided by Local Care Networks
- Support the development of modern, fit for purpose primary care premises where they can contribute effectively to the provision of consistent high quality care to the local population

The Health and Wellbeing Board also has a strong interest in seeing how its agenda can be furthered by intelligent place-shaping to promote health and reduce harm

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Environments that can **reduce avoidable harms**

- Reducing exposure to unhealthy food and drink
- Reducing air pollution
- Reducing violence & crime
- Reducing noise and other stressors
- Reducing traffic accidents

Environments that can **adapt to changing life stages**

- Homes that are connected physically and technologically
- Homes that can change as people age
- Homes that remain safe (e.g. falls or fire risks)

Environments that can **promote wellbeing**

- Creating places to relax and feel uplifted
- Creating places to exercise and play
- Promoting walking & cycling
- Creating places to meet, interact and work

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SOCIAL REGENERATION – PEOPLE AND COMMUNITIES

Place shaping can create more connected communities, that are resourceful and which help to foster mutual support

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Early Action Commission

There are also specific opportunities for regeneration to create new types of jobs for Southwark people

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Wellbeing through employment: training and employment through construction

King's Cross Construction (KXCSC) is the London Borough of Camden's flagship Skills Centre, and has been operational since June 2004. The Centre specialises in offering training, apprenticeship and employment advice and opportunities to individuals embarking on or furthering a career within the construction industry.

A number of major construction developments are currently underway in and around King's Cross and Camden as a whole. One of the largest is the development at King's Cross Central currently being developed by Argent, and regarded as one of the biggest mixed-use construction developments in London. This development is set to have a major impact on the economic infrastructure here in London and is expected to generate significant benefits, via job and training opportunities, for both Camden and Islington residents.

http://www.kingscrossconstruction.co.uk/portal/index/index2/employers

Southwark as a hub for the academic health industries

- Southwark and Lambeth are home to three world-renowned health institutions and a leading university
- These are massive organisations within a huge local industry sector: the foundation trusts have annual incomes of £0.5-£1.5bn, and they are employers of tens of thousands of staff
- Staff cover a huge range of disciplines, from vital support functions (such as cleaning and catering), to allied health professionals, through to academic clinicians. In many areas, these institutions are facing a workforce crisis because of a lack of skilled employees who can afford to live in London
- There are places in the borough of potentially significant strategic importance: Canada Water for example sits as a transport node connecting all of the major health and academic institutions in the borough

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Detailed description of growth areas and resources

The best possible health outcomes for **Southwark people**

Old Kent Road (SE end)

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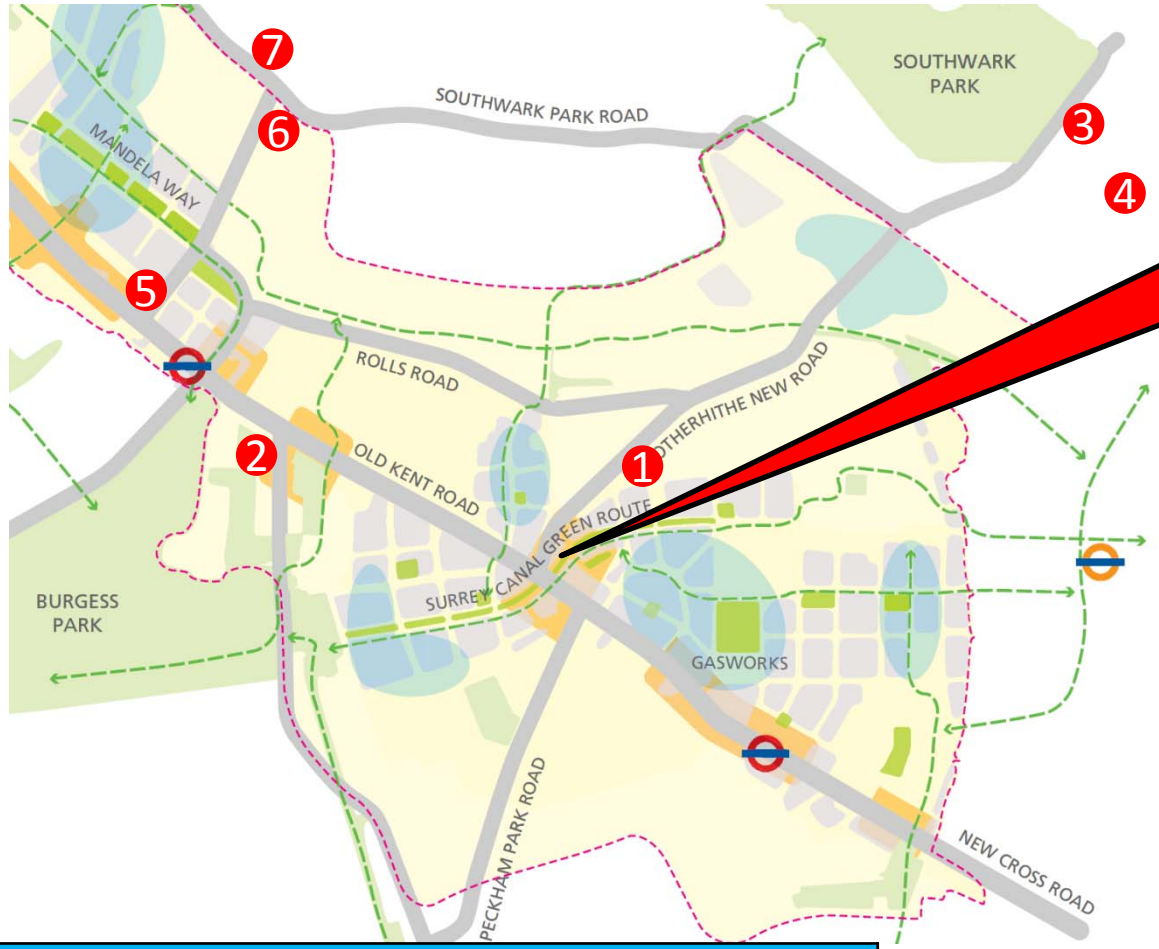

Proposed: Community health hub close to junction of Old Kent Road and Rotherhithe New Road

	Practice	List size
1	Avicenna	3244
2	Trafalgar Avenue	3805
3	Park Medical Centre	5276
4	Silverlock	6492
5	Nexus @ Dun Cow	c 5000
6	Nexus @ Grange Road	5233
7	Nexus @ Artesian	c 6000

Population increase by phase					
Phase	2015-2020	2020-2025	2025-2030	2030-2036	Totals
Western area	0	768	3174	4926	8868
Eastern Area	1430	9667	11670	9407	**32174**
Overall totals	1430	10435	14844	14334	41043

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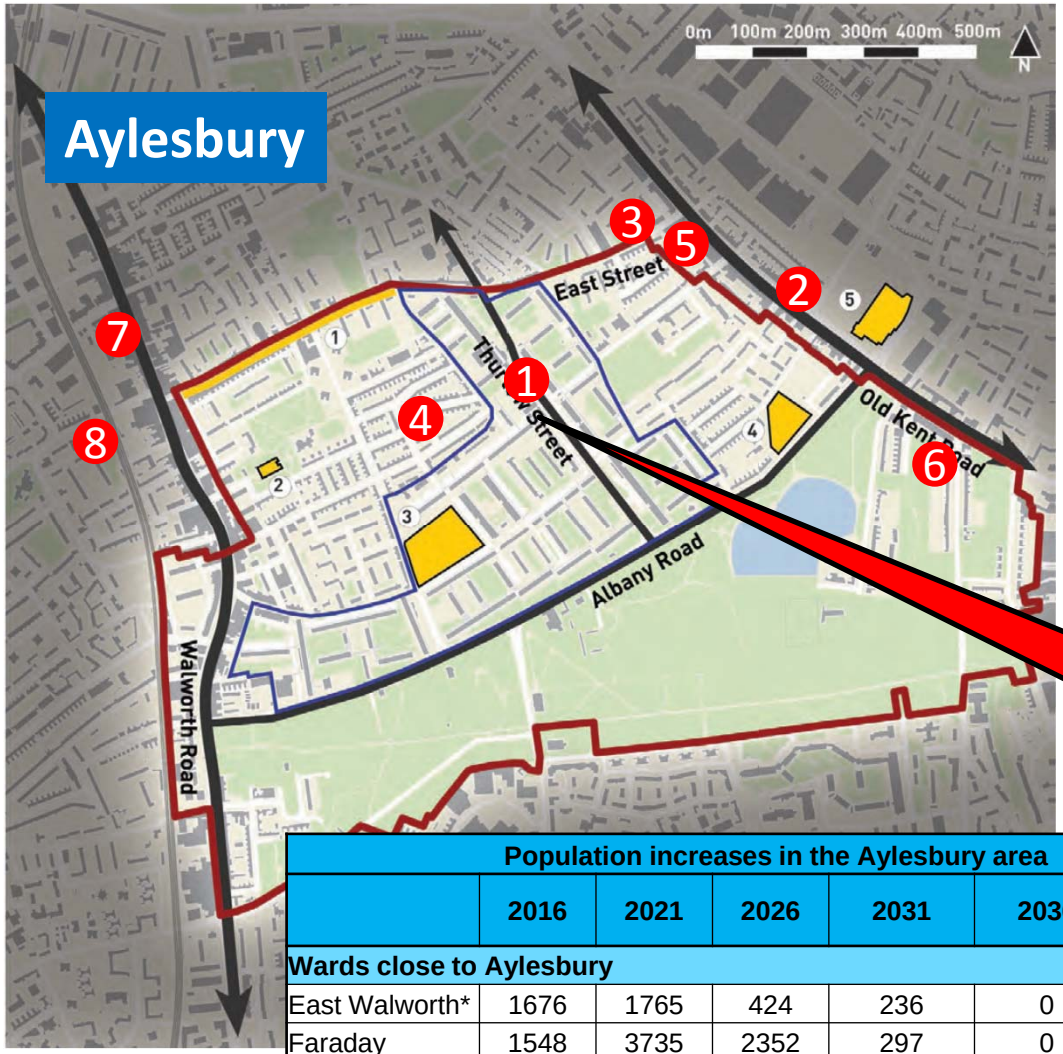

	Practice	List size
1	Nexus @ Aylesbury	c9000
2	Nexus @ Dun Cow	c5000
3	East Street	8310
4	Villa Street	6532
5	Old Kent Road	6970
6	Trafalgar	3805
7	Nexus @ Manor Place	8398
8	Penrose	6552

In development: Community health support hub as part of Aylesbury regeneration programme.

Population increases in the Aylesbury area						
	2016	2021	2026	2031	2036	Total increase
Wards close to Aylesbury						
East Walworth*	1676	1765	424	236	0	4101
Faraday	1548	3735	2352	297	0	**7932**
South Bermondsey **	696	133	227	312	0	1368
Additional developments not included in the above figures						
Mandela Way	Brownfield site		768	3942	8868	**8868**
					Total	22269
* Also served by practices in the Elephant and Castle area						
** Also served by practices in the Bermondsey area						

Elephant and Castle

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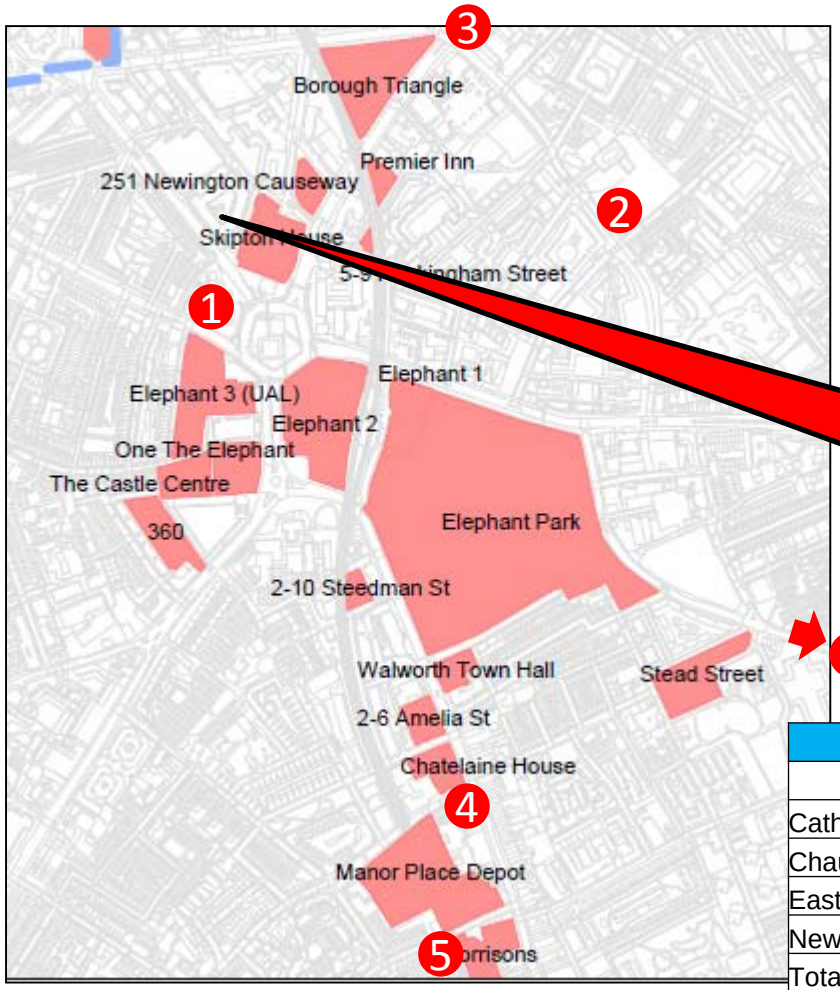

	Practice	List size
1	Nexus @ Princess Street	11893
2	Falmouth Road	6316
3	Borough Medical Centre	4414
4	Nexus @ Manor Place	8398
5	Penrose	6552
6	Nexus @ Aylesbury	c9000

At feasibility stage: Community health hub in partnership with London South Bank University. Supported by community support hub at Aylesbury HC

Population increases					
	2016	2021	2026	2031	Total
Cathedrals*	1908	3187	3038	557	8690
Chaucer	746	86	272	158	1262
East Walworth**	1676	1765	424	236	4101
Newington	935	972	582	92	2581
Totals	5265	6010	4316	1043	16634
* also served by practices in the Blackfriars area					
** also served by practices on the Aylesbury area					

Blackfriars and Borough

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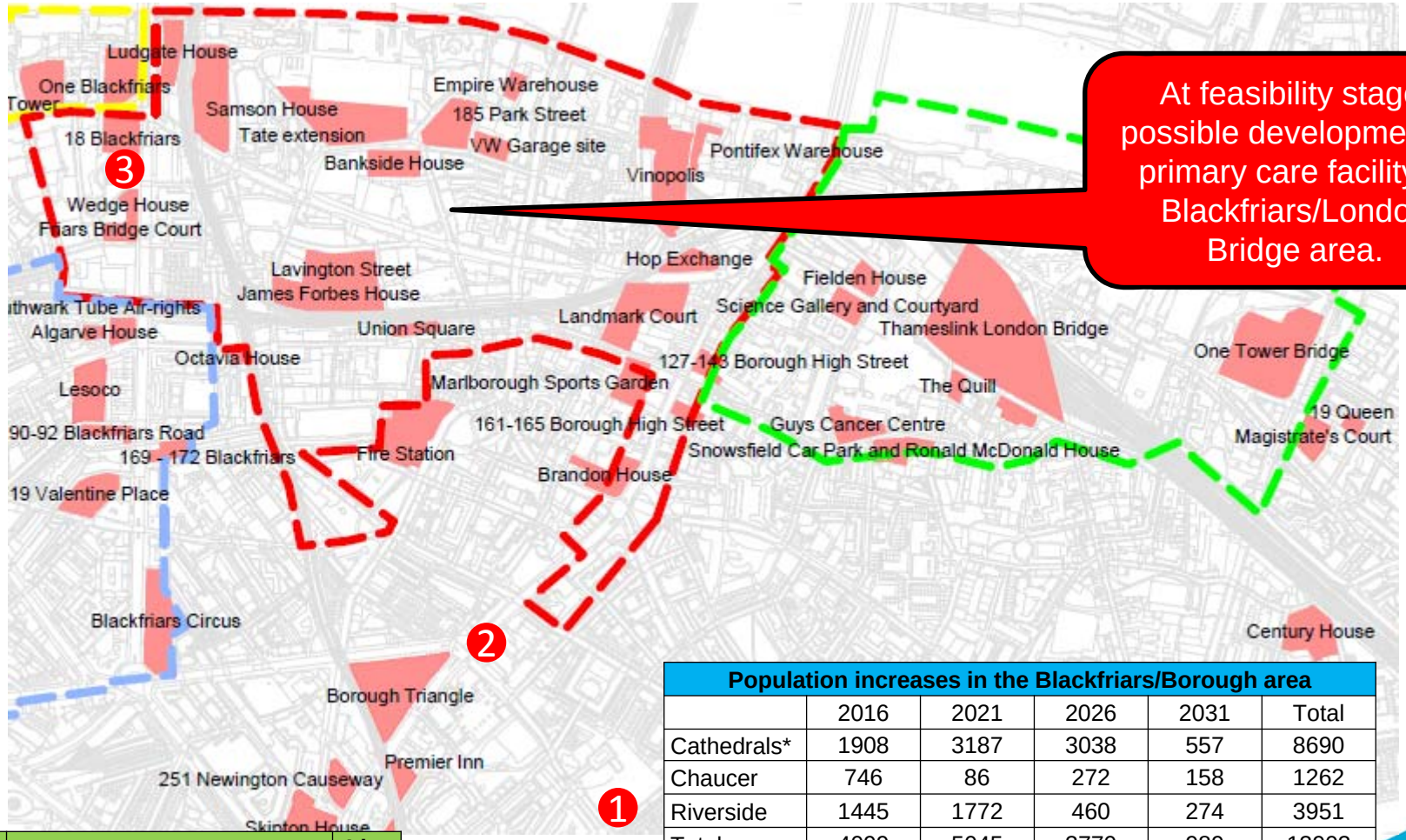


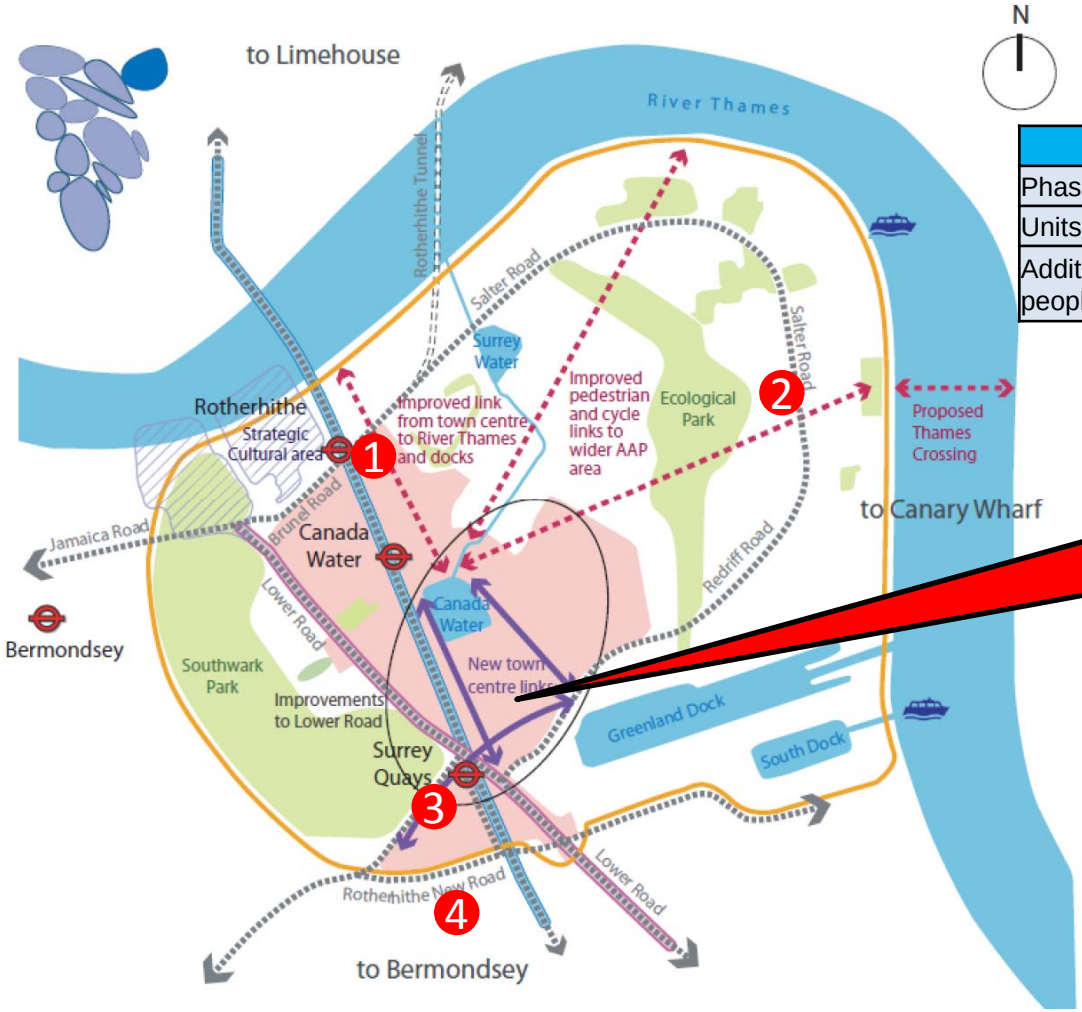
At feasibility stage: possible development of primary care facility in Blackfriars/London Bridge area.

	Practice	List size
1	Falmouth Road	6316
2	Borough Medical Centre	4414
3	Blackfriars Medical Centre	6694

Population increases in the Blackfriars/Borough area					
	2016	2021	2026	2031	Total
Cathedrals*	1908	3187	3038	557	8690
Chaucer	746	86	272	158	1262
Riverside	1445	1772	460	274	3951
Totals	4099	5045	3770	989	13903
* Also served by practices in the Elephant and Castle area					

Canada Water

NHS Southwark Clinical Commissioning Group



Population increase by phase					
Phase	2016-20	2020-25	2025-30	2030-36	TOTAL
Units	3208	2812	1808	290	8118
Additional people	6585	5773	3711	595	**16664**

Proposed: Community health support hub as part of Canada water regeneration programme

	Practice	List size
1	Albion Street Group Practice	13,169
2	Surrey Docks Health Centre	10,706
3	Park Medical Centre	5276
4	Silverlock	6492

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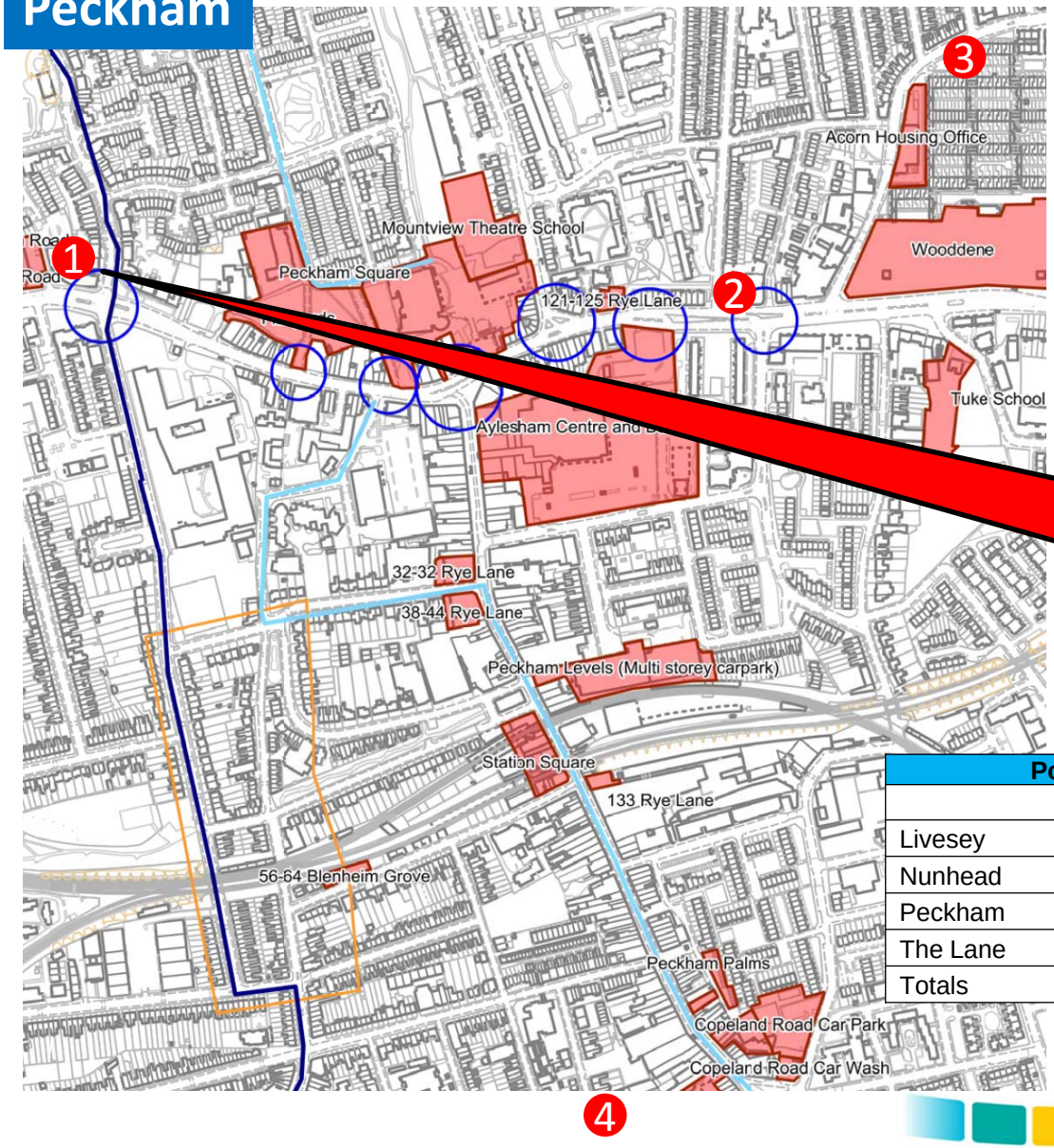
Peckham



	Practice	List size
1	Hurley @ Lister	6610
	Dr Hossain @ Lister	5208
	Dr Arumugaraasah @ Lister	5549
2	Acorn @ The Gaumont	11225
3	Queens Road Peckham @ Acorn	6207
4	Sternhall Lane	5686

Proposed: expansion of the Lister HC as a Community health support hub with additional capacity at Gaumont and Dulwich community health hub

Population increases in the Peckham area					
	2016	2021	2026	2031	Total
Livesey	719	753	623	340	2435
Nunhead	736	263	97	180	1276
Peckham	335	546	268	117	1266
The Lane	1254	1673	510	321	3758
Totals	5060	5256	3524	2989	8735

Resources

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- No treasury capital available for new builds
- LIFT still available – with new PPP model being developed (Phoenix)
- S106 (and Community Infrastructure Levy in the future)
- ‘Business as Usual’ capital (mainly for ICT projects)
- Improvement Grants for existing GP premises – ongoing programme with improvement work funded for 13 practices across the borough in the last two years

On-going financial issues

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- Revenue consequences of new/upgraded buildings
- Availability of tenants prepared to pay increased charges for high quality premises (GP, Pharmacists)
- SE London work on improving utilisation and considering new models of charging for space

S106 resources

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- Currently circa £9m banked with the council
- CCG has proposed support for the projects/ opportunity areas as below
- All consistent with estates strategy

Existing projects:	
Elephant and Castle Hub	Princess Street Group Practice
Dulwich Community Hub	London Bridge/Blackfriars area
Albion Street Support hub	Peckham/Nunhead area
Aylesbury Support Hub (£2.4m already agreed)	
Other areas which will require S106/CIL funding in the future:	
Canada water Support Hub	Old Kent Road Hub

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Discussion points

The best possible health outcomes for **Southwark people**

Discussion points

NHS Southwark Clinical Commissioning Group

- The fit with the council's vision for social care services in community hubs.
- The fit with the council ambition for social regeneration and what might this look like in practice.
- How can HWB members help secure all possible resources to support the development of health facilities in the parts of the borough most under pressure from regeneration?
- Given there is an urgency to the challenges we face and the long lead-in for developing health facilities what more can we do in partnership to secure appropriate sites for community health hubs?

Agenda Item 9

Item No. 9.	Classification: Open	Date: 10 July 2017	Meeting Name: Health & Wellbeing Board
Report title:		South East London Sustainability and Transformation Plan (STP)	
Ward(s) or groups affected:		All wards and groups	
From:		Andrew Bland, Chief Officer, NHS Southwark Clinical Commissioning Group	

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 and May.

KEY ISSUES FOR CONSIDERATION

Capped Expenditure Process

6. Our STP is one of 14 nationally involved in this process of ensuring all organisations in an STP footprint hit their financial control totals. An explanation is given of our STPs work in this area and reassurances are repeated about our

commitment to maintain and improve services. Any further proposals would go through our existing engagement routes and governance structure.

Delivery Plans

7. At the end of June delivery plans are submitted for the four national priority areas: primary care, urgent & emergency care, cancer and mental health. These plans will have clear trajectories and be aligned to national standards. We are well on with this work in south east London and anticipate being able to submit plans on schedule.

Development of Accountable Care

8. We are considering how we move to the next stage of accountable care development and intend to do further work in this area. As part of this work we intend to build on the discussions between council leaders and CCG chairs with an analysis of the current state of integration between the local NHS and councils and test the aspiration to take this further.

Communications and Engagement

9. The first of a series of 'civic engagement' events on the STP has taken place in Lambeth. The event was well attended and useful. The Southwark event is scheduled as set out below:

- **Southwark:** Tuesday 11 July, 5pm - 8pm
  Walworth Methodist Church, 54 Camberwell Road, London, SE5 0EW

Community impact statement

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

APPENDICES

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

AUDIT TRAIL

Lead Officer	Andrew Bland, Chief Officer, NHS Southwark CCG
Report Author	Mark Easton, Programme Director, Our Healthier South East London
Version	Final
Dated	29 June 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		29 June 2017

Our Healthier South East London
Sustainability and Transformation Plan

NHS

APPENDIX 1

Our Healthier South East London STP Partnership update, May/ June 2017

1. Introduction

This is our fourth regular update to boards, governing bodies and other key partners and stakeholders. It is designed to give a succinct update on Our Healthier South East London (OHSEL) – the sustainability and transformation partnership (STP) - in a way that can be shared at meetings held in public.

2. At a glance

Important progress and developments this month include:

- Our Clinical Oversight Group – responsible for the delivery of benefits from our clinical projects - met this month, looking specifically at a series of clinical innovations and best practice highlighted by the Health Innovation Network
- Our Productivity Programme Board met looking specifically at potential for sharing back office finance functions across south east London – more details below.
- We made our draft capped expenditure process submission (CEP) - more details below.

Looking forward:

- CCGs will review the submissions from providers on preferred arrangements for orthopaedics on 29 June
- Our Strategic Planning Group will meet on 29 June and some of the issues under discussion are covered here.

3. Key Current Issues

Some key current issues are listed below.

3.1 Capped Expenditure Process (CEP)

We are one of a number of STP footprints in the CEP process because we do not currently meet the requirement of having a plan that gets every NHS organisation to meet the financial targets (control totals) set by their regulators in 2017-18.

The role of OHSEL is to provide a planning framework for the NHS in south east London and to help NHS organisations work together. Individual organisations remain responsible for their finances and decisions on this are for governing bodies and boards.

As part of its work, OHSEL has been tasked with reconciling its five year financial model with 2017/18 organisational operating plans.

We are following a three stage CEP process:

1. Ensuring all organisations are maximising their individual financial positions;
2. Ensuring contracts are aligned between providers and commissioners;
3. Ensuring south east London collaborative efforts to increase productivity and value are maximised.

Our CEP work reflects our three-stage approach and builds on the work we have been doing to improve clinical pathways and improve productivity through working together. This work is governed by the two boards we established under our governance arrangements. The clinical

board oversees our clinical leadership groups, and the provider productivity board is reported on below. If further proposals develop through the CEP process they will be taken through our usual patient engagement and design processes as required, but we maintain our commitment to maintaining the viability of all NHS organisations in the area, and, as we have said previously, all of our A&E and maternity departments

3.2 Development of Accountable Care

The chief executives and CCG leaders have been considering the development of accountable care through a series of workshops looking at Accountable Care Systems (ACS) and Accountable Care Organisations (ACOs). The output of those discussions was taken to the STP Executive Group and it was agreed we should commission some further work to continue to develop our approach.

This is likely to take until at least October, following which there may be a further phase of implementation support. Any work in this area will need to take into account:

- The emerging London position, as overseen by the London Strategic Partnership Board.
- Discussions at borough level between CCGs and local government, aimed at producing greater integration and alignment, and between the CCGs on future partnership arrangements.
- Emerging thinking from the south London mental health trusts on the development of an accountable care system for mental health.

Over the next few weeks we intend to begin the process of interviewing senior council and CCG leaders to map both the current position and aspirations to move further.

3.3 National Priority Delivery Plans

The Five Year Forward View Next Steps document published in March 2017 sets out the national requirement for STPs to have worked up delivery plans for priority areas in place by the end of June. Plans are required for the four national service improvement priorities: urgent and emergency care, primary care, cancer and mental health.

The plans are required to describe:

- Measures, metrics, baselines, targets and trajectories
- Milestones and timelines
- Critical path, dependencies and tolerances
- Assumptions
- Risks and mitigating actions
- Impact on activity, finance and quality
- Enablers

As well as the four national service improvement priorities we are also expected to submit a delivery plan for ‘Transforming Care’ as this is a priority programme for London.

We are well placed in south east London in as much as we have been working on plans in these areas for some time, and our submission will largely draw on existing work.

We are expecting further delivery plans to be required for diabetes, prevention, maternity, elective care and finance but delivery plan templates and deadlines have not been provided yet for these areas. We will also be expected to continue to develop delivery plans for workforce, digital and estates, but again submission templates and deadlines have not been issued for these areas.

Our plans will be assessed against three key questions:

- Will the plans meet 'the asks' of the national programmes and the 10 point efficiency plan?
- Are the plans robust and credible?
- Can the plans show that there are enablers and resources in place to deliver?

We anticipate being able to submit robust plans at the end of June as required.

4. Update from the clinical board

The clinical board hosted the first meeting of the clinical oversight group, a broad-based group of senior clinicians from all of our organisations. The main item discussed was a presentation from the Health Innovation Network on a number of clinical innovations that potentially introduce new best practice into SEL, improve services for patients, and bring additional resources into the area by accessing the national "innovation tariff".

The discussion highlighted the potential benefits for patient care and cost effectiveness that can come from implementing innovative ideas. We acknowledged that these benefits are not being maximised in SEL and we agreed to develop a systematic process for evaluation, adoption and spread of innovations that have been sponsored by the NHS nationally, for example through the Innovation and Technology tariff (ITT) or developed via the Health Innovation Network (HIN) or Kings Health Partners (KHP) locally, for example through the Digital Accelerator programme. This will be the subject of further discussion at the next Strategic Planning Group.

4.1 **Productivity**

Our Productivity Programme Board continues to push forward on its proposals for greater clinical and back office collaboration between our providers.

Detailed proposals for some shared finance functions are now being developed. These will make the most of IT systems to enable multi-site and multi-provider working.

The acute pharmacy teams are looking at opportunities to work together on medicines stores and aseptic suites. This work will look both at the potential to reduce spend and how best to support changing clinical pathways across OHSEL.

The HR work stream continues to look at ways of reducing spend on agency staff and also the alignment of policies and procedures across organisations. The acute workforce teams will be meeting together on 15 June to share their approach to developing the workforce over the next five years and this will be used to update and refresh the OHSEL workforce strategy.

An integrated procurement team is being established with Guy's and St Thomas' NHS Foundation Trust (GSTT) leading a service which also covers Lewisham and Greenwich, and Dartford and Gravesham, with affected staff transferring to GSTT. We are also looking at options for more

shared procurement for our specialist services, particularly cardiac and renal working with colleagues across south east and south west London.

4.2 **Transforming Care Partnership – One year on**

Transforming Care is the national response to the crises at Winterbourne View hospital and other inpatient units for people with learning disabilities or autism. It is a national programme run by the Department of Health, NHS England, Health Education England and other organisations. The south east London Transforming Care Partnership (TCP) is a group of people from the councils and CCGs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, working together and with NHS England Specialised Commissioning and the programme of work falls within our STP.

4.3 **Urgent and Emergency Care**

Progress continues to be made on the local delivery plans for urgent and emergency care, which are being developed in south east London in response to national guidance published by NHS England in March. The plans looks at seven key areas of focus for urgent and emergency care going forwards - ambulances, hospitals, hospital to home, NHS online, NHS 111 calls, GP and Urgent Treatment Centres - alongside enablers such as digital and workforce. Plans will be submitted to NHS England at the end of June. OHSEL will then be expected to work with commissioning colleagues and providers to help put the plans into action.

The south east London A&E Delivery Board met on 30 May, which provides an opportunity for providers, commissioners and regulators to discuss operational matters such as hospital performance. The meeting was also an opportunity to review proposals for the urgent and emergency care delivery plan. The next A&E Delivery Board will take place at a joint meeting with the south east London Urgent and Emergency Care Network in July.

We completed a review of specialist advice services in May, which looks at examples of best practice and potential models that can be developed where services are not already in place. Specialist advice services seek to create a link (e.g. a phone hotline or online messaging service) between hospital specialists such as consultants, and GPs or other professionals in the community. GPs may, for example, use a hotline to seek specialist advice about a patient, and if necessary book them into an outpatient hospital clinic for a consultation within 24-48 hours. There is evidence to suggest that advice of this sort can help to reduce inappropriate A&E attendances, hospital referrals and admissions – ensuring patients receive the most appropriate care first time. The review will be taken to the next A&E Delivery Board meeting and Urgent and Emergency Care Network in July for further consideration.

4.4 **Maternity**

An animated film developed as part of a King's Improvement Science (KIS) project is at the heart of a new campaign launched by Tommy's charity, King's College London and the Baby Centre website to empower pregnant women to overcome fears about speaking to professionals about their health concerns. This is part of our work to deliver ambitions in the national maternity plan - Better Births - to reduce still births by 50% by 2030. This film has now been shared with Local Maternity Systems across the country. Find out more.

The south east London Local Maternity System is also is running a series of learning events, particularly to learn from serious incidents. Each provider presents a case and we explore how to prevent similar incidents happening in future. The next session will be held on 30 June with a focus on mental health.

4.5 **Workforce**

We have been meeting with south east London GP federations to discuss developing the non-clinical workforce, issues and challenges, sharing good practice and exploring how we can work more collaboratively.

We have also been meeting with commissioners leading on community based care to discuss development of multidisciplinary teams and with primary care leads to discuss the development of new roles and resilience. We led a workshop this month on remote and agile working which covered digital, estates and workforce, how these can support clinical change and whether the right digital infrastructures, buildings and people were in place. We are now developing some principles for remote working across south east London in partnership with local providers.

5. Communications and engagement

Our 'civic engagement' events on the STP have now started with the first being successfully held in Lambeth on 22 June.

Key messages from that event reflected the following:

- Interest and support for our objectives, such as focus on primary and community care, prevention and more integration.
- Worries about NHS finances and scepticism the OHSEL solution questions.
- Enthusiasm to be more engaged in this whole process.
- A real appetite for the NHS to be more engaged with the local authority in particular on prevention work and other social issues such as housing. There was a view that we are not doing enough to publicly demonstrate this link.

The next event is in Lewisham on 29 June. A round up of feedback from these events will be circulated to the programme. Full details of the events is available on our www.ourhealthiersel.nhs.uk

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