

Health and Wellbeing Board

Wednesday 21 November 2018

6.00 pm

Ground Floor Meeting Room G01C - 160 Tooley Street, London
SE1 2QH

Supplemental Agenda No. 1

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Date: 15 November 2018

Item No. 9.	Classification: Open	Date: 21 November 2018	Meeting Name: Health and Wellbeing Board
Report title:		Key developments – Southwark CCG and <i>Our Healthier South East London</i>	
Ward(s) or groups affected:		All wards and groups	
From:		Ross Graves, Managing Director, NHS Southwark CCG	

RECOMMENDATION

- Note the content of the report, in particular the progress being made by the CCG and partners in the following key programmes and priorities:
 - Taking forward system-wide transformation in Southwark
 - System Resilience
 - Primary Care
 - Mental Health
 - Appointment of Chief Financial Officer for South East London CCGs
 - OHSEL stakeholder update

BACKGROUND INFORMATION

- This report provides the Health and Wellbeing Board with an update on major developments in the local health system and within the CCG's commissioning portfolio.
- Each area of the report has been the overseen by the relevant committee of the CCG Governing Body including the Senior Management Team of the CCG. Clinical lead portfolio holders have been involved in each area.

KEY ISSUES FOR CONSIDERATION

Discussion points

- Areas of the CCG's report which directly relate to the Health and Wellbeing Board's priorities and work programme are:
 - All of the above listed sections of the report.
- In reviewing the report the Health and Wellbeing Board are asked to consider the level of partnership consistent through work programmes and priorities highlighted.

APPENDICES

No.	Title
Appendix 1	Key developments – Southwark CCG and Our Healthier South East London, November 2018
Appendix 2	OHSEL Partnership Update September-October 2018

AUDIT TRAIL

Lead Officer	Ross Graves, Managing Director, NHS Southwark CCG		
Report Author	Ross Graves, Managing Director, NHS Southwark CCG		
Version	Final report		
Dated	14 November 2018		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title	Comments Sought	Comments Included	
Director of Law and Democracy	N/A		
Strategic Director of Finance and Governance	N/A		
Cabinet Member	N/A		
Date final report sent to Constitutional Team		14 November 2018	

APPENDIX 1

Key developments – Southwark CCG and *Our Healthier South East London*

Update to Southwark Health & Wellbeing Board

13 November 2018

1. Taking forward system-wide transformation in Southwark

1.1. Long Term Plan for the NHS and 2019/20 Planning

On 16 October the chief executives of NHS England and NHS Improvement wrote to CCG and Trust accountable officers to outline the approach to planning for 2019/20.

In response to the Government's announcement of a five-year revenue budget settlement for the NHS from 2019/20 to 2023, the NHS is asked to develop a long- term plan which will be published in late November or early December 2018. As part of this the NHS will overhaul the policy framework for the service and conducting a clinically-led review of standards; develop a new financial architecture and a more effective approach to workforce and physical capacity planning with the aim of:

- improving productivity and efficiency
- eliminating provider deficits
- reducing unwarranted variation in quality of care
- incentivising systems to work together to redesign patient care
- improving the management of demand
- making better use of capital investment.

A headline planning timetable is referenced in the letter in addition to the requirement during the first half of 2019-20 for all Sustainability and Transformation Partnerships and Integrated Care Systems to develop and agree their strategic plan for improving quality, achieving sustainable balance and in this consider the outputs of the NHS Long Term Plan in late autumn and the Spending Review 2019 capital settlement. STP and CCG partners will ensure full engagement with patients, the public and local stakeholders before finalising the plans.

It was additionally confirmed that planning guidance, with confirmation of the detailed expectations will follow in December 2018. In advance of this commissioners and providers will work together during the autumn to profile and align demand and capacity planning.

1.2. System Transformation

The Southwark Community Based Care (CBC) Programme brings together 'system development' workstreams to accelerate Local Care Networks (LCNs), alongside 'commissioning development' workstreams that will support the Council and CCG to move towards commissioning for population outcomes. The three key strands feeding into the CBC programme are:

- Delivering the Local Care Network programme
- Developing collaborative arrangements, including the development of Partnership Southwark
- Managing the key dependency between current system transformation work and the CCG and Council's strategic commissioning agenda including Southwark Bridges to Health and Wellbeing (SB2HWP) and our joint strategies (including the Joint Mental Health and Wellbeing Strategy).

Over the second half of 2018/19, the focus of the programme will be on the following priorities:

- Working with staff, patients, service users and carers to co-design a model for integrated neighbourhood working across local neighbourhoods of 30k to 50k people to reduce fragmentation, improve health and social care outcomes, enable our workforce to give the best care and support possible and build healthy communities
- Planning and mobilising a contractual joint venture arrangement to deliver community-based care services in Southwark. This will be between the CCG, South London and the Maudsley NHS FT, Guy's and St Thomas' NHS FT, Quay Health Solutions CIC, Improving Health Limited and other system partners including Southwark Council (Adult Local Services). This will include standing up shadow management board arrangements from January 2019 ahead of a shared contractual memorandum being in place for the start of April 2019
- Starting to socialise and co-produce our SB2HWP commissioning approach working with partners across the Southwark health system.

1.3. Our Healthier South East London

The STP is now part of the Wave 3 aspiring Integrated Care System (ICS) programme and is receiving external support over an 11-week period to support us in developing our ICS vision and implementation plan. We hope at the end of this process to have:

- Made demonstrable progress in securing an 18-month plan across our agreed priorities of U&EC, planned care and finance –and in doing so to have greater confidence in our ability to improve our ICS maturity ratings over this same period
- To have secured clear commitments from SEL's senior leadership community to proactively support the shifts in approach that will be required to enable the delivery of a truly integrated system –to include commitments in relation to the 2019/20 planning round
- To be well placed to make and get approval for a SEL ICS Wave bid and to have supported national/regional thinking in relation to ICS development in a complex system and London context

OHSEL Board (replacing the Strategic Planning Group) is the key decision-making group for the programme and includes representatives from across partner organisations. Details of the meetings held on 10 September and 9 November 2018 can be found under the meetings section of the website: <http://www.ourhealthiersel.nhs.uk/about/meetings.htm>

A further stakeholder update from the OHSEL team is appended to this report.

2. System Resilience

2.1. Accident and Emergency 4 Hour Standard

Performance for both GSTT and KCH have remained below the 95% national standard for patients being treated, admitted, transferred or discharged within 4 hours.

KCH Denmark Hill A&E performance for September was 79.4% for all types which was a decrease on August performance of 85.5%. The Denmark Hill site continues to struggle with managing demand and starts most mornings with patients waiting in emergency department for beds. Medical admissions and the number of patients staying over 21 days in hospital is also increasing. The emergency care intensive support team (ECIST) has stepped in to provide the Trust assistance to manage flow and develop solutions to increase performance on site. As a result, the Trust recently performed an internal audit (6 As) on long stay patients. Of the 19 patients reviewed, 18 of the patients could have been discharged earlier in their hospital stay. KCH is now in the process of developing a new project plan around improving internal delays which were highlighted in their audit and decrease excess bed days. The project plan will include ways to coordinate care to provide consistent and

focused decisions to successfully impact discharge planning. Work will also continue rolling out the SAFER bundle Trust-wide.

GSTT achieved 86% for September against the 4-hour performance target for all types which is a decrease on August performance of 89.3%. GSTT has confirmed that due to poor performance in September they have not met their planned Trust trajectory of 90%. GSTT continues to see an increase in attendance particularly in urgent care on both sites. Weekend staffing gaps have also impacted performance mostly around GP gaps in the UCC for out of hours and weekend shifts. GSTT also reported they are seeing 80 to 100 extra patients every Saturday and Sunday, which does not match historical demand. Therefore, their weekend staffing model does match the new demand. Also, a large number of patients are sitting in emergency department waiting for a bed. To address the bed flow issues the site is working through their recovery plan to improve performance. Starting next week, extra GP capacity will start on site from 6pm-10pm to provide appointments to patients who do not need urgent or emergency care. This capacity will expand to weekends in November. Also starting in November, GSTT will implement a clinical challenge round on all 22 wards led by a Clinical Director. All patients will be reviewed to see if patients need an inpatient bed or can be discharged.

2.2. Winter Funding

This year a total of £4.5m was requested in winter funding against a total of £1.4m available from the Lambeth & Southwark A&E Delivery Board.

Key schemes supported this winter include:

- **Southwark & Lambeth Social Services** - Provide additional support for social work assessment, advice and input to discharge planning 7 days a week across KCH and GSTT. This will also strengthen community resources in Southwark to enable an enhanced response to hospital discharge.
- **SLaM** - Enhance the hospitals' liaison services, increase bed capacity for the system and provide additional social worker support to improve mental health discharges to create better flow.
- **A&E Redirection Schemes** - Additional GP appointments over the winter period for The Corner Surgery to support KCH and the Waterloo Health Centre to support GSTT for patients who do not have urgent or emergency care needs.
- **Rapid Response to Falls** - Rapid response on referrals from LAS to support and assess patients who experience mechanical falls and were not conveyed to the hospital.
- **Care Home Selection** - Service to assist patients and families to find appropriate placements locally and nationally. This supports the aims to decrease the number of days patients stay in KCH looking for placement.

- **Excess Bed Day Incentive** - Support to several projects that decrease the length of stay of patients including: discharge to assess for all planned complex discharges, patient flow initiatives, and additional capacity for our community services such as ERR and @Home services.
- **SAIL** - Funding of the Warm and Well in Winter campaign in Southwark and Lambeth which includes ensuring that vulnerable patients receive advice and practical support during cold weather, including neighbour drop in support and advice on hydration and keeping warm.
- **Communication campaigns** - Support for winter campaigns across both CCGs including updating all print materials around the new Integrated Urgent Care Service which will go live in February/March 2019.

In addition, at the beginning of October the Department of Health & Social Service announced £240m in additional funding for councils to spend on adult social care services to help councils alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England. Southwark Council has been allocated approximately £1.5m from this winter.

2.3. Integrated Urgent Care (formally NHS 111)

The new Integrated Urgent Care (IUC) Service for South East London has been delayed and will not be operational until the end of February 2019. This is to give the London Ambulance Service (LAS) more time to mobilise the new IUC service in North East London (which was procured shortly before the South East London service). South East London CCGs are currently working with LAS to ensure all elements of mobilisation are in place for the go live date in February.

2.4. London Ambulance Service

In September, LAS continued to achieve all performance targets across the four Categories in Southwark for the Ambulance Response Programme. LAS response times to the four categories were an increase on August performance, but still within target.

Across South East London, LAS slipped this month and did not achieve the performance targets in Category 1 (mean), Category 2 (mean) and Category 4. This is due to higher response times in Bexley, Bromley and Greenwich.

2.5. Referral to Treatment (RTT) Standard

RTT performance for Southwark CCG in August 2018 was 87.7%, which was below the trajectory of 86.8% and was a decline from 85.4% in July 2018. The compliant specialties were General Medicine, Geriatric Medicine, Thoracic Medicine and Rheumatology

RTT performance for Southwark at KCH was 79.5%. Compliant specialties were General Medicine, Thoracic Medicine and Rheumatology. To improve performance, KCH has secured additional in-sourcing capacity by extending the contract with 18 Weeks Support to provide additional outpatient and day case activity, mainly in ophthalmology and dermatology. The Trust is maximising the use of internal Bariatric operating capacity to treat its longest waiting patients with plans in place to increase capacity. Additional validation of the Bariatric list is underway to ensure each patient is fit, available, willing and eligible for their surgery. The Trust has also undertaken additional theatre lists in August and September 2018 to treat the backlog of long waiters on the Colorectal pathway.

RTT performance for Southwark at GSTT was 88.4% and eight out of sixteen specialties were compliant. Monthly PTL assurance meetings and weekly 'Red2Green' meetings have been implemented from May 2018 to identify constraints. All Directorates are required to review and monitor activity against plan on a weekly basis. Improvements in Waiting List Management Processes have been implemented, through a range of initiative.

The number of patients waiting over 52 weeks for elective care was 107 in August 2018, an improvement from 111 in July 2018. Of these, 106 occurred at KCH and 1 at GSTT. Specialties with the longest waits were General Surgery (40) and Trauma & Orthopaedics (38).

To further support performance and reduce waiting times, we will be intensifying our efforts in working with local practices to optimise the value of referrals to ensure patients receive the right care, in the right setting, first time. We will be encouraging GPs to increase their use of decision support tools like Consultant Connect and VisualDx and increase use of non-secondary care pathways like the optometrist triage and community dermatology services.

A range of community initiatives to reduce unnecessary referrals to secondary care are being implemented. This includes implementation of the Minor Eye Condition Scheme (MECS) across all SEL CCGs, which aims to reduce referrals to ophthalmology and will be in place from October 2018.

2.6. Cancer Waits

Southwark CCG did not meet the national Two Week Wait standard of 93.0% in August 2018, achieving 92.6% for all cancers. This was a slight decrease in performance compared to 93.9% in July 2018. Southwark CCG missed the target of 85% for Cancer 62 Day performance in August 2018, reaching 73.7%. This was a reduction in performance from 77.3% in July 2018. In August there were ten cancer 62 day breaches, of these 4 were attributed to GSTT and 6 attributed to KCH for first seen provider. Regarding breach reasons, 5 related to Health Care Provider Initiated Delay, 1 each for treatment delayed for medical reasons, elective capacity inadequate, complex diagnostic pathway, patient initiated (choice - advance notice given) and patient did not attend.

The main performance drivers in the SEL system are: staff capacity issues across a range of staff groups; challenges with Multidisciplinary Meeting (MDM) co-ordinators and tracking resource; diagnostics capacity - issues with a shortfall across CT/MRI and Endoscopy; and an increase in 2 Week Wait referrals. Key challenged Tumour Groups are Lung, Lower Gastrointestinal, Gynaecological and Urology. Southwark CCG breaches fell mainly in Lung and Urology which have had particular issues with delays in diagnostic work up.

Key system wide actions are:

- New operating model from May 2018, with the establishment of a Shared Care Cancer Delivery Team to provide oversight to and increased support and focus to improving Cancer performance across South East London (SEL)
- Focus is to drive forward the revised Delivery Plan for 2018/19
- Cancer 62-day Recovery trajectories agreed but these will now be reviewed in November following Regulator escalation meeting
- Procurement of additional diagnostic capacity through the Accountable Cancer Network (ACN)
- Recovery Plan that focusses on challenged pathways (Prostate, Lung/Thoracic, Lower Gastrointestinal (Lower GI), Head and Neck, and Gynaecology)
- Ongoing recruitment of staff to support delivery of cancer pathways including MDT workforce at LGT, KCH and GSTT
- Focus on improving median waits and ensuring that there are consistent straight to test models across the sector
- Increasing Oncology capacity at GSTT
- Reviewing network approach to manage large increases in demand and workforce shortages for Urology, Dermatology and EBUS.

2.7. Electronic Referral System (e-RS)

Southwark CCG's e-RS utilisation in September 2018 was 98%.

On 1 September, King's Denmark Hill, completed Phase 4 of their paper switch-off programme, with 2 Week Wait services becoming e-RS only. This means that both King's and GSTT have now completed their paper switch-off programmes and have met the national deadline for all consultant-led first outpatient appointments to be made via e-RS from 01 October 2018.

In Primary Care, there are GP IT Facilitators and Trainers available who provide e-RS training to practices, and practice level information is being used to identify and target those practices which may benefit from additional training. An e-RS workshop is being held in mid-September for GPs and administrative staff and webinars on e-RS worklists are being held in September, October and November. Resources for GPs (including training guides developed by the GP IT Facilitators) are available on the Members and Staff Zone and regular updates continue to be provided in the Planned Care Newsletter.

3. Primary Care

3.1. Review of the Interpreting and Translation Service

NHS Lambeth, Southwark and Lewisham (LSL) Clinical Commissioning Groups (CCGs) currently commission an interpreting and translation service (ITS) to deliver interpreting and translation support to general practice across the three boroughs. In addition, the service also offers ITS to dentists, optometrists, BPAS and Marie Stopes providers who are based in LSL. The current service offers a mixture of face to face (F2F), face to face British Sign Language (BSL), telephone, health promotion clinics and written translation services including braille. The service is delivered by multiple providers (including directly employed staff) each with their own contractual arrangements in place which are variable.

Current arrangements are not sustainable either financially, operationally and contractually due to the multiple contracts in place. There is a need to commission a more streamlined service.

LSL commissioners have outlined in their 2018/19 commissioning intentions the intent to review the existing services working with the GP practices and patients that use this service. Commissioners are reviewing the service and are keen to hear the views of clinicians who use the service and practice staff who book the service as well as patients who use the service to ensure the future service:

- meets the needs of the local population requiring ITS
- guarantees high service user experience and satisfaction
- is operationally accessible for service users
- offers high quality interpreting and translation services
- is delivered in a timely manner
- is equitable to all service users for whom English is a second language and they are not confident English speakers and / or are hearing impaired
- is contractually manageable with detailed reporting and monitoring systems in place.

The outcome of this review will be reported to patients and practices in February. Any changes required will look to be implemented during 2019/20.

4. Mental Health

Performance against the target for occupied bed days (OBD) continues to be high for SLaM, with OBDs unchanged from previous months. The September data shows an increase in acute usage and a decrease for Psychiatric Intensive Care Unit (PICU) beds. The liaison team in King's continues to see a high number of patients with an increase in resulting breaches. The current usage is approximately 350-400 patients per month.

A mental health strategy stocktake has taken place, which highlighted the work that the team have undertaken in the past six months; this has been shared with key partners. A smaller engagement event for stakeholders will take place in November and a full launch to welcome in year two of the strategy will take place during Quarter 4 with a wider audience.

The Children and Adolescent Mental Health Services (CAMHS) review has taken place and is currently being revised internally to determine next steps for the provision of service for Southwark, in parallel with the agreement and publication of our Local Transformation Plan for Children and Young People (CYP) mental health services.

5. Appointment of Chief Financial Officer for South East London CCGs

Following an extensive recruitment process Usman Niazi has been offered and accepted the role as CFO for five of the South East London CCGs (Bexley, Bromley, Greenwich, Lewisham and Southwark). Usman will join the CCGs from Lewisham and Greenwich NHS Trust where he was, until recently, the Trust's Acting Director of Finance, having been the Deputy Director before that.

Usman's start date is still to be determined as his notice is served at his current employer, but he will join us no later than 01 April 2019.

Our Healthier South East London Partnership Update Winter 2018 Edition

Our updates provide an overview of the work of Our Healthier South East London, the Sustainability and Transformation Partnership for south east London, over the past couple of months. They are designed for sharing with boards, governing bodies and other key partners and stakeholders.

At a glance

- In recent months, local authority leaders have played an increasingly active role in the Our Healthier South East London partnership. Directors of adult social services from all local authorities continue to meet with the [South East London Commissioning Alliance](#) executive every six weeks. Directors of Public Health also meet regularly to develop and lead a joint approach to prevention work.
- We are pleased to welcome Fiona Connolly, Director of Adult Services (DAS) at Lambeth Council as Joint Senior Responsible Officer (SRO) for the [Transforming Care Partnership](#) and Stuart Rowbotham, DAS at Bexley Council as Joint SRO for the [Community Based Care Programme](#). Fiona and Stuart join our local authority lead, Aileen Buckton, DAS at Lewisham Council. Aileen has worked closely with OHSEL for several years.
- We had a stall at the London Health Board conference on 25 October. Led by the Mayor of London and Chief Executive of NHS England, the conference discussed social prescribing, air quality, asthma in young people, crime, workforce, homelessness, digital apps for self-care, children and young people's mental health, diet and dementia. [Read more here](#).
- Seven projects developed by NHS trusts in south east London have been awarded small grants to help the spread and adoption of innovations across our local communities. South London Innovation Awards 2018 are awarded by the Health Innovation Network in partnership with Health Education England. One example is National Autism and ADHD Psychology Service (NAAAPS) / South London and Maudsley NHS Foundation Trust's project that uses an appreciative inquiry approach to increase the voice of adults with an autism spectrum condition in shaping psychological services. You can read about all the successful projects on the [HIN website](#).
- Building on our work to look at south east London as a system of systems, we are taking part in an 11-week aspirant integrated care system programme.



This will help us to understand the potential benefits and challenges of further integration for example at borough level in Bromley and across care pathways that cover south east London. The programme will help us to assess our readiness to apply to become a Wave 3 integrated care system. More information about integrated care systems is available on [NHS England's website](#).

Meetings

OHSEL Board (replacing the Strategic Planning Group) is our key decision-making group for the programme and includes representatives from across our partner organisations. Details of the meeting held on 10 September are available on our [website](#). The next meeting is due to take place on 9 November 2018. Further information about this can be found under the meetings section of the website.

Update from programme groups

Urgent and Emergency Care

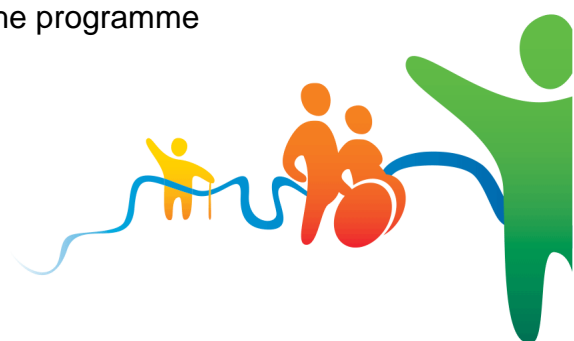
Detailed local plans have been developed to prepare for the seasonal increase in demand over winter. These include a programme of flu vaccinations, early alert systems for all services affected by winter pressures, more community-based treatment and better patient flow within hospitals. We are using winter funding to support these plans for example by investing money in same day urgent care services.

A new enhanced 111 Integrated Urgent Care service, with additional input from GPs, nurses, paramedics and pharmacists is being introduced with full implementation planned for the end of February 2019. The new service will give people easier access to more integrated urgent care and help reduce demand on hospitals and ambulances.

Digital

The Health and Social Care Network project to replace the N3 network is underway at provider trusts, GP practices and CCG offices. This change will help deliver a more reliable service making it much easier to implement new technologies as they emerge.

We have submitted bids to NHS England for a new digital programme; Health Systems Led Investment in Provider Digitisation (HSLIPD). The programme



includes 18 projects that will help us to continue to modernise our hospital IT systems. Results of bids should be known in early November.

Primary Care digitisation project; we are scanning historical patient records at over 30 GP practices with a plan to make additional clinical areas available.

Mental Health

Two pilot projects in Bexley and Southwark have received funding from Health Education England to train people who have experienced mental ill health to become peer mentors. They will work from crisis cafes and community hubs and be able to help people moving from hospital to the community and people at risk of becoming ill. The funding is part of the drive to increase the number of people working in mental health and to reduce the pressure on A&E departments.

SLaM, King's College Hospital and St Thomas' hospital were also awarded funding to work with health professionals in primary, community and emergency department settings to improve their skills and knowledge about mental health alongside patients' physical health needs.

Planned Care: Orthopaedics

Age UK Lewisham hosted a focus group for patients to share their experience of hip or knee surgery in the last 12 months and help us look at service improvements. The feedback will help us further understand patients' experience and help to make pre and post op processes work better.

Community based care

£2 million has been allocated from the GP Five Year Forward View Access Funding to accelerate collaboration in general practice and primary care working at scale. This will allow GPs to collaborate and deliver more care in the community while sharing best practices to share resources, expertise and services.

The South East London Primary Care Networks has the aim of targeting services to meet the specific needs of residents. Patients will have access to bigger teams of multi-professional staff in their communities such as GPs, nurses, pharmacists and mental health professionals. The funding is also helping systems to integrate across practices. This will enable performance, quality and population health data and analytics to inform how we best plan services for our patients in the future.

Building on discussions to date we will be agreeing the governance and membership of a new clinical leadership group on prevention. This group will include wider stakeholders such as provider and commissioning leads, alongside public health, research and clinical expertise.



Cancer

The South East London Cancer Alliance showcased its work at a Cancer Alliance Early Diagnosis event in Manchester. Presentations included a review of the Rapid Access Diagnostic Clinic's first year, the roll-out of the transperineal prostate biopsy technique, and how to support the delivery of faster cancer pathways

Two new 'one-stop' diagnostic clinics for gynaecology 2ww (two-week wait) referrals have been set up in south east London. The clinics aim to speed up the diagnosis of gynaecological cancer and improve patient experience. Located at Queen Elizabeth Hospital (QEH) and University Hospital Lewisham (UHL), the one-stop clinics provide patients with as many services and tests as possible during their first appointment, including ultra sound scan, hysteroscopy and biopsy.

Workforce

We have been looking at how to increase the number of nurses in south east London. As a result of a workshop we recently organised, colleagues across the system are beginning collaborative work on widening participation, nurse placements, evidencing the level of nurse workforce need and further developing existing nurses.

Five projects to enable new ways of working to benefit GPs, the wider workforce and patients will launch in November, following a successful bid to NHS England for local GP retention resources to support at scale projects in south east London.

The Physician Associate Development Programme will increase the number of physician associates working in surgeries in south east London and enhance the skill mix and capacity of GP practices in our boroughs. This programme is cost-effective and will contribute to improving delivery of enhanced person centered care in our local communities.

As part of our transformation work involving the non-clinical workforce, our two cohorts of supervisor level coaching and mentoring certificates have been completed and we have established three cohorts of diploma level manager training (aspiring, established and advanced).

Future work includes, collaborating with partners in south west London on a new apprenticeship project. We will also be developing and launching a process to support professional coaching for a cohort of mid/late career GPs in line with the retention fund.



Estates

Plans to develop Gallions Reach Health Centre in Thamesmead, Greenwich support our strategy to improve general practice infrastructure and support care closer to home through community health and wellbeing hubs. Funded through the [Estates, Technology Transformation Fund](#) (ETTF) and costing about £7 million. Patients will be able to access a wider range of services including GP and nurse appointments from 8am to 8pm, seven days a week. The refurbishment will include new consulting and treatment rooms, improved reception and waiting areas, new facilities to deal with minor injuries, a community space and better IT systems to improve the way information is shared between health services in the area. The business case process is underway and we expect construction to start in late summer 2019.



Item No. 10.	Classification: Open	Date: 21 November 2018	Meeting Name: Health and Wellbeing Board
Report title:		Better Care Fund – update on 2018/19 delivery and 2019/20 planning	
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 this report including:
 - a. Progress made on delivering the Integration and Better Care Fund Plan agreed by the Health and Wellbeing Board on 11 Sept 2017 (see paragraph 3-10)
 - b. The letter from NHSE on 19 July 2018 introducing revised targets for delayed transfers of care from September 2018 (See paragraph 13)
 - c. An assessment of the risk of reductions in BCF funding as a result of the revised delayed transfers target not being met (as requested by the Council cabinet on 18th September 2018) (see paragraph 14 -16)
 - d. An update on planning arrangements for 2019/20 when the current BCF framework is due to come to an end (see paragraph 21)

BACKGROUND INFORMATION

2. The Better Care Fund (BCF) was first established in 2015/16 as a national policy initiative to drive forward the integration of health and social care services by requiring local councils and CCGs to agree a pooled budget and an associated BCF plan.

KEY ISSUES FOR CONSIDERATION

3. The Health and Wellbeing Board agreed the current Integration and Better Care Fund Plan on 11 Sept 2017 and this plan passed through the national assurance process in October 2017. The funding profile for the two-year BCF for 2017/19 is as follows.

BCF funding 2017/19	2017/18 Gross Contribution	2018/19 Gross Contribution
Total CCG Contribution ¹	£21,049,603	£21,449,545
Council iBCF contribution ²	£9,129,473	£12,584,184
Council non-iBCF contribution ³	£1,263,268	£1,377,165
Total BCF pooled budget	£31,442,343	£35,410,895

Note (1) The CCG contribution is set at the minimum level required under BCF rules

Note (2) The Improved Better Care Fund is set at the level in the grant determination provided to the council by the DCLG.

Note (3) The Council non-IBCF contribution is set at the minimum level which is the Disabled Facilities Grant as determined by DCLG. This is ring-fenced for the provision of disabled facilities grants for householders.

4. The BCF funding has been applied to the following key themes:

Theme	Services included	Value
Theme 1: Hospital Discharge – I get the support I need to leave hospital and settle back at home	Hospital discharge teams, including weekend discharge team, reablement, intermediate care	£5,501,963
Theme 2: Admissions avoidance - I get support that reduces the need to be in hospital	Community Health Enhanced Rapid Response and @home services, enhanced out of hours primary care services, self-management, social prescribing	£5,062,500
Theme 3: Community support and maintenance - I am helped to live in my community	Home care services, dementia support, end of life care, disabled facilities grant	£3,614,247
Theme 4: Prevention: I can access resources in the community that help me and my carers	Voluntary sector services, carers services, telecare, equipment	£3,105,000
Theme 5: Mental Health and Learning Disability – I get the support I need to leave hospital and settle back at home	Range of community mental health services including reablement, and the funding of personal budgets	£2,156,632
Protecting social care services – system sustainability	Direct funding to protect social care budgets, Care Act costs etc	£3,010,610
Service Development and change Management	Funding for Partnership Commissioning Team and related initiatives	£344,816
Grand total core BCF		£22,826,710

Improved Better Care Fund - all scheme 3	2018/19
Home care	£9,959,850
Nursing home care	£2,374,334
Transformation fund	£250,000
Total iBCF	£12,584,184
Grand Total BCF (core BCF and iBCF)	£35,410,895

5. It is important to note that when the BCF was established in 2015/16 it was acknowledged that the funding was not new to the health and social care system. It was formed by consolidating a range of existing resources in the system including;
- Department of Health grants previously paid to local authorities for social care services of benefit to health
 - Reablement Grant paid to councils via the CCG
 - Carers grant

- CCG budgets previously funding acute and community health services
6. In the new arrangements these were consolidated into one sum in the CCG budget called the “BCF minimum contribution” ringfenced for approved BCF plans (approx. 95% of the total original BCF). The council’s disabled facilities grant was also incorporated into the BCF, although the use of this is strictly ringfenced for the provision of these grants to householders.
 7. In 2017/18 the government provided local authorities with a significant specific grant (Improved Better Care Fund, the iBCF) totalling £9.1m in Southwark growing to £12.6m in 2018/19. A condition of the grant was that it was pooled within the BCF plan and hence agreed with the CCG. The conditions made it clear that iBCF funding was intended to enable local authorities to quickly provide stability and extra capacity in local social care systems, addressing critical pressures that had been recognised by government. I
 8. In Southwark it was agreed that the BCF should be used to meet demand for Home Care and Nursing Home Care services for which there was previously insufficient budget, restoring financial stability to the system after a period of cuts.

Arrangements for the monitoring and evaluation of the Better Care Fund

9. There has been close monitoring of the BCF plan through national quarterly monitoring returns and internal monitoring which is overseen by the Health and Social Care Partnership Board on behalf of the Health and Wellbeing Board.
10. In December 2017 the BCF Planning Group (a Director level sub-group of the Health and Social Care Partnership Board) reviewed the range of services funded to inform decisions on any changes for 2018/19. Service performance data was reviewed, and service leads were questioned about their services and how they contribute to BCF objectives.
11. The overall conclusion of this process was that the existing investments were in the right areas and delivering key services, and the BCF plan was rolled forward with relatively minor changes. However, it was recognised that the broader challenge for the system was to ensure these services are well integrated to form a coherent whole, in line with Southwark Community Based Care and the Bridges to Health and Wellbeing approach to commissioning.

Delivery on key BCF targets

12. There are 4 key targets associated with the BCF:
 - Reducing delayed transfers of care
 - Non-elective admissions to hospital
 - Admissions to care homes
 - Effectiveness of reablement services
13. **Delayed transfers of care – original BCF targets:** Of the above targets, delayed transfers of care is considered the main target by NHSE and is subject to detailed central monitoring. Southwark has succeeded in meeting its overall targets as set out in the agreed BCF plan and has particularly strong performance on delays attributable to social care. There are sub-targets for NHS and social care attributable delays, and whilst the NHS target has generally been

missed this has been compensated for by the low number of social care delays. This reflects well on the high level of investment agreed on council hospital discharge services. In comparative terms Southwark is nationally recognised as a strong performer, consistently meeting its target each month.

Days delayed	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
BCF Target *	445	440	434	449	449	405	449	434	449	434	449	449	434
Actual	254	287	353	376	347	274	327	310	367	279	341	283	369

14. **Delayed transfers of care – new targets proposed by NHSE July 2018:** NHSE has imposed stricter targets from September 2018 which undoubtedly will be more challenging over the winter (see letter from NHSE in Enclosure. 1). At 11 delayed days per day in Southwark the new target for September amounts to 333 days, which was missed by 36 days in September. Within this the NHS delays target was missed by 83 days, the social care target was hit with 62 days to spare and the joint delays target was missed by 15 days. Further details of the September delays are set out in the table below.

September						
Provider	Acute Or	Reason For Delay	NHS days	Social Car	Both days	Total
GSTT (127)	Acute	I Housing	83	0	0	83
	Non Acute	C Further Non Acute Nhs	22	0	0	22
	Acute	G Patient Family Choice	13	0	0	13
	Acute	Dii Nursing Home	7	0	0	7
	Acute	A Completion Assessment	2	3	0	5
	Acute	E Care Package In Home	0	1	0	1
KCH (60)	Acute	C Further Non Acute Nhs	26	0	0	26
	Acute	G Patient Family Choice	16	0	0	16
	Acute	E Care Package In Home	0	15	0	15
	Acute	I Housing	14	0	0	14
	Acute	Dii Nursing Home	4	5	0	9
SLAM (47)	Non-Acute	B Public Funding	0	0	27	27
	Non-Acute	Dii Nursing Home	27	0	0	27
	Non-Acute	I Housing	12	0	0	12
	Non-Acute	Di Residential Home	6	7	0	13
	Non-Acute	C Further Non Acute Nhs	2	0	0	2
Lewisham & Greenwich	Non-Acute	I Housing	30	0	0	30
Buckinghamshire (30)	Non-Acute	Di Residential Home	30	0	0	30
Imperial College (17)	Non Acute	C Further Non Acute Nhs	17	0	0	17
Total			311	31	27	369
BCF target - original			209	196	30	434
variance			102	-165	-3	-65
NHSE new target			228	93	12	333
variance			83	-62	15	36

15. **Implications of not hitting the revised delayed transfers of care target:** there were initially widespread concerns that failure to meet the new targets set by NHSE could lead to financial implications in the form of a penalty against either the BCF core funding or the Improved Better Care Fund. This concern

relates in part to a previous statement in 2017/18 by the secretary of state for health that iBCF funding could be linked to performance.

16. At the Council's Cabinet meeting on 18 September, they asked officers to provide *"... a report to the health and wellbeing board regarding possible punitive reductions in the council's Better Care Fund (BCF), as a result of the local NHS missing their targets be produced."*
17. Clarification has been sought from the NHSE Better Care support team on this matter. They have confirmed that there will be no link with 2018/19 BCF funding and performance. The NHSE has no power to dictate the terms of the Improved Better Care Fund grant as this is provided to local authorities from the Ministry of Housing Communities and Local Government.
18. However, as regards 2019/20 and beyond, as the new framework has not been released (see paragraph 23 below) it is not yet possible to provide assurance on this issue. The Board will receive a report on the new arrangements, including an update on this risk, when they are released.
19. The BCF framework currently allows for a process of escalation in those cases where NHSE identifies that BCF conditions are not being met. After several stages of escalation this can ultimately lead to intervention in how core BCF funding provided by the CCG is spent. Southwark meets the BCF conditions and is not at any risk of escalation.
20. Note: NHSE have not asked for revised BCF plans to be submitted incorporating new delayed transfers of care targets, although the letter indicates that they expect local systems to work towards them.
21. **Non-elective admissions:** The target for non-elective admissions to hospital is being missed by 7%. The growth in this activity is a major concern, particularly as the needs levels and average costs of admissions is also increasing. This measure is seen as a whole system target which cannot simply be attributed to BCF services.
22. **Admissions to care homes:** A key objective of BCF funded services is to support people to live safely and independently in their own home. Although the longer-term trend has been downwards, reflecting the increased effectiveness of community based care options, the target was missed by 10% last year, and in Q1 there were 44 admissions to care homes as against our target of 31. Of the 44 admissions 22 were for nursing homes and 22 were for residential care. The impact of discharge to assess initiatives potentially increasing admissions to care homes has been examined and additional controls have been agreed to ensure there are no unintended consequences of this initiative. Demographic pressures including growth in the numbers of older people with dementia needing a care home placement is also a key factor.
23. **Reablement:** Latest quarterly figures show that 166 out of 184 people discharged from hospital with a reablement service were still at home in 91 days without having been readmitted to hospital or a care home. The target is 88% and in 2017/18 outturn was 86% which was in line with benchmark performance.

Replacement of the Better Care Fund framework in 2019/20

24. The national policy framework governing the BCF is due to be replaced from 2019/20. However, it has been indicated that details of the new arrangements will not be provided until December 2018. It has been advised by the national Better Care Fund Team that for 2019/20 the arrangements will be very similar to the existing requirements, with more radical changes planned for 2020/21.
25. When planning guidance is issued for the new arrangements it will be scrutinised for implications and a report will be brought to the Board.

Policy Implications

26. The document “2017 - 2019 Integration and Better Care Fund Policy Framework” published by the Department of Health and Department of Communities and Local Government on 31st March 2017 sets out the purpose of the BCF in terms of driving forward the national integration agenda which aims to achieve further integration between health and social care by 2020. The BCF plan reflects local policy on integration as set out in the Southwark Five Year Forward View and is consistent with the national framework.

Community Impact Statement

27. The BCF plan protects current services funded through the core BCF which provide essential support for people with health and social care needs. This has benefit to all people with protected characteristics, in particular services provided for older people, and people with disabilities and mental health problems. The iBCF funding is also to be used to protect current levels of home care and nursing care funded through the council general fund but for which current budgets are insufficient to meet current activity levels.
28. Other beneficiaries of this investment are the homecare workforce who have been paid the London living wage since April 2018. This workforce is mainly made up of women and those from the black and minority ethnic communities.

SUPPLEMENTARY ADVICE FROM OFFICERS

Strategic Director of Finance and Governance

29. The Strategic Director of Finance and Governance notes the contents of this report, and in particular the risks within paragraphs 14 and 23. Based on the assurances received from NHSE it is clear that the risk of financial penalties arising as a result of health partners struggling to meet DTOC targets is negligible for 2018-19. The future is less clear, both in terms of the potential for punitive reductions in grant for perceived underperformance and more widely in terms of the overall direction and quantum of the BCF. With respect to the former risk it is clear that, in the unlikely event that penalties are applied, Adult Social Care colleagues will need to re-direct remaining resources to ensure that there is no detriment to social care services.

BACKGROUND DOCUMENTS

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

APPENDICES

No.	Title
Appendix 1	Letter from NHS England on revised targets

AUDIT TRAIL

Lead Officers	Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG Genette Laws, Director of Commissioning, Southwark Council		
Report Author	Adrian Ward, Partnership Commissioning Team		
Version	Final		
Dated	13 Nov 2018		
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	Yes	Yes	
Cabinet Member	No	No	
Date final report sent to Constitutional Team		14 November 2018	

NHS England
Skipton House
80 London Road
London
SE1 6LH

19 July 2018

To: *(by email)*

Health and Wellbeing Board Chairs
Local Authority Chief Executives
Clinical Commissioning Group Accountable Officers

Dear Colleagues

THE INTEGRATION AND BETTER CARE FUND OPERATING GUIDANCE FOR 2017-19

I am writing to you today to let you know that The Integration and Better Care Fund (BCF) Operating Guidance for 2017-19 has been published and is now available at <https://www.england.nhs.uk/publication/better-care-fund-operating-guidance-for-2017-19/>

The BCF continues to hold a unique position of formally bringing local partners together to agree their plans for integrating health and social care by supporting: personalisation, co-ordination of care and assisting people with long term needs to remain closer to home. You will have seen that the Government's recent announcements on future funding for the NHS make integration of health and social care one of the priorities to be delivered with this additional resource. The services and relationships developed through the BCF across the country provide a firm footing to deliver this expectation.

The attached updated Operating Guidance provides the framework for the ongoing requirements of the BCF as you continue to implement your plans for 2017-19 that were approved last year. The Guidance also sets out the ways in which plans can be reviewed and how metrics for 2018-19 can be refreshed, particularly in relation to Residential admissions and Reablement.

In addition, the Guidance sets out the requirements, agreed with the Department of Health and Social Care and Ministry of Housing, Communities and Local Government in consultation with Local Government, for reducing Delayed Transfers of Care (DToC) in 2018-19, which should be adopted as metrics in your local BCF plan. These replace the expectations set for 2017-18 in the BCF Planning Requirements. Based on the national ambition, departments and NHS England have agreed updated expectations for each local BCF plan for 2018-19, in consultation with national partners, including the LGA, and Better Care Managers.

The expectations for Health and Wellbeing Boards (HWB) have been set using an updated baseline (Q3 2017-18) and the scale of the expected reduction will be set according to the distance each area is from the national target rate – with areas further away from this rate expected to contribute a larger reduction. HWB areas are expected to adopt the DToC metric expectations as set for 2018/19.

A detailed explanation of the methodology used to determine the expectations is provided in the Operating Guidance. The expectations for each HWB accompany this letter as a separate document, which also sets out a process for areas to raise issues with the Q3 2017-18 baseline figures used. Please note that the deadline for this process is 3 August 2018. The final DToC expectations will be subsequently published on the gov.uk website.

Areas should plan based on the assumption that the expectation will be met from September and that this level will be maintained or exceeded thereafter. We are expecting that a revised guide on counting DToC will be published in the coming months for implementation in October 2018. The guidance will provide greater clarity on the process for recording and attributing delayed transfers, with a view to reducing the degree of variation in recording that currently exists across the country. It will be important that all areas follow this revised DToC counting guidance from this point as it will ensure that performance in managing DToC from the end of September is on the same basis across the country.

Although your BCF plan is set for two years, if there are any major changes to your plans these should be discussed, in the first instance, with your Better Care Manager who will advise on any formal reassurance that might be required. This process is also set out in the new Operating Guidance.

NHS England and NHS Improvement have recently set out their ambition for a reducing the number of people in hospital who experience an extended stay (21 days or over) by 25% to reduce patient harm and bed occupancy. NHS England and NHS Improvement have asked trusts and CCGs to work with local government partners to agree local sectoral ambitions to achieve this reduction and free up at least 4,000 beds compared to 2017-18 by December 2018. BCF plans will support delivery of this reduction through the continuing focus on delivery of the local DToC

expectations and through the implementation of national condition four – the High Impact Change model. Particular focus in relation to length of stay should be given to the implementation of the HICM in relation to systems to monitor patient flow, seven day services and trusted assessors (changes two, five and seven).

I also encourage you to share information on schemes and good practice on what you are doing by way of “what’s working” both formally and informally.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Neil Permain', with a long horizontal flourish extending to the right.

Neil Permain

Director of NHS Operations and Delivery and SRO for the Better Care Fund

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

[illegible]