Open Agenda

Health and Wellbeing Board

Monday 28 July 2014
12.00 pm
Ground Floor Meeting Room G01B - 160 Tooley Street, London SE1 2QH

Membership

Councillor Peter John (Chair)	Leader of the Council
Andrew Bland	Clinical Commissioning Group
Jim Crook	Strategic Director of Children's and Adults Services
Councillor Dora Dixon-Fyle MBE	Adult Care, Arts and Culture
Councillor Barrie Hargrove	Public Health, Parks and Leisure
Dr Jonty Heaversedge	Clinical Commissioning Group
Eleanor Kelly	Chief Executive
Alvin Kinch	Healthwatch Southwark
Professor John Moxham	Kings Health Partners
Neil Paton	Metropolitan Police Service
Dr Ruth Wallis	Director of Public Health

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Contact
Everton Roberts on 020 7525 7221 or email: everton.roberts@southwark.gov.uk
Webpage: http://www.southwark.gov.uk

Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: 22 July 2014

PRINTED ON RECYCLED PAPER

Health and Wellbeing Board

Monday 28 July 2014
12.00 pm
Ground Floor Meeting Room G01B - 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 meetings held on 19 December 2013 and 24 March 2014.	To follow
6.	**COUNCIL PLAN 2014/15 - 2017/18** To receive a presentation from the leader of the council on the Council Plan 2014/15 – 2017/18.	1 - 16

Item No.	Title	Page No.

OTHER REPORTS

The following item may also be considered at this meeting.

14. DRAFT SEXUAL HEALTH STRATEGY FOR LAMBETH, SOUTHWARK, LEWISHAM

Date: 22 July 2014

Agenda Item 6

Fairer future
Delivering our promises

Southwark Council

Council Plan 2014/15 to 2017/18

Contents

Foreword

Four years ago I set out the cabinet and council's mission to create a fairer future for all in Southwark. I feel an enormous sense of pride in what we have achieved since then. In the last four years, our values have informed the decisions we have made and we have delivered on the promises we made to our residents. In the next four years, we will continue to put our values at the heart of everything we do.

Our policies and our work will be informed by our values. And our values will be informed by our residents: the people who use and often rely on our services. Working together with residents, businesses and partners, we have begun to transform public services for the people of Southwark, creating new opportunities for individuals and communities to realise their potential.

With the government making deep cuts to local authority budgets, councils up and down the country have struggled to keep going and still balance their books. The cuts have hit Southwark hard too, but we have been determined to find new and better ways of doing things, rather than scaling back our ambition and ceasing provision of cherished front line services.

For the next four years, our mission remains the same: delivering a fairer future for all in Southwark. We will do this by following the same principles which we agreed with the public in 2011, which this plan reaffirms. By embedding these principles into the council they will shape our future plans and the way we work as an organisation.

This plan also set out ten new fairer future promises as well as dozens of specific commitments that we are inviting residents to judge us against. Our promises are bold and ambitious, showing our belief that by working together, our staff and residents have the creativity, talent and strength of purpose to overcome the challenges we face and make a real difference for all the amazing and diverse people that make up this borough.

Councillor Peter John the Leader of Southwark Council

Introducing the cabinet team

Southwark Council's cabinet is headed by the Leader of the Council, Councillor Peter John. Together, the Leader and cabinet members will ensure that the different parts of this plan are delivered.

Cabinet members

	**Councillor Peter John** **Leader of the Council**		**Councillor Ian Wingfield** **Deputy Leader and cabinet member for communities, employment and business**
	**Councillor Fiona Colley** **Cabinet member for finance, strategy and performance**		**Councillor Dora Dixon-Fyle** **Cabinet member for adult care, arts and culture**
	**Councillor Barrie Hargrove** **Cabinet member for public health, parks and leisure**		**Councillor Richard Livingstone** **Cabinet member for housing**
	**Councillor Victoria Mills** **Cabinet member for children and schools**		**Councillor Mark Williams** **Cabinet member for regeneration, planning and transport**
	**Councillor Michael Situ** **Cabinet member for environment, recycling, community safety and volunteering (community safety and volunteering)***		**Councillor Darren Merrill** **Cabinet member for environment, recycling, community safety and volunteering (environment and recycling)***

* Cllrs Merrill and Situ will be undertaking a job share in respect of this portfolio

Deputy cabinet members

	**Councillor Stephanie Cryan** **Deputy cabinet member for financial inclusion**		**Councillor Jamille Mohammed** **Deputy cabinet member for inter-faith community relations**
	**Councillor Radha Burgess** **Deputy cabinet member for women's safety**		**Councillor Leo Pollak** **Deputy cabinet member for excellence in design**

About this council plan

As the overall plan for the organisation, it describes how we will deliver our vision, through the promises and commitments that we have made to the people of Southwark. As our plan of action, it will shape what every team and member of staff does, meaning that we are all working together to achieve our shared goals.

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

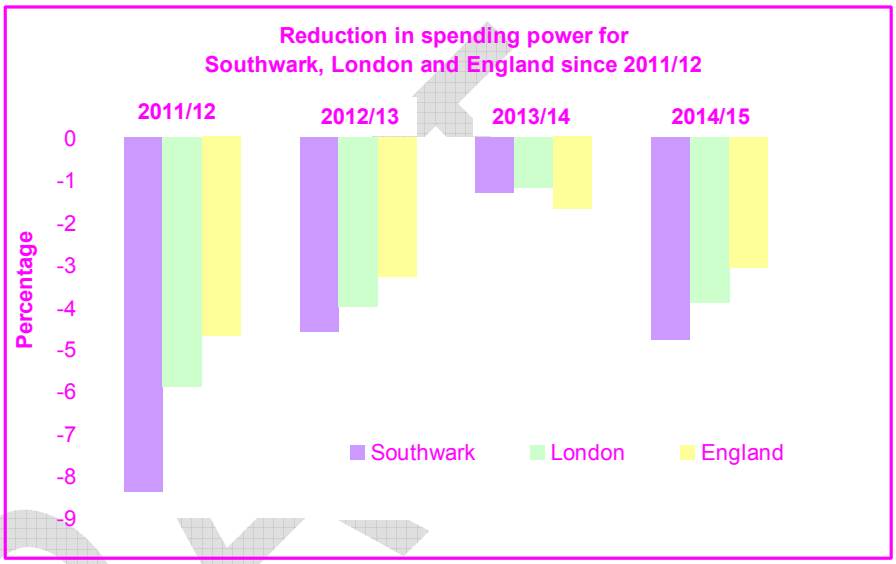
We want to be a council that doesn't overlook any one group or community. We want to bring everyone with us, which means we must hear the voices of all in our borough, acknowledge when some groups are not getting the most out of opportunities and do all we can to resolve this. So, throughout the plan, we have made specific commitments to equality and fairness.

And since the council took over important responsibilities for public health, we have been thinking differently and more ambitiously about what we want to achieve. Our vision of a fairer future is one that can't happen unless we address the inequalities in health that prevent too many from reaching their full potential. We are determined to be a council that truly makes a difference to the health of our people. Throughout this plan, there are specific actions that will help us achieve this.

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

The financial context

These have been a very tough few years. Many of our residents are worried about balancing their household budgets and so we understand the need to spend money as if it were coming from our own pockets. Southwark has been hit hard with our council budget cut by the government much more than most in the country. The graph below shows the reduction in spending power for Southwark, London and England since 2011/12, which illustrates how Southwark and London have borne a disproportionate share of the reductions.



Now the council is facing another major reduction in our funding from central government. We expect that the next year (2015/16) is going to be one of the most difficult we have had to go through and we are preparing for budget reductions of some £30-40m. This comes on top of the savings of around £90 million that we have had to make in the three years to March 2014. And the reality is that these reductions to our budget are likely to continue.

But we have faced down these cuts so far and managed to not let them limit the scope of our ambition. We are only more determined to be truly ambitious when it comes to ensuring all our residents can achieve their potential. In this plan, we have listened to what our residents tell us is important to them - they said we should be maintaining spending on frontline services like children's services and making savings from our administrative functions so, wherever possible, that is what we have done and will continue to do.

We will continue to deliver value for money for our residents and businesses and are looking at how we can work better, to become more efficient and make even better use of resources. We are doing this through a programme called Modernise, which means the organisation will be more than the sum of its parts. Through this programme we will deliver changes that will make a big difference to how people access our services and how we work as an organisation, including becoming digital by default and being smart about how we identify waste.

Our values

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

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

That's why our residents are central to everything we will achieve over the next four years. They have helped us form the values that are the backbone of this plan, and our work will be informed by our values.

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

What does this actually look like in practice? One example is making sure that it's easy for residents to see how their council tax is being spent, making sure that we're open, honest and accountable. Another is our commitment to implement a Southwark ethical home care charter because we've pledged to treat older and vulnerable residents like valued members of our own family, and the right to good care and a dignified old age is something we all want for our mum, dad or grandparents. And we're doing all we can to create jobs and training opportunities in the borough for our residents, working to make sure that everyone can fulfil their potential.

We don't just want our residents to shape our values - we want to work with residents to create the kind of borough they are truly proud of. That's why we are bringing together residents, businesses and partners to make the most of the place where we live and create new opportunities for the future.

Our ten Fairer Future promises

Promise 1: Value for money "We will continue to keep Council Tax low by delivering value for money across all our high quality services."
Promise 2: Free swimming and gyms "We will make it easier to be healthier with free swimming and gyms for all residents and doubling the number of NHS health checks."
Promise 3: Quality affordable homes "We will improve housing standards and build more homes of every kind including 11,000 new council homes by 2043 with 1,500 by 2018. We will make all council homes warm, dry and safe and start the roll out of our quality kitchen and bathroom guarantee."
Promise 4: More and better schools "We will meet the demand for primary and secondary school places and drive up standards across our schools so at least 70% of students at every secondary school get at least five good GCSEs."
Promise 5: Nurseries and childcare "We will help parents to balance work and family life including investment in our children's centres to deliver more quality affordable childcare and open two new community nurseries"
Promise 6: A greener borough "We will protect our environment by diverting more than 95% of waste away from landfill, doubling the estates receiving green energy and investing in our parks and open spaces."
Promise 7: Safer communities "We will make Southwark safer with increased CCTV, more estate security doors and a Women's Safety Charter. We will have zero-tolerance on noisy neighbours."
Promise 8: Education, employment and training "We will guarantee education, employment or training for every school leaver, support 5,000 more local people into jobs and create 2,000 new apprenticeships."
Promise 9: Revitalised neighbourhoods "We will revitalise our neighbourhoods to make them places in which we can all be proud to live and work, transforming the Elephant and Castle, the Aylesbury and starting regeneration of the Old Kent Road."
Promise 10: Age friendly borough "We want you to get the best out of Southwark whatever your age so will become an age friendly borough including the delivery of a Southwark ethical care charter and an older people's centre of excellence."

Quality affordable homes

Good quality affordable homes are essential to maintaining strong communities and making this a borough which all residents are proud to call home. We are determined to lead the way in London. We'll build more homes of every kind across the borough and use every tool at our disposal to increase the supply of all different kinds of homes in the borough.

Homes in Southwark will be of such quality that when you come to see families and friends in Southwark, you will not know whether you are visiting homes in private, housing association or council ownership. We will make sure that vulnerable residents and families are helped to find the right housing and live as independently as possible. We aim for our residents to take pride in and feel responsible for their homes and the local area too.

We will....

- Build more homes of every kind
- Build 11,000 new council homes by 2043, with at least 1,500 by 2018
- Finish our programme to make every home Warm, Dry and Safe by 2016 and have started a programme to deliver a quality kitchen and bathroom for every council tenant
- Introduce licensing in the private rented sector and further crack down on rogue landlords
- Set up an independent leaseholder and freeholder management company
- Introduce resident housing inspectors
- Further reduce illegal subletting of our council homes
- Have a lettings policy that means that 50 per cent of all new council homes go to people from that area, with the rest going to other Southwark residents
- Keep council rents low

Best start in life

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

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

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

We will...

- Invest in the borough's children's centres
- Work with local parents to open two new community nurseries
- Find new ways to guarantee care and early education to help parents
- Ensure that 70 per cent of students at every secondary get at least five good GCSEs
- Deliver more quality affordable childcare places
- Guarantee a local primary place for every child
- Open new secondary schools to meet demand including on the Dulwich Hospital site in East Dulwich
- Ensure a top quality children's playground in every local area
- Provide free fruit for all primary school children as a healthy morning snack
- Invest more in 'early support' for families
- Help more people to foster and adopt by paying their council tax for them
- Establish a new Childcare Commission, bringing together experts, parents, providers and employers to find new ways to guarantee care and early education
- Increase library access with a free library card to every secondary school child
- Double the number of Southwark Scholarships

Strong local economy

When our economy is strong, then all our residents benefit. It brings more opportunities for people in Southwark to find work, get into training and achieve their aspirations.

We want our town centres and high streets to thrive. We want to make Southwark the place to do business in a central London and global economy, where business owners know this is the borough where their enterprises will grow and prosper.

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

We will...

- Keep council tax at or below inflation
- Deliver value for money in council services
- Make sure young people are ready for work
- Guarantee education, employment or training for every school leaver
- Deliver an hour's free parking in our shopping parades
- Open a credit union account with a £10 opening deposit for every 11 year old
- Deliver good money advice for secondary school students
- Establish a Southwark Business Forum
- Stop the spread of pawnbrokers, betting shops, gambling machines and pay day lenders
- Invest in more affordable business space, street markets and encourage pop-up shops to help start up businesses
- Support 5,000 local people into jobs
- Create 2,000 new apprenticeships
- Make sure local residents benefit from new jobs and apprenticeships
- Award scholarships to local young people from low income backgrounds to study art foundation courses
- Support business improvement districts including around the Blue in Bermondsey
- Enhance and expand affordable studio and performance space

Healthy active lives

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

We will work with residents and our partners to build resilient communities, extending opportunities to all to maintain and improve their health and wellbeing. We're also committed to people remaining in their own homes for longer and we want our most vulnerable residents to lead and enjoy independent lives, achieve their goals and have a great future in Southwark.

We will...

- Make swimming and gym use free for all residents
- Improve homecare standards, making sure our staff are only ever judged by the quality of care they provide to our older and more vulnerable residents
- Deliver a safer cycling network
- Extend bike hire across the borough
- Implement an Southwark ethical care charter, with better paid carers and an end to zero hours contracts
- Establish a commission to enhance the vital work of the voluntary and community sector
- Double the number of free NHS health checks to catch problems like heart disease and diabetes early
- Become an 'age friendly borough'
- Bring ten more parks to green flag standard
- Introduce 'play streets', where some streets are closed to traffic during school holidays

Cleaner greener safer

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

We'll keep getting the basics right and continue to do all we can to be as efficient as possible in providing the essential services you need. We want to make a positive difference to the quality of life in Southwark and by providing good services well, we know we can deliver.

We will....

- Maintain clean streets
- Better education and enforcement of people who litter
- Better education and enforcement of people who don't clean up after their dogs
- Increase recycling rates
- Divert more than 95 per cent of waste away from landfill
- Zero tolerance on noisy neighbours
- Increase CCTV coverage
- Increase estate security doors
- Deliver a new women's safety charter
- Deliver a domestic abuse strategy
- Introduce estate deep cleans
- Campaign for the 300 Southwark police officers and police community support officers cut since 2010
- Double the number of estates receiving green energy from the South East London Combined Heat and Power
- Double capital investment into roads
- Invest in our libraries and keep them open, including Dulwich and Kingswood House
- Campaign for Seeley Drive police base in the south of the borough
- Campaign against the super-sewer in Chambers Wharf

Revitalised neighbourhoods

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

We will continue work with our local communities to make our neighbourhoods places that we are proud to live and work in. We will ensure that all our residents can access the benefits of our regeneration programmes and the opportunities created by those programmes – new homes, new jobs, new infrastructure.

Southwark is a borough that is growing for the future and we'll ensure that our residents and neighbourhoods prosper from that growth.

We will...

- Revitalise our neighbourhoods to make them places where we can all be proud to live and work
- Transform the Elephant and Castle with a new leisure centre, affordable homes and a shopping centre
- Introduce a new diversity standard to make sure that people from every community get their voices included when decisions are made
- Open a new civic centre in Walworth
- Campaign for the Bakerloo Line to be extended south of the Elephant and Castle to Camberwell and Old Kent Road
- Invest in Camberwell including a new library
- Bring superfast broadband to Rotherhithe
- Secure the long term future of Greendale in East Dulwich
- Start work on the regeneration of the Old Kent Road
- Invest in Peckham Town Centre to support arts and business
- Deliver a free cash point in Nunhead
- Improved playground in Peckham Rye park
- Open new pedestrian crossings outside Borough Station and between Trinity Street and Great Suffolk Street

Contact us

We'd love to hear what you think about this plan and if you've got questions, we are here to answer them. There are lots of different ways to get in touch with us and share your views.

@lbs_southwark

/southwarkcouncil

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

Agenda Item 7

Item No.	Classification:	Date:	Meeting Name:
7.	Open	28 July 2014	Health and Wellbeing Board
Report title:		Integration Update – including Better Care Fund (BCF) progress report	
Ward(s) or groups affected:		All	
From:		Tamsin Hooton, Director of Service Re-design, NHS Southwark Clinical Commissioning Group Alex Laidler, Acting Director of Adult Care, Southwark Council	

RECOMMENDATIONS

1. That the Board note the progress on integration and in particular plans for integrated commissioning and pooled budgets.

2. That the Board note proposals to support the development of integrated neighbourhood teams as a way of pursuing greater operational service integration.

3. That the Board note the progress on the Better Care Fund as at Quarter 1 2014/15.

4. That the Board note the need to resubmit Better Care Fund plans for 2015/16 as a result of national changes and agree to the proposed process for agreement of the Better Care Fund re-submission for 2015/16 as set out in paragraph 31.

BACKGROUND INFORMATION

5. Southwark CCG and Council have been working closely with other partners within the Southwark and Lambeth Integrated Care (SLIC) programme and Evelina Child Health Programme to consider better integration of services for older adults and children respectively, as well as to consider how to take forward more radical system integration across the borough. A separate report on the SLIC programme is being presented to the Health and Wellbeing Board's July meeting. This paper summarises progress on integration in the borough, focusing on proposals for integrated commissioning, and giving an update on the Better Care Fund.

6. On 24 March 2014 the Health and Wellbeing Board considered a report on the draft Better Care Fund Plan prior to its submission to the national validation process on 4 April. The Board agreed the approach to the fund as set out and the associated vision for integration "Better Care, Better Quality of Life", and requested a regular update on progress.

KEY ISSUES FOR CONSIDERATION

Update on progress on integration and integrated commissioning in Southwark

7. Southwark CCG and Social Care commissioners have been working together with commissioning colleagues in Lambeth and NHS England to consider how commissioning can support better outcomes for Southwark people and incentivise innovation and better joined up care.

8. As part of this work, commissioners have articulated the Attributes of Care that an integrated system should have and that we wish to commission in future. The key dimensions of those attributes are that care should:

   - Empower and activate people and communities, enabling people to be in control of their health and wellbeing
   - Offer holistic and co-ordinated care and support
   - Be equitable, proactive, preventative and focused on better outcomes

9. Commissioners have agreed in principle to pool budgets at borough level, going beyond the Better Care Fund, in order to commission across health and social care and across traditional provider or service boundaries. Detailed proposals will require agreement by the respective governance arrangements of the CCG and Council.

10. We are exploring ways of commissioning in new ways that will focus on improving outcomes for patients, including using capitated budgets and alliance contracting. Our shared aim is to secure better value care for local residents by developing payment mechanisms that incentivise providers to focus on delivering better outcomes for our residents rather than paying for activity or processes.

11. We have developed a high level set of outcomes which could support a balanced commissioning scorecard, and are now moving on to develop more detailed sets of outcome indicators for different population groups.

12. We have agreed to prioritise work on commissioning integrated services for older people and people with Long Term Conditions in the first instance, as this is an area where there are potentially the greatest gains to be made in terms of both outcomes for residents and in terms of better value care.

13. We are developing proposals for integrated outcomes based contracts for older people and those with Long Term conditions, with changes expected to begin from April 2015.

14. A working group to map the budgets and contracts which support older people and people with Long Term Conditions is meeting to generate proposals on the precise budgets which should be pooled. The SLIC workstreams and will also be developing proposals for risk sharing and the detailed format of new contracts.

15. The provision of good quality, coordinated care and support in people's homes and local neighbourhoods provided by a well-trained and fairly-paid workforce will be key to enabling residents to stay healthier at home for longer, and return home from hospital quickly and safely.

16. With increasing numbers of people who have complex and varied needs that span primary and secondary health care services and social care support in the community, it is vital that the future approach to the commissioning of home care services supports the delivery of a more integrated approach as described above.

17. Developing a commissioning strategy for integrated community support services from July 2015, which includes homecare but also extends to services such as reablement and wider community support and befriending health will provide an opportunity for health, social care and third sector partners to test an integrated approach to commissioning that leads to integrated delivery.

Supporting the development of neighbourhood working and integrated teams

18. Our vision for integration 'Better Care, Better Quality of Life' sets out our approach to improving people's experience of and outcomes from care. A key element of this is to move towards a population health approach, focussed on the needs to the whole population in a particular area, and emphasising prevention and proactive care. Integrating services at the level of local neighbourhoods in Southwark and supporting the development of multi-disciplinary integrated teams based around neighbourhoods is a key element of our shared vision for the borough.

19. Southwark CCG has been making good progress on primary care development and all Southwark practices have now joined together in collaborative working arrangements based around geographic neighbourhoods with a combined registered list. Practices are working together on quality improvements and on delivering a range of extended services, including prevention and public health services commissioned on behalf of the Local Authority.

20. We want to build on these primary care neighbourhoods by developing extended multi-disciplinary integrated teams at neighbourhood level. These teams should build on the learning from existing locality working and Community Multi-Disciplinary Teams, and will include social care, community nursing and specialist in-reach as well as having the potential to include housing and the third sector from the outset.

21. A workshop is being held on the 31 July to explore integrated neighbourhood working in more detail. The objective of this workshop is to agree a process for developing more integrated team working in neighbourhoods, including establishing neighbourhood leadership teams to progress the shape of practical working arrangements and ways of integrating care on the ground.

Update on national process for assuring Better Care Fund (BCF) Plans and re-submission process

22. The Better Care Fund (BCF) is a pooled budget of £22m held between the Council and CCG that will be established in 2015/16 for the provision of integrated community based care services. 2014/15 is a preparatory year. It is a requirement that plans are agreed by the Health and Wellbeing Board and it is expected that the Board maintains an overview of the delivery of the fund as part of its wider responsibilities to ensure local services are working in an integrated way to meet local health and care needs. A summary of the agreed plan by the Board on 24 March is set out in Appendix 1.

23. The initial outcome from the national validation process following submission on 4 April was positive with Southwark's plans confirmed to be meeting the required criteria. The £1.3m 2014/15 "Integration Payment" to the Council to prepare for the BCF when it starts in full in 2015/16 has been received and is being invested in the ways set out in the BCF plan.

24. The next stage in the assurance process had been expected to be ministerial sign off of the 2015/16 BCF plans in early June. Since then there has been a change in the national approach to the BCF assurance process arising from high level concerns that the national BCF planning process was flawed. Much of the "new" money in the BCF is cash diverted from acute hospitals to community based services - based on the assumption that the investment in community based services will reduce demand pressures on the hospitals, particularly emergency admissions. Ministers were concerned that the proposals made by local areas would not have this impact in sufficient time or scale and the result would be deficits and financial instability in the hospital sector or CCGs.

25. On 6 July there was a ministerial announcement that BCF plans for 2015/16 would need to be re-submitted in line with new conditions and requirements that will address the concerns raised. A further letter was issued on 11 July, confirming that plans will need to be resubmitted by the end of the summer with an emphasis on reducing emergency admissions by at least 3.5%. Resubmissions will need to include plans for a 'local performance fund' that would be at risk should admissions not reduce in line with plan, to be made available to CCGs to fund the cost of acute activity. Alongside this it is expected that there will be a requirement for greater rigour in demonstrating how particular BCF schemes will help deliver reductions in emergency admissions and other hospital activity, and greater involvement of acute trusts in designing proposed community based schemes to be funded. Detailed guidance on the resubmission process is expected shortly.

26. The ministerial announcement emphasised that it was fully committed to the Better Care Fund in its revised form as a key approach to driving integration and confirmed it would definitely still be in place for 2015/16.

27. A clear implication for the HWB is that its members will need to agree the revised plans before re-submission, sometime over the summer although the timeframe has not been confirmed.

Progress on Better Care Fund implementation in Southwark

28. Under the overall leadership of the Integration Working Group and the joint CCG/council senior management team meeting, plans for 2014/15 have been put into action and planning for 2015/16 has commenced in line with original plans. Key points to note:

- A programme manager has been appointed to drive forward the implementation of the BCF plans starting in August. The post will be funded from the pooled budget and be jointly accountable to the CCG and the Council.
- A detailed proposal for the long term conditions self management work stream in 2014/15 has been agreed and is being mobilised. Evaluation of this scheme will be used to inform 2015/16 investment when the self management programme will be expanded significantly.

- £1.048m is being spent within Adult Social Care on a range of discharge support and admissions avoidance related services that had previously been funded under non-recurrent NHS Winter Pressures funding, providing ongoing funding for these services.
- £5.621m continues to be invested in a range of social services that have a benefit to health. This is funding that was previously transferred from NHS budgets to social care for this purpose and will become part of the BCF pot in 2015/16. These services are also being subject to a stocktake to review how well they are delivering the BCF objectives and how they may be best configured going forward.
- £1.813m reablement grant being spent maintaining the expanded reablement service to help restore people's independence e.g. after being in hospital
- A stocktake of all these existing services is underway to inform decisions about how best to configure services as they roll into the BCF in 2015/16.
- Further work needs to be undertaken to drive forward the data sharing agenda, and it is expected that the SLIC enablers workstream will progress this.

Performance on Better Care Fund metrics

29. The table below shows early progress on the performance requirements for 2014/15 in BCF plans. The levels of ambition were based on benchmarking of current performance and agreed through the assurance process.

Indicator	Target	Progress	Action
Reducing Care Home Admissions of Older People	Reduce to 167 admissions during 2014/15	Quarter 1 data shows 23 admissions which is well within target	In order to help maintain good performance in the long term there are a range of initiatives in the BCF intended to reduce need for care homes by providing better support to people living at home
Delayed Transfers of Care	Maintain strong 13/14 performance	In April & May there has been higher than average delayed days (808 vs to target of 424).	If this decline is not reversed the target will not be met. Discharge support workstreams in SLAM and GSTT to tackle increased bed days lost
Re-ablement effectiveness – people still at home 91 days after discharge into services.	85% still at home	Latest data is year end 13/14 – 88% in line with target	Maintain re-ablement investment and integrate input to overall package of services for people after discharge to increase effectiveness
Avoidable admissions to hospital	450 per month on average April – Dec 2014	No data since baseline in November 2013 – when was 461 per month	Obtain latest data and analyse the highest admissions types and link to effectiveness of BCF interventions

Indicator	Target	Progress	Action
People feeling supported to manage their long term conditions - GP survey	60%	59% (latest GP survey result 2014) – up from 58% baseline.	Slight under performance but now in line with London average Continued development of range of BCF schemes, especially CMDT agenda and self management initiatives
User experience	Tbc	tbc	National target to be defined

Notes:

1) As part of the wider integration work being undertaken with SLIC a broader scorecard of measures, including upstream preventative measures is being developed and will be drawn into BCF monitoring where relevant to specific schemes.

2) As the detailed programme is developed specific key performance measures relating to individual schemes will be identified and added to the BCF scorecard.

Summary of BCF spending - 2014/15 plan

Scheme	2014/15 budget	Projected outturn at Qtr 1	Notes
Scheme 1: existing NHS transfers within social care budget	£5,621,000	£5,621,000	All schemes within this total contribute to the full cost of services including hospital discharge, intermediate care packages, telecare, community equipment and adaptations, re-ablement, mental health and learning disability community support personal budgets, learning and carers support
Scheme 2: Winter Pressures services	£1,048,000	£1,048,000	Services previously funded by Winter Pressures grant that was lost in 13/14. Includes the Nightowls intensive homecare services, Intermediate care 7 day working and enhanced physiotherapy, mental health reablement, community support social work and foot nail care service.
Scheme 3: Re-ablement grant	£1,813,000	£1,813,000	Re-ablement services operating within overall growth targets – this is contribution to total cost of £2.8m
Scheme 4: change management capacity	£100,000	£100,000	Joint senior integration programme manager post recruited to CCG to drive through BCF plans and wider integration work with SLIC. Further support resources to be identified.

Scheme	2014/15 budget	Projected outturn at Qtr 1	Notes
Scheme 5: self management programme	£107,000	£107,000	A detailed approach has been agreed for the initial phase in 2014/15 which will be developed at a larger scale in 2015/16. Funding to be provided to CCG for delivery.
Scheme 7: psychiatric liaison	£54,000	£54,000	The exact application of this funding is to be determined as the psychiatric liaison service has been fully funded from core budgets. It will be used to seed fund 2015/16 mental health objectives in the BCF.
Scheme 11: Admission avoidance – enhanced rapid response	£214,000	£214,00	Funds Enhanced Rapid Response social work team. A section 256 agreement is in place governing this spend.
Total	**£8,957,000**	**£8,957,000**	

Notes:

1) The above budgets all roll forward into the BCF pooled budget in 2015/16 and will be subject to a stocktake and review to ensure this is the best way of spending the money in the context of the BCF and integration objectives.

2) The above total is part funded from the new £1.3m integration payment to the Council by the government in relation to the BCF preparation. The additional funding is from existing funds related to NHS transfer to local government which are being considered alongside this grant.

3) Budgets are currently fully committed. During the year action will be taken to ensure any slippage is quickly identified to enable efficient allocation of resources to other priorities. A process for identifying and agreeing reinvestment priorities is being led by the Integration Working Group, reporting to joint SMT. Any overspends will also be identified and managed within existing resources.

Risk Register update

30. The changes in the national approach may put at risk the amount that can be invested in community based health and care services. This is to be evaluated when the resubmission guidance is received and our revised plan has been approved.

Governance update

31. The Health and Wellbeing Board will be responsible for agreeing the re-submission of the Better Care Fund plan and overseeing its successful delivery. Given the likely timescales for the resubmission this may require the Board to agree to delegate the final sign off of the revised submission to the Chair of the

Board following agreement by the Chief Officer of the CCG and the Director of Adult Social Services.

32. The Council and CCG are individually responsible for any services and expenditure they incur under the BCF which will be managed in line with their existing governance arrangements.

33. The section 75 agreements to be drawn up for the 2015/16 pool will set out detailed spending plans and governance arrangements.

34. The Integration Working Group and joint SMT of the CCG and Council have been meeting regularly to oversee the detailed work of the BCF and integration in general.

35. There is a planned review of the current governance arrangements which will inform recommendations on any changes to current HWB or partnership working governance arrangements.

36. The Health and Wellbeing Board will continue to receive a quarterly update on the BCF.

Key next steps in BCF

- Resubmission of BCF plans and evaluation of impact of revised requirements.

- Develop programme management structures for the implementation of detailed spending plans and integration in 2015/16. Including the development of the neighbourhood model for multi-disciplinary working co-ordinated by a lead professional.

- Section 75 agreement for 2015/16 BCF pooled budgets to be drawn up defining exact service arrangements and subject to agreement through respective CCG and Council governance frameworks. This process to be underpinned by a stocktake review of existing services currently funded by resources that will roll into the BCF.

Policy Implications

37. Integration of services and the Better Care Fund plan involves agreeing shared policy goals with partners as set out in the draft vision, developing neighbourhood multi-disciplinary team models with care co-ordinated by a lead professional and jointly agreeing how pooled resources will be invested under the Section 75 pooled budget arrangements. Specific policy implications will be identified during the detailed design phase and agreed through integrated governance arrangements.

Community impact statement

38. The health and care related services covered by the Better Care Fund and the goals set out in the vision have a positive impact on the community as a whole. In particular it will impact on older people and people with long term conditions (many of whom have disabilities or mental health problems) who are most at risk of admission to hospital or needing intensive social care support. The plan aims

to promote the health and wellbeing, independence and quality of life of these groups who are recognised groups with protected characteristics under Equalities legislation. The informal carers of these groups will also benefit, who are disproportionately female. The draft vision will also contribute to the wider prevention and public health agenda benefitting the population as a whole in the longer term, and reducing health inequalities.

39. As individual schemes are further developed for implementation in 2015/16 they will be subject to a more detailed community impact analysis.

Staffing implications

40. There is a significant workforce development agenda that needs to be addressed to effectively deliver integrated working. The workforce will need to be well-informed, appropriately skilled and clear of its common purpose in delivering person-centred care. Some staff will need to work increasingly flexibly in integrated neighbourhood teams.

41. The specific development of 7 day working to support hospital discharge will have staffing implications that will be assessed as detailed arrangements are proposed.

Financial implications: to be updated after any changes arising from the re-submission

42. The BCF totals £1.3m in 2014/15, increasing to £22m in 2015/16. The majority of the BCF represents existing budgets transferred directly from the NHS, where there are existing commitments from both the CCG and the council. The BCF is now included in the council's overall settlement and spending power calculation.

43. The BCF schemes proposed include a mix of existing funding, recognising the financial pressures experienced by the Council and CCG, as well as investment in new schemes. In 2015/16, a total of £2m is explicitly labelled as contributing to maintain social care services, an increase of £500k from the 2014/15 level. It is hoped that the impact of integration across the Council and CCG, including investment in schemes to reduce length and number of hospital and residential homes stays, will result in enduring savings for both organisations.

44. The pooled governance and financial arrangements for the BCF remain under discussion and will be agreed over the coming year.

Consultation

45. The plan is underpinned by a vision for improving services in the community through better integrated working that has been developed over several years and shaped by a range of engagement activity.

46. Our integration project (SLIC), which has developed much of the thinking behind our approach has actively consulted with the public through the Citizen's Forum over the past 18 months. Southwark and Lambeth commissioners, working with the SLIC team, held an engagement event with residents on the 28 January 2014 to identify what people wanted as outcomes from integration and to help us articulate those outcomes from a resident's perspective. This work supports our vision document, but will also help us as we work to further develop our local outcome measures for integrated care. This event included over 50 participants,

including Healthwatch and the representatives of other engagement groups linked to the CCG and LA.

47. There will be further engagement activity as detailed implementation plans for 2015/16 are developed.

BACKGROUND DOCUMENTS

Background Documents	Held At	Contact
Better Care Fund – supporting documents Health and Wellbeing Board BCF report 24/3/14	160 Tooley St	Adrian Ward 020 7525 3345

APPENDICES

No	Title
Appendix 1	Better Care Fund – summary - Plan on a page

AUDIT TRAIL

Lead Officer	Alex Laidler, Director of Adult Social Care, Southwark Council Tamsin Hooton, Director of Service Re-design, NHS Southwark Clinical Commissioning Group
Report Author	Adrian Ward, Head of Performance (adult social care) Tamsin Hooton, Director of Service Re-design, NHS Southwark Clinical Commissioning Group
Version	Final
Dated	14 July 2014
Key Decision?	No
Previous relevant reports	Better Care Fund Plan to HWB 24/3/14

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		17 July 2014

Appendix 1

Better Care Plan

The Council and NHS are required to agree a pooled budget of £22m in 2015/16 that integrates services and shifts the balance of care from hospitals to the community, improving access and outcomes, protecting adult social care and achieving financial stability in the face of increased demand and reduced resources. In 2014/15 there is an additional resource of £1.3m to make prepare and make early progress on objectives.

National aims

- Transform local services - better integrated care and support
- Help local areas manage pressures and improve sustainability
- Take forward integration agenda at scale and pace
- Right care, right place, right time - more care in community settings
- Place people at the centre of their own care and support
- Improve quality of life

National conditions

- Plans jointly agreed by Health and Wellbeing Boards
- Protects social care services
- Information sharing
- 7 day working
- Joint health and social care assessments and single 'accountable professional' co-ordinating care of individuals
- Agreement on impact on acute sector

Local vision and priorities

- More care in people's homes and in their local neighbourhoods
- Person-centred care, organised in collaboration with the individual and their carers through multi disciplinary teams
- Better experience of care for people and their carers
- Population based care that is pro-active and preventative
- Better value care at home, with less reliance on care homes and hospital based care
- Less duplication and 'hand-offs' and a more efficient system overall
- Improvements to key outcomes for people's health and wellbeing
- Southwark a great place to live and work

Performance targets – payment related (£5m)

- Reducing care home admissions
- Increasing the effectiveness of re-ablement
- Minimising delayed transfers of care
- Reducing avoidable admissions to hospital
- Improving service user experience of health and care services through integration
- People supported to manage long term conditions

+ local measures will be developed to support these

Who benefits?

- Older people and people with long term conditions who are at risk of hospital admission, or who need support to be discharged from hospital back into the community
- Carers of people needing health and care services

Plans 2014/15 - £1.309m

- **Preparatory year for making early progress on priorities - £1.3m additional NHS transfer:**

- New transfer picks up non-recurrent funding for Winter Pressures schemes that fell out in 12/13 (**£1.05m)**
- Some new investment in self management **(£107k)** and service development of multi-disciplinary team model **(£100k)**
- Investment in psychiatric liaison services to reduce demand on A&E **(£54k)**
- Existing discharge support, re-ablement and related services funded by NHS transfers added top the pot and reviewed in context of BCF aims and objectives **(£7.9m)**

Next steps

- April final submission after assurance process
- Develop programme over 2014/15
- Agree Section 75 pooled budgets clarifying role and responsibilities, accountability arrangements through Health and Wellbeing Board

Plans 2015/16 - £21.967m – not new money!

- **Full implementation with money paid into a pooled budget of £22m:**

- Rolling forward and implementing the redesign of the 2014/15 discharge support, re-ablement and related schemes **(£8.957m)**
- Integrated admissions avoidance and hospital at home services into the pooled budget **(£3.3m)**
- Home care quality transformation **(£1.9m)**
- 7 day working **(£1.493m)**
- Expand psychiatric liaison services in A&E **(£300k)** and community mental health services to reduce crisis admissions **(£870k)**
- Care Bill implementation (**£1m)**
- Voluntary sector prevention **(£910k)**
- Expand the use of telecare **(£566k)**
- Protecting adult care – eligibility **(£500k)**
- Carers Strategy **(£450k)**
- Expand the self management programme (**£307k)**
- Further developing the neighbourhood multi-disciplinary model **(£100k)**
- Social services capital **(£875k)** and council Disabled Facilities Grant **(£614k)**
- End of Life Care (**£200k)**

Schemes that are clearly social care total £13.937m (63%), CCG £4.877m (22%) and those that span both £3.153m (14%)

Agenda Item 8

Item No. 8.	Classification: Open	Date: 28 July 2014	Meeting Name: Health and Wellbeing Board
Report title:		Southwark and Lambeth Integrated Care (SLIC) – Delivering the Integrated Care Vision	
Ward(s) or groups affected:		All	
From:		Mark Kewley, Director of Strategy and Design, Southwark and Lambeth Integrated Care	

RECOMMENDATIONS

1. That the Board consider further how the CCG and Council can use the Southwark and Lambeth Integrated Care (SLIC) partnership to help deliver its Integrated Care Vision, and parts of the Health and Wellbeing Strategy.

2. That the Board support the CCG and Council to work collaboratively with other commissioners and providers, through SLIC, in order to take practical steps to change the commissioning and provision of services, beginning with new arrangements from April 2015.

3. That the Board note the ongoing work, facilitated by SLIC, which is bringing providers of health, social care and other services (including housing) together to identify and commit to the delivery of some specific integrated working practices that can be delivered at scale; and note the very close alignment between this work and the development of neighbourhood working and integrated teams within Southwark.

4. That the Board consider the different options to develop joint budget arrangements for this new approach to integrated commissioning.

BACKGROUND INFORMATION

Southwark and Lambeth Integrated Care is a partnership to help transform health and social care

5. Health and social care organisations and citizens in Southwark and Lambeth have come together so that local people can lead healthier and happier lives. Southwark and Lambeth Integrated Care is the partnership that brings us together. It is a partnership between both CCGs, social care, local GPs, the three local NHS foundation trusts, and citizens, supported by Guy's and St Thomas' Charity.

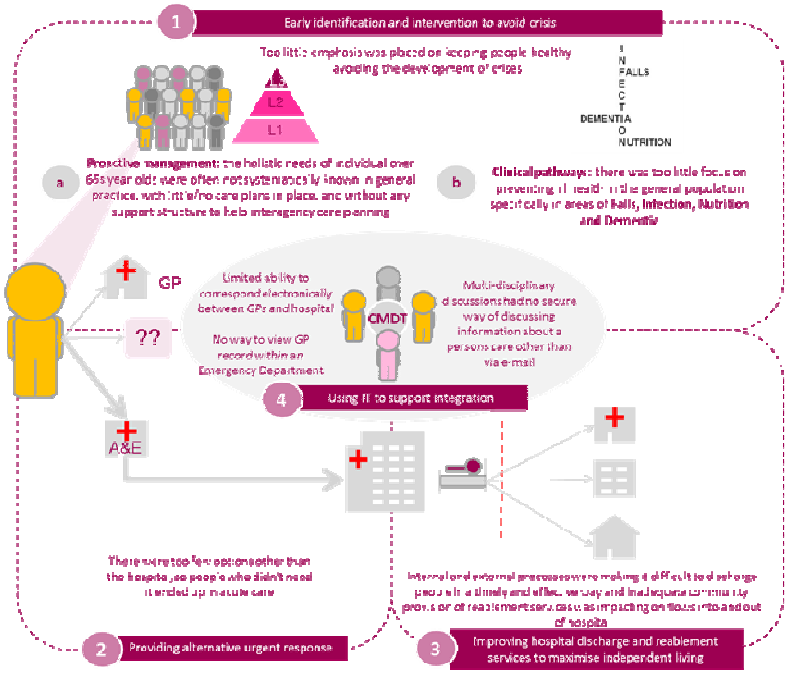
6. Our partnership is based on a very basic premise: people's outcomes and experience are not good enough and care as currently designed is not affordable. We believe that this is a shared problem affecting each member of Southwark and Lambeth Integrated Care. We believe that this joint approach is the best way to provide the highest quality care for our population, from public health and prevention through to acute provision and recovery or rehabilitation, at the same time ensuring that we are getting the best possible value for our

collective spend. In short, we often have to work together; hence the need for Southwark and Lambeth Integrated Care.

7. As a partnership we are supporting communities and professionals to work better together to provide pro-active and preventative care that is empowering local people to be in control of their own health and well-being, and is affordable. This is an important way of delivering Southwark's Integrated Care Vision.

The Older People's Programme has enabled design, testing and delivery on the ground

8. Since 2012, Southwark and Lambeth Integrated Care has been working to ensure that local older people get the right services in the right place at the right time – The Older people's programme. This programme has focussed on addressing four main challenges (see figure below). A more detailed description of the services that have been developed is provided in the appendix 1.



KEY ISSUES FOR CONSIDERATION

We are focussed on making integrated care available for all older people and people with LTCs in Southwark and Lambeth

9. Throughout Southwark and Lambeth we have pockets of excellent care that are pro-active and preventative; but rarely is this excellence available consistently so that all people can benefit, not just the lucky few. Health and care commissioners, and providers, are now focusing on the actions needed to make integrated care available for all older people and people with Long Term Conditions (including mental health needs) in Southwark and Lambeth.

10. At the May 2014 Sponsor Board meeting partners of SLIC expressed the following principles as a basis for taking the work forward.

Integrated commissioning – health and social care commissioners want to:

a. Support joint commissioning arrangements that bring together budgets across health and social care within each borough, shaping these joint resources around defined segments of the population so that funding is organised around people and their needs rather than institutions.

b. Shift the focus of resources so that the planned growth in funding allocations is invested in developing primary care, social care and community (physical and mental health), in order to reduce growth in the demand for acute services.

c. Encourage the development of services that have defined 'attributes of care' (see appendix 2). These are services that moving beyond an overwhelmingly medical model and towards a more social approach which:

- Empowers and activate people and communities, enabling people to be in control of their health and wellbeing
- Offers holistic and co-ordinated care and support
- Is equitable, proactive, preventative and focused on better outcomes

d. Move towards an integrated performance management approach that supports all providers to focus on improving 'value', for example by using a scorecard of outcome metrics that relate to safety & effectiveness, patient experience, and cost.

e. Prepare and implement specific plans to develop the market, and to identify what procurement routes are most suitable for the task of improving citizen outcomes.

Integrated service models – health and social care providers expressed that:

f. We agree that we should work together to design services that are characterised by the 'attributes of care' drafted by the health and social care commissioners, recognising that all too often the general experience of care at present rarely matches well against these attributes.

g. This work is not about creating a single vertically integrated system but about creating a genuinely joined up system, which is created through partnership working to a united purpose.

h. The development of new ways of working must be based on good evidence of the challenges we face and the priorities for action. It should empower professionals from health and social care and citizens to work together on an equal footing to design services that are effective and sustainable, drawing on the important contributions of other services (e.g. housing) and from the voluntary sector. We will therefore use our collective work to bring information, professionals and citizens together so that they lead the design of services. This will augment existing work, within both

primary care and community services, which is already giving serious consideration to the development of neighbourhood and locality working, recognising that much detail is still to be finalised.

i. New service design should build on the work that we have all undertaken over the past few years – for example Lambeth Living Well, DMI, Older People's Programme. This already represents good co-design between professionals, citizens and voluntary organisation, and strong joint working to improve the lives of our citizens. We should make sure that we are using these approaches much more systematically.

j. We will work together to co-design platforms that support real-time sharing of information between all parties, including primary and community staff, social care organisations and citizens. We will ensure that systems also support shared records that citizens and their carers can use to manage their health and care needs. We will look to KHP to provide specific and dedicated support to help us make rapid progress in this area.

k. We will make sure that the buildings used across Southwark and Lambeth support professionals and communities to deliver services, which enable empowering, holistic and proactive care. We will build upon and join up the work already done across the sector and we will ask KHP providers to use some dedicated resources to help explore how our considerable estate can be put to best use.

Contracting for integrated care – commissioners and providers recognised that:

l. We should work together, both with commissioners and across providers, to manage the system-wide financial risk in managing financial risk there is an understanding between providers that a proportion of payment would be based on the achievement of measures, which have been co-designed and collectively agreed, and which form the basis of a shared 'value scorecard'

m. We must continue work to co-design with commissioners, providers and citizens new payment mechanisms based on the different population segments; a phase of 'shadow' budgeting should be implemented towards the end of 2014 and underpinned by the agreed 'value scorecard'; any new payment mechanisms should support the new models which will emerge from the provider group (for example – locality-based mechanisms if that model is developed).

The scale of the challenge to transform commissioning and service models is large. We now need practical steps to turn this ambition into reality.

11. Moving from the ambitions expressed in the principles above to actual delivery will require significant work. The challenges will be technical as well as cultural and behavioural. Partners in SLIC are putting together concrete plans to make this happen.

12. Health and social care commissioners across Southwark, Lambeth and NHS England continue to meet as part of an Integrated Commissioning Group (ICG). That group is providing leadership for work within both boroughs, and enabling shared activities, such as receiving specialist advice on contracting options, to be done once. As part of that work the Southwark CCG and Southwark Council

have committed to establish an approach to joint budgeting and contracting. A number of potential options are available for this and detailed work is needed to determine the most appropriate arrangement.

13. Providers of health and social care continue to work jointly through a Provider Group. This group, co-chaired by Dr. Matthew Patrick (SLaM) and Dr. Tyrrell Evans (GP Emerging Leader) brings together representatives from social care, the three foundation trusts, general practice and community health services. It acts as a forum for aligning and coordinating the work of individual providers with the shared priorities around integrated care.

14. As a first concrete action the Provider Group has arranged four workshops that will bring together citizens with professionals from social care, health and other council services (including housing). The purpose of these workshops is to identify working practices that currently provide good pro-active and preventative care for a few people and to scale them across our whole care system so that many more local people can benefit. The workshop is about Integrated Care Around Neighbourhoods – at Scale: ICAN Scale. Work done within these sessions will align very closely with the workshop held on the 31 July.

15. Another significant ambition for the partnership is to support this system transformation by activating and mobilising a 'citizens' movement'. This is a movement that supports people to: be knowledgeable about the need for services to change; to get involved in co-designing better local services; and to play a central role in co-producing better outcomes, either through direct involvement in managing one's own health, and/or through getting involved in volunteering and supporting the development of resilient communities. The SLIC partnership is working with our Citizens' Board (which includes Healthwatch Southwark) to describe in more detail what a citizens' movement should do, and how it should operate. We are planning to submit a business case to the Guy's and St. Thomas' Charity to help fund more detailed planning work from the autumn.

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	The Older People's Programme
Appendix 2	The Attributes of Care

AUDIT TRAIL

Lead Officer	Merav Dover, Chief Officer of Integrated Care
Report Author	Mark Kewley Director of Strategy and Design, Southwark and Lambeth Integrated Care
Version	Final
Dated	16 July 2014
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		16 July 2014

APPENDIX 1

THE OLDER PEOPLE'S PROGRAMME

General Practice proactive and integrated working for Older People
We have developed a workstream centred on early identification of health and social care need for older people across Lambeth and Southwark. People will be offered proactive Holistic Health Assessments by their GP and if needed will be supported by a Care Manager in their Practice. In support of this; GPs, practice nurses and care managers in the community will have support from a local Community Multi-Disciplinary Team (CMDT) of hospital, community, mental health and social care specialists.

An Alternative Urgent Response: TALK
A direct access telephone service offers General Practice and Community staff rapid telephone access to specialists at Guys and St Thomas' and Kings College Hospitals' to support admission avoidance for over 65s. The service can also offer professionals, and their patients, faster access to diagnostic clinics if needed. The TALK hotlines are currently focused on Older People but are soon to expand to General Medicine for 18-65 year olds and Paediatrics.

Maximising independence: Simplified Discharge
We have been testing ways of safely discharging patients from hospitals by enhancing existing services and providing additional support to them in their homes. We know that some very dependant patients have benefitted from a rapid discharge and rehab support that they may not have received using standard processes. Through this testing we have identified that there is a requirement for a more simplified, integrated referral and access system to community services where there are health and social care needs. This is something we will be addressing in the coming year. The test reemphasised the importance of early multi agency intervention and information sharing. We have recently begun to test a social worker being involved in sharing information at an early stay and being part of the multi-disciplinary team.

Improved Clinical Pathways: Falls Infection Nutrition Dementia

- **Falls** – A new fast track service into community exercise has been developed and promoted for citizens of Southwark and Lambeth. The class aims to provide strength and balance exercises to those people at risk of falling but are not currently referred to existing services.
- **Infection** – Within the infection working group, we have tested a catheter passport, a patient held document to empower patients in managing their catheters, which will also promote information sharing between health professionals. A second iteration of testing has just commenced for two months across both acutes that will inform the final design.
- **Nutrition** – A new community dietetic team will come into post in July to test two model of care to address malnutrition across our local boroughs. This team will also support the CMDTs and provide a referral route from the HHA. The team will work across a number of care settings from primary care to home care and help to build both professional and community capacity to address malnutrition.
- **Dementia** – One of the key challenges identified by the dementia working group was the large number of services that support patients with dementia and the lack of a central source of information or sign posting. Not only was this overwhelming for patients, their families and carers, it was also confusing for

health and social care staff. As a result, a digital directory of dementia services across Southwark and Lambeth has been developed that is accessed online. Not only will this provide a comprehensive list of services and how to access them, it may also help health and social care professionals to look beyond their immediate sphere of influence and understand how other health, social care, and voluntary sector organisations can support the well-being of our citizens. In partnership with Age UK Lambeth, the directory of services has been developed and tested with user input, and is now be available to access.

APPENDIX 2

THE ATTRIBUTES OF CARE

Commissioners recognise the need to give providers freedom in designing what excellent care should look like, but to guide those efforts commissioners have developed attributes of care that they want future services to exhibit.

1. Empowers and activates people and communities, enabling people to be in control of their health and wellbeing:

- Recognises, uses and develops all the assets available in our communities
- Empowers people to be active and in control of their own care, and supports the needs of carers
- Promotes choice for individuals, their families and carers
- Provides more care in people's homes, or supports them in community settings close to home, which enable them to stay as well and independent as possible

2. Offers holistic and co-ordinated care and support

- Works with people holistically across their physical, mental and social dimensions
- Meets the needs of all citizens, is easily understood and navigated by individuals
- Provides continuity of care over time, and co-ordinates care across settings and providers
- Ensures effective transition for individuals between services
- Removes duplication and feels seamless to individuals

3. Is equitable, proactive, preventative and focused on better outcomes

- Actively promotes good health and wellbeing across communities, enabling people to live healthier, more independent lives, for longer
- Detects problems earlier and intervenes quicker
- Avoids crisis and the need to address avoidable complications
- Aids recovery and a return to independence
- Provides equitable access for all, and reduces inequality in outcomes for people in Southwark and Lambeth

Item No	Classification:	Date:	Meeting Name:
9.	Open	28 July 2014	Health and Wellbeing Board
Report title:		Early Action Commission	
Wards or groups affected:		All	
From:		Gordon McCullough, Chief Executive, Community Action Southwark (CAS)	

RECOMMENDATIONS

1. That the establishment of an independent Early Action Commission for Southwark be approved.

2. Note that the Commission will formally commence work in September 2014 and report back to the Health and Wellbeing Board in March 2015.

BACKGROUND INFORMATION

3. It is widely accepted that we face a paradox in the delivery of public services; there are fewer resources but levels of need and dependency on these services are increasing. The emerging view is that all those involved in 'the system' need to work together to provide support to help people to take more care of themselves and to prevent problems from escalating to a level at which statutory services have to intervene.

4. At the last Health and Wellbeing Board meeting it was proposed, by Community Action Southwark (CAS), that one response to this paradox is to develop ways that the system (voluntary, public and private sectors) can work together to circumvent that dependency before it becomes entrenched. This will require new thinking on how to act earlier and to prevent people becoming 'owned' by the system. It was proposed the Commission explores how early action, as a needs reduction strategy, could promote greater individual and community readiness, lessen future liabilities for statutory services, generate long-term savings across traditional service boundaries and foster greater multi-agency working.

KEY ISSUES FOR CONSIDERATION

Defining early action

5. The rationale behind early action in public policy involves the use of resources to tackle causes rather than symptoms. The term 'early action' covers all forms of early intervention. It is not only concerned with the earliest stages of social and personal development, which many think of as 'early action', but with earlier action at all critical life stages where many individuals can benefit from and welcome extra support to achieve their full potential.

6. In the context of the Commission, the term will be used to describe any activity which is deliberately forestalling a more serious problem. Thus it might cover a

spectrum of prompt interventions from, for instance, crime prevention measures, to rehabilitation work with offenders.

7. Where the Commission will vary from other prevention programmes and initiatives is that it will focus on individuals before they are 'owned' by the system. The Commission will not attempt to duplicate or cut across other early intervention or prevention initiatives but look to develop strategies and recommendations that could prevent future dependencies and how the system can work together to achieve this outcome.

An independent Early Action Commission

8. An independent Early Action Commission would fulfil the requirement of delivering a sound, challenging and innovative set of recommendations to bring about the change required to empower people to become more ready to deal with difficulties in their lives; thereby reducing dependency on the current system.

9. An independent and neutral view of how programmes, structures and cultures across the system can be changed - to act earlier together - is required if the longer term ambition of reducing dependency on the system is to be realised.

10. The Commission will have an independent chair who is currently being identified. The individual will have a strong track record in public service delivery and be of sufficient standing to be able to deliver challenging messages and drive forward innovative recommendations.

11. It is proposed that the Commission is made up of 10 commissioners. A hybrid model will be developed that will have 6 'expert' commissioners that are not part of the system in Southwark. The remaining 4 commissioners will be strategic leads drawn of the main partners of the Health and Wellbeing board. It is proposed that these commissioners are drawn from Southwark Council, Southwark Clinical Commissioning Group and the voluntary sector.

12. The issue of ownership and control is an important one as it will ensure that material presented to the Commission is considered independently, whilst ensuring there is sufficient leverage within the system to change budgets and programmes.

13. It is proposed that the Commission is supported by an independent think tank/academic institution – a number of which are currently being approached before a competitive procurement process can be started. The successful organisation will act as the secretariat for the Commission as well as providing a research and engagement function. A requirement will be the need to conduct a rapid evidence review of early action and what works; this will inform the local focus for the Commission.

14. The successful agency will use its professional networks to identify and secure suitable experienced, qualified and respected individuals for appointment as members of the Commission to support the chair. The members will operate independently, taking evidence from key stakeholders and undertaking research and analysis to inform their findings.

15. The Commission will be directly accountable for delivery to the Health and Wellbeing Board and it will report progress and findings to the board.

Terms of reference

16. The Commission will receive evidence based on a number of key lines of inquiry, and it will also undertake primary research to inform its recommendations.

17. The Commission will also assess available data that will aid predictive risk profiling of communities and populations that are more likely – or at a higher risk –of entering the system. As part of the data gathering exercises, views will be sought from the wider community and users of services and all those agencies and organisations involved in public service delivery.

18. It is suggested that the Commission uses, as a broad focus, the social determinants of health to help organise its focus and act as a lens through which it can be aligned to the Joint Health and Wellbeing Strategy priorities. Using wider health determinants the Commission will explore, using a whole systems approach, the impact of various trigger points that affect individuals; these include employment; well-being and socialisation; and, housing and social spaces.

19. The Commission will not develop an overall prevention strategy or delve into the granular detail of existing activities; nor will it deal with reassessing activities that are at the high end of statutory provision.

20. The Commission will develop a set of recommendations aimed at how partners can realign, flex or bend resources and activities towards early action activities. This could relate to building better relationships with the voluntary sector, realigning commissioning processes (such as the Prevention and Inclusion Framework) to address current need as well as reducing them, or linking to future work on integrating care and self management.

21. The Commission will present a set of strategic recommendations that deal with early action at a programme, structural and cultural level. The Commission will consider all key issues (at these three levels) that prevent early action from happening and what linkages or initiatives that may be developed and sustained to foster early action.

Timescales and key success measures

22. This report acts as the launch mechanism for the Commission in anticipation of work commencing in September 2014. The Commission will report back to the Health and Wellbeing Board in March 2015 (an additional report will be produced that aggregates the learning and experiences of the Commission to help influence and shape practice at a national level). It is anticipated that the Commission will meet between 5 and 6 times during its lifetime.

23. A staged reporting schedule will be developed to present early findings and recommendations in order influence and inform budget setting processes for 2015/16 (and planned for commissioning processes); with a firmer focus on shaping 2016/17 budgets. This will allow time for testing and establishing proof of concept for early action initiatives. Depending on the Health and Wellbeing meeting schedule there will be interim/progress reports presented to the board in November 2014, March 2015 (and June 2015).

24. The success of the Commission will be measured against the following:

- An increased focus on the systems and individuals that create a shift in the way people are supported to look after themselves, become more resilient and to seek care and support when they need it.
- Support for a 'culture leap' that encourages and enables an infrastructure and linkages that focuses on preventing/forestalling an individual's or communities need for acute/crisis services.
- Practical recommendations that are acknowledged as professional, independent and that provide incremental change across the system towards early action
- A set of recommendations that have no additional resource or budgetary implications for the current system and that in the medium to long term will deliver savings across the system – however recommendations may require budgets to be re-profiled and resources allocated across different parts of the system.
- A position on supporting early action for other funders outside of the public sector (such as the Early Action Funders Alliance).

Benefits of the Early Action Commission

25. It is anticipated that the work of the Commission will ultimately provide the partners on the Health and Wellbeing a set of recommendations and strategies that will lessen future liabilities and foster greater multi-agency working with respect to early action. In addition the recommendations of the Commission will act as an enabling factor in helping the Health and Wellbeing Board achieve its specific priorities around prevention and resilience. The likely outcomes of this are:

- A clear direction of travel and recommendations for bending resources and activities towards early action.
- A reduced dependency on expensive statutory services whilst developing a clearer understanding of how the system could be joined up to prevent problems from getting worse (or occurring at all).
- A drive to join up parts of the system so they dovetail better and make more use of the voluntary sector and community assets.
- The opportunity to provide a proof of concept about the impact over five to ten years of acting earlier to reduce needs and dependency and recommendations around how to continually assess, evidence and review the anticipated impact.

26. This is a unique opportunity for the voluntary and public sectors to consider how future liabilities are reduced and how, by acting earlier, people can be more resilient and ready to cope with changes in their lives.

Community impact statement

27. The Commission will undertake an open call for evidence and information from across the communities of Southwark. The work of the Commission and the findings it produces will be crucially important as a strategy for managing reducing funding in the system over the next five to ten years. The partners on the Health and Wellbeing Board provide services for a diverse population and the Commission will need to be mindful of the circumstances of current community, in order to appropriately inform its analysis and findings.

28. It is important that the Commission takes direct evidence from services users and considers Southwark's demography so that bias does not occur detrimentally against individual or groups of residents on the grounds of age, disability, faith/religion, gender, race and ethnicity and sexual orientation as a result of the Commission's work.

Resources implications

29. A budget of £60,000-£70,000 has been identified for this work. This includes the cost of core activities and undertaking data and evidence gathering, engagement exercises, secretariat functions and commissioner remuneration.

30. It was agreed at the last Health and Wellbeing Board meeting that each partner would make a contribution towards the costs of the Commission.

BACKGROUND PAPERS

Background papers	Held At	Contact
None		

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead	Gordon McCullough, Chief Executive, Community Action Southwark (CAS)	
Report Author	Gordon McCullough, Chief Executive, Community Action Southwark (CAS)	
Version	Final	
Dated	14 July 2014	
Key decision	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Date final report sent to Constitutional Team		14 July 2014

Item No.	Classification:	Date:	Meeting Name:
10.	Open	28 July 2014	Health and Wellbeing Board
Report title:		Health and wellbeing strategy update	
Wards or groups affected:		All	
From:		Dr Ruth Wallis, Director of Public Health	

RECOMMENDATIONS

1. The board is requested to:

   a) Note the update on the actions to implement the health and wellbeing strategy for 2013/14
   b) Note the refreshed Southwark Joint Strategic Needs Assessment (JSNA) process and health issues identified in the JSNA for Southwark www.southwark.gov.uk/jsna
   c) Note the emerging issues highlighted by local people through the 1,000 Lives community engagement exercise
   d) Agree the refreshed health and wellbeing strategy priorities 2014/15 which are informed by the JSNA and the 1,000 Lives community engagement exercise
   e) Request that the health and wellbeing strategy steering group oversees the development and implementation of an action plan for 2014/15, reporting back to the board on progress at the next meeting and in March 2015.

EXECUTIVE SUMMARY

2. This paper summarises the actions implemented in the health and wellbeing strategy action plan for last year (2013/14), highlights the feedback from the 1,000 Lives community engagement exercise and reports back on the health and wellbeing strategy development and the refreshed priorities for 2014/15.

BACKGROUND INFORMATION

3. The health and wellbeing board had agreed the health and wellbeing priorities for Southwark and also identified some actions for 2013/14. Progress on the implementation is reported below.

4. The board received at its last meeting an update report on JSNA progress. The key health issues which have informed the refreshed priorities for the health and wellbeing strategy are outlined.

5. The 1,000 Lives community engagement exercise launched in January 2014. Healthwatch Southwark chaired the steering group. The intention is for the engagement exercise to inform the refresh of the health and wellbeing and other priorities in Southwark.

KEY ISSUES FOR CONSIDERATION

Update on the implementation of the health and wellbeing priority actions 2013/14

6. *Family Fusion* (weight management for children and families)

- The weight management programme for children and young people has been re-commissioned.
- The evidence on addressing childhood obesity and recommendations including commissioning priorities has informed the development of a multi-agency children's healthy weight care pathway and the commissioning of priority interventions. Service specifications are currently being developed.

7. *Pop up children's centres*

- Resources and staff have been identified to offer pop up childcare and early education advice sessions and signposting at community locations.
- The potential to run pop up sessions in a health centre is being explored, with a view to starting in September.

8. *Healthy schools*

- The Healthy Schools Strategic Group led by the Director of Education has started meeting to develop and facilitate a co-ordinated programme to support Personal, Social and Health Education (PSHE) in Southwark schools. Headteachers, the Southwark school nurse manager, commissioners and public health are represented on the group.
- £200K (recurrent funding) has been agreed to develop this PSHE programme which will include emotional health and wellbeing, sex and relationships education and substance misuse.
- A mapping of PSHE and a health behaviour survey are underway. PSHE network meetings are planned for October to review what schools are currently doing and to identify what their needs are to inform a commissioning programme, to introduce the new programme and to encourage schools to register with Healthy School London.
- Health Huts are being evaluated to inform the expansion of provision of Health Huts to schools and the C- Card scheme for the borough is being considered as part of the new sexual health strategy.

9. *Pop up health checks*

- Pop up (outreach) sessions are provided with a number of partners to ensure that the health checks are easily accessible and convenient. These include a shared mobile service jointly delivered with the welfare benefits service on housing estates and major supermarkets, outreach sessions in the Elephant and Castle shopping centre, sessions delivered with support from regeneration partners (eg Lendlease and the use of the Hub on Walworth Road), local churches (eg House of Praise, Camberwell), sessions in libraries (Peckham, Brandon and East St libraries), a pop up mobile unit at Camberwell Green and Peckham Square and with local community groups supporting vulnerable adults and their carers (eg at mental health, disabilities and homeless community centres).

10. *Pop up well being shops*

- Discussions have been held with the local economy team on joint work to encourage temporary lease of empty shops to local start-ups of social enterprises with a health or wellbeing product or service.
- The High Street Challenge (Town Centre Growth Fund) has been identified as a suitable funding/allocation mechanism.
- The first bidding round of the High Street Challenge took place in July and a number of projects related to health and wellbeing were successful, including the Three Cs Project (transforming the Crossways Mental Health Centre on Rye Lane into a sustainable enterprise and community resource) and Incredible Edible Southwark (an incubator for locally run food cooperatives).
- The next bidding round for the High Street Challenge will take place in September and discussions are ongoing re encouraging applications from health and wellbeing enterprises and linking this up with the use of empty shops.

11. *Silver surfers*

- Ten ipads have been secured and an identified community group will set up a lending scheme to give pensioners online access to support their independence and help improve their IT skills.
- The council is finalising work to release the ipads.
- This will be completed by mid-August.

12. *Special Sports*

- The SEN Festival of Sport took place on 18th June, organised by the London PE & School Sport Network at Bacons' College.
- Nearly 400 students with Special Educational Needs attended from across the borough from 17 different schools.
- The students took part in 9 different sports - Tennis, Seated Volleyball, Gymnastics, Capoeira, Archery, Cricket, Trampolining, Targets & Games and Athletics.

Community engagement - 1,000 LIVES

13. To date, 850 stories are captured. A wide range of partners were involved in the collection of stories from different settings which include community centres, churches, libraries, leisure centres, LGBT groups, older people's groups, carers, GPs, local hospitals, children's and day centres, antenatal sessions, health visitors, leisure centres, health checks and exercise on referral settings.

14. A short video sample of the stories is available and there is ongoing further work to produce a final report for autumn. Some specific themes are emerging including personal coping skills and resilience, services (access to services, health information, role of community groups and voluntary sector) and wider determinants (Appendix 1)

15. These themes are feeding into the consideration of the refreshed health and wellbeing strategy priorities and the proposed draft work programme for 2014/15.

Joint Strategic Needs Assessment (JSNA)

16. The Southwark JSNA is now live at www.southwark.gov.uk/jsna. The JSNA highlights the health issues for Southwark and has prioritised these against low and high burden, and improving and worsening trends. Appendix 2 of this paper provides a summary. Some key concerns are as follows:

- Health inequalities and wider determinants of health (income, poverty, employment, housing and 'place')
- Child health (in particular child obesity, infant mortality) and child poverty
- Unhealthy behaviours and associated poorer health (alcohol related harm, unhealthy eating, tobacco use & tobacco control)
- Mental wellbeing
- Undetected common health conditions and management and self management of these conditions
- Poor sexual health and high HIV prevalence including undetected HIV

17. As part of the JSNA process, a number of 'deep dives' will be conducted into major local issues for example, sexual health and HIV, alcohol, unhealthy town centres, smoking, physical activity and weight. It is proposed that sexual health and HIV and unhealthy town centres (including alcohol retail, fast food outlets and betting shops) deep dives dove tail with the Council's Scrutiny process.

Health and wellbeing strategy – refreshed priorities and objectives

18. The health and wellbeing strategy steering group with health and wellbeing board member organisation representation met to consider the current health and wellbeing framework, the priorities highlighted in the JSNA and the emerging themes from 1,000 Lives. The key priority areas being proposed for the health and wellbeing strategy 2014/15 are:

- Wider determinants of health
- Early years
- Prevention including screening
- Long term conditions
- Integration for better health and wellbeing outcomes
- Tackling neglect and vulnerabilities for children and adults

19. The proposed work areas are congruent with the Marmot Review into health inequalities and the overarching aim as agreed by the health and wellbeing board last year "*Working together to build a healthier future, we will tackle the root causes of ill health and inequality*". The steering group will meet again after the health and wellbeing board to work up the proposed areas to reflect the health and wellbeing board discussion as well as the current officer level discussions. There was broad agreement at the steering group that the priorities and the associated work plans should be considered a rolling programme and other areas will be prioritised as needs emerge and to reflect ongoing discussions. There was also agreement that the detailed content of the strategy needs to refer to but not duplicate the content of other major strategies.

Policy implications

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

Community impact statement

21. There are health inequalities in Southwark: between Southwark and the rest of the country, between geographical areas within Southwark, between women and men, those on lower income, some ethnic groups and those who are vulnerable. The JSNA identifies and describes the inequalities and provides the evidence base to inform the programmes of action in the health and wellbeing strategy.

Legal implications

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

Financial implications

23. There are no financial implications contained within this report. However, the emerging priorities identified in the health and wellbeing strategy are likely to have implications for how local resources are deployed to improve the health and wellbeing of Southwark's population.

BACKGROUND PAPERS

Background papers	Held at	Contact
Southwark Joint Strategic Needs Assessment	www.southwark.gov.uk\jsna	jsna@southwark.gov.uk
Southwark Health & Wellbeing Strategy 2013/14	www.southwark.gov.uk	Public Health 020 7525 0280

APPENDICES

No.	Title
Appendix 1.	Key themes emerging from 1,000 Lives
Appendix 2.	Southwark health summary

AUDIT TRAIL

Lead officer	Ruth Wallis, Director of Public Health for Lambeth & Southwark	
Report Author	Jin Lim, Assistant Director of Public Health	
Version	Final	
Dated	11 July 2014	
Key decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Date final report sent to Constitutional Team		15 July 2014

APPENDIX 1

KEY THEMES EMERGING FROM 1000 LIVES

Collated from verbal updates at volunteer meeting and steering group workshop on analysis.

Personal coping skills and relationships

1) Life-skills, resilience and mental attitude (positivity, confidence) as well as coping mechanisms and faith seen as key to managing life stresses

2) Quality of relationships ie. support and trust important

3) Relationship breakdown's cause of much stress and in some cases experience of emotional/physical abuse Isolation and loneliness

4) Carers under lots of pressure and have needs too

Support services

5) New arrivals to the borough have specific problems navigating service

6) Lack of equity and consistency in access to service depending on level of confidence/knowledge/physical ability

7) Want better access to quality health information e.g. healthy eating lifestyle, ideally provided face to face but recognise GPs don't have time

8) Community and voluntary sector play a big role

9) Many people using non-traditional health services/ complementary therapies

Wider determinants

10) High impact felt in the community as a result of unemployment, poor housing and crime on health and wellbeing

APPENDIX 2

SOUTHWARK HEALTH SUMMARY

August 2013

Southwark Health Summary - Aug 2013
Lambeth & Southwark Public Health
jsna@southwark.gov.uk

Foreword

This report contains a summary of health and wellbeing issues represented through available statistics obtained from reliable sources. This document forms a part of the suite of documents published as a part of the Joint Strategic Needs Assessment work programme. The document is intended to provide an understanding of the health and well-being of Southwark residents. The content of this report is meant to support the health and social care commissioners; along with other stakeholders in primary, secondary and community care including local voluntary sector agencies. While every precaution is taken to ensure that the information included in this document is accurate, interpretation of certain types of information (which includes smaller numbers) should be treated with caution.

The information is derived from various reliable sources such as the Office for National Statistics (ONS), Public Health England, Secondary Uses Services (SUS), London Health Observatory (LHO), Greater London Authority (GLA) amongst others. Detailed data tables can be made available on request. Readers are advised to also refer Southwark's Health and Wellbeing Strategy and Annual Public Health Report. If you need further information please

Created: August 2013

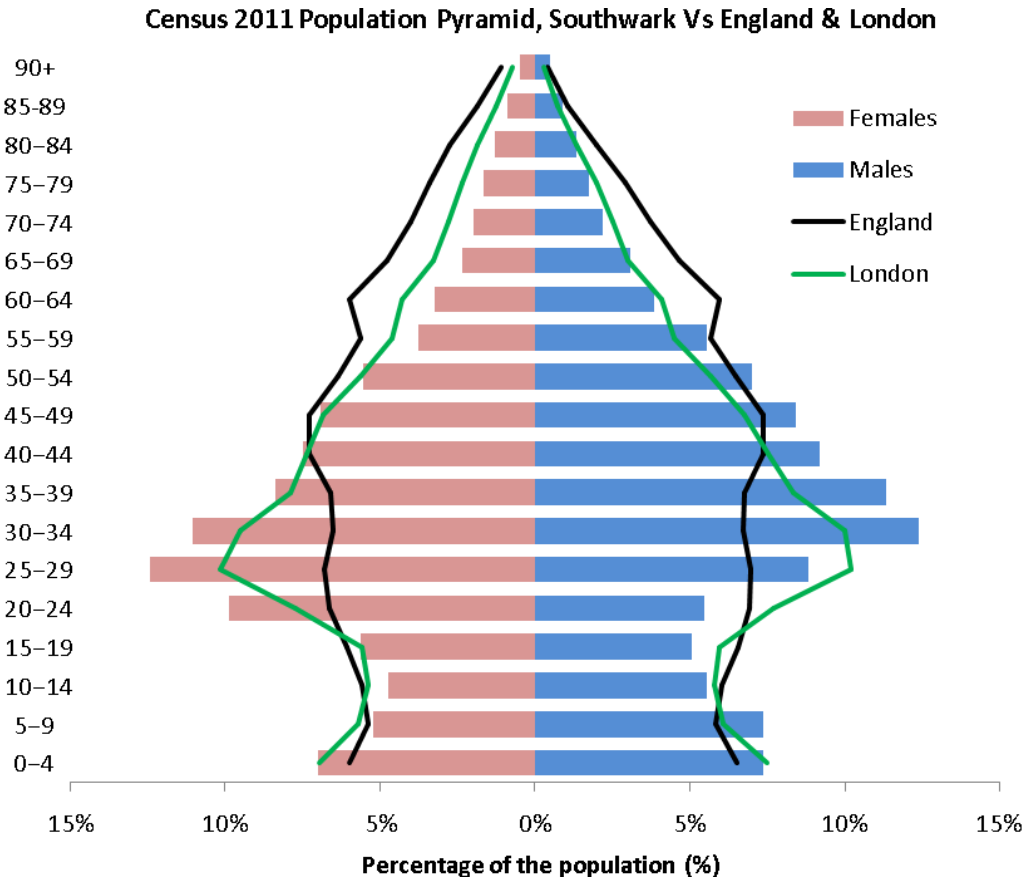
SOUTHWARK HEALTH SUMMARY

1. DEMOGRAPHY

Population

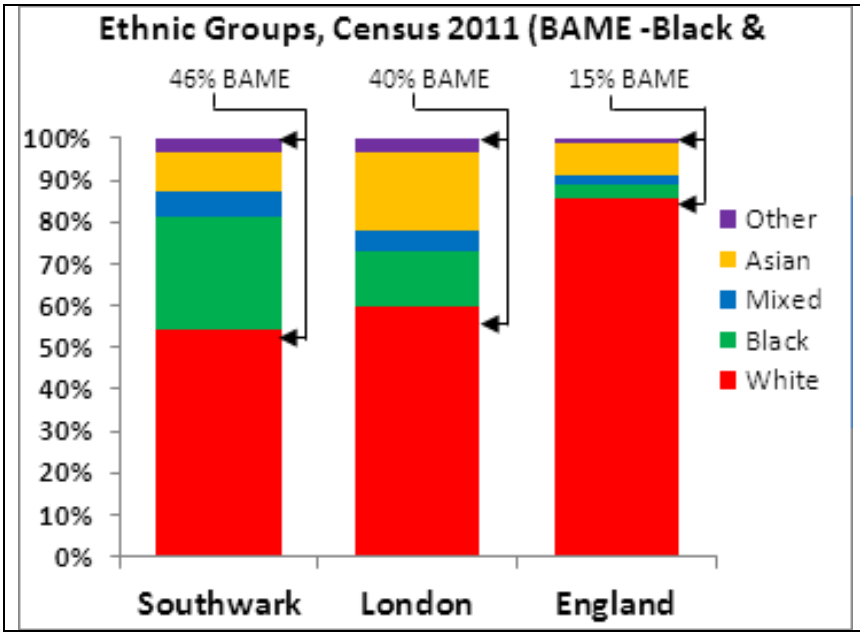
Southwark is a densely populated, geographically small and narrow inner London borough that stretches from the banks of the river Thames to the beginning of suburban London south of Dulwich. The population is relatively young, ethnically diverse, with significant contrasts of poverty and wealth. There is wide distribution in educational achievement, access to employment and housing quality. Major regeneration programmes have been underway for some time leading to significant changes in landscape and population structure and this continues to be the case. Major health indicators such as mortality and life expectancy have improved, but there are significant inequalities in these indicators for people living in different parts of the borough.

Census 2011 recorded Southwark's resident population at 288,200, which is an increase of 18% since 2001. The latest mid-year estimate (2012) estimated the population at 293,530. The population registered with Southwark general practices [see Appendix 2] has also increased from 298,000 in 2007-08 to 327,800 in 2012-13. The population pyramid (below) created using Census 2011 resident population data shows a younger population in Southwark compared to England and London.



58% of Southwark population is aged 35 or under and Southwark has the 9th highest population density in England and Wales. Southwark is ethnically diverse with the highest proportion of residents born in Africa in the country (12.9 per cent), as well as significant populations from Latin America, the Middle East, South East Asia and China. 75% of reception-age children are from Black

and Minority Ethnic (BME) groups with over 120 languages spoken in Southwark and in 11% of households nobody has English as a first language. See figure below showing ethnic breakdown of population.



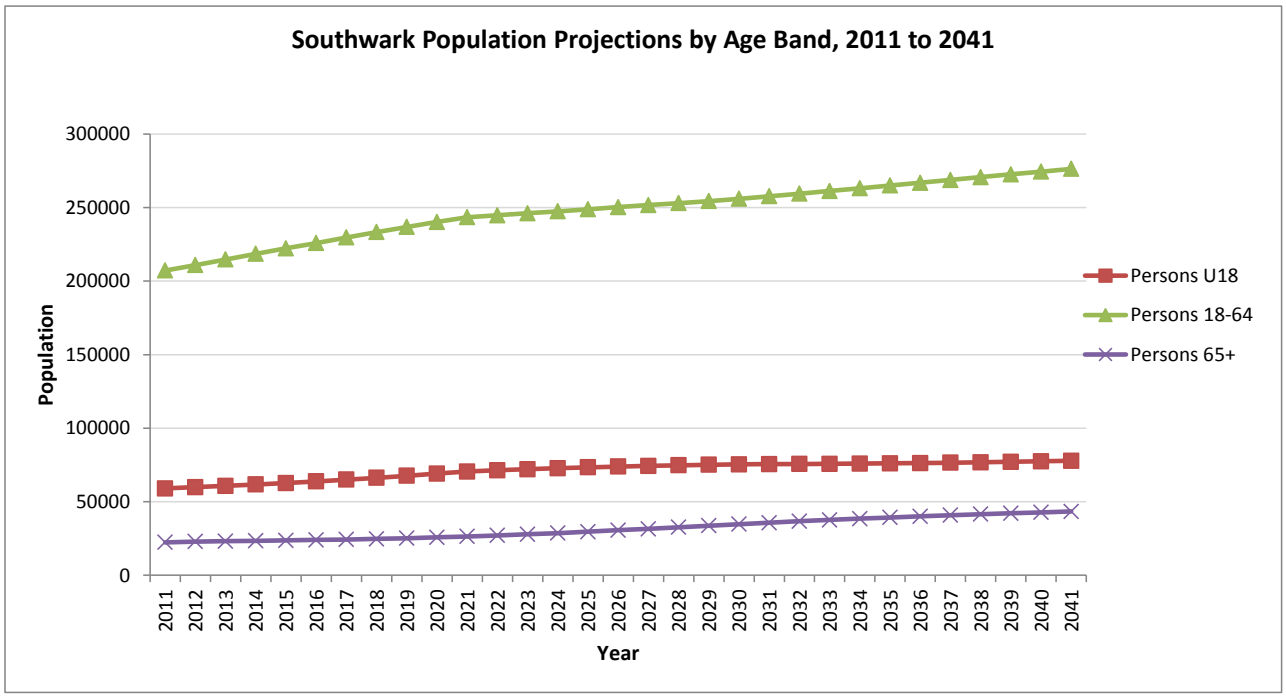
Census 2011 data shows Southwark population ethnic breakdown as follows:

White - 54%
Black – 27%
Mixed – 6%
Asian – 9%
Other – 3%

Total BAME (Black Asian Minority Ethnic) population account for 46% of the total population resident in Southwark.

Population projection

By 2031, the Southwark resident population will have grown by approximately 28% to 369,000 individuals compared to 288,200 at present. The adult population aged 18-64 will see the largest growth followed by the <18 and 65+ population (see fig below).



2. HEALTH AND WELLBEING

Introduction

The main public health concerns are as follows

- Health inequalities
- Deprivation
- Alcohol related harm
- Smoking and tobacco consumption
- Nutrition
- Violence and injury
- Wellbeing
- Child health (obesity), child poverty
- Infant mortality
- Teenage pregnancy
- Flu immunisation uptake
- Premature deaths from heart disease and cancer
- Health impact of recession, unemployment, benefit changes, migration and overcrowding.

Key health facts for Southwark

- Male Life expectancy is 78.2 years compared to 78.5 years in England.
- Female Life expectancy is 83.4 years compared to 82.5 years in England.
- Infant mortality rate (death in babies under 1 year) has decreased year on year and but is 6.17 per 1000 live births compared to 4.29 in England.
- Lifestyle risk factors such as alcohol/substance misuse, smoking, unhealthy diet (e.g.child obesity) and unprotected sex continue to be a major risks to good health in the population.
- As a consequence, there is higher incidence of emergency hospital admissions due to alcohol related conditions, high rates of teenage pregnancy and HIV, high rate of premature deaths from cancer and cardio-vascular diseases and high prevalence of mental illness in the local population.
- Coronary heart disease, malignant neoplasms (cancers) and respiratory diseases remain the top 3 causes of death in the population.
- Disease prevalence models have shown that there are high numbers of undetected cases of diabetes, hypertension and heart disease in Southwark population. Early detection and treatment is beneficial for patient's health outcomes as well as cost of treatment to the NHS.
- Socio-economic challenges such as unemployment, poor housing result in high rate of child poverty and social exclusion which subsequently contribute to poor physical and mental health manifesting health inequalities.

Health & Wellbeing related issues **(See Appendix 3 for spine chart)**

1. **DEPRIVATION:** Index of Multiple Deprivation (2010) shows Southwark as the 12th most deprived borough in London with an average score of 29.7 compared to 19.8 in London which means there are approximately 97,000 individuals facing life challenges due to deprivation. [See Appendix 1 – Southwark Deprivation IMD 2010]

2. **BIRTHS:** In 2010, there were 5131 live births recorded in Southwark which is higher than in 2009 at 4873. The trends show a rise over the past few years although it is a bit unpredictable to state whether the rise in births will continue at that rate.

3. **TEENAGE PREGNANCY (TP):** The TP rate in Southwark has reduced from 84.8 per 1000 females aged 15-17 in 1998-2000 to 53.3 in 2010.

4. **ALCOHOL:** 1 in 5 adults in Southwark are high risk alcohol drinkers. Hospital stays for alcohol related harm in Southwark account for 4330 admissions each year with a rate of 1809 per 100000 population compared to England average of 1895. Despite this lower rate, alcohol attributable mortality, alcohol specific hospital admission for males and Alcohol related crimes and sexual offences rate are worse in Southwark compared to England. The proportion of young people admitted for alcohol related illness as well as due to self-harm (mental health related) is lower in Southwark.

5. **SMOKING & OBESITY:** 1 in 5 adults (21.4%) in Southwark smoke based on findings from the health surveys. Similarly just over 1 in 5 adults (22.5%) are obese. % Females smoking in pregnancy is lower in Southwark. 35.6% adults were estimated to be eating healthy food compared to 28.7% in England based on Health Survey for England survey. The Active People Survey data suggests that about 50% of Southwark people are considered 'inactive' ie doing less than 30mins a week moderate activity.

6. **CHILD OBESITY:** 1 in 4 children (24%) are recorded as obese in year 6 (aged 10-11) through the National Child Measurement Programme (NCMP) which is higher than the England average of 19%.

7. **SEXUAL HEALTH:** Annually 5130 acute sexually transmitted infections are recorded with a crude rate of 1787 per 100000 population compared to England average of 775. Chlamydia diagnosis rates are highest at 6132 per 100000 15-24 year olds compared to 1979 in England.

8. **LONG TERM CONDITIONS (LTC):** The GP registers for long term conditions show the following as at March 2013: 5812 people with cardiovascular diseases, 32104 with hypertension, 11,975 with diabetes, 3899 with chronic obstructive pulmonary disease, 4708 with coronary heart disease, 2757 with stroke, 3209 with cancer and 5335 with chronic kidney disease. Please note a patient can be on multiple disease registers so the above figures should not be added to get a total number of individuals with LTCs. The prevalence models published by APHO have shown under detection of conditions such as diabetes, hypertension and kidney disease in Southwark.

9. **QOF SUMMARY:** The QOF summary for 2011-12 for Southwark shows underperformance in the following areas - hypertension control, diabetes control, BP control in patients with kidney disease, control in stroke patients. (Appendix 4)

10. **Screening –** Breast cancer screening uptake rates in Southwark were 61.3% compared to England average of 76.9% while cervical cancer screening uptake rate was 68.4% compared to 75.3% in England (in 2012). Diabetic retinopathy screening uptake is 77% compared to 80.9% in England.

11. **IMMUNISATION:** Child immunisation rate is rising but lower than the England average especially MMR (82.3%) and immunisation in children in care (currently 72% compared to 83% in England). Flu immunisation rate in 65+ population was 68.9 in 2011-12 compared to 74% in England.

12. **BREAST-FEEDING:** Breast feeding initiation, as well as maintenance at 6-8 weeks are higher in Southwark compared to England.

13. **FALLS:** Injuries due to falls in both males and females aged 65 and over is higher in Southwark compared to the England average. Age standardised emergency hospital admission rate due to hip fractures in 65+ is slightly higher than the England average with a scope to reduce further.

14. **MORTALITY:** Premature mortality rate (deaths in <75 year olds) due to circulatory diseases is higher at 74 per 100000 compared to England at 60. Similarly the death rate in <75s due to cancer is higher at 122 per 100000 compared to 108 in England. Mortality rate from liver disease, respiratory disease, communicable diseases was also higher in Southwark than the England average. Excess winter deaths index in 65+ population is slightly higher in Southwark (17.2) compared to England (15.6)

15. **LEARNING DISABILITIES (LD):** There are approximately 770 adults with moderate/severe LD and LD profiles for 2012 show high admission rates for non-psychiatric ambulatory care sensitive conditions in people with LD in Southwark.

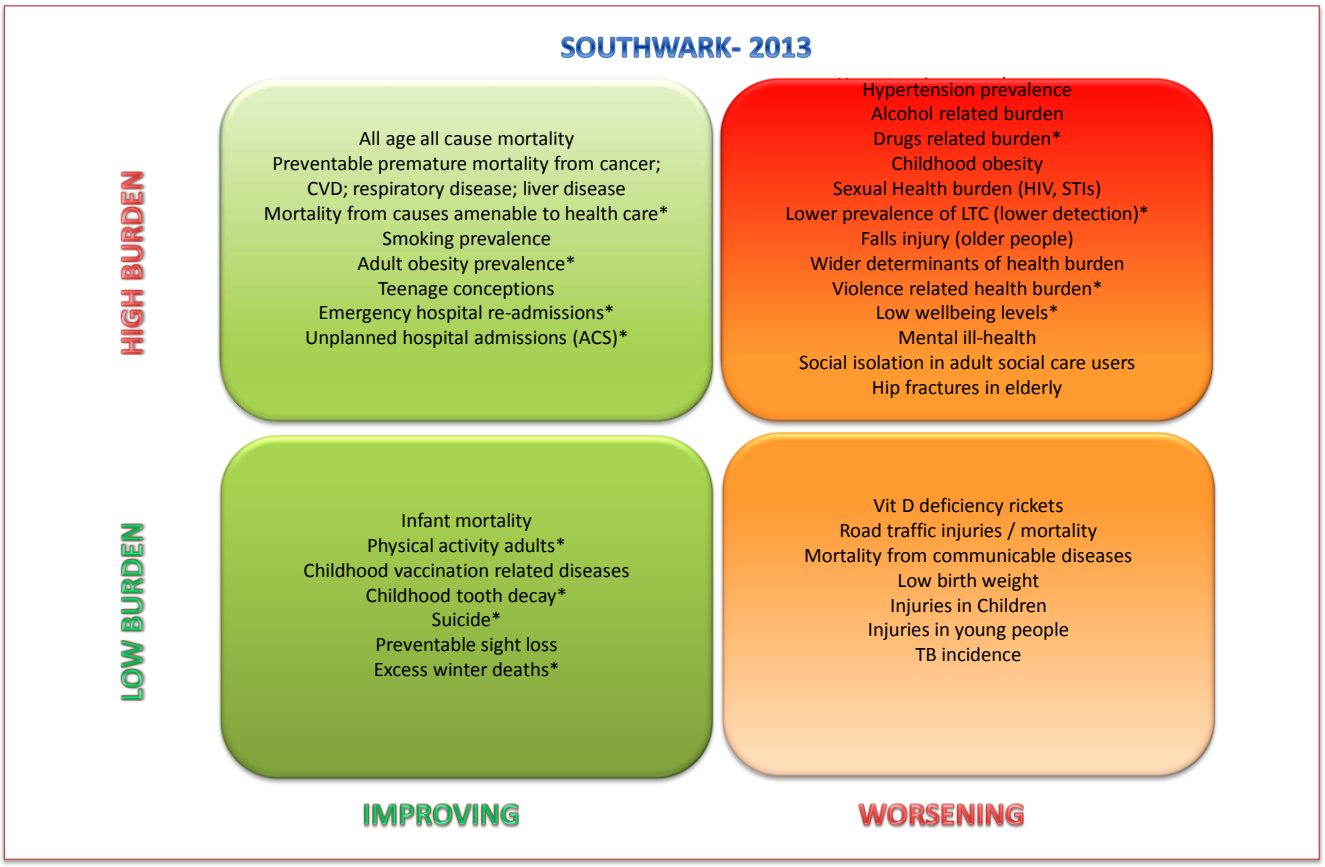
16. **SPEND & OUTCOMES TOOL (SPOT):**The SPOT tool highlights spend versus outcome and several areas related to managing long term conditions in Southwark appear in the 'lower spend and worse outcome' bracket. Neonatal and maternity, and treating infectious diseases are areas is where the spend is high but outcomes are worse. [See section 4]

Southwark Health Profile 2012 – Summary of indicators

No.	Indicator	Performance against England
1.	Deprivation	Poor
2.	Children in poverty	Poor
3.	Homelessness	Poor
4.	Long term unemployment	Poor
5.	Obesity in children	Poor
6.	Teenage pregnancy	Poor
7.	Drug misuse	Poor
8.	Sexually transmitted infections	Poor
9.	Smoking related deaths	Better
10.	Early deaths from cancer	Better
11.	Smoking in pregnancy	Better
12.	Breast feeding initiation	Better
13.	Healthy eating and obesity in adults	Better
14.	Hospital stays for self harm	Better
15.	Life expectancy female	Better

Red box for Southwark – 2013

SUMMARY OF HEALTH ISSUES

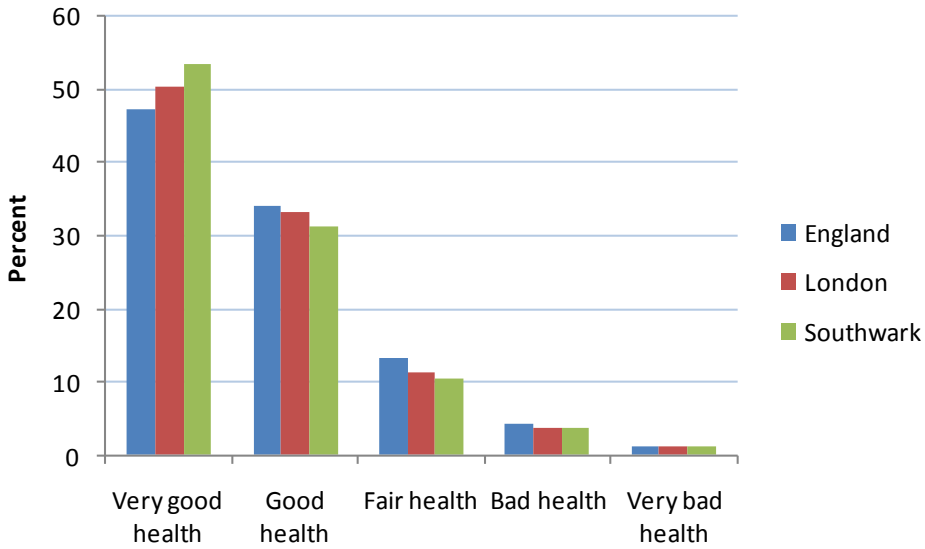


3. Health survey summary

General Health

Residents were asked to assess their general state of health on a five point scale: very good, good, fair, bad or very bad. The majority of Southwark residents, 84.7% (244,208) described themselves as being in good or very good health, slightly higher than the England figure (81.4%). Only 4.9% (14,140) described their health as being bad or very bad. This may reflect the younger age structure of Southwark compared to England as the data is not standardised (Figure 1).

Figure 1: General Health, England, London and



Southwark

Source: 2011 Census, Table KS301EW

The findings are not directly comparable with the 2001 Census as the structure of the question was different – it was based on a three point scale: good, fairly good or not good. In 2001, 70.3% of the Southwark population rated their health as good, compared to 70.8% for London and 68.8% for England.

Long-term activity-limiting illness

In 2011, those reporting a long term health problem or disability that limited their day-to-day activities and that had lasted, or was expected to last, at least 12 months, were asked to assess whether their daily activities were limited a lot, a little or not at all by such a health problem.

In Southwark 6.6% (18,978) reported that they had a long-term problem that limited their day to day activities a lot and 6.9% (20,002) reported that it limits their activities a little. These figures were slightly lower than that for London (6.7% a lot, 7.4% a little) and lower than the England average (8.3% a lot and 9.3% a little).

In the 2001 Census, the long term activity limiting illness response categories were' yes' and 'no'. To compare 2001 and 2011, the 2011 results for 'Yes, limited a lot' and 'Yes, limited a little' have been amalgamated into a single 'Yes' response. In Southwark and London the proportion of people of all ages with a limiting illness has decreased over the 10 year time period, whereas for England it has changed very little (Table 1). However, in the working age population, there has been only a very small decrease in the proportion of people with a limiting illness for Southwark and London, and for England it remains the same.

Table1 : Level of activity limited by long-term health problems or disability by age bands

Year	Area	Limited, all ages Per cent	Limited, working age* Per cent
2001	England	17.9	8.2
	London	15.5	7.8
	Southwark	15.6	8.5
2011	England	17.6	8.2
	London	14.1	7.6
	Southwark	13.5	8.3

*working age in 2001 is defined as 16-64 for males and 16-59 in females. In 2011 working age is 16-64 for both males and females. Source: 2011 Census, Table KS301EW and 2001 Census, Table KS08

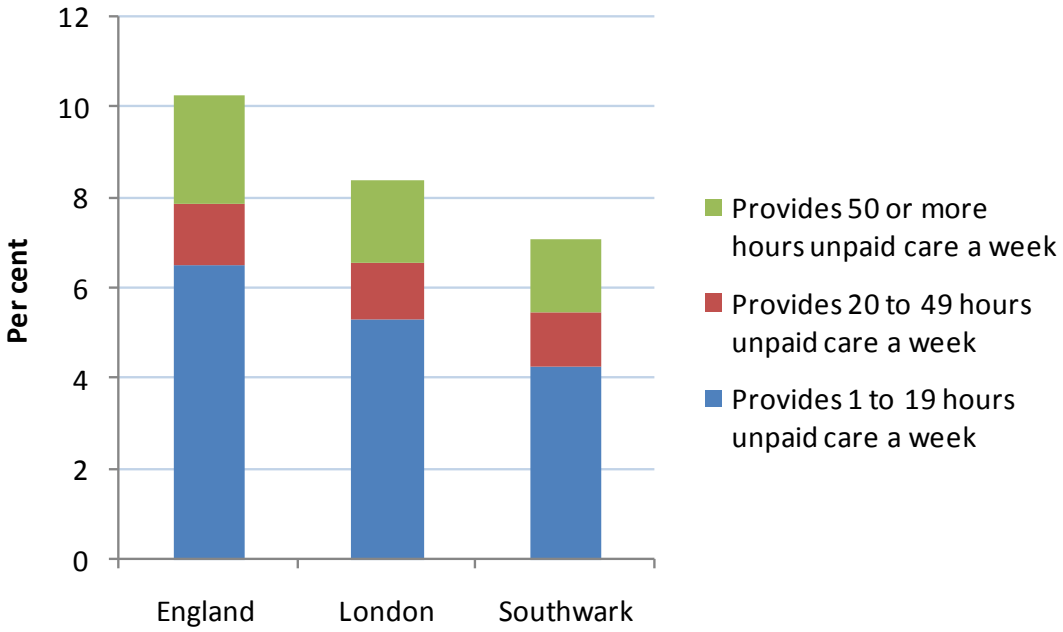
Provision of Unpaid Care

A person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age.

In Southwark, 7.1% (20,725) residents were providing such care in 2011. This is lower than London (8.4%) and England (10.3%). This may be a reflection of the figures above which show lower self-reporting of poor health and limiting illness or the age structure of the local population which is largely of working age.

Nearly a quarter of the unpaid carer's (4,748) were providing more than 50 hours of unpaid care per week. A further 3,446 were providing 20 to 49 hours per week.

Figure 2: Provision of unpaid care by hours given.



Source: 2011 Census, Table KS301EW

4. SPEND AND OUTCOMES TOOL – SPOT

Lower spend & Better Outcome

- Trauma
- Blood, skin,

Lower spend &Worse Outcome

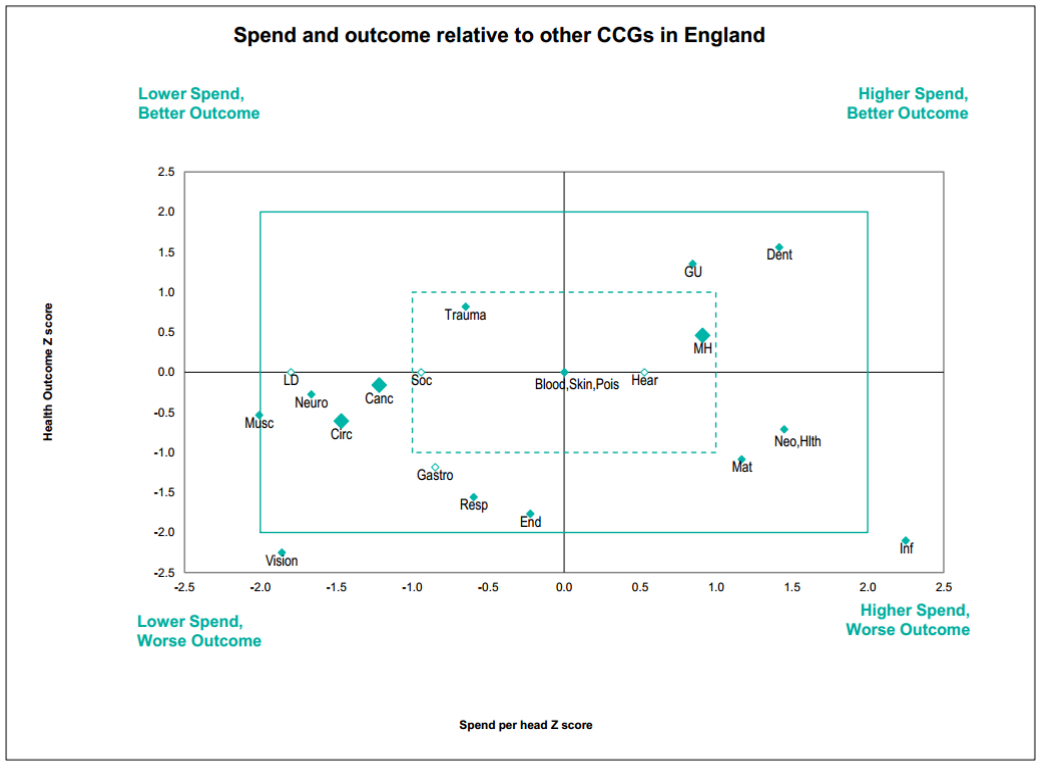
- Musculoskeletal
- Neurology
- Cancer
- Circulatory
- Gastro-intestinal
- Respiratory
- Endocrine

Public Health England

RightCare

NHS England

NHS Southwark CCG 2011/12



Higher spend & Better Outcome

- Dental
- Genito-urinary
- Mental health
- Hearing

Higher spend & Worse Outcome

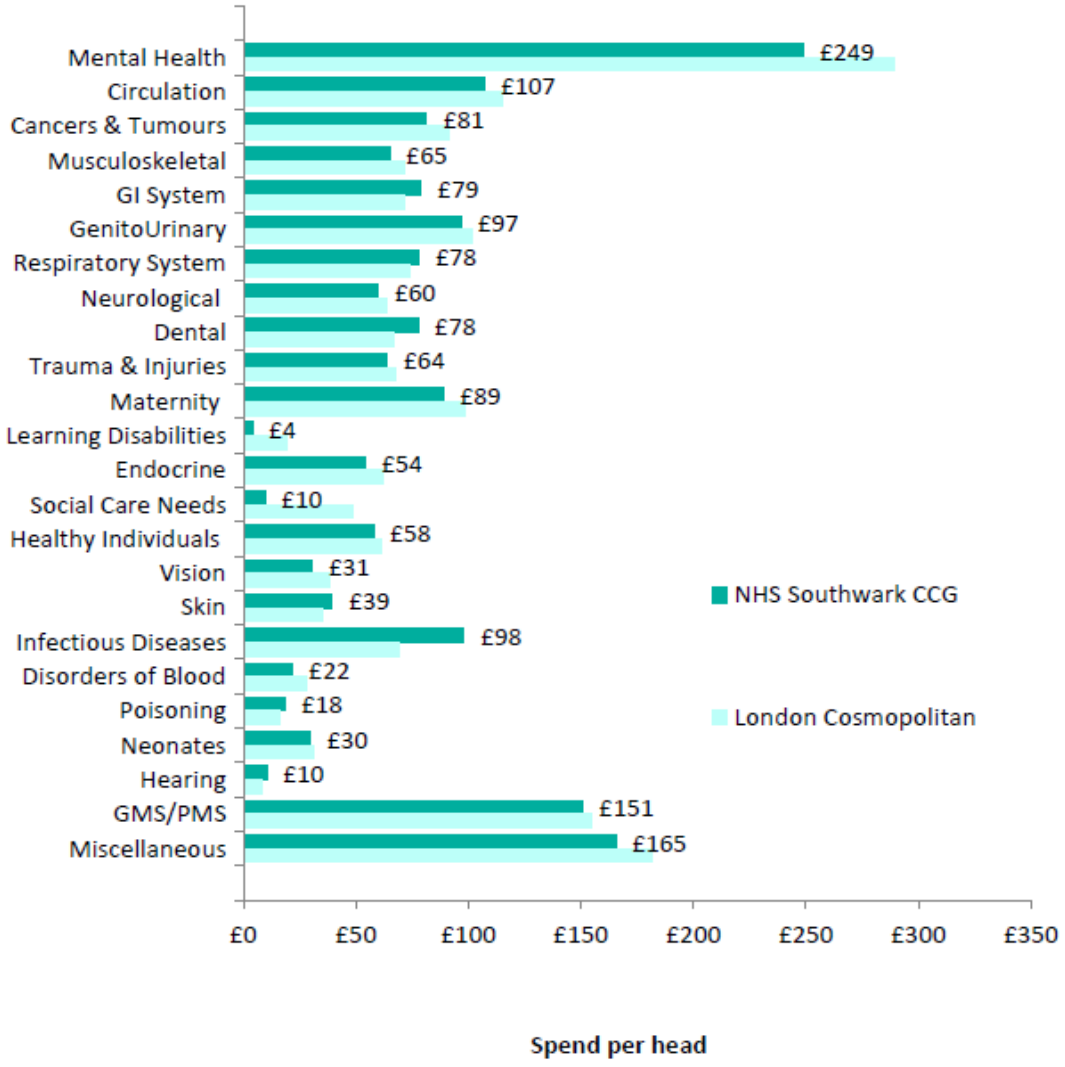
- Neonatal health
- Maternity
- Infectious disease

◇ No outcome indicators readily available
◆ Outcome indicators available

Programme Area Abbreviations

Infectious Diseases	Inf	Hearing	Hear	Disorders of Blood	Blood
Cancers & Tumours	Canc	Circulation	Circ	Maternity	Mat
Respiratory System	Resp	Mental Health	MH	Neonates	Neo
Endocrine, Nutritional & Metabolic	End	Dental	Dent	Neurological	Neuro
Genito Urinary System	GU	GI System	Gastro	Healthy Individuals	Hlth
Learning Disabilities	LD	Musculoskeletal	Musc	Social Care Needs	Soc
Adverse effects & poisoning	Pois	Trauma & Injuries	Trauma		

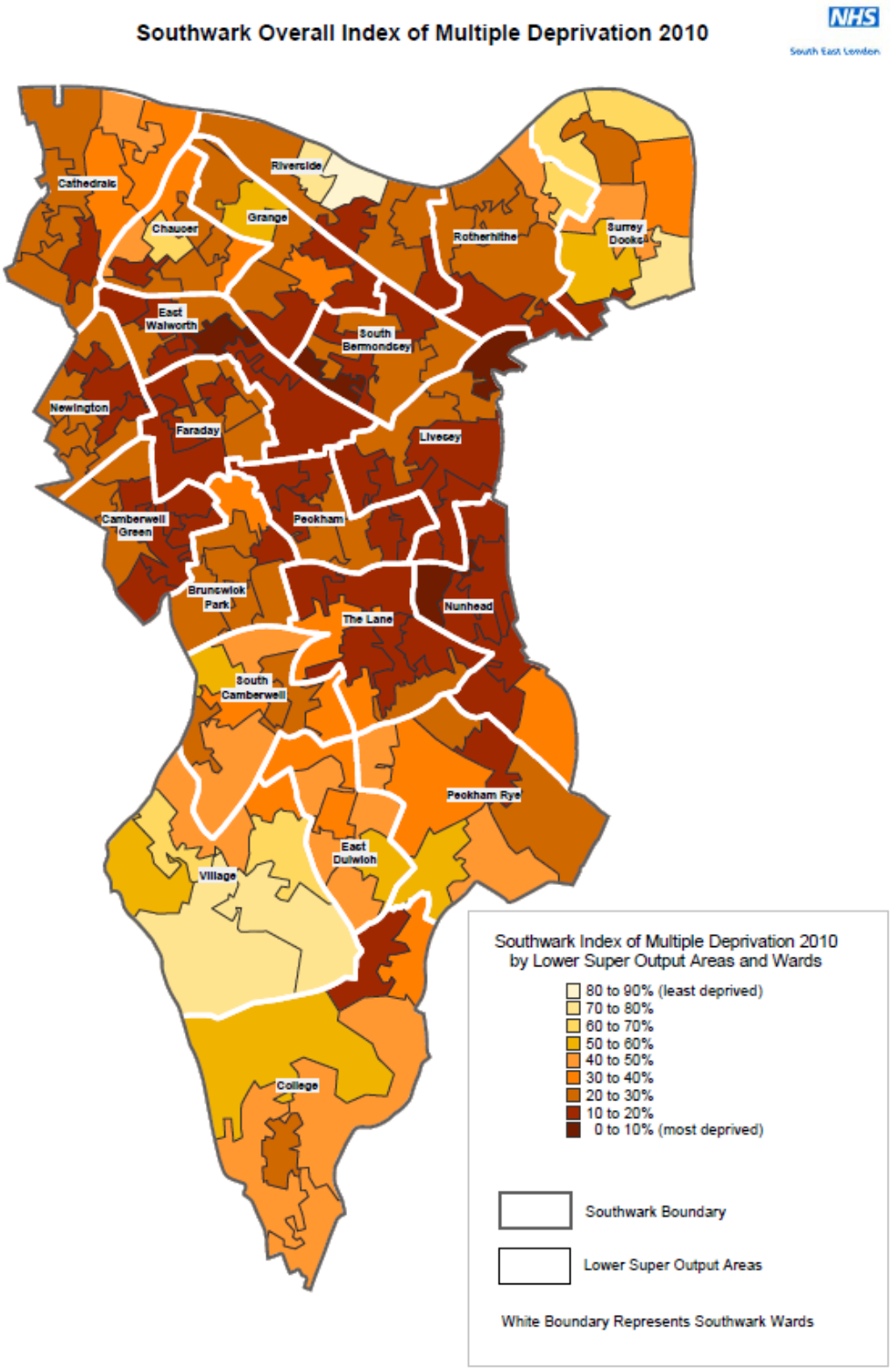
Spend compared to ONS Cluster



This chart shows spend per head of population for your CCG and ONS cluster.

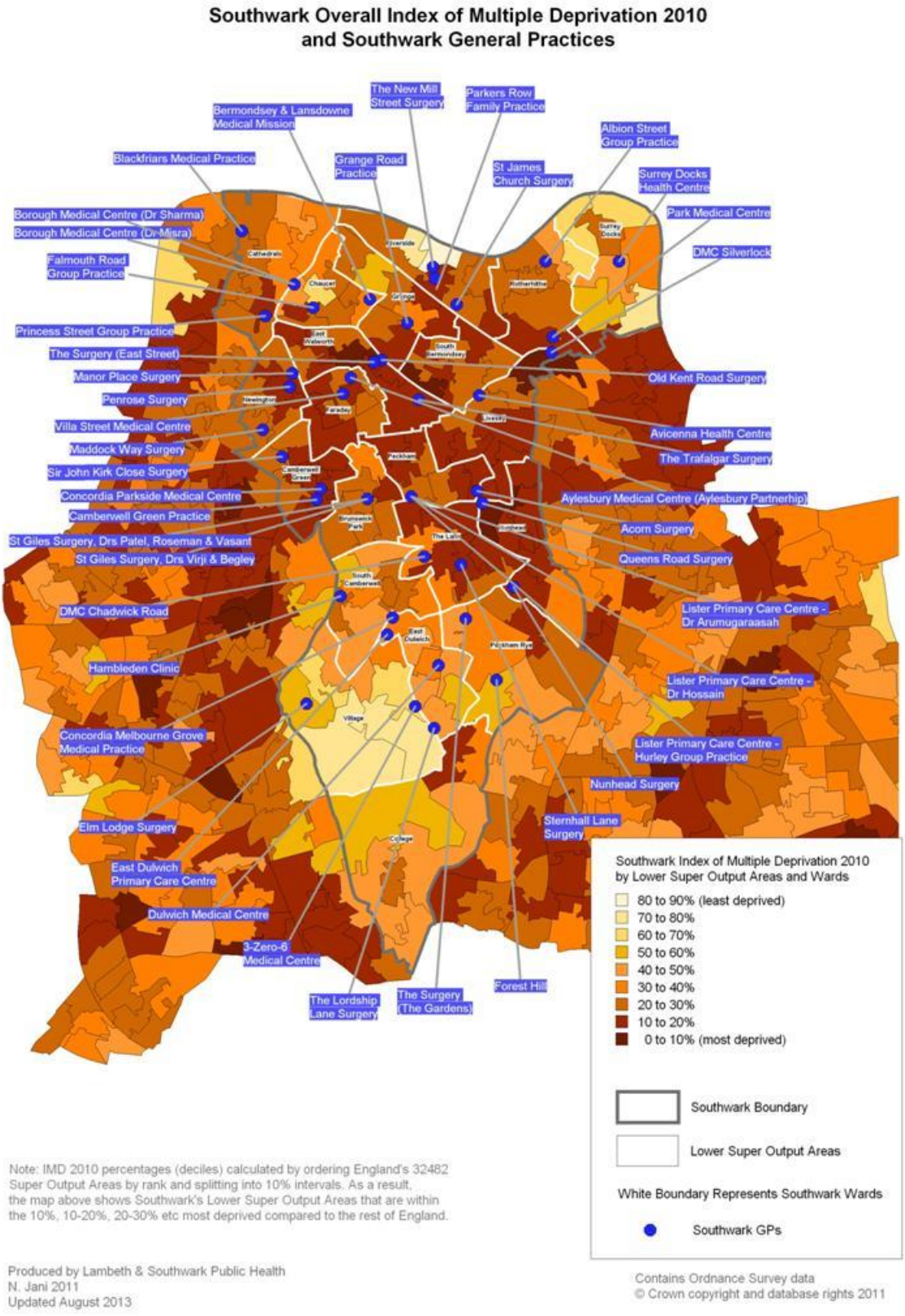
Source: http://www.yhpho.org.uk/quad/Default.aspx

APPENDIX 1 – Southwark map of index of multiple deprivation



For further information please visit http://data.gov.uk/dataset/index-of-multiple-deprivation

APPENDIX 2 – Southwark map of General Practices against deprivation



APPENDIX 3 – Summary Health Profile - Southwark

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average

England Worst | 25th Percentile | England Average | 75th Percentile | England Best

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	97239	34.4	19.8	83.0		0.0
	2 Proportion of children in poverty ‡	16985	32.3	21.9	50.9		6.4
	3 Statutory homelessness ‡	510	4.1	2.0	10.4		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1355	58.0	58.4	40.1		79.9
	5 Violent crime	7711	27.0	14.8	35.1		4.5
	6 Long term unemployment	2318	11.0	5.7	18.8		0.9
Children's and young people's health	7 Smoking in pregnancy ‡	217	4.9	13.7	32.7		3.1
	8 Breast feeding initiation ‡	4025	91.2	74.5	39.0		94.7
	9 Obese Children (Year 6) ‡	635	26.5	19.0	26.5		9.8
	10 Alcohol-specific hospital stays (under 18)	11	20.1	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) ‡	226	61.5	38.1	64.9		11.1
Adults' health and lifestyle	12 Adults smoking ‡	n/a	21.4	20.7	33.5		8.9
	13 Increasing and higher risk drinking	n/a	21.4	22.3	25.1		15.7
	14 Healthy eating adults	n/a	35.6	28.7	19.3		47.8
	15 Physically active adults ‡	n/a	10.5	11.2	5.7		18.2
	16 Obese adults ‡	n/a	22.5	24.2	30.7		13.9
Disease and poor health	17 Incidence of malignant melanoma	10	4.6	13.6	26.8		2.7
	18 Hospital stays for self-harm ‡	172	61.1	212.0	509.8		49.6
	19 Hospital stays for alcohol related harm ‡	4332	1809	1895	3276		910
	20 Drug misuse	2339	11.0	8.9	30.2		1.3
	21 People diagnosed with diabetes ‡	12262	4.4	5.5	8.1		3.3
	22 New cases of tuberculosis	103	36.1	15.3	124.4		0.0
	23 Acute sexually transmitted infections	5130	1787	775	2276		152
	24 Hip fracture in 65s and over ‡	134	391	452	655		324
Life expectancy and causes of death	25 Excess winter deaths ‡	67	14.2	18.7	35.0		4.4
	26 Life expectancy – male	n/a	78.2	78.6	73.6		85.1
	27 Life expectancy – female	n/a	83.4	82.6	79.1		89.8
	28 Infant deaths ‡	26	5.3	4.6	9.3		1.2
	29 Smoking related deaths	305	253	211	372		125
	30 Early deaths: heart disease and stroke ‡	141	73.7	67.3	123.2		35.5
	31 Early deaths: cancer ‡	235	122.2	110.1	159.1		77.9
	32 Road injuries and deaths ‡	152	53.3	44.3	128.8		14.1

‡ Substantially similar to indicator proposed in the Public Health Outcomes Framework published January 2012

Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2009 3 Crude rate per 1,000 households, 2010/11 4 % at Key Stage 4, 2010/11 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2010/11 6 Crude rate per 1,000 population aged16-64, 2011 7 % mothers smoking in pregnancy where status is known, 2010/11 8 % mothers initiating breast feeding where status is known, 2010/11 9 % school children in Year 6 (age 10-11), 2010/11 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2008-2010 12 % adults aged 18 and over, 2010/11 13 % aged 16+ in the resident population, 2008/2009 14 % adults, modelled estimate using Health Survey for England 2006-2008 15 % aged 16 and over, Oct 2009-Oct 2011 16 % adults, modelled estimate using Health Survey for England 2006-2008 17 Directly age standardised rate per 100,000 population, aged under 75, 2006-2008 18 Directly age sex standardised rate per 100,000 population, 2010/11 19 Directly age sex standardised rate per 100,000 population, 2010/11 20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2009/10 21 % people on GP registers with a recorded diagnosis of diabetes 2010/11 22 Crude rate per 100,000 population, 2008-2010 23 Crude rate per 100,000 population, 2010 (chlamydia screening coverage may influence rate) 24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2010/11 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.07-31.07.10 26 At birth, 2008-2010 27 At birth, 2008-2010 28 Rate per 1,000 live births, 2008-2010 29 Directly age standardised rate per 100,000 population aged 35 and over, 2008-2010 30 Directly age standardised rate per 100,000 population aged under 75, 2008-2010 31 Directly age standardised rate per 100,000 population aged under 75, 2008-2010 32 Rate per 100,000 population, 2008-2010

Source: http://www.apho.org.uk/?QN=P_HEALTH_PROFILES

APPENDIX 4 – QOF summary

NHS SOUTHWARK VS NHS ENGLAND - CLINICAL QUALITY

Top 10% | 10%-25% | 25%-75% | 75%-90% | Bottom 10%

2011-12 QOF results published by the NHS Information Centre using QMAS data from Primary Care Trust

No.	Indicator	Southwark PCT Value 2011-12	Southwark PCT 2010-11	Southwark PCT 2009-10	Southwark PCT 2008-09	Min	Max	England	LONDON STRATEGIC HEALTH AUTHORITY
1	**CHD6:** % Patients with CHD in whom last BP reading (measured in previous 15 months) is 150/90 or less	88.9%	88.3	87.2	88.0	87.3%	92.6%	90.1%	89.3%
2	**CHD8:** % Patients with CHD whose last measured total cholesterol (measured in previous 15 months) is 5mmol/l or less.	78.6%	80.2	79.1	78.7	73.5%	86.7%	80.4%	78.5%
3	**HF2:** % Patients with a diagnosis of heart failure which has been confirmed by an echo or specialist assessment	96.5%	97.0	96.2	96.9	90.8%	99.1%	95.7%	95.9%
4	**STROKE13:** % new patients with a stroke or TIA who have been referred for further investigation	89.2%	89.3	86.6	93.2	83.7%	94.7%	89.6%	88.5%
5	**STROKE6**: % patients with a history of stroke or TIA in whom last BP (measured in last 15 months) is 150/90 or less	86.6%	86.9	85.5	85.1	84.9%	91.7%	88.6%	87.9%
6	**STROKE8:** % patients with stroke or TIA whose last measured total cholesterol is 5mmol/l or	76.0%	76.9	73.8	75.0	70.6%	82.9%	77.2%	75.5%
7	**BP5:** % patients with hypertension in whom last BP (measured in last 9 months) is 150/90 or less	75.5%	75.9	74.3	75.1	75.3%	85.2%	79.7%	78.5%
9	**DM27:** % patients with DM in whom the last IFCC -HbA1c (in previous 15 months) is 64mmol/mol or less	73.3%	75.4	71.0		70.6%	84.4%	78.7%	75.6%
10	**DM28:** % patients with DM in whom the last IFCC -HbA1c (in previous 15 months) is 75mmol/mol or less	83.4%	85.4	81.4		82.1%	92.2%	88.6%	85.4%
12	**DM17**: % Patients with DM whose last measured total cholesterol (measured in previous 15 months) is 5mmol/l or less.	79.6%	80.4	79.2	79.9	75.2%	86.8%	81.7%	80.0%
15	**EPILEPSY8:** % of patients age 18 and over on drug treatment for epilepsy who have been seizure free for the last 12 months recorded in the previous 15 months	71.8%	68.6	67.3	68.4	63.3%	81.0%	74.7%	72.6%
16	**ASTHMA8**: % of patients aged 8 and over diagnosed as having asthma with measures of variability and reversibility	86.1%	87.4	85.8	88.0	78.7%	91.8%	87.2%	86.5%
17	**CKD3:** & of patients on CKD register in whom the last BP reading measured in previous 15 months is 140/85 or less	72.7%	71.2	72.2	69.5	70.0%	81.2%	75.1%	74.9%
18	**AF4:** % of patients with AF diagnosed with ECG or specialist confirmed diagnosis	95.8%	96.6	97.5	96.0	92.9%	97.8%	95.8%	95.5%
19	Southwark PCT	5.1%	5.8	6.41	6.04			5.6%	5.1%

Source: http://www.qof.ic.nhs.uk/

FURTHER READING: LINKS TO PUBLISHED PROFILES

No	Resource	Link
1.	Health Protection Profiles	http://www.hpa.org.uk/healthprotectionprofiles
2.	Child health related Profiles	http://www.chimat.org.uk/default.aspx?QN=CHMT0
3.	COPD Profiles	http://www.londonhp.nhs.uk/publications/copd/copd-profiles/
4.	Community Mental Health Profile	http://www.nepho.org.uk/cmhp/
5.	Diabetes Community Health Profile	http://yhpho.york.ac.uk/diabetesprofiles/default.aspx
6.	End of life care Profiles	http://www.endoflifecare-intelligence.org.uk/end_of_life_care_profiles/
7.	Health Profiles	http://www.apho.org.uk/default.aspx?RID=49802
8.	Infant Feeding Profile	https://www.gov.uk/government/publications/infant-feeding-profiles-2010-to-2011
9.	Injury profiles	http://www.apho.org.uk/default.aspx?QN=INJURY_DEFAULT
10.	Learning Disabilities Profile	http://www.improvinghealthandlives.org.uk/profiles/
11.	Alcohol Profile	http://www.lape.org.uk/
12.	Local Tobacco Control Profiles	http://www.tobaccoprofiles.info/
13.	Obesity	http://www.noo.org.uk/visualisation
14.	Sexual health balanced scorecard	http://www.apho.org.uk/default.aspx?QN=SBS_DEFAULT
15.	Kidney Care Profiles	http://www.kidneycare.nhs.uk/our_work_programmes/preventing_ill_health/kidney_disease_ccg_profiles/
16.	Urological Cancer profiles	http://www.ncin.org.uk/cancer_type_and_topic_specific_work/cancer_type_specific_work/urological_cancer/urological_cancer_hub/profiles
16.	Skin Cancer Hub	http://www.swpho.nhs.uk/skincancerhub/
17.	Violence against persons Profile	http://www.eviper.org.uk/LAProfile.aspx?reg=h
18.	Child & Adolescent Mental health	http://www.chimat.org.uk/camhs/tools
19.	Service snapshot disability	http://atlas.chimat.org.uk/ias/profiles/profile?profileid=44&geotypeid=4
20.	Cardiovascular disease profiles	http://www.sepho.org.uk/NationalCVD/NationalCVDProfiles.aspx
21.	APHO - Tools and data links	http://www.apho.org.uk/default.aspx?RID=39403
	Link to other profiles	http://www.chimat.org.uk/profiles/otherprofiles

Note: Please note that data/information in this paper has been obtained from several reliable sources such as Health and Social Care Information Centre, Greater London Authority, Office for National Statistics, Public Health England, etc. If you have any queries, please send an email to ash.more@southwark.gov.uk or nilam.jani@southwark.gov.uk

Item No. 11.	Classification: Open	Date: 28 July 2014	Meeting Name: Health and Wellbeing Board
Report title:		Health and Wellbeing Board Governance Review	
Wards or groups affected:		All	
From:		Kerry Crichlow, Director of Strategy and Commissioning, Children's and Adults' Services	

RECOMMENDATION

1. The Board is requested to:

   - Note the progress made on taking forward the review of governance arrangements for the Health and Wellbeing Board; and

   - Note the terms of reference for the review agreed across the partners, set out at Appendix 1.

BACKGROUND INFORMATION

2. In April 2013 the Council took on new responsibilities for public health and a local statutory Health and Wellbeing Board, in line with the Health and Social Care Act 2012. See Appendix 2 for a summary of the duties and powers introduced by this legislation.

3. A key outcome from the shadow arrangements prior to April 2013 was that partnership arrangements relating to health and wellbeing should be kept under regular review to ensure they remain fit for purpose and that they maximise the opportunities arising from the new responsibilities.

4. At the last meeting of the Health and Wellbeing Board, the outline terms of reference for the review were agreed and have now been worked up and agreed across the partners.

KEY ISSUES FOR CONSIDERATION

5. At the heart of the review is the ongoing test that our local configuration is enabling maximum impact on improved outcomes for residents through effective partnership working.

6. See Appendix 3 for the current governance and partnership landscape across health and wellbeing services. The outcome of the review is likely to have implications for future partnership and governance arrangements for the board and local partnership infrastructure as a whole.

7. It is anticipated that the review will identify a number of recommendations which will be brought to the Health and Wellbeing Board for consideration in the autumn.

Policy implications

8. The outcome of this work is likely to have implications for how other bodies and partnerships take proper account of the health and wellbeing strategy, 'regard' of the joint strategic needs assessment and the boards' decisions in relation to services related to, or having an effect on, health and care.

Community and equalities impact statement

9. Reducing health and wellbeing inequalities is a key objective of the Health and Wellbeing Board and this will be taken into account as part of the review.

Legal implications

10. The review will have due regard to the statutory responsibilities of the Health and Wellbeing Board (as set out in Appendix 2) and its constituent bodies to develop a shared understanding as to its responsibilities and decision making arrangements.

Financial implications

11. The financial implications of the proposed review will be met within existing council resources.

BACKGROUND PAPERS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Review panel terms of reference
Appendix 2	Summary table of the duties and powers introduced by the Health and Social Care Act 2012
Appendix 3	Governance and partnership landscape across health and wellbeing services – July 2014

AUDIT TRAIL

Lead Officer	Kerry Crichlow, Director of Strategy and Commissioning Children's and Adult Services
Report Author	As above
Version	Final
Dated	14 July 2014
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Strategic Director of Children's and Adults' Services	No	No
Date final report sent to Constitutional Team		14 July 2014

APPENDIX 1

HEALTH AND WELLBEING BOARD GOVERNANCE REVIEW

REVIEW PANEL TERMS OF REFERENCE

Objectives

1. The review panel has been established to undertake an independent review of the governance arrangements in the health and wellbeing landscape, including the Health and Wellbeing Board and wider partnership infrastructure. The review will consider current capacity and the future developments required to deliver the local health and wellbeing agenda, in particular making a tangible difference to residents' lives through delivering the integration agenda.

Function and activity

2. The function of the review panel is to ensure that current ways of working are robust enough to deliver the Health and Wellbeing Board's ambitions around improving health and wellbeing outcomes for local people, in particular in relation to the integration of services.

3. In order to achieve this, it will:

   - Assess the current partnership arrangements within the context of current and anticipated requirements on the Health and Wellbeing Board, including the oversight of safeguarding procedures for children and vulnerable adults;

   - Examine the totality of the local partnership infrastructure (see Appendix 3) and identify strengths and opportunities, duplication, and where the local partnership structure needs clarity or would benefit from change or new ways of working;

   - Test current arrangements against best practice governance models and learning, to identify what it may mean for future arrangements in particular reporting, processes and delegated authority including relevant links to local health scrutiny responsibilities as appropriate.

4. In carrying out these activities, the review panel will consider and test the following:

   - The capacity of current arrangements against the range of responsibilities and expectations that have been placed upon it by national government (see Appendix 2 for further details).

   - The effectiveness and efficiency of current arrangements and whether the delegation of additional functions from the Council to the Board would be beneficial.

   - The relationships between the board and:

     i. other partnership bodies, such as Safer Southwark Partnership, children and adult safeguarding boards and the Children and Families' Trust;
     ii. working groups, such as Southwark and Lambeth Integrated Care governance

and delivery boards, primary and community care delivery working groups and local commissioning boards; and

iii. statutory bodies, such as the Healthy Communities scrutiny committee.

These relationships will need to be considered against the expectations formally set out in the Health and Social Care Act 2012 and the Care Act 2014; the statutory responsibilities of Clinical Commissioning Groups, Directors of Children's Services and Directors of Adults' Services; and around any policy expectations such as safeguarding responsibilities, the Winterbourne Concordat and Better Care Fund.

Accountability and timeframe

5. The review panel will meet on 25 July to discuss parameters and set expectations for the review.

6. A desk based audit will be carried out over the summer and recommendations will be fed back to the review panel in September.

7. The recommendations will be reported at the next relevant Health and Wellbeing Board, which will determine actions and next steps.

Membership

8. The following panel membership is proposed:

Alex Laidler	Director, Adult Social Care, Southwark Council
Tamsin Hooton	Director of Service Redesign, NHS Southwark CCG
Graeme Gordon	Director, Corporate Strategy, Southwark Council
Kerry Crichlow	Director, Strategy and Commissioning, Southwark Council
Dr Ruth Wallis	Director of Public Health for Lambeth and Southwark
Dr Jonty Heaversedge	Chair, NHS Southwark CCG
Gordon McCullough	Chief Officer, Community Action Southwark
Jonathon Toy	Head of Community Safety and Enforcements, Southwark Council
Andrew Bland	Chief Officer, NHS Southwark CCG
Mark Kewley	Director of Strategy, SLIC
Sarah Feasey	Head of Safeguarding & Community Services, Finance and Corporate Services, Southwark Council

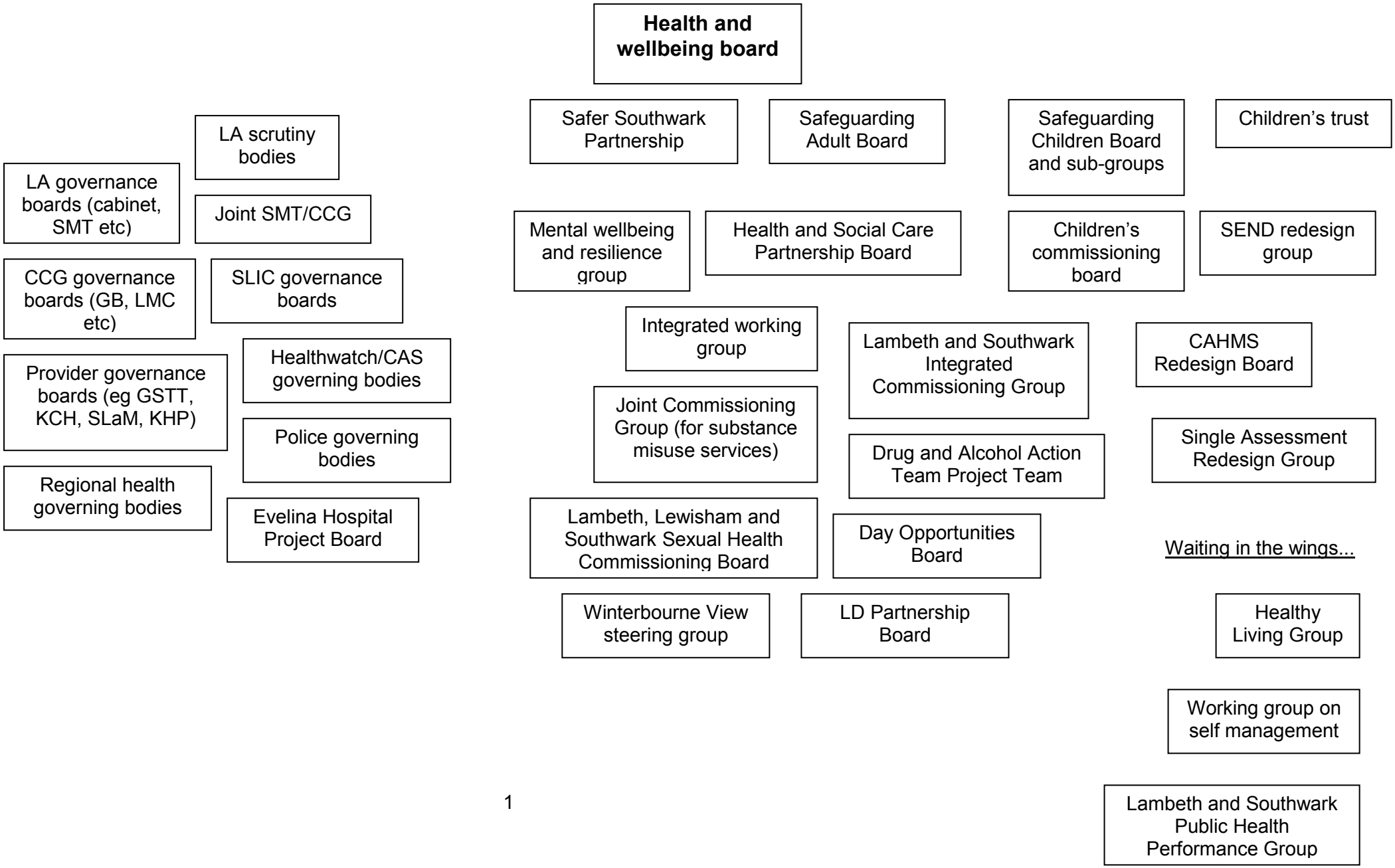
Expert advice and challenge

9. An expert adviser, Gayle Curry of Mills and Reeve, will provide independent challenge to stimulate thinking and discussion, provide evidence-based advice on the powers and duties of each organisation and the Health and Well-Being Board Terms of Reference and associated agreements, as well as to benchmark local arrangements against national best practice and experience.

A summary table of the duties and powers introduced by the Health and Social Care Act 2012 relevant to JSNAs and JHWSs					
LOCAL DEMOCRATIC LEGITIMACY – POWERS AND DUTIES	**CCGs**	**Local Authority**	**NHS Commissioning Board**	**Local Healthwatch**	**Health and Wellbeing Board**
Establishment and membership of health and wellbeing board					
Representation or participation to Health and Wellbeing Board (HWB)	X (those whose are	X^	X (participation in JSNA and JH'	X	
Power to appoint additional members to the board as deemed appropriate		X (with duty to consult	HWB if appointing after establishment)		X
Power for two or more HWBs to exercise their functions jointly					X
Functions of health and wellbeing board					
Duty to cooperate with the HWB in the exercise of its functions	X				
Power for HWB to request information for the purposes of enabling or assisting its performance of functions from:	X (duty to provide)	X (duty to provide)		X (duty to provide)	X (power to request)
• the local authority	X*	X*			
• certain members or those they represent with a duty to provide	X*	X*			
Duty to prepare assessment of needs (JSNA) in relation to LA area and have regard to guidance from Secretary of State	X*	X*	X (to participate)		X
Duty to prepare a JHWS for meeting needs included in JSNA in relation to LA area and have regard to guidance from Secretary of State	X*	X*	X (to participate)		X
Duty to involve third parties in preparation of the JSNA:	X*	X*			X
• Local Healthwatch					X
• people living or working in the area					X
• for County Councils - each relevant DC					X
Duty to involve third parties in preparation of the JSWS:	X*	X*			X
• Local Healthwatch					X
• people living or working in the area					X
Power to consult any persons it thinks appropriate in preparation of the JSNA	X*	X*			X
Duty to have regard to the NHS Commissioning Board mandate in developing the JSNA and JHWS	X*	X*			X
Duty to consider flexibilities under the NHS Act 2006 when developing JHWS	X*	X*			X
Duty to publish the JSNA	X*	X*			
Duty to publish the JHWS	X*	X*			
Power to include in the JHWS a statement of views on how the commissioning of health and social care services, and wider health-related services**, could be more closely integrated – i.e. the ability for the JHWS to look more broadly than health and social care in relation to closer integration of commissioning	X*	X*			X
Power to delegate any local authority function (except scrutiny) to the HWB		X			X (to exercise the delegated funct
Impact of duties on other associated functions					
Duty to have regard to relevant JSNA and JHWS in the exercise of relevant functions	X (in exercising an	X (in exercising any fu	X (in exercising any relevant commissioning functions)		
Duty to encourage integrated working:					X
• between commissioners of health services and commissioners of social care services					
• in particular to provide advice, assistance or other support for the purpose of encouraging use of flexibilities under the NHS Act 2006					
Power to encourage close working (in relation to wider determinants of health):					X
• between itself and commissioners of health-related services					
• between commissioners of health services or social care services and commissioners of health-related services					
Alignment of commissioning plans					
Power of the HWB to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNA and JHWS					X
Duty to involve HWB in preparing or significantly revising the commissioning plan - including consulting it on whether the plan has taken proper account of the relevant JHWS	X				X
Duty to provide opinion on whether the commissioning plan has taken proper account of the JHWS					X
Power to also write to NHSCB with that opinion on the commissioning plan (copy must also be supplied to the relevant CCG)					X
Duty to include a statement of the final opinion of the relevant HWB in the published commissioning plan	X				

	Power to provide NHSCB with opinion on whether a published commissioning plan has taken proper account of the JHWS (copy must alse be supplied to the relevant CCG)					X
	Duty to review how far the CCG has contributed to the delivery of any JHWS to which it was required to have regard and consult HWB on this	X				X
	Duty in conducting the performance assessment, to assess how well CCG has discharged duty to have regard to JSNA and JHWS and to consult HWB on its view on CCGs contribution to delivery of any JHWS to which it was required to have regard (when conducting its annual performance assessment of the CCG)			X		X
	Other duties, which can be contributed to through the JSNA and JHWS					
	Duty to exercise functions with a view to securing continuous improvement in quality of services	X				
	Duty to act with a view to secure continuous improvement in outcomes achieved	X				
	Duty to exercise functions with regard to need to reduce inequalities between patients in outcomes and access to services	X		X		
	Duty to when exercising their functions promote the involvement of patients, their carers and representatives in decisions about the provision of health services to the patient	X				
	Duty to when exercising their functions promote innovation in the provision of health services	X				
	Duty to exercise functions with a view to securing integration in the provision of health services, and the provision of health and social care services, or health and health-related services, to improve the quality of the services or reduce the inequalities between patients in outcomes of and or access to, services	X		X		
Notes:						
X*	duty must be discharged via HWB					
X^	this includes the directors of adult social services, chlidren's services, public health and elected representatives nominated by the Leader, Mayor or in some cases the local authority itself					
***	health services, health-related services, and social care services are defined in s.195 of the Health and Social Care Act 2012					
	health services means services that are provided as part of the health service in England where the health service has the same meaning as in the NHS Act 2006					
	social care services means services that are provided in pursuance of the social services functions of local authorities (within the meaning of the Local Authority Social Services Act 1970)					
	health-related services means services that may have an effect on the health of individuals but are not health or social care services					

Appendix 3: Governance and partnership landscape across health and wellbeing services – July 2014



Item No. 12.	Classification: Open	Date: 28 July 2014	Meeting Name: Health & Wellbeing Board
Report title:		Director of Public Health Report – Lambeth & Southwark	
Ward(s) or groups affected:		All wards	
From:		Director of Public Health	

RECOMMENDATION(S)

1. That the Board note the Director of Public Health Report covering the period April to June 2014 attached as Appendix 1 to the report.

BACKGROUND INFORMATION

2. Director of Public Health reports periodically on health issues in the borough.

KEY ISSUES FOR CONSIDERATION

3. This report is a quarterly report of the Joint Director of Public Health to the Lambeth & Southwark Health and Wellbeing Boards and the Lambeth & Southwark clinical commissioning groups. This report covers some current issues:

- Physical Activity
- Lambeth Early Action Partnership (LEAP) Update
- JSNA and Life Expectancy
- Cancer Briefing
- Lambeth and Southwark Wellbeing Network
- Chemsex
- National Bacillus cereus outbreak
- Statin Model Briefing
- Public Health Briefing on the Southwark Primary & Community Care Strategy

Policy implications

This is an overview document and any implications for policy will be subject to a more detailed report

Resource implications

Any resource implications are set out in the Appendix attached.

Legal implications

Any legal implications are set out in the Appendix attached.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Director of Public Health Report, Lambeth & Southwark April – June 2014

AUDIT TRAIL

Lead Officer	Dr Ruth Wallis, Director of Public Health – Lambeth & Southwark	
Report Author	Dr Ruth Wallis, Director of Public Health – Lambeth 7 Southwark	
Version	Final	
Dated	24 June 2014	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		24 June 2014

APPENDIX 1

Public Health
in Lambeth and Southwark

Director of Public Health Report

April - June 2014

Lambeth and Southwark Public Health

Director of Public Health: Dr Ruth Wallis

Introduction

This is the quarterly report of the Director of Public Health for Lambeth and Southwark for the first quarter of 2014-15. The report is for the London boroughs of Lambeth and Southwark and Lambeth and Southwark Clinical Commissioning Groups as well as for all Health and Wellbeing Boards partners.

The aim of the quarterly reports is to; update partners on the activities of the Lambeth and Southwark specialist public health team and work being done in partnership, to provide information about current public health issues relevant to Lambeth and Southwark including alerting people to areas of concern or risk.

This quarter summaries are on action to promote physical activity, the Lambeth Early Action Partnership (LEAP), work on the Joint Strategic Needs Assessments (JSNAs), Cancer, the Lambeth & Southwark Wellbeing Network, the Chemsex study, National Bacillus cereus Outbreak, Statin Model Briefing and Public Health Briefing on the Southwark Primary & Community Care strategy .

Comments and ideas for future topics are welcome. Please contact PHadmin@southwark.gov.uk

1. Physical Activity

The most recent Active People Survey provides the first set of data against the PHE outcome 'physical inactivity' indicator and suggests that 26% (Southwark) and 22% (Lambeth) of the adult population are inactive i.e. doing less than 30mins moderate physical activity a week. A subsequent all party commission on physical inactivity reinforces the Lambeth and Southwark approach to tackle this at multiple levels, including improved design of the built environment, as well as services and facilities and the active travel agenda.

Southwark's Tackling Inactivity group led by Public Health met in May 2014 at City Hall to discuss partnership working and support for active travel from Transport for London/Mayor of London (TFL/MOL). The meeting agreed to 1) support the proposed '20mph borough' with alignment of relevant partnership messages/activities, 2) use the Health Economic Assessment Tool to appraise relative impact of new walking and cycling interventions, 3) compile for neighbourhood areas a list of recommended 'improvements' that support more physical activity which could be considered for Cleaner, Greener Safer bids. Both Lambeth and Southwark planning teams have started discussions with public health on 'active design' guidance for the built environment and the Design Council has offered to support this thinking.

Both Councils have signed up to take part in 5K Your Way staff walk/jog/run event on 2nd July.

Please join us! Sign up at www.5kyw.co.uk (Southwark team photo features on home page!).

For more info email: rosie.dalton-lucas@southwark.gov.uk

2. Lambeth Early Action Partnership (LEAP) Update

Lambeth's bid to the BIG Lottery for £35mn over ten years was submitted at the end of February 2014. The bid aims to improve health from conception to under-4 years old in four deprived Lambeth wards - Stockwell, Coldharbour, Tulse Hill and Vassall. Lambeth is one of fifteen sites shortlisted.

The proposal takes a public health approach with a portfolio of interventions designed to complement existing services, scale up evidence-based interventions where relevant and address health inequalities. These were developed after extensive consultation with parents, local communities and other stakeholders. The main outcomes are to reduce child and maternal obesity, improve and reduce inequalities in social and emotional health and communication and language in early years. Interventions include; scaling up existing work that is evidence-based (e.g. Family Nurse Partnership), developing local programmes for which there is some evidence of effectiveness (e.g. for maternal obesity), and innovations where building the evidence will be an essential component e.g. community nutrition and exercise.

The final assessment by BIG was a 90 minute interview on the 9th May 2014 with a panel consisting of four England Lottery Board members and three expert advisors. The results are to be announced in the first week of June.

3. Joint Strategic Needs Assessment (JSNA) and Life Expectancy

Life Expectancy in Lambeth and Southwark

The refreshed Lambeth and Southwark Joint Strategic Needs Assessments (JSNAs) will include a series of locally produced fact sheets. These fact sheets provide a brief, readable and up-to-date summary of some of the key facts on health & wellbeing and social care issues in Lambeth and Southwark. Once complete, they will be available to download on the new JSNA websites.

We hope that the fact sheets will be useful for a wide audience including councillors, commissioners and the general public. Initially, factsheets are being developed on the following topics: Demography, Risk Factors, Wellbeing and Life Expectancy. An overview of the latest fact sheet on Life Expectancy is

given in the next section.

Life expectancy compared with England average

In Lambeth, average life expectancy in men is 78.2 years. This is one year less than the England average (79.2 years). In Southwark, men can expect to live on average for 78.0 years. This is 15 months less than the England average. The main contributors to the gap between local and national life expectancy are excess deaths in Lambeth males from cancer (in particular lung cancer), circulatory diseases and chronic obstructive pulmonary disease (COPD), and in Southwark males from COPD, cancer (in particular lung cancer) and circulatory diseases.

By comparison, women in Lambeth and Southwark can expect to live on average 83.0and 83.1 years respectively. This is similar to the England average (83.0 years).

Inequalities in life expectancy within Lambeth and Southwark

Whilst average life expectancy in Lambeth and Southwark has increased over the last 10 years, there are differences between the least and most deprived populations within each Borough. The latest available data (2010-12), show that in Lambeth there is a 5 year (males) and 2.8 year (females) difference in life expectancy between the most and least deprived populations. In Southwark the difference is 7.1 years (males) and 7.3 years (females). Analysis from Public Health England shows that the key contributors to these inequalities in life expectancy are excess deaths from circulatory diseases (in particular, heart disease), respiratory conditions (in particular COPD) and cancer.

Healthy life expectancy compared with England average

The Public Health Outcomes Framework includes healthy life expectancy, as well as life expectancy as one of its overarching indicators. Healthy life expectancy refers to the number of years an individual is expected to live in full health. In Lambeth, healthy life expectancy at birth is 61.1 years (males) and 62.3 years (females) – both similar to the England average of 63.2 years (males) and 64.2 years (females).In Southwark, male and female healthy life expectancy are 60.6 years (males) and 60.2 years (females) – similar to the England average for men but lower than the England average for women.

4. Cancer Briefing

Cancer Facts

Why is it important?

- 930 new cases of cancer are diagnosed each year in Lambeth residents and around 850 in Southwark residents. Of these, in both boroughs around 130 are lung cancer, 130 are breast cancer and 90 are colorectal cancer. For prostate cancer the rates are different between the boroughs, with around 180 new cases in Lambeth and 120 in Southwark. (Source: National Cancer Intelligence Network, UK Cancer e-Atlas, figures averaged for 2008-2010)[1]
- In Lambeth and Southwark, cancer is the largest cause of premature death, accounting for almost half of deaths in people under 75 years old and is therefore an important local health priority.
- Around a third of the most common cancers could be prevented; modifiable risk factors include smoking, lack of physical activity, obesity and alcohol consumption.
- Late diagnosis of cancer is the major factor underlying poor survival rates in the UK. Many high income countries have comparatively good survival rates.
- Earlier diagnosis of cancer could save up to 10,000 lives each year in England
- Factors that contribute to late detection include poor public awareness of cancer symptoms leading to low uptake of screening and late presentation to a GP

Awareness of cancer symptoms

Awareness of signs and symptoms of cancer is the first step to early detection and improving cancer outcomes.

The NHS's "Know 4 sure" campaign (www.nhs.uk/know4sure) provides a simple way for people to remember some key signs to look out for. They are:

1) Unexplained blood that doesn't come from an obvious injury

2) An unexplained lump

[1] National Cancer Intelligence Network, UK Cancer e-Atlas, figures averaged for 2008-2010

3) Unexplained weight loss which feels significant to you

4) Any type of unexplained pain that doesn't go away

Individuals should also consult their GP if they notice anything that is persistent, unexplained or an unusual change in their body:

Persistent: Symptoms that last 3 weeks or more, such as a cough, a mouth or tongue ulcer, a sore that doesn't heal or bloating

Unexplained: Symptoms such as difficulty swallowing food, or needing to pee very often or very suddenly

Unusual for the individual: Such as a change in the size, shape or colour of a mole, or a change to their nipple, or the skin and shape of the breast

Prevention of Cancer

There is much that can be done at an individual, community and societal level to help prevent cancer:

- **Tobacco use**, the most common risk factor, is linked to 71% of lung cancer deaths and accounts for at least 22% of all cancer deaths world-wide
- **Alcohol** is a known risk factor for cancer. It is strongly linked with an increased risk of cancers of the mouth, pharynx, larynx, oesophagus, bowel and breast and may also increase the risk of liver cancer and bowel cancer in women.
- **Overweight and obesity** are strongly linked to increased risks of bowel, breast, uterine, pancreatic, oesophagus, kidney and gallbladder cancers.
- **Exposure to UV** light is the main cause of skin cancer.
- There is evidence that **certain foods** are associated with either an increased or decreased risk of cancer, for example consumption of red meat and processed meats both have a strong association with colorectal cancer

Advice for Individuals on prevention of cancer

1) Be as lean as possible within the normal range of body weight

2) Be physically active as part of everyday life

3) Do not smoke and avoid exposure to tobacco smoke

4) Limit consumption of energy-dense foods and avoid sugary drinks

5) Eat mostly foods of plant origin

6) Limit intake of red meat and avoid processed meat

7) Limit alcoholic drinks

8) Limit consumption of salt and avoid mouldy cereals or pulses

9) Mothers should aim to breastfeed their children exclusively for 6 months

Screening for cancer

Attendance at screening programmes for certain cancers helps detect these cancers early so that they can be treated early. In the UK these are:

Breast cancer

http://www.selbreastscreening.org.uk/Screening_Appointments_When_we_screen

All women aged 50 – 70 receive an invitation for screening every 3 years

Cervical screening

http://www.cancerscreening.nhs.uk/cervical/about-cervical-screening.html

Women aged 25-64 who are registered with a GP receive an invitation every 3-5 years, depending on their age

Bowel cancer screening

http://www.cancerscreening.nhs.uk/bowel/index.html

Women and mend aged 60-69 receive an invitation to participate2 years and people aged over 69 can

call a Freephone number to request a screening test kit (0800 707 6060)

5. Lambeth and Southwark Wellbeing Network

This network is for all those wishing to gain a greater understanding of how to promote wellbeing, both as providers, commissioners of services and policy makers and to share practice across the boroughs. The network is supported by a monthly e-bulletin and blog at http://lambethwellbeing.wordpress.com/ which has information about latest news, Mental Health First Aid and suicide awareness training, grants funding, evidence and policy and useful resources. The network meets three times a year, with the next meeting planned for mid July (date to be confirmed). A wellbeing factsheet for both boroughs as part of JSNA is in development.

6. Chemsex

The Chemsex Study was an exploratory, mixed-method research project, commissioned by the LSL Sexual Health Team that explored drug use in sexual settings among gay and bisexual men living in Lambeth, Southwark and Lewisham (LSL).

Chemsex is the term used to describe sex between men that occurs under the influence of drugs taken immediately preceding and/or during the sexual session. The drugs most commonly associated with chemsex are crystal methamphetamine, GHB/GBL (Gammahydroxybutyrate/Gammabutyrolatone), mephedrone and, to a lesser extent, cocaine and ketamine. All, except ketamine, are stimulant drugs in that they typically increase heart rate and blood pressure and trigger feelings of euphoria. Crystal methamphetamine, GHB/GBL and mephedrone also have a common effect of facilitating feelings of sexual arousal. These drugs are often taken in combination and are commonly associated with sexual sessions occurring over extended periods of time, sometimes (but not always) involving larger numbers of sexual partners.

These drugs are widely known to facilitate pleasure or euphoria, in a variety of ways, but are also associated with a range of harms. Particular concern has been raised regarding the role of crystal meth, GHB/GBL and mephedrone in sexual HIV or STI transmission risk behaviour. While the link between drug use and risk taking behaviour is immensely complex, it is possible to say that there is a clear association between the two. It is also possible that STI transmission is facilitated by rectal trauma or penile abrasions that result from long sexual sessions with multiple partners, made

possible by stimulant drug use. There are also a range of harms associated with drug overdose, especially in relation to GHB/GHB, which is typically administered in very small doses that need to be very carefully timed.

While research conducted over the last twenty years indicates that a higher proportion of gay men use drugs than is the case for the general population, levels of injection use among this population have typically been very low. However, there have been growing concerns from a range of health and social care professionals, as well as from members of the gay community more generally, that there might have been a steep rise in injection use.

It is widely perceived that Chemsex is particularly prevalent in Lambeth, Southwark and Lewisham; all are home to very large populations of gay and bisexual men and to men living with diagnosed HIV. There is a very large commercial gay scene in Vauxhall, which contains clubs previously associated with drug use as well as sex-on-premises venues, such as saunas. Within the past two years there have been a number of drug related deaths among gay men in clubs or sex-on-premises venues in Vauxhall that has been reported in the media, indicating a significant degree of harm reduction need among this local population.

Between August 2013 and February 2014 the commissioned researchers (Sigma Research) undertook a series of interlinked research activities to address the study aims. Initially, they conducted a secondary analysis of drug use data collected as part of the European MSM Internet Survey (The EMIS Network, 2013) specific to Lambeth, Southwark and Lewisham. EMIS was a large-scale internet survey of MSM conducted in the summer of 2010. Data from this survey provided the wider context of drug use prevalence. With a total sample of over 174,000 MSM, EMIS is the largest survey of MSM ever undertaken anywhere in the world.

Responses to survey questions that related to use of drugs and use of gay social or commercial spaces were compared between LSL residents and residents in the rest of London and England.

Starting in early October 2013, they also undertook 30 face-to-face interviews with gay or bisexual men from across LSL. To be eligible to take part they had to be over the age of 18, have used crystal meth, GHB/GBL or mephedrone during sex within the previous 12 months and be resident in Lambeth, Southwark or Lewisham. Men were recruited by a number of mechanisms, including: online promotion via social networking apps that specifically cater for gay men; paid promotion in a London gay-scene print magazine with a large readership; and distribution of specially designed business.

The study looked at a number of key areas: the impact of drugs on sexual health and pleasure; the role of drugs in the transmission of HIV/STIs; negative experiences and harms associated with

sexualised drug use; how men access and use help to manage their drug use.

The study also came up with four main recommendations. These centred on the provision of better substance misuse harm reduction information; increasing expert referral pathways between sexual health and drugs services, whilst ensuring those services understand gay men's health issues; coordinated work with gay venues and media to ensure harm reduction policies, practice and culture; structural work with international websites and apps which promote and facilitate gay sexual networking.

The full report is available at www.lambeth.gov.uk/chemsex[2]

7. National Bacillus cereus Outbreak

Public Health England (PHE) can report the total number of Bacillus cereus cases linked to its investigation of blood poisoning (septicaemia) in England stands at 22 (18 confirmed and 4 possible cases). All cases received the potentially affected intravenous liquid (total parental nutrition, TPN). One of the affected hospitals is St Thomas' Hospital where three babies were confirmed with Bacillus cereus and one baby sadly died.

Investigations to date have suggested the source of the Bacillus cereus infection that has affected outbreak cases was the contamination of intravenous liquid products during a single day of production, which are no longer in circulation. PHE is continuing to work with the Medicines and Healthcare products Regulatory Agency (MHRA) on this investigation and to ensure all possible lessons from this serious incident are identified.

The MHRA reported that based on the information currently available it is believed this is an isolated incident and the appropriate immediate action has been taken at ITH Pharma's facility to avoid a reoccurrence. Therefore MHRA is allowing this critical product to be supplied to patients while their investigation proceeds.

Further inspections are being made as part of the ongoing MHRA investigation with the being priority to find out how this incident happened. This is part of a national multiagency investigation involving the NHS, Public Health England, the Department of Health and other health organisations.

There have been no new infections since 2 June. As the investigation continues the number of cases linked to this cluster may fluctuate, as previously unrecognised cases may come to light or

[2] The Chemsex Study - www.lambeth.gov.uk/chemsex

investigations may enable cases previously thought to be part of the outbreak to be excluded.

	13 June	6 June
Chelsea and Westminster Hospital NHS Foundation Trust – this possible case had signs of the infection while at Chelsea and Westminster but is now being cared for at Southend University Hospital	4 confirmed	4 confirmed, 1 possible
Guy's and St Thomas' NHS Foundation Trust	3 confirmed	3 confirmed
The Whittington Hospital	1 confirmed, 1 possible	1 confirmed
Brighton & Sussex University Hospital NHS Trust	3 confirmed	3 confirmed
CUH Addenbrookes	2 confirmed	2 confirmed, 1 possible
Luton and Dunstable University Hospital	2 confirmed	2 confirmed
Peterborough City Hospital	1 confirmed	1 confirmed
Southend University Hospital – this possible case had signs of the infection while at Chelsea and Westminster but is now being cared for at Southend University Hospital	1 confirmed, 1 possible	1 probable
Stoke Mandeville Hospital	1 confirmed	1 probable
Basildon University Hospital	1 possible	1 possible
Harley Street Clinic	1 possible	
Totals:	22	21
Confirmed	18	16
Probable	0	2
Possible	4	3

8. Statin Model Briefing

Briefing: Improving cardiovascular outcomes; Modelling health and economic impact of statin prescribing for primary prevention among people identified as at risk following a cardiovascular risk check. From local to national use

Introduction

Cardiovascular disease is among the top 3 causes of premature mortality in the UK. At least half of all deaths from CVD occur in people with no known prior disease.[3] The risk of coronary heart disease events, rises in proportion to the number of risk factors[4], so primary prevention is important to reduce overall mortality.

The DH Cardiovascular Disease Outcomes Strategy 2014 has 10 actions to improve cardiovascular outcomes. Action 6 refers to improving primary and secondary prevention in the community.

The Cardiovascular risk (health checks) Programme identifies people who have a 20% risk or more of a cardiovascular event in the next 10 years. This is a prime group for primary prevention. Statins for primary prevention are among the top 12 most cost effective public health interventions.

A modes was developed in Lambeth & Southwark to determine the health and economic impact of different statin prescribing rates among those identified as at risk of a CVD event. This is now being adapted for national use to assist in the implementation of the Cardiovascular Disease Outcomes Strategy. Each area can use the model to develop their implementation plans, based on an audit of local statin prescribing rates.

There have been concerns about over-medicalisation of people with risk factors for cardiovascular disease. However, the latest evidence suggests lifestyle management is less effective than statin prescribing for primary (and secondary) prevention.[5] [5]

NICE guidance published in 2010, recommends clinical judgement is used to inform the commencement of statin therapy. For example, the willingness/ability of the individual to modify their diet will be a factor in deciding whether a statin should be prescribed or not.

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[3] Prioritising investments in preventative health. Health England; Matrix insight 2000

[4] Greenland P, Knoll MD, PhD; Stamler et al. Major Risk Factors as Antecedents of Fatal and Nonfatal Coronary Heart Disease Events *JAMA.* 2003;290(7):891-897

[5] Ebrahim S, Taylor F, Ward K, Beswick A, Burke M, Davey Smith G. Multiple risk factor interventions for primary prevention of coronary heart disease. Cochrane Library 2011

[5] Taylor F, Huffman M D, Macedo AF, Moore T, Burke M, Davey Smith G, Ward K, Ebrahim S. Statins for the primary prevention of cardiovascular disease. Cochrane Library 2013.

There is a consensus that a realistic optimal statin prescribing rate is in the order of 60%, and 63% has been achieved in one local practice. Many GPs may be unaware of the latest guidance on statin prescribing and nationally statin prescribing levels are low. For example a study of statin prescribing in 132 practices in North West England in 2007 showed prescribing levels were between 10- 30%.[6]

Parameters included in the model

The 'statins model' created by Lambeth and Southwark Public Health, takes into account, the relative risk reduction of emergency admissions, revascularisation procedures and deaths from the recent Cochrane review. Activity data is taken from the 2012 Cardiovascular profiles but this can be obtained from Secondary Uses Services data locally.

The assumptions made during development of the model were

- 20% of population aged 40-74 are invited for NHS Health checks annually
- People with 20% or more risk of CVD are detected by the Health Checks programme
- Around 10% of the population screened is estimated to have a CVD risk of 20% based on national findings.
- Half of all deaths and hospital admissions due to CVD related events are among people with no recognised disease
- Statin treatment is needed for 5 years to reap the benefits
- All fatal and non-fatal events result in an emergency hospital admission
- Health care costs outside hospital admission /revascularisation are not considered

The model provides a conservative estimate of the benefits, since over half of deaths occur in people with no diagnosed CVD, and some investigations avoided could not be quantified. Tariffs for 13/14 were used for the emergency admissions from myocardial infarction, stroke and heart failure and revascularisations.

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[6] Ward P, Noyce P, St Leger A. How equitable are GP practice prescribing rates for statins?: an ecological study in four primary care trusts in North West England International J Equity in Health 2007; 6:2

Sensitivity Analysis

The model incorporates adjustments to population prevalence of people at >= 20% 10 year risk of a CVD event, uptake of health checks, the proportion prescribed a statin, statin compliance rates, and statin costs.

Uses of the tool

There are multiple uses of the tool including to:

- Improve cardiovascular outcomes from heart disease and stroke
- Reduce inequalities in premature mortality from cardiovascular disease.
- Assist CCGs in improving quality of primary care, and reducing urgent care demand
- Assist CCGs/GPs in understanding cost:benefit analysis of statin prescribing in terms of health impact (emergency admissions and deaths)
- Assist the patient in an individual decision about whether to take statins

Cost savings

Financial savings vary by the sensitivities described above, but broadly, there is a saving of £9-10 per £1 invested. Savings occur annually through years 1-5, and will then reduce as some of the population receive repeat screening.

Next Steps

The model is undergoing some minor adaptations for use nationally by CCGs, GPS, prescribing advisers etc.

9. Public Health Briefing on the Southwark Primary & Community Care Strategy

Introduction

The strategy was developed with the acknowledgement that primary care needs to change, due to a funding squeeze and some of the workforce approaching retirement. More care needs to be delivered outside hospital. The strategy was developed during 13/14, with implementation during 14/15.

Core principles

- Needs based
- Takes a population approach
- Aims to reduce health inequalities via improved access/ improved uptake of preventive care
- Aims to improve quality via levelling up performance by reducing existing variation

Strategic Objectives

- All Southwark patients should have consistent access to high quality care, including enhanced services, regardless of where in the borough they live.
- Services should be safe, evidence-based and focused on improving outcomes for patients.
- Services should target health inequalities.
- Services should be patient- centred, seamless and accessible.
- Where services can be effectively provided out of hospital and closer to patients' homes, they should be.

Development of the strategy

Via

- A core steering group including public health and NHSE, Healthwatch etc
- A needs assessment exercise with QA from the public Health department and an additional capacity exercise during a snapshot week
- Stakeholder engagement (including practice staff)
- Review of Evidence /best practice (eg public health undertook an evidence based review of non face to face contact, a Tower Hamlets GP and Birmingham GP spoke about their experience)

Enablers for change

- Workforce development/adjusting skillmix
- IT /administrative solutions
- Benchmarking/information management mechanisms
- Leadership development (with GSTT charity additional funding)
- Premises strategy

Building blocks for Implementation

- Neighbourhood delivery (collection of practices based on locality geography) with Neighbourhood Development Plans
- Primary care Leader development
- An Extended services specification rewards Neighbourhood delivery
- Extended Primary care urgent access capacity – using money from PM's Challenge Fund

The Neighbourhood Development Plans require

a) A regular peer review process to be in place

b) Audits of 3 quality improvement areas, and IT sharing is encouraged

c) Practice access improvement plans including more telephone management/triage.

Assurance /Feedback

NHS England has commended the strategy. Southwark CCG was assured by NHSE in April 14 partly based on having a Primary & Community Care strategy in place.

Southwark CCG was successful in getting

- £200K from GSTT charity for Leadership development (with Lambeth) and is submitting a Phase 2 bid.
- Almost £1million from the PM Challenge fund for extended primary care urgent access.

Item No. 13.	Classification: Open	Date: 28 July 2014	Meeting Name: Health and Wellbeing Board
Report title:		Healthwatch Southwark Annual Report 2013-14	
Ward(s) or groups affected:		All wards and communities within Southwark	
From:		Alvin Kinch, Healthwatch Southwark Manager	

RECOMMENDATION(S)

1. The Board is asked to note the report.

BACKGROUND INFORMATION

2. All local Healthwatch are required to produce a report for the financial year 2013/14 containing a record of activities within the statutory functions as contained within the Health and Social Care Act 2012.

KEY ISSUES FOR CONSIDERATION

3. The report contains information about the various communities that Healthwatch has engaged with to find out their concerns and experiences in relation to their wellbeing and the use of health and social care services.

4. The report outlines Healthwatch seats at the Health and Wellbeing Board and the Clinical Commissioning Groups as specific places whereby local people's views and experiences can be highlighted with the aim of influencing improvements in services.

Policy implications

5. The content of the report can be used to influence policy as it contains an overview of the activities carried out and the views and experiences of residents as they use health and social care services.

Community impact statement

6. In reflecting on the various communities that Healthwatch Southwark has engaged with it is worth highlighting that there were some communities that we did engage with that were not written within the report. For example we had contact with the LGBT communities during the 1000 Lives Engagement exercise. As this was not contained within the report the aim is to increase the level of engagement with the LGBT communities within 2014-15.

Resource implications

7. Not applicable.

Background Papers	Held At	Contact
None		

APPENDICES

No.	Title
Appendix 1	Healthwatch Southwark Annual Report 2013-14

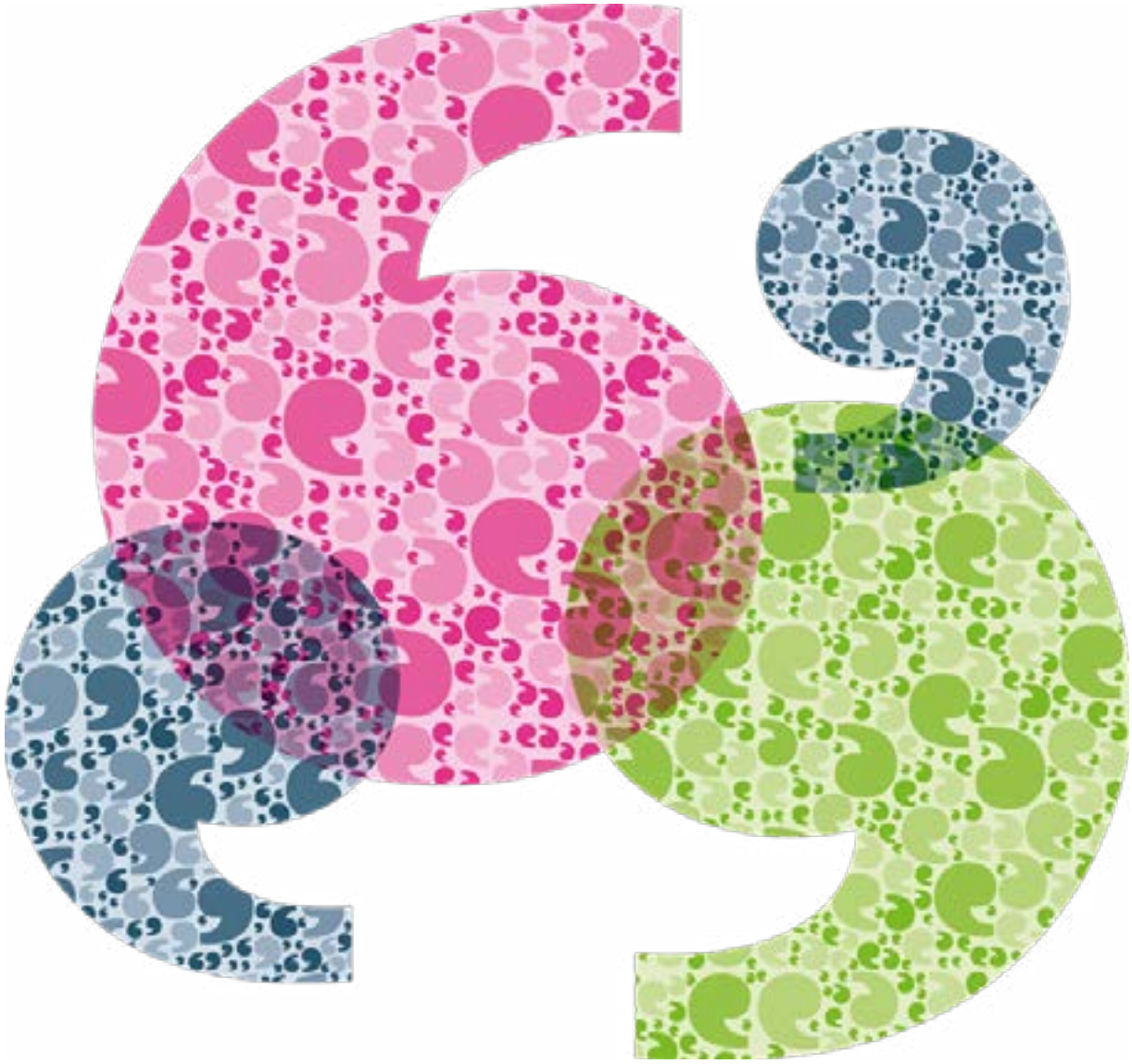
AUDIT TRAIL

Lead Officer	Alvin Kinch, Healthwatch Southwark Manager	
Report Author	Alvin Kinch, Healthwatch Southwark Manager	
Version	Final	
Dated	30 June 2014	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Cabinet Member	Yes/No	No
Date final report sent to Constitutional Team		9 July 2014

APPENDIX 1

healthwatch Southwark

Your voice, your health, your care



Healthwatch Southwark Annual Report 2013/14

Healthwatch Southwark office: 1 Addington Square, London SE5 0HF

You can download this publication from **www.healthwatchsouthwark.co.uk**

Annual Report 2013

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Annual Report 2013

A year in numbers...

Welcome to Healthwatch Southwark's first Annual Report. We are the new consumer champion (''patient and public voice'') for health and social care in Southwark. This year has been our first full year in operation and a lot has taken place…

- Healthwatch Board established with **10** key Voluntary & Community partners
- Oversubscribed Healthwatch launch in June 2013 was attended by over **100** people. HWE Chief Executive, Katherine Rake spoke at the launch and tweeted
- **676** Supporters
- Held **3** focus groups and **2** group sessions, engaging with over **70** people from 'Seldom Heard' communities'
- Held **2** Public Forums
- Recruited **16** active volunteers
- Established **4** priority areas of focus,
- Representation on **11** health and social care boards,
- Collected 98 stories, more than double than our original commitment to the **1000** Lives community engagement Project
- Held **20** stalls at externall community events
- Conducted our first Enter and View visit
- **194** information and signposting enquiries, of which **78** were complex

Annual Report 2013

Foreword

Just to give a little background on Healthwatch…

We are one of **151** Local Healthwatch in England and although we have the same statutory activities to carry out, many of us have different governance arrangements. In Southwark, Community Action Southwark (CAS) won the contract from Southwark Council to establish Healthwatch and a key reason why was simple: **Partnership**, and 'a network of networks'. CAS has created a partnership between ten voluntary organisations and community groups with the vision to work together to provide a consumer voice that was influential and reflective of communities within the borough.

This partnership became the Healthwatch Board, providing strategic advice and insight from their services and service users to develop the patient voice. (See page 3) Healthwatch Southwark is a **'network of networks'** meaning that our strength is in working together with communities and groups and being within CAS has helped us to build strong relationships with the active voluntary and community sector and public sector.

This year, we focused on building our foundation and systems to enable us to carry out our functions better. One key area was **building local awareness** of Healthwatch, including letting people and groups know our purpose, what we do, and collating their issues.

Another aim was to **establish relationships** with our local hospitals, children and adult social care services at Southwark Council, Southwark Clinical Commissioning Group (CCG), NHS England and local health and social care inspectors within the Care Quality Commission (CQC).

We also set up a systematic process to **capture our issues,** and analyse and use this to inform our Activities, target our engagement, and strategically influence service developments and decisions in the longer term. Next year, we should really start to see this in action.

Annual Report 2013

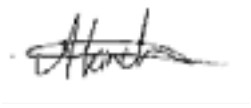
Foreword

Building on the legacy of LINk Southwark, the predecessor to Healthwatch Southwark, we took forward parts of the work they had initiated including a follow-up enter and view visit at an Older People's ward at Maudsley (see case study on page 8) and maintaining a focus on issues around accessibility at GP practices, social care provision, and maternity capacity informing our work and priorities. To avoid losing knowledge during the transition from LINk to Healthwatch, the LINk Co-Chair, Fiona Subotsky became a member of our Healthwatch Board. Unfortunately she has since had to step down. We would like to pay a tribute to her for the wealth of knowledge, experience and humour she brought to Healthwatch Southwark.

Having established our foundation – establishing a Board, our strategic plan, relationships and networks, and growing volunteer representatives - we are now well placed to deliver our role as a vocal, credible and effective consumer champion. In order to do this, we will continue to:

- Engage with a wider range of communities, especially those we have not yet heard from
- Widen our 'network of networks' and build two-way partnerships,
- Involve more volunteers in our work.
- Develop our information and signposting support and avoid duplicating existing services
- Monitor the quality of services through all of the above, and also through our research and insight

We will set realistic targets for each of the above actions and continually measure our progress against them, ensuring what we do is contributing to our role as an effective and influential consumer champion.



Alvin Kinch
Healthwatch Southwark Manager
On behalf of Healthwatch Southwark Board

What is Healthwatch?

We are the independent champion for the patient and public voice within Southwark. We give people a voice in health and social care and say what issues should be looked at. This means that we:

- Listen to the needs and experiences of residents and communities
- Use your experiences to influence the professionals who plan, buy and deliver services so that these can be improved
- Act on concerns when things go wrong and find solutions
- Visit health and social care services to find out what it's like for people using them and make recommendations
- Provide information and signposting on local health and care services and tell you where to go to make a complaint or to leave feedback

What then?

As we sit on many NHS and Southwark Council boards and committees we pass on what people have told us to make their views known. It's important to remember that we look into services for children and adults with our main aim to bring people together to influence health and social care services to make them better.

Our Board & Staff

April 2013 was an exciting time for Community Action Southwark as it held its first Healthwatch Southwark Board meeting. Bringing together a range of community groups and service-user voices, they helped develop Healthwatch's strategic direction and Strategic Plan. (Contact us for a copy). Our board comprises representatives from Southwark-based voluntary and community organisations and residents:

Between February – March 2014, we recruited two lay members of the board and a Chair of Healthwatch Southwark.

Our staff

- Alvin Kinch - Manager
- Sec-Chan Hoong - Development Officer
- Chithmini De Silva - Engagement Officer
- Jo Palmer - Communication & Events (1-day)
- Clare Chamberlain - Programme Coordiantor (assisted with volunteer programme)

Board members

Andrew Rice
Southwark Disability & Mobility Forum

Eltayeb Hassan
Southwark Refugee Community Project

Hazel Saunders
Faces in Focus

Fiona Subotsky
Former LINk Southwark Chair

Jacky-Bourke White
Age UK Lewisham & Southwark

Karin Woodley/ Charlotte Gilsenan
Cambridge House

Gaby Charing
Southwark LGBT Forum

Gordon McCullough
Chief Executive, Community Action Southwark

Sally Causer
Forum For Equalities & Human Rights / Citizens Advice Bureau

Verinder Mander
Southwark Carers

Key decisions made since April 2013

Key decisions made since April 2013:

- Board members agreed that Healthwatch Southwark Board will continue to operate as a Community Action Southwark sub-committee until the next financial year, of which a governance review will then take place
- To expand the Board and recruit a Chair and Lay members
- Supporting the Volunteer prgramme
- Supporting the Representation programme
- Creating an overarching strategic plan to ensure that all our activities are contributing to the mission of Healthwatch
- Shaping and setting our 4 priorities

A) Involving local people and volunteers

We don't just advocate the patient voice; we also support local people to become involved in their local services. Involvement can mean different ways and can range from monitoring/scrutinising the standard of services, being part of commissioning (buying of services) discussions, and how services are delivered (provision).

Below are just a few examples of local people getting involved in local services:

Supporting involvement in monitoring services…

One way is through our seats on decision making boards including the NHS Southwark Clinical Commissioning Group (CCG) Governing Body and its sub-committees, and other partnership boards, forums and meetings. (Appendix 1). As a new body, we reviewed our Representative structure and recruited volunteers to act as Healthwatch Representatives at these meetings.

Another example refers to our Enter and View visit to an Older People ward at Maudsley Hospital. We trained two of our volunteers, in partnership with a Healthwatch Lambeth volunteer to visit the service, monitor and report back.

We also worked in partnership with Southwark Council's Health and Social Care Scrutiny Committee to review inspection reports that the Care Quality Commision (CQC) published on services and/or providers they had inspected.

Where Southwark-related services were affected, we asked questions to the Healthwatch Southwark our CQC contact on the issues raised in the inspection and also informed relevant groups.

We have set up a 'Monitoring group of volunteers' to look into the issues we receive and collect and explore actions to be taken. These will feed into our Healthwatch Board. We had our first meeting in November and will be developing this group further including having one of our volunteers lead the group, supported by staff.

Case Study: Visit to an Older People's ward

This was carried out as part of our work on our strategic priority around mental health and older adults and in response to the LINk Southwark recommendation, we undertook a follow-up Enter & View visit to Aubrey Lewis 2 ward at the Maudsley Hospital which is for older people, some with Dementia. Since the LINk's visit in December 2012 the service had moved to Aubrey Lewis 1 ward.

This timely visit came at the right time, as the findings from the visit would help us to understand the mental and physical health care needs of Older Adults on the ward. This became part of our work under the mental health priority.

Volunteers David Cooper and Franca Ubogagu from Southwark joined David Town from Healthwatch Lambeth to carry out the visit and were met by the ward manager and other staff where they talked with people about the care that is delivered on the ward. Four patients were consulted with and spoke about the care from the patients perspective. We hope to arrange another visit to enable the team to speak with other patients and their carers and families.

Supporting involvement in the Commissioning (buying) and Provision of services...

Quality Visits to Service Areas
Volunteers and Representatives also took part in quality visits, as part of the Clinical Commisioning Group's (CCG) responsibility for monitoring quality of services in their role as a 'Commissioner' of hospital (acute) services.

Volunteers and staff took part in two visits to King's College Hospital A&E (Feb 2014) and their Older People's ward (Marjorie Warren) (March 2014). Our volunteers given the opportunity to first-hand visit services, speak to patients, staff and carers who were present and also recommend or raise issues from a lay/patient and public perspective. Some of our volunteer's suggestions and insight were listened to by the CCG and subsequently responded and incorporated into their future plans.

Care Environment (PLACE) visits
We also took part in a patient and stakeholder visit to Hospital Trusts (King's College Hospital & Guy's & St. Thomas) to inspect and rank the physical environment of wards and communal areas. By law all Hospital Trusts have to organise ''Patient Led Assessment of the Care Environment'' (PLACE) visits every year.

For example, our volunteer felt the Admission process into Older People Ward (Majorie Ward) 'seemed elongated and may result in unnecessary moves for patients'. He suggested if this could be simplified.

Involvement in Commissioning and Procurement of health services

Some examples included...

Volunteers were also given the opportunity to get involved in reviewing providers for some health services. In January 2014, a volunteer who was a carer was involved in the first stage of the CCG's procurement of home care services where he, as part of the panel, received presentations from the competing providers. In February 2014, we took part in a similar exercise for extended services at GP practices i.e. providing additional services such as blood pressure monitoring and smoking cessation.

Furthermore, volunteers, supporters and staff regularly attend workshops and seminars to explore commissioning plans. Commissioners have referenced that having the patient and public voice and perspective taking part to these discussions, can reinforce the patient view and that sometimes this may be different to clinicians and professionals view.

B) Gathering people's views on their needs and experiences of local services and making those views know

Developing our work priorities

We held two public forums to develop our work priorities.

In June 2013 we 'launched' Healthwatch Southwark and our role in health and social care. This was attended by over 100 people who participated in a lively discussion and contributed to the setting of our priorities as they stood at that time; quality, integration and inequalities. These draft themes came out from a stakeholder priority session we held in May with our health and social care commissioners.

Based on our findings from the June event, we developed these further with our Healthwatch Board and came up with 4 priorities: Access to GP services, Access to Mental Health, Sexual Health – focusing on HIV, and Social Care – those not eligible for social care support.

We held a second public forum to consult on these priorities and we gathered valuable insight and experience from residents, users and groups. Over 50 people attended including the involvement of two groups we conducted focus groups with – Latin American Women's Right (LAWRS) and Deaf Support Group. Both presented at the event and actively took part in group discussions.

An attendee from the Southwark Disablement Association (SDA) Deaf Support Group with a British Sign Language (BSL) interpretator

Community Focus Groups

During the year we started a programme of community focus groups in partnership with local voluntary and community organisations to ask local people about their views of services. It was important for us to hear from a wide range of people and we specifically focused on 'seldom heard of groups'. A full list can be found in Appendix 2.

Community Focus Group: Case studies

What we found?

- More people than we expected attended the Latin American Women's Rights Service (LAWRS) and Deaf Support Group focus groups, over double the number of attendees
- Good and Bad experiences were shared
- Strong support for information on health service, and knowing what is and isn't possible
- Communication was important, particularly sensitivity around their needs

What's the result?

- Planning Information Sessions to community groups
- Raised awareness to commissioners about both communities
- Reporting on the concerns and recommendations to CCG, Health & Adult Scrutiny Sub-Committee (HASCCC) and Hospital Trusts
- Both Community Groups now use our Information & Signposting service including our Information Sheet on health services
- We will be working with some of the Deaf Support User Groups and the Community development officer, British Deaf Association (BDA), to take forward these recommendations.

Featured in a local Spanish newspaper

'You did an awesome work with the report and we raise awareness about our health needs here in Southwark, then the community also gets rewarded for that! This is a wonderful way to help!'

'I feel as a deaf person it is so much harder because our needs are not met. Other disabled people get their needs met, why don't we?'

B) Gathering Local Views & Experiences

1000 Lives

As a part of our role within the Health and Wellbeing Board, from January to March 2014 we led the Health and Wellbeing engagement steering group on "1000 Lives" - a project that aimed to collect stories from 1000 people about their health and wellbeing experiences in Southwark. With the help of our engagement volunteers, we were able to visit local organisations at events, activities and meetings to speak with people they support. Healthwatch was able to collect almost 100 stories from Southwark residents or people who use Southwark services.

We know that this engagement was crucial to ensure that the experiences of local people were included in the production of the Health and Wellbeing Strategy 2014 onwards and to inform the Joint Strategic Needs Assessment which contains information about the needs of the population including the different illnesses that are high in Southwark.

As the voice for people in Southwark we worked with our colleagues within Public Health, Community Engagement and Children & Adults Services within Southwark Council to plan our joint engagement efforts. We had a great mix of people who gave wrote their stories including young carers, people with Mental Health care needs, Older People, Seldom Heard Groups, people with physical disabilities and parents.

Look out for the report at the first 2014 meeting of the Health and Wellbeing Board.

Our South East London Healthwatch Network

Over 2013 we saw an increase in the ways in which we work with the other local Healthwatch in South East London including Lambeth, Lewisham, Bexley, Bromley and Greenwich.

How we worked together

- Joint training to prepare volunteers and staff to visit care services
- Joint visit with Southwark and Lambeth volunteers to Aubrey Lewis 1 ward for older people at Maudsley Hospital in Camberwell
- South East London Clinical Commissioning Group Stakeholders Reference Group to discuss engagement across the boroughs
- Joint work with Healthwatch Lambeth on the Guys & St Thomas' Patient and Public Engagement Strategy

Case Study: Dulwich Health Services

Plans are underway to have a new health centre in Dulwich for its residents as well as those who live in the areas nearby. Healthwatch Southwark has been active on the Clinical Commissioning Group's (CCG) Dulwich Programme Board since April and has contributed to the community engagement and consultation work in 2013/14. We promoted and attended various events and opportunities to contribute.

"Despite this being their first year of operation, Healthwatch has consistently been actively engaged in the work of the Dulwich Programme Board and really strengthened the patient and public involvement in the programme. This last year has been a busy one, with a formal consultation on the service model, an equalities impact assessment, and the development of the first stage of the business case process, all of which Healthwatch has supported through their active involvement. They have provided an invaluable perspective to the programme and we look forward to their continuing involvement in the year ahead." Robert Park, Chair - Dulwich programme Board and CCG Lay Member.

C) Provide information & signpost people to local services

As well as collecting people's views and experiences of care services we also provide a signposting and information service.

Whilst we do not carry out long-term case work we do take longer on some calls if we need to do a little more investigation into the services. In our experience this ensures that the person feels that we are doing the best we can for them. There are times when we need to be clear with the person that there are certain actions that we cannot take and we generally have people who are happy with this.

Overall providing this service has given us the opportunity to develop relationships with NHS England and the South London Commissioning Support Unit.

We also tell people about the NHS Complaints Advocacy Service that is available for free from Voiceability. This is for people who need support to make an official complaint about an NHS service.

What we did this year…

- Received contact from 197 people through telephone calls and e-mails. Queries included how to register with a GP, questions on catchment areas, how to access medical records,
- Supported 78 people with more complex cases requiring intensive support and navigation of the care system; both social and health care
- 45 people were given information on how to make a complaint including contacting hospital Patient Advisory Liaison Services.
- Produced a signposting document available direct or on the Healthwatch website with information on how to complain about health and social care services

From the callers…

'I don't understand why I can't just register with the best GP, even if it is not near me'

'You are very kind, you understand that I need to have a good relationship with my GP - it's important when you get to over 75'

What next?

From this service and our community focus groups we know that there is a need for information to empower people to access and work their way around the services. Based on this, we will continuously update our Information and Signposting information on our website and in accessible leaflet formats, and will be planning information sessions with local community groups around people's rights to care services and upcoming service changes.

D) Make reports & recommendations on how service could be improved

Our work at Healthwatch Southwark is about local people telling us what they think needs to be improved, using this and other information to improve health and social care services. We cannot do this by ourselves, which is why good partnerships with individuals, community groups and voluntary organisations is crucial.

Once we find out something we inform the NHS and the Council about what we know. During this year we produced a number of reports that were based on pieces of work that we had carried out with various communities as well as on information that we already held from other organisations. The list below highlights some reports that we wrote. It also includes consultation responses:

- Black and Minority Ethnic Psychosis: access and prevalence to the Health and Adult Social Care Communities and Citizenship Scrutiny Committee (HASCCC)
- Latin American Women's Focus Group Report to HASCCC
- Quality Account comments to Guy's & St Thomas' Hospital, King's College Hospital and South London and Maudsley NHS Trusts (these are reports on quality and patient experience that must be published each year)
- 1000 Lives recommendations via the Engagement Steering Group
- Survey data on 111 service
- Southwark Council Mental Health Day Services Proposal consultation response
- NHS Southwark Clinical Commissioning Group (CCG) Dulwich Health Services consultation response
- Increasing Access to Psychological Therapy Services (IAPT) engagement report sent to CCG

"NHS Southwark CCG worked with Healthwatch Southwark around wider engagement to inform the development of our talking therapies service. Healthwatch carried out a focus group with young black and minority ethnic mental health service users and so we were able to hear the views and ideas people with whom we would not normally engage directly. The engagement brought valuable insights to the discussions around commissioning talking therapy services and provided a steer to the future modelling of services." Dr Roger Durston, Clinical Lead (Mental Health)

We are in the process of writing the Enter and View Report and plan to publish the reports regarding our four priorities in August 2014.

E) Sharing concerns...

...with NHS Southwark Clinical Commisioning Group (CCG)

During 2013/14 we have been establishing a view of health and social care services including the quality, safety and the experiences of local people. We know that through our monitoring role our local NHS hospital Trusts; King's College Hospital, Guy's & St Thomas' and South London & Maudsley perform well in some areas and in others they are not. For example King's College Hospital's Referral to Treatment times have not met targets throughout the year. This means that patients were waiting for longer than they needed to when needing some aspects of care.

...with Southwark Council Social Care

We have also been involved in Social care services by looking into the quality of Care Homes through our seat on the Councils' and CCG Care Home Quality Strategy Steering Group. Throughout the year, we have worked closely with the Council's Health and Adult Social Care Communities and Citizenship Scrutiny sub- committee of local elected Councilors to monitor services via the Care Quality Commission Reports. Issues of under performance and non- compliance of services are shared with relevant other organisations. For example we raised our concern about care homes with Age UK Lewisham and Southwark Lay Inspector service. In both the cases we were satisfied that the Council were monitoring the services appropriately and the involvement of the Lay Inspectors gave assurance that there was an outlet for the residents' voices to be heard.

...with Healthwatch England

Along with other Healthwatch we raised concerns that not everyone was aware of or had received letters from their GPs concerning the role out of the care.data programme. This is a national scheme to use patient data to inform health and social care developments. As a result Healthwatch England advised NHS England to delay the roll out of the care.data programme until more publicity and engagment had taken place.

We have built a relationship with them through regular contact via events, electronic communication and network meetings organised by NHS England (London). We also attended…

- Outcomes and Impact seminars
- Enter & View Training to prepare us to make visits to care services

In June, we welcomed Katherine Rake, Chief Executive Officer of Healthwatch England to our launch event where she in turn welcomed the developments within our network. As our work progress in this area, we anticipate that there will be more views and recommendations regarding improvements to be shared with Healthwatch England next year.

E) Sharing Concerns...

...South East London Healthwatch

Through our partnership work with our South East London local Healthwatch we were able to discuss issues that relate to all the boroughs. Meetings take place on a bi-monthly basis. One issue raised has been the request for involvement within the South East London Commisioning Strategy Programme Committees. As a result each Healthwatch sits on one sub committee and we report back at our bi-monthly meetings.

Sharing concerns with Care Quality Commision...

We formed a good working relationship with Healthwatch England throughout the year which is reflected in the text.

Our relationship with the national inspectors of health and social care organisations, the Care Quality Commission (CQC) have been established through receiving inspection reports on a weekly basis, joint Healthwatch Lambeth and Healthwatch Lewisham meetings with the local inspection teams. We saw a knock-on effect of the national changes in the way that the CQC inspects services, we did not have as many meetings as we would have liked. Despite this we received calls for evidence from local inspectors carrying out the GP inspections in Southwark which were welcomed.

As previously mentioned we worked with our social care partners to monitor CQC inspection reports and service providers.

Monitoring of Children Social Care services

Our seat on the Health and Wellbeing Board gave us the opportunity to raise some concerns that we had about whether the council was prepared for the changes that the Care Bill would bring for children and adults with special education needs and disabilities including the provision of Education and Health Care Plans. We were pleased that the officers on the Board agreed to bring an update report to the March meeting.

As part of our Mental Health priority the Board agreed that it was important to look into the care of children and young people with Mental Health problems and illnesses. So far we have engaged with the Patient Involvement Lead at South London and Maudsley Hospital NHS Foundation Trust to arrange meetings with some young people to tell us their experiences of using health and social care services. We will also be arranging visits to adolescent units for Southwark residents.

Through our work on the 1000 Lives engagement we spoke to a number of young carers aged between 8 and 18 years old and their views will go towards informing the next Joint Health and Wellbeing Strategy for Southwark. We know that there is still much that we need to do to get the views and involvement of children and young people which is one of the areas that we will focus on in the next year.

Key Positions of Influence

Health & Wellbeing Board

Through the Health & Social Care Act 2012, every Health & Wellbeing Board (H&WB) must have a Healthwatch Member. Our Lay Member, Fiona Subotsky was the Healthwatch Southwark Representative, who has unfortunately since stepped down. Our replacement Representative is Alvin Kinch, Healthwatch Manager.

The H&WB is the statutory forum where key leaders in health and social care work together to improve health and wellbeing of Southwark residents and reduce health inequalities. The H&WB is responsible for knowing what the needs are in the community (Joint Strategic Needs Assessment - 'JSNA'), agree joint priorities, and get the NHS and Council and other Key Partners to work together. They do this through a plan called the 'Joint Health & Wellbeing Strategy (''Strategy'').

During the discussions around the development of the Health & Wellbeing Strategy (''Strategy'') for 2014 onwards, Fiona Subotsky continually highlighted the need and importance for patient engagement to inform both ''Strategy'' and the JSNA, to get behind the facts and figures and understand patient stories, views and experiences.

Partly as a result of this, a stakeholder engagement programme was proposed, and one aspect of this was the 1000 Lives engagement project. However, we understand we did not have the capacity to undertake the whole engagement project and instead negotiated to lead the 1000 Lives Engagement Steering Group.

Clinical Commissioning Group

Southwark CCG started producing a Quality Report, where Commissioners and Hospital Trusts would report quality issues raised from the services. These ranged from targets not being met, Never Events, or a clinical, management or service concern. Every quarter, Heallthwatch Southwark reports on the patient feedback and concern we receive and collect on CCG - commissioned services such as Hospital and Community Services.

The Quality Reports are discussed at the CCG sub-committee meetings. This allows the patient and public voice and issues we hear to be heard and listened to by those responsible for the quality of health services in Southwark, the CCG. The patient experience section is regularly referred to by GP Commissioners during these meetings.

Volunteering with Healthwatch

Healthwatch Southwark cannot be a success without local residents who give their time and energies to being volunteers. This year over 30 people showed an interest in volunteering and by the end of the year fourteen people had become active with us. Activities we did with the volunteers included induction sessions and training in Healthwatch, looking at the health care system and mental health awareness.

Our focus during the next year will be on expanding the training and development opportunities for our volunteers to ensure they have the skills and knowledge necessary to be effective in their roles and also get what they need from the time with Healthwatch and Community Action Southwark.

We currently have 4 main volunteering roles:

Engagement volunteers help to collect people experiences of health and social care services. They do this by attending events, gatherings, focus groups, having one to one conversations with people in person or one the phone.

One 1000 Lives Engagement volunteer's thoughts…

'My journey through the 1000 Lives project has been interesting… to visit the Southwark Young Carers where children from the ages of 8 - 12 years where present. The children seemed eager to tell their stories…. it demonstrated how aware the children were of a good service and how negative services affected the children's experience of it

From what I can remember it was the simple things that made the children's experience a positive one Such as pleasant and friendly staff, good hospital food, having activities or materials for young people to enjoy while in hospital and professionals taken time to talk and explain things to the children whether it was about their or their family members health as they really appreciated that and also making them feel safe.'

Intelligence volunteers take the information we collect and make sense of the issues we receive through our engagement work. They take on the role of logging this information in order for Healthwatch to identify themes and trends in service use and experiences.

Representation volunteers act as an advocate for Healthwatch Southwark and the patient and user voice at decision making meetings. Their role is to represent us at important meeting, feedback what Healthwatch is working on to the meeting and report back on matters discussed at meeting to keep us informed. This year two volunteers became Healthwatch representatives alongside Alvin Kinch, Manager. These are David Cooper on the CCG Primary and Community Care Strategy Steering Group and Chipo Maendesa on the South London Public Health Urban Collaborative Community Involvement Group.

'My experience of volunteering with Healthwatch Southwark was great. I developed new skills that built my confidence which widened by career options. I am proud to say that volunteering with Healthwatch Southwark has been an eye opener to opportunities including reaching my desired goals within public health. Thanks to Healthwatch Southwark.'
Chipo, Volunteer.

Enter and View volunteers visit publicly funded health and social care services. Formally they are called Authorised Representatives. Their role is to visit services to talk with patients using the service, any carers that support people to access them and to staff who work there.

A little more on representation

Like engagement and gathering intelligence, representing Healthwatch at different meetings and events is a big part of the Healthwatch role. Here are some of the boards that we have been on this year, the issues we have raised and what difference we think this has made.

During this year we have had two representatives on the Health and Wellbeing Board. Fiona Subotsky was the first representative who pioneered the way for Healthwatch to play a significant part in community engagement by the Board. Later on Manager Alvin Kinch took on this position and acted as the Chair of the Board's engagement steering group. Support was provided to both to discharge their duties on the Board and make the most of the Healthwatch position.

What have we spent our money on?

Financial information

During 2013/14 Community Action Southwark received £140,000, £20,000 of which was 'transition money' set aside for the costs relating to the change from the previous LINk Southwark to the new body. The contract to deliver Healthwatch is with the London Borough of Southwark.

Income 2013/14 (Money received)	
Amount received from London Borough of Southwark	£120,000 + £20,000 (Transition)
Total Budget for 2013/14	£140,000
Expenditure (Money spent)	
Rent	£6000
Running Costs	£2908
Staff & volunteer training and Volunteer expenses	£2323
Salaries including National Insurance and Pensions	£91,829
Communications including website and leaflets	£7041
Professional fees including awareness raising and engagement advice	£1770
Events and Engagement	£4155
Total spend	£116,026
Underspend (This amount is restricted and has been carried over into the 2014/15 Healthwatch Southwark budget)	£23,974

Notes:

- Transition This was funds received from London Borough of Southwark to support the establishment of Healthwatch Southwark from the previous local involvement network.
- We did not have any contractors and independent providers during the financial year.

We would like to thank to all Supporters, residents, our Board, community and voluntary sector organisations and health and social care officer and organisations.

Looking forward

- Recruiting a new Chair and new Lay Members onto our Healthwatch Board
- Conduct more enter and view visits, informed by our intelligence and patient feedback
- Developing our Monitoring Group of Volunteers to help us prioritise and acti areas of concerns
- Reporting and publishing our work and outcome on our 4 priorities
- Continuing our Community Focus Groups
- Using the rich insight gained from 1000 Lives Project to inform the Joint Health & Wellbeing Strategy for 2014 onwards
- Providing Information Sessions to Community Groups
- Monitor our recommendations and any developments
- Continue working closely with HW England, and joint-working with South East London Healthwatch colleagues
- Develop our volunteer and representation programme
- Continue increasing our awareness of Healthwatch to Southwark residents
- Build on the work focussed on children and young people

Appendix 1

Some of the boards and committees Healthwatch Southwark sits on

Board	Purpose	One thing Healthwatch have said in the meetings
NHS Southwark Clinical Commissioning Group (Governing Body)	Statutory body made up 45 GP practices which replaced the NHS primary care trusts (PCTS). It's responsible for planning and buying health services for Southwark residents. Includes Hospital care, rehabilitation care, mental health, urgent and emergency care, community health services and other community services and learning disability services.	Requested information on the number of King's A&E attendances from patients with mental health presentations.
Primary Care & Community Based Steering Group (David Cooper rep since Feb 14)	Oversee development and implementation of CCG strategy for primary and community care service across Southwark which addressed quality and variation of GP and primary care services in general.	Importance of the right communication to patients and members of the public on the changes to be made.
Integrated Governance & Performance Sub-Group	• Oversight of CCG activities and of providers relating to: finance, QIPP, Performance, Safety and Quality. • Responsible for assuring the effective function for both its activities and providers relating to safeguarding, information and equality & diversity.	Requested update and statement for the public from King's College Hospital about the care space available in the Emergency Department for people in mental health distress.
Commissioning Strategy Committee	• Oversee the development and implementation of the CCG's strategic plans and commissioning intentions. • Service developments identified and where business cases and proposals are reviewed.	Requested that the risks to patients receiving changes in their GP provision whilst in nursing homes be reviewed.

Engagement & Patient Experience Sub-Group (members are mostly GP patients)	• Monitor and act on patient experience information ensuring that a range of patient experience data is captured, collated and acted on to inform commissioning decisions. • To monitor and advise on the process of patient engagement(not individual issues)	Informed the committee that Healthwatch Southwark have compiled a sign posting document which is on the Healthwatch website
Southwark Council		
Health & Adult Social Care, Citizenship, Communities scrutiny sub-committee	• Examines the Council's activities and performance around health, adult social care, communities and citizenship. It can review any topic within these areas. • Recommendations made, will be looked at the Overview and Scrutiny Committee before being considered by the Cabinet or other appropriate agency	Reported on what Healthwatch knew about the prevalence of Psychosis in Black and Minority Ethnic communities in Southwark.
Health and Wellbeing Board	Statutory committee of the council where the council and key partners from the health and care system work together to improve the health and wellbeing of our local population and to reduce health inequalities.	Agreed to Healthwatch taking a prominent role in the 1000 Lives engagement

See Appendix 2 for the full list of boards, committees and groups that Healthwatch Southwark has a representation role on.

Appendix 2

List of the groups and different types of engagement

- Mind Southwark User Council Meeting
- 1000 Lives at the Coplestone Centre
- Kindred Minds IAPT engagement
- Mental Health Act Event for Users and Carers
- Dragon Café
- Peckham Befrienders Celebration Event
- Age UK Lewisham and Southwark's Stones End Day Centre
- Southwark Park Asian Day Centre
- Southwark Young Carers
- 1000 Lives Storytelling Event at Thames Reach Academy, Peckham
- Speaking Up – adults with learning disabilities
- Speaking Up- older people with learning disabilities
- Refuge for women
- Southwark Resource Centre
- Pocklington Trust Vision Strategy consultation event
- Eritrean Community Centre
- Deaf Support Group
- Latin American Women's Rights Association
- Peckham Rye Public Forum
- 1000 Lives Storytelling event at InSpire x 2
- CCG Primary Care Access event
- Forum for Equalities and Human Rights
- Community Council Stall Bermondsey and Rotherhithe (CDS)
- For Appendix
- Focus Groups
- Latin American Women's Rights Service with particular
- Deaf Support Group, Southwark Disablement Association with support from Graham Welton, British Deaf Association
- Eritrean Community Centre

Appendix 3

This annual report has been sent to the following which is not an extensive list:

- Department of Health
- Healthwatch England
- NHS England
- Care Quality Commission
- Southwark Council Community Engagement, Housing and Community Services
- Health and Adult Social Care Communities and Citizenship Scrutiny Committee
- Southwark Health and Wellbeing Board
- NHS Southwark Clinical Commissioning Group
- King's College Hospital NHS Foundation Trust
- South London & Maudsley Hospital NHS Foundation Trust
- Guy's and St Thomas' NHS Foundation Trust
- The British Library

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MUNICIPAL YEAR 2014/15

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Dated: 14 July 2014