Open Agenda

Health and Wellbeing Board

Wednesday 26 June 2019
4.30 pm
Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

Membership

Councillor Peter John OBE (Chair)	Leader of the Council
Councillor Evelyn Akoto	Cabinet Member, Community Safety and Public Health
Councillor Jasmine Ali	Cabinet Member for Children, Schools and Adult Care
Andrew Bland	Accountable Officer, NHS Southwark,CCG
Cassie Buchanan	Southwark Headteachers Representative
Sally Causer	Executive Director, Southwark Law Centre
Councillor David Noakes	Opposition Spokesperson for Health
Kevin Fenton	Strategic Director of Place and Wellbeing
Ross Graves	Managing Director, NHS Southwark, CCG
Dr Jonty Heaversedge	Chair, NHS Southwark, CCG
Eleanor Kelly	Chief Executive, Southwark Council
Catherine Negus	Healthwatch Southwark
Dr Matthew Patrick	Chief Executive, SLAM NHS Foundation Trust
David Quirke-Thornton	Strategic Director of Children's and Adults' Services
Dr Yvonneke Roe	Clinical Lead for Prevention and Early Action, NHS Southwark, CCG
Ian Smith	Chief Executive, Community Southwark
Paul Rymer	Chair, King's College Hospital NHS Foundation Trust

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

Members of the committee are summoned to attend this meeting
Eleanor Kelly
Chief Executive
Date: 21 June 2019

PRINTED ON RECYCLED PAPER

Health and Wellbeing Board

Wednesday 26 June 2019
4.30 pm
Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.

1. APOLOGIES

To receive any apologies for absence.

2. CONFIRMATION OF VOTING MEMBERS

Voting members of the committee to be confirmed at this point in the meeting.

3. ELECTION OF VICE-CHAIR

To elect a vice-chair for the 2019/20 municipal year.

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

In special circumstances, an item of business may be added to an agenda within five clear days of the meeting.

5. DISCLOSURE OF INTERESTS AND DISPENSATIONS

Members of the committee to declare any interests and dispensation in respect of any item of business to be considered at this meeting.

6. MINUTES 1 - 6

To agree as a correct record the open minutes of the meetings held on 21 November 2018 and 4 March 2019.

Date: 21 June 2019

Agenda Item 6

Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Wednesday 21 November 2018 at 6.00 pm at Ground Floor Meeting Room G01C - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Peter John OBE (Chair)
Councillor Jasmine Ali
Dr Jonty Heaversedge
Councillor David Noakes
Dr Yvonneke Roe
Kevin Fenton
Gordon McCullough
David Quirke-Thornton
Catherine Negus
Cassie Buchanan
Dr Matthew Patrick
Ian Smith

ALSO PRESENT: Peter Herring, King's College NHS Trust Foundation
Roger Paffard, Chair of SLAM NHS Trust Foundation Board

OFFICER SUPPORT: Everton Roberts, Principal Constitutional Officer

1. APOLOGIES

Apologies for absence were received from Councillor Evelyn Akoto, Andrew Bland, Sally Causer and Eleanor Kelly.

2. CONFIRMATION OF VOTING MEMBERS

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

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

The following late items were considered at the meeting.

Item 09 – Key Developments, Southwark CCG
Item 10 – Better Care Fund, Updated 2018/19

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

5. MINUTES

RESOLVED:

That the minutes of the meeting held on 30 July 2018 be approved as a correct record and signed by the Chair.

Public Question

The following question was asked by a member of the public, Ms Elizabeth Rylance-Watson.

CAMHS Review

"Where the review recommends any new investment should be targeted to early intervention or prevention, unless where stipulated for more acute CAMHS, could this stipulation included increased funding necessary to expand specialist CAMHS due to increased need; funding for support for transition at 18, and investment in a Neurodevelopmental service for complex needs in the community?"

The chair advised that the question would be answered through the discussion at the meeting.

6. THEME - BEST START: YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

The theme for the meeting was Best Start: Young People's Mental Health and Wellbeing.

The board heard from invited speakers, Chris Burns, local foster carer and Emily Barlow, Head Therapist at Octavia House School who shared their experience of the impact of Adverse Childhood Experiences (ACES) on the children in their care.

The board also heard from Anna a young person who had experience of CAMHS.

The board also heard from Stephen Douglass, Director of Communities and two Southwark Young Advisors, Paige and Annae on the impact knife crime has on the mental health and wellbeing of young people.

7. MENTAL WELLBEING OF YOUNG PEOPLE IN SOUTHWARK - SOUTHWARK'S JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The board received a presentation from Kirsten Watters, Consultant in Public Health on the Joint Strategic Needs Assessment for mental wellbeing of young people in Southwark.

8. JOINT REVIEW OF EMOTIONAL WELLBEING AND CAMHS SERVICES

Genette Laws, Director of Commissioning and Caroline Gilmartin, Director of Integrated Commissioning introduced the report.

Following an in depth discussion amongst the board members and those in attendance the board partners set themselves a shared ambition to ensure that 100% of children and young people get access to emotional wellbeing or mental health services so that the need for specialist services is reduced and to ensure that those (and their families who must wait for specialist services are well supported) and that this ambition would be achieved by 2020. In doing so the board members acknowledged that this could not be achieved just by focusing on targets for access but would also have to think holistically, not just about access to services but also how they could ensure that young people who are experiencing mental health problems, could have a much better experience of the system and how they could ensure that young people move on to become healthy adults and fulfil their life aspirations.

Issues that were mentioned/raised during the discussions were:

- Opportunities for prevention
- Look at how we screen and identify people more effectively earlier
- Creating more opportunities outside of the specialised services that can support people much earlier to become healthier.
- Need for the 100% ambition to be embedded in a comprehensive plan encompassing wellbeing, resilience building from primary schools, pre-pregnancy teaching and education for young parents.
- Proper collaborative working through pool of stakeholders – must include public health and schools where there is universal access.
- Some access targets should be delivered through practitioners working in the community, such as HIVE, good shop fronts in community settings designed by young people, responsive to their needs with a multiplicity of services within them, e.g. sexual health, substance misuse, mental health, occupational advice
- Consultation with young people about what the barriers to access are
- Children being taught emotional intelligence from an early age
- 'Ruler'(funded by CCG) - Teachers being trained on attachment theory and being able to really understand and recognise adverse childhood experiences, which enables schools to support children who are looked after who often come with complex behaviours. Issue of expanding this to more schools.
- Concern over levels of desperation that young people are feeling, having to wait to access CAMHS and the potential connection to self harm.
- Need to think about older people in the community also experiencing mental health issues as part of the approach.
- Need to look at poverty and wider socio and economic determinates and how the system can help support families to end the multi generational cycle of poverty and

multi generational cycles and transmission of ill health.

- Need to encompass 'place' in the discussions as the built environment is critically important with work children and young people.
- Policy around childhood obesity and nutrition and physical health – boundary between the psychological and the physical in children and young people is closely linked.
- Contribution of the voluntary sector is key (example given of PACT in Camberwell).

RESOLVED:

1. That the final version of the Southwark Joint Review of Emotional Wellbeing and CAMHS Services (Appendix 1 of the report) be noted.

2. That the development of an implementation plan to take forward the actions identified in the Review and subsequent reporting to the Board about progress be supported.

3. That the engagement of key stakeholders in the conduct of the review including children, young people, parents and carers and the steps being taken to establish an Emotional Wellbeing and CAMHS reference group to ensure the ongoing voice of stakeholders in the implementation of the Review be noted.

4. That the shared ambition to ensure 100% of Southwark children and young people get access to emotional wellbeing or mental health services so that the need (and waiting times) for specialist services is reduced and to ensure that children and young people (and their families) who must wait for specialist services are well supported be endorsed. The Board's ambition is to achieve this by 2020.

9. KEY DEVELOPMENTS - SOUTHWARK CLINICAL COMMISSIONING GROUP (CCG) AND OUR HEALTHIER SOUTH EAST LONDON

Ross Graves, Managing Director, NHS Southwark CCG introduced the report.

RESOLVED:

That the progress being made by the CCG and partners on the following key programmes and priorities be noted:

- Taking forward system-wide transformation in Southwark
- System Resilience
- Primary Care
- Mental Health
- Appointment of Chief Financial Officer for South East London CCGs
- Our Healthier South East London (OHSEL) stakeholder update

10. BETTER CARE FUND - UPDATE ON 2018/19 DELIVERY AND 2019/20 PLANNING

Caroline Gilmartin, Director of Integrated Commissioning and Genette Laws, Director of Commissioning introduced the report.

RESOLVED:

That the report be noted, including:

a. The progress made on delivering the Integration and Better Care Fund Plan agreed by the Health and Wellbeing Board on 11 Sept 2017 (paragraph 3-10 of the report).

b. The letter from NHSE on 19 July 2018 introducing revised targets for delayed transfers of care from September 2018 (paragraph13 of the report).

c. An assessment of the risk of reductions in BCF funding as a result of the revised delayed transfers target not being met (as requested by the Council cabinet on 18th September 2018) (paragraph14 -16 of the report).

d. An update on planning arrangements for 2019/20 when the current BCF framework is due to come to an end (see paragraph 24).

11. BUILDING HEALTHY COMMUNITIES (A) - STRATEGIC ESTATES PLANNING

Ross Graves, Managing Director, NHS Southwark CCG introduced the report.

RESOLVED:

1. That the draft NHS Southwark CCG estates strategy, including the development of community health hubs and support hubs be noted.

2. That the joint work between the CCG and the council on further developing the health hubs to address the wider wellbeing and social regeneration agenda be noted.

3. That progress to date and decisions on specific sites: Elephant and Castle, Canada Water, Aylesbury and Old Kent Road be noted.

4. That a further meeting be arranged to discuss in more detail the content and shared implications to implement this strategy.

12. BUILDING HEALTHY COMMUNITIES (B) - DEVELOPING SUPERZONES AROUND SCHOOLS

Jin Lim, Consultant in Public Health introduced the report.

RESOLVED:

1. That the pilot to develop superzones around Southwark schools be noted and it also be noted that this will inform the development of a potential model for London.

2. That it be noted that a further report will be brought back to the health and wellbeing board setting out the proposed model for London with implications for implementation in Southwark.

13. PHARMACEUTICAL NEEDS ASSESSMENT (PNA) SUPPLEMENTARY STATEMENT

Professor Kevin Fenton, Strategic Director of Place and Wellbeing introduced the report.

RESOLVED:

1. That the first Pharmaceutical Needs Assessment (PNA) Supplementary statement based on market entry information and/or changes happening in the first six months after the PNA publication (31/03/2018) be noted.

2. That the way forward for the Board when considering any future PNA supplementary statements on a six monthly basis during the life course of this PNA (1/04/2018 – 31/03/2021) be agreed as follows:

   a) If public health is notified of any significant changes to our local network of pharmacies (number, location, service provision, opening/closing hours) a supplementary statement has to be presented and approved by the HWB.

   b) If there are no significant changes to our local network of pharmacies (categories mentioned above) the PNA supplementary statement is to be approved by the Chair and the health and wellbeing board kept informed.

14. HEALTH AND WELLBEING BOARD WORK PLAN 2018-20

Professor Kevin Fenton, Strategic Director of Place and Wellbeing introduced the report.

RESOLVED:

That the work plan for 2018-2020, Appendix 1 of the report be noted.

The meeting ended at 8.10pm

CHAIR:

DATED:

Agenda Item 7

Item No. 7.	Classification: Open	Date: 26 June 2019	Meeting Name: Health and Wellbeing Board
Report title:		Southwark Five Year Forward View	
Ward(s) or groups affected:		All wards and groups	
From:		Ross Graves, Managing Director, NHS Southwark CCG	

RECOMMENDATION

1. Note the content of the report, in particular:

    - The progress made by the Council and the CCG over the first three years of the Forward View; and
    - The next steps for Partnership Southwark and system reform.

BACKGROUND INFORMATION

2. This report provides the Southwark Health and Wellbeing Board with a stock-take on our progress in delivering the Southwark Five Year Forward View.

KEY ISSUES FOR CONSIDERATION

3. Partnership Southwark and the opportunities created by system reform – in particular the greater integration of commissioning functions and the development of Place based Boards – will enable us to accelerate the pace of transformation during the final two years of the Southwark Five Year Forward View.

4. This presentation provides a framing and overall context for more detailed presentations covering Partnership Southwark and South East London CCG System Reforms.

5. Members of the Health and Wellbeing Board are asked to consider how these programmes can be further developed and progressed by Southwark CCG, Southwark Council, and system partners.

APPENDICES

No.	Title
Appendix 1	HWBB Five Year Forward View stocktake

AUDIT TRAIL

Lead Officer	Ross Graves, Managing Director, NHS Southwark CCG	
Report Author	Ross Graves, Managing Director, NHS Southwark CCG	
Version	Final report	
Dated	June 2019	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	N/A	
Strategic Director of Finance and Governance	N/A	
Cabinet Member	N/A	
Date final report sent to Constitutional Team		19 June 2019

Southwark Five Year Forward View

Stocktake for Southwark Health & Wellbeing Board - June 2019

Southwark Council
southwark.gov.uk

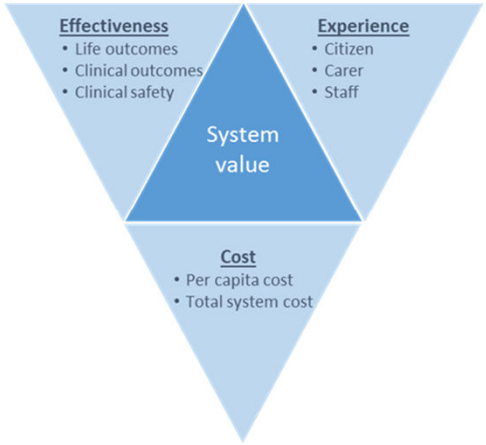
NHS
Southwark
Clinical Commissioning Group

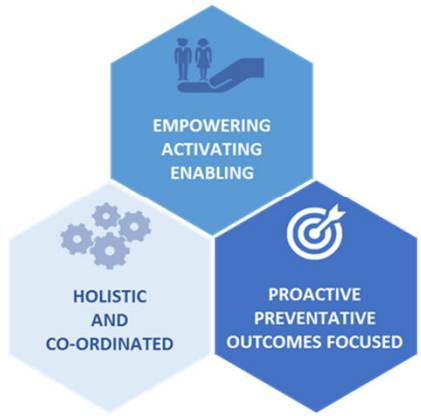
Local strategic vision: Southwark's Five Year Forward View

Southwark CCG and Southwark Council in 2015 developed a local vision for health and social care in Southwark: 2016/17 to 2020/21 to transform local NHS and care services in the borough. Both the CCG and Council together with local stakeholders agreed that we should be working toward establishing a health and care system that works to improve health and social care outcomes for Southwark people, instead of simply focusing on maintaining current service arrangements.

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

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





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

Local strategic vision: Southwark's Five Year Forward View

So far we have joined together some commissioning arrangements (as a **Partnership Commissioning Team**) and are working to set-up contracts that focus on improving outcomes for local populations rather than the quantity of activity delivered. **CCG system reforms**, particularly the greater integration of commissioning across Council and CCG in support of place based boards, enable us to accelerate this and to move towards a focus on a 'Southwark Pound'.

In parallel, health, care and VCS organisations have begun working together in the borough to deliver services more effectively, embed new ways of working, and ensure care and support is centred around the needs of individuals and local populations. We have made much progress and many of the building blocks we need for integrated population-based care are in place; **however, these are not always joined up or coordinated to deliver the best impact**.

Partnership Southwark, our **Local Care Partnership**, is bringing this work together, making sure it is aligned and effective, and moving the system forward at pace. Aligning with the ambitions of the **Southwark Five Year Forward View** and **NHS Long Term Plan**, Partnership Southwark seeks to drive more joined up population-based strategic commissioning and robust place-based delivery models.

Over the next 2 to 3 years, health and care services will transition to the delivery of integrated population-based care through Partnership Southwark. Services and support will be population focused; delivered within and across **neighbourhoods of 30 to 50k people**. This model will enable groups of practices within **Primary Care Networks** to work in partnership with community services, social care and other providers of health and care services around the needs of a geographically coherent population.

Neighbourhoods will **maximise utilisation of estate and other community assets**, embrace a **culture of continuous improvement and learning**, **harness and diversify the workforce** to better meet needs, embed a culture that welcomes **authentic community and patient/service user partnership**, and **make better use of data and technology**.

Purpose of today's discussions

The purpose of this presentation is to provide a brief reminder and stock take on our progress and our key next steps in delivering **Southwark's Five Year Forward View** and our ambition to integrate care for the residents of Southwark.

We will use the next presentations to provide more detailed updates on two key elements that support the **realisation of our Forward View strategy** and the journey towards development of an **Integrated Care System**:

- **Partnership Southwark,** our Local Care Partnership in the borough
- How we are proposing to change CCGs in South East London through **CCG System Reforms.**

Providing better outcomes and reducing inequalities for our residents needs an integrated approach. *Two examples*

Charlie is five years old and lives with his mother, father, two younger siblings (aged 19 months and three) and one older sibling (aged ten). They live in private rented housing which is overcrowded.

Charlie often spends time including extended overnight stays at his Grandmother's flat, who lives nearby and is shared with his Aunt and her two children aged 11 and 14.

Charlie is in reception at primary school and his attendance has been 68%. He and his siblings had previously been on child in need plans due to domestic violence and neglect, but no longer are.

Charlie first presented at the GP with respiratory symptoms when he was 2 years old and between 2014 and 2016 presented at A&E fourteen times (all via London Ambulance Services) with asthma. He was admitted six times and in two cases was in respiratory arrest. London Ambulance staff recorded a damp, cold and untidy home but with toys and food in the fridge and noted that Charlie had been very short of breath for the previous three hours.

During the third admission his parents were taught CPR prior to discharge and the asthma nurse was informed. A referral to a paediatric respiratory consultant was made. It was subsequently noted that Charlie's attendance at outpatient appointments was very poor.

School nursing was informed of all admissions and arranged a care plan for school, including catch up on pre-school boosters.

The asthma nurse visited the home but was refused access by the father and noted that it smelt strongly of cannabis. The asthma nurse rang mother and re-arranged their visit for the next week but again was refused access and thus made a children's social care referral. A social worker visited the house and improvements had been made to the decor and good interaction was noted between Charlie and his mother.

The family have now been allocated an Early Help worker.

Mrs Andrews is an 84-year-old woman. She lives with her 85-year-old husband who is still relatively fit and driving. They have a grown-up daughter, with a family of their own who lives in Leeds and provides support over the phone to her mum and dad. Their son lives overseas and has little contact with his parents.

Mr and Mrs Andrews have lived in the same two-storey council property in Southwark for over 40 years, and they rely on a state pension with few savings. Although fiercely independent, they have become increasingly isolated over recent years.

Mrs Andrews sees her GP infrequently and takes a few medications for hypertension and heart failure. Her memory isn't what it used to be, and she needs help to climb up the stairs. In recent weeks her legs have been getting swollen and she has been breathless at times.

Mr and Mrs Andrews live in an upstairs flat with no lift and she goes out less and less due to this. The local council have offered to rehouse – however they have found the system hard to navigate and they don't want to leave their home.

Mr Andrews is experiencing carer stress and does not know where to go for help. He has also hurt his back through lifting shopping. There is also extended family stress – their children are worrying about Mrs Andrews' memory and want to make future plans, but the couple won't discuss these and are not in agreement about what to do next.

Mrs Andrews had a fall in her bathroom, was taken to hospital by ambulance and admitted to hospital. Although her hip was not fractured she had a lengthy stay in hospital during which time she deteriorated and had a further fall, spraining her wrist. Twelve days after admission it was decided that she was not suitable for rehabilitation and should be discharged with a care package. Unfortunately she had further falls at home and was admitted on a temporary basis to a care home. As a result of further deterioration she was permanently admitted and never returned home.

A population-based, value-driven care system is an integrated care system

We must address four key issues that make our existing system a less than integrated care system

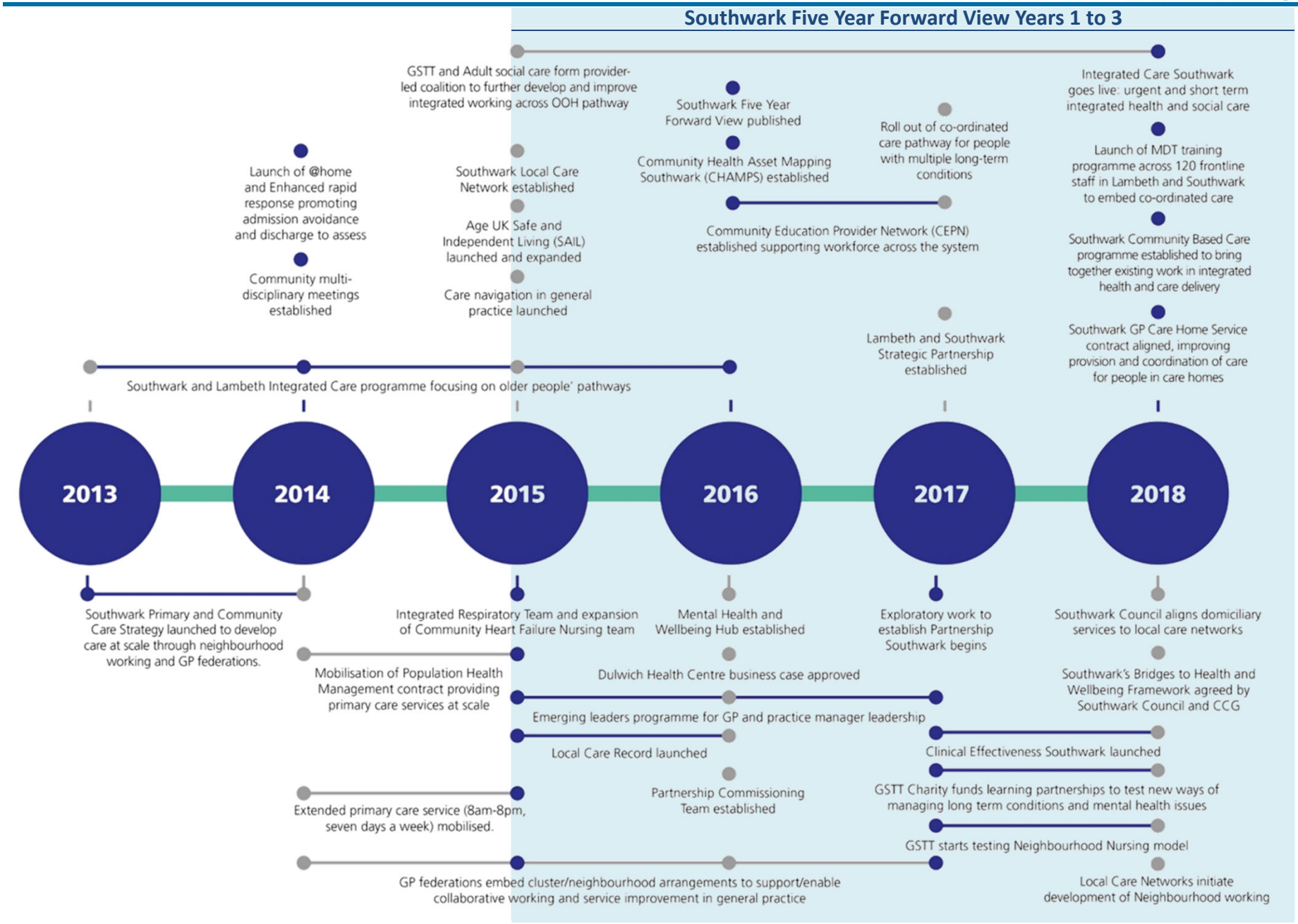
1. The **fragmented contracting arrangements** can make it difficult to move resources to where they are needed to deliver what really matters to people

2. The **fragmented arrangement of organisations and professions (including training)** can reinforce boundaries and can make it too difficult to work together and to work consistently

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

4. There is not yet a strong enabling/integrator partnership to support different agencies in the local system to share information, to align workforce strategies, or to coordinate purposeful developments within a shared transformation plan.

Some key elements of our journey to date



June 2019: Where are we now?

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

1 We have been addressing fragmented arrangements of commissioning & contracting, for example:

- Partnership Commissioning being developed as an integrated CCG and Council function to work on a population and outcomes basis, supporting place based boards from April 2020
- Further implementation of Joint Mental Health and Wellbeing Strategy across the CCG and Council with investment aligned to the Strategy
- Implementation of the findings of the Joint CAMHS Review across CCG, Council and SLaM, with investment aligned to the review outcomes
- Continuing to fully utilise BCF opportunities and seeking opportunities for shared system benefit
- Making the most of our commissioning opportunities to simplify GP contracting and support collaboration with the wider health and care system
- Establishing a common SEL planning process and commissioning intentions across health providers including community based care and prevention.

2 We have been addressing the fragmented arrangement of organisations and professions, for example:

- Neighbourhood model established and underpins PCNs as building block for integrated working with health, care & VCS
- Common set of transformation priorities for all Partnership Southwark partners:
  - Helping people with frailty / long term conditions to be supported in their home
  - Focused support for residents of care homes and nursing homes
  - Improving support for people with mental health issues in a primary and community care setting
  - Developing a shared approach and model for children and young people
- Model and approach being tested in four neighbourhood learning partnerships: Dulwich, Peckham, Rotherhithe and Walworth Triangle
- Intermediate Care Southwark providing urgent and integrated health and social care for the borough
- Implementing the GP Forward View, including ensuring that Extended Access Hubs support Integrated Urgent Care (111)
- Shared care record in place and being integrated with social care record.

3 We have been addressing the need to empowering residents and service users, for example:

- Holding public meetings to inform our approach to local contracting (including creating a local outcomes framework)
- Involving local residents in the development of new models of care (through ethnographic research, user stories and experience-based co-design)
- Supporting residents to have greater control over their own health and wellbeing, enabling community connectedness and reducing social isolation e.g. by connecting people to local community assets through social prescribing and community hubs
- Exploring approaches to develop flourishing communities – for example the development of Walworth Living Room
- Joined up Council and CCG planning to maximise value from development of community estates.

4 We have established Partnership Southwark by MoU, bringing together the CCG, Southwark Council, GSTT, SLaM, our GP Federations QHS and IHL linking to our Primary Care Networks. Shared priorities, shared governance and shared transformation resource across partners.

2019/21: Where are we going next?

Partnership Southwark and the opportunities created by CCG system reforms and the move towards becoming and Integrated Care System, will enable us to accelerate the pace of transformation during the final two years of our Strategy

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

- Bringing together local authority and NHS commissioners in a Southwark Place based Board
- Integrating CCG and Council commissioning and bringing this into Partnership Southwark to support an integrated system approach to commissioning and service development, initially focused on three areas, expanding over time:
  - Children and young people
  - Mental health
  - Older people with frailty / Long Term Conditions
- Adopting Southwark Bridges to Health and Wellbeing as the common approach and language across commissioners and providers for commissioning based on outcomes for our local population
- Developing delivery partnerships and alliances – deeper and more aligned contractual forms that better align objectives and share risk and incentives
- Linking new PCN contract specifications to Partnership Southwark priorities e.g. care coordination, care homes.

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

- Scaling our Neighbourhood Model from current four pilots to full system wide adoption across all eight neighbourhoods in Southwark
- Quality improvement 'test and learn' approach embedded as the way to design, test and scale change within and across Neighbourhoods
- Supporting the development of a joined up PCN workforce including GPs, practice nurses, PCN clinical directors, clinical pharmacists, social prescribers, first contact physio, primary care paramedics, and physician associates. Linking this with the broader neighbourhood team including community nurses, community mental health professionals, voluntary sector hubs and social care
- Work with partners across the STP to support development of a regional approach to health and care data sharing to support population analytics and direct care through the London LHCRE programme.

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

- Exploring new models of engaging residents in support of a Southwark 'Place Based Board'
- Continuing to involve local residents in the development of new models of care through a range on co design and co production approaches
- Supporting residents to have greater control over their own health and wellbeing, enabling community connectedness and reducing social isolation e.g. by connecting people to local community assets through social prescribing and community hubs
- Continuing to explore approaches to develop flourishing communities – learning from pilot approaches and working with local partners and the GST Charity
- Maturing community estates programme across the borough applying a joint Council and NHS approach to planning new hub developments such as Elephant and Castle.

4 **We will develop Partnership Southwark** through a a multi-year strategic alliance agreement across the Council, CCG and all provider partners and a Strategic Partnership Board bringing together all system partners including Kings College Hospital, the community and voluntary sector, and the GST Charity

System transformation actions and next steps during Quarter 2

Partnership Southwark

- Mobilising Strategic Partnership Board (system focused board for Southwark, all partners)
- Planning the milestones and deliverables associated with shared system priorities
- Moving to a formal alliance agreement across partners and defining how local contractual alliances will be developed around care coordination, primary and community mental health and children and young people
- Launching Primary Care Networks and linking them into broader system priorities.

CCG System Reform

- Engaging with staff, CCG membership and system partners in order to further develop the emerging proposals
- Defining how a Place based Board would work for Southwark
- Defining what integrated commissioning arrangements would be in place from 01 April 2020
- Using engagement input gathered to shape merger application for Governing Body decision in September 2019 and NHS England decision after that.

- Defining how integrated commissioning and transformation teams will operate from 01 April 2020
- Defining and agreeing how system governance will work – including Place based Board, Strategic Partnership Board, and also interaction with this Health and Wellbeing Board.

The next presentations explore these two areas in more detail.

Agenda Item 8

Item No. 8.	Classification: Open	Date: 26 June 2019	Meeting Name: Health and Wellbeing Board
Report title:		Partnership Southwark	
Ward(s) or groups affected:		All wards and groups	
From:		Sam Hepplewhite, Director of Integrated Commissioning, NHS Southwark CCG Genette Laws, Director of Commissioning, Southwark Council Jay Stickland, Director of Adult Social Care, Southwark Council	

RECOMMENDATION

1. Note the content of the report, in particular:
    - Progress to date on the development of Partnership Southwark
    - The case for change and priorities for the next two years
    - The key role of our Neighbourhood Model and the Southwark Bridges to Health and Wellbeing approach
    - Our ambitions and next steps.

BACKGROUND INFORMATION

2. This report provides the Southwark Health and Wellbeing Board with a progress update and overview of Partnership Southwark. Partnership Southwark is our Local Care Partnership for the borough, a growing alliance of providers and commissioners working in an integrated way with shared resources on an agreed set of transformation priorities for the health and care system in Southwark.

KEY ISSUES FOR CONSIDERATION

3. We are seeking the following input from members of the Health and Wellbeing Board:

    - Confirmation and feedback on the system priorities set out on page 10
    - Feedback on our emerging Neighbourhood model, described on page 12 and Appendix C, noting the role of Primary Care Networks in this
    - Feedback on how we ensure broad system engagement and endorsement of the model, not only by partner organisations but by our residents
    - Steer on how we continue to expand the group of core partners, and develop partnerships with non health and care agencies so

that there are opportunities and experience which narrow the gaps in inequalities.

APPENDICES

No.	Title
Appendix 1	Partnership Southwark presentation pack

AUDIT TRAIL

Lead Officer	Ross Graves, Managing Director, NHS Southwark CCG	
Report Author	Hayley Sloan, Director of Delivery, Partnership Southwark	
Version	Final report	
Dated	June 2019	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	N/A	
Strategic Director of Finance and Governance	N/A	
Cabinet Member	N/A	
Date final report sent to Constitutional Team		19 June 2019


Partnership
Southwark
Working together to improve health and wellbeing for the people of Southwark

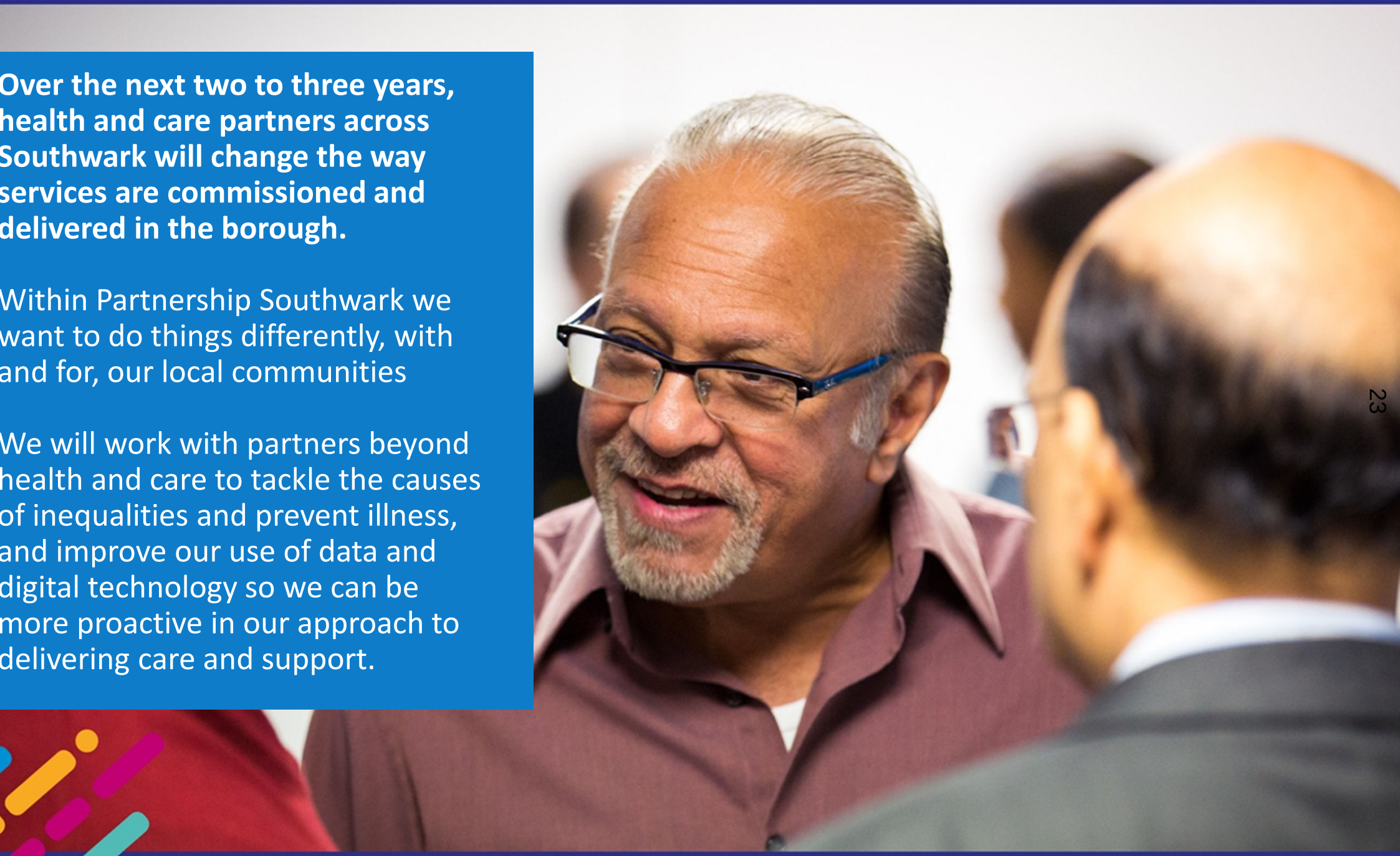
Partnership Southwark: Our vision

…To enable every part of the health and care system in Southwark to make the borough an amazing place to be born, live a full healthy life, and spend one's final years.

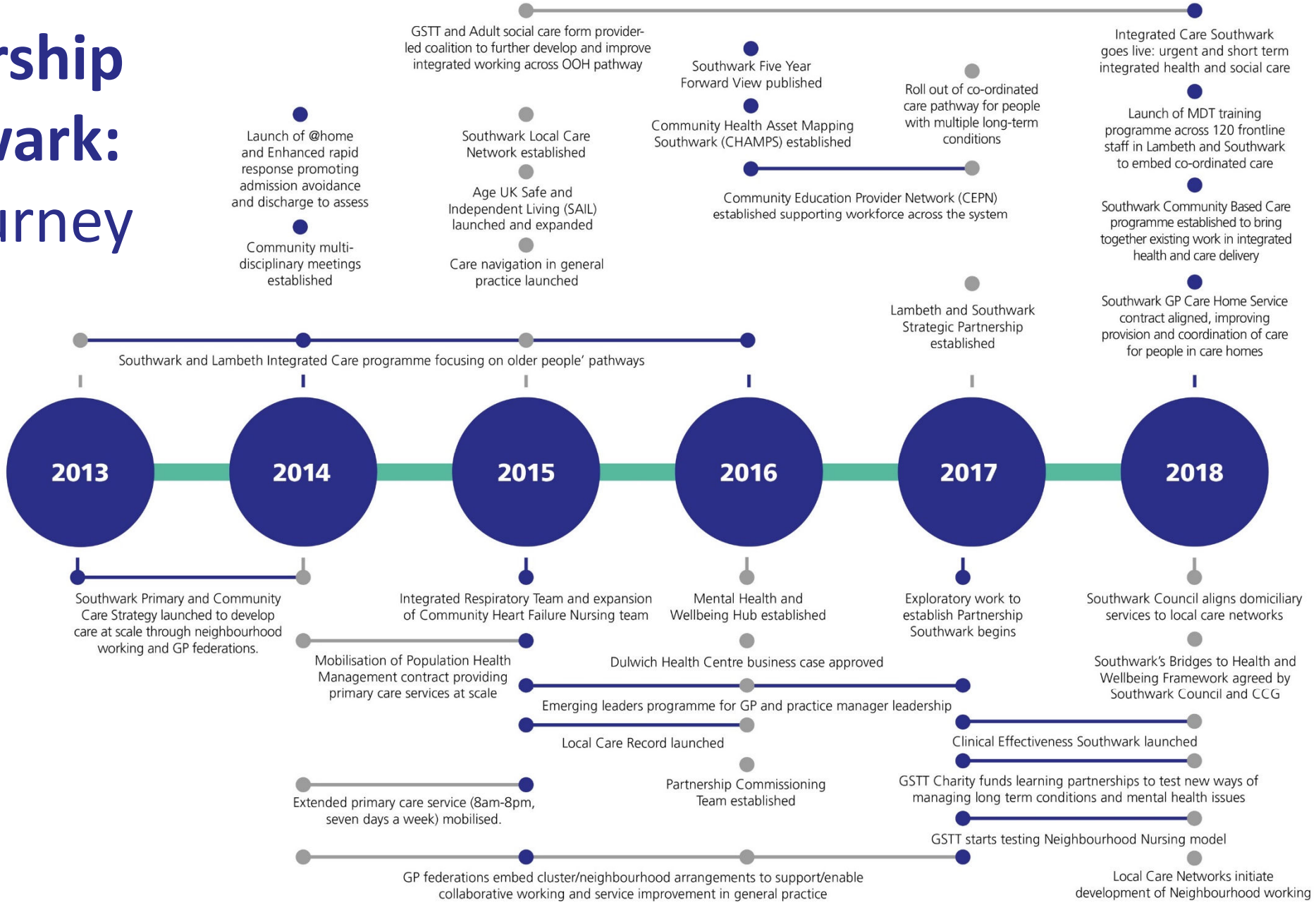
Over the next two to three years, health and care partners across Southwark will change the way services are commissioned and delivered in the borough.

Within Partnership Southwark we want to do things differently, with and for, our local communities

We will work with partners beyond health and care to tackle the causes of inequalities and prevent illness, and improve our use of data and digital technology so we can be more proactive in our approach to delivering care and support.



Partnership Southwark: Our Journey so far



ey health and wellbeing challenges for Southwark

Diversity and deprivation

Southwark has a comparatively young population, with a lot of diversity. More than 120 languages are spoken and 39% of residents were born outside the UK.

It is the 40th most deprived of 326 local authorities in England and the ninth most deprived of 32 London boroughs. Around 15,000 children under 16 live in low-income families. The most deprived areas are Peckham through to Elephant and Castle; however, there are pockets of deprivation across the borough. The gap in life expectancy between people in the most and least deprived areas is 5.5 years for women and 9.5 years for men.

Childhood obesity

Typically persists into adulthood. Associated with increased risk of diabetes, hypertension and psychological problems. In 2017-18, Southwark had the 4th highest level of excess weight (overweight and obese) out of the 32 London boroughs for children in Reception (25.4%) and 11th highest for children in Year 6 (39.8%).

Mental health

The estimated prevalence of mental health disorders among children and young people in Southwark is hig than the London average.

Almost 50,000 adults in Southwark experience a comm mental disorder, such as depression and anxiety. Seve mental illness such as schizophrenia and bipolar affec disorder, affects 1.2% of Southwark residents (4,000 people).

Of adults with long-term health conditions, half wi[illegible] experienced their first symptoms before the age of 14

Long Term Conditions

About 1% of the registered Southwark population hav three or more chronic conditions (3,500 patients). In 2016/17, hypertension (11%), depression (8%), and diabetes (6%) were the most commonly measured diagnoses in Southwark as measured by the Quality a Outcomes Framework (QOF), mirroring the national picture.

Engaging with local people

Seeing family and friends is ver important, and people want to b mobile and independent, being fi to go out and staying connecte

"I used to talk to the neighbour, but nowadays the only person I talk to is my community nurse."

"It [singing] uplifts me after my husband died … it really did get me over it. They are such a jolly lot [at the choir]."

"My home isn't great. I have to spend all day here looking at these walls".

What local people have told us they needed:

Financial challenge

Like many other parts of the UK, the health and care system in Southwark is financially challenged, and no organisation in isolation can address this gap.

We are not achieving best value for money and need to better manage increasing demand and complexity.

This is impacting our ability to transform at the pace and scale required to ensure sustainability and resilience of providers and commissioners.

Collaboration through Partnership Southwark, as part of a South East London Integrated Care System (ICS), will enable us to reduce growth in demand through better integration and by shifting resource to invest in prevention, self-management and early action.

Through Partnership Southwark we will:

- Make best use of the Southwark pound to deliver improvements in health and wellbeing outcomes for local people.
- Be inclusive, and wider than health and care organisations so that we can tackle the causes of health inequalities and prevent illness.
- Ensure every part of the health and care landscape is clearly focused on common goals of supporting self-management, keeping everyone well, providing resilient high-quality services, meeting individual and population-level needs, and making it easier for people to access the information, advice, care and support they need.
- Support resilient and sustainable general practice, including enabling practices to work together within Primary Care Networks, and with other local health and care providers, through our neighbourhood model.
- View health, social care, housing, VCS organisations, education and employment as equal value/partners when working towards a healthier Southwark.
- Equip people to manage their own conditions, take part in activities that will help keep them well and to support others in their community.

ur priorities for the ext two years are:

- Accelerating the **development of neighbourhoods** supporting circa 30,000 50,000 people. These neighbourhoods will involve primary, community ar social care, wider council (e.g. housing) and the VCS; and better join up ca and support for people with complex health, care and wellbeing needs.
- Helping more people with **long-term conditions/frailty** to be supported ir community and their own home, which will reduce unnecessary time spe hospital.
- Providing focused support for **residents of care homes and nursing home** ensure better outcomes and reduce avoidable hospital admissions.
- Supporting people with **mental health issues in a primary and communit care** setting, reducing the need for people with stable moderate to severe mental health to be seen unnecessarily in specialist mental health service
- Increasing focus on **prevention and self-management**, supporting peop live healthier for longer and working to prevent deterioration.
- Improve our **population health analytics** capability to better understand a proactively respond to population need at a neighbourhood and place-ba level by sharing and linking data.
- Supporting people to have **greater control over their own health and wellbeing**, connecting them, to the community and **reducing social isolati**
- Developing our approach for **children and young people** bringing togethe work within the Children and Young People's Health Partnership (CYPHP) a the development of population-level outcomes using Southwark Bridges t Health and Wellbeing.

How we will begin to deliver on these priorities:

- Work with local people and frontline staff to co-design and develop Southwark's **neighbourhood model** to better join up care and support within the community, and respond to the health and wellbeing needs of local populations.

- **Formalise collaborative alliance arrangements** enabling system partners (initially Southwark CCG, GSTT, SLAM, GP federations, and Adult Social Care) to deliver integrated primary and community-based health and care. At the same time we will develop partnerships with non health and care agencies so that there are opportunities and experience which narrow the gaps in inequalities.

- Join-up strategic commissioning between the Council and CCG which, over time, will move towards **a population-based approach to commissioning for outcomes** using **Bridges to Health and Wellbeing** segmentation framework.

We will build on work we have done to date; providing a foundation to go further faster in deliver tangible benefits for local people and reducing pressure on the system. ***See Appendix A for our Partnership Southwark implementation plan.***

Developing neighbourhoods

- Neighbourhood working will connect people to services as close to their home as possible, to enable new ways of working for improved outcomes.
- We want to create neighbourhood teams with strong relationships that improve the health, social wellbeing and lives of local people. The neighbourhood teams will make best use of the skills, resources and energies in our local communities.
- Neighbourhoods will be the natural way of working, focusing on the needs of local people, understanding the impact of the wider determinants of health in the neighbourhood. They will not be constrained by organisational or professional boundaries.
- We have been testing neighbourhood principles and ways of working through four test and learn partnerships in Dulwich, Peckham, Rotherhithe and Walworth Triangle. Co-design with front-line staff, managers and people with lived experience has contributed to an emerging neighbourhood model and the next phase of this work (*see Appendix C*).
- Primary Care Networks will be the building blocks for neighbourhood working. They will enable an enhanced primary care team to integrate in multidisciplinary way with other health, care and voluntary and community services to deliver care and support and improve outcomes for specified population groups.

ormalising collaborative alliance arrangements

- A Southwark Strategic Partnership Board will be established from May 2019, with inclusive representation from all partners. This will provide strategic direction and oversight of the Partnership Southwark programme (*see Appendix B*).
- During 19/20, we will formalise Partnership Southwark through an alliance initially made up of Southwark CCG, Southwark Council, GSTT, SLAM, IHL and QHS; working closely with wider partners including KCH, the VCS and other agencies involved in supporting Southwark residents.
- The scope and scale of partnership arrangements is intended to increase over time, as we move to strengthen our approach to outcomes-based commissioning and embed place-based models of care.
- The alliance is underpinned by a Memorandum of Understanding from 01 April 2019 with the intention of moving to a more formalised alliance agreement by the end of September, which will overlay existing contractual arrangements.
- A Partnership Southwark Leadership Team will lead the alliance and oversee the delivery of workstreams against agreed priorities within scope.

The benefits of the Partnership Southwark alliance include the ability to accelerate the delivery of our shared system priorities by:

- ✓ **Working to an agreed, co-produced set of deliver expectations.**
- ✓ **Embedding a shared governance and accountability structure (in line with scope), minimising impact of competing priorities/incentives**
- ✓ **Having the ability to pool resources and funding, and make shared decisions about how best to deploy it to drive more coordinated, integrated and sustainable services; as well as redirect funding towards more proactive preventative car**

Moving to a population-based approach to commissioning for outcomes

- **Southwark Bridges to Health and Wellbeing** is the framework Southwark CCG and Southwark Council commissioners have agreed to develop their approach to population-based commissioning for outcomes.
- The first phase of this work will focus on priority population segments to test our approach before scaling up across the whole population.
- We will co-produce outcomes with local people and providers; including those beyond health and social care.
- The outcomes developed through this work will support service/ pathway redesign and the development of new models of care at a neighbourhood and borough level, a greater focus on prevention and early intervention, and the shift towards establishing integrated care arrangements to deliver these outcomes.

The phase 1 priority segments for implementing **Southwark Bridges to Health and Wellbeing** are:

- Dementia, frailty and end of life
- Protecting vulnerable children (0-18 years) – keeping families strong; and maternity and childr services (up to 5 years) including those with specialist or complex needs

Shifting to a population-based approach to commissioning for outcomes will allow us to:

- Match care models to people's holistic needs rath than one size fits all.
- Understand people's wants and needs holistically not by setting.
- Give parity to mental, physical and social care.
- Align incentives to support providers to work bett together, focusing on outcomes that matter to people
- Ensure the best use of resources available across Southwark by shifting the focus to prevention.

Benefits you will see…

Wider range of professionals working effectively together within neighbourhoods

Will enable:

- Improved patient/service user experience.
- Improved staff satisfaction and retention.
- Reduction in unnecessary referrals and investigations ordered.
- Better communication and relationships between the different professionals working within, and across, neighbourhoods.
- Reduction in GP and other health and care professional workload; releasing time to care.
- Greater awareness of people, teams, services and assets within neighbourhoods.
- Increased capacity to proactively identify people with high need/at risk of deterioration or disease progression.

Benefits you will see…

Helping more people with long-term conditions/frailty to be supported in their own home, and providing focused multi-disciplinary support for residents of care and nursing homes

Will deliver:

- Higher patient/service user satisfaction, increased independence and more holistic care.
- Increase in patients/service users receiving care closer to home.
- Reduction in unnecessary, unplanned and avoidable hospital admissions and time spent in hospital once admitted.
- Increased capability to proactively identify people with high need/at risk of deterioration or disease progression.
- Reduction in prescribing costs and medication side effects for people with multiple long-term conditions.

Benefits you will see…

Improving the support that people with mental health issues receive in a primary and community care setting

Will enable:

- Enhanced parity of esteem between physical and mental health, and increased whole-person emphasis.
- Encouraging recovery focused, strengths/asset-based approach to increase independence and ability to self-manage.
- Reduced need for people with stable moderate to severe mental health to be seen unnecessarily in specialist mental health services.
- Increased confidence in primary care setting to manage a range of SMI and LTC patients/service users as part of a broader offer
- Reduced need for service users to attend multiple appointments at various sites (e.g. to receive physical and mental health reviews/treatment).

Increased focus on prevention and self-management, including embedding the ‘Vital 5’

Will support:

- People to live healthier for longer.
- Ability to prevent deterioration and slow the transition from one to many long-term conditions.
- People to manage their own health and wellbeing, reducing pressure on health and care services.

Benefits you will see…

Optimising the involvement of non health or care agencies such as voluntary sector, housing and education

Will deliver:

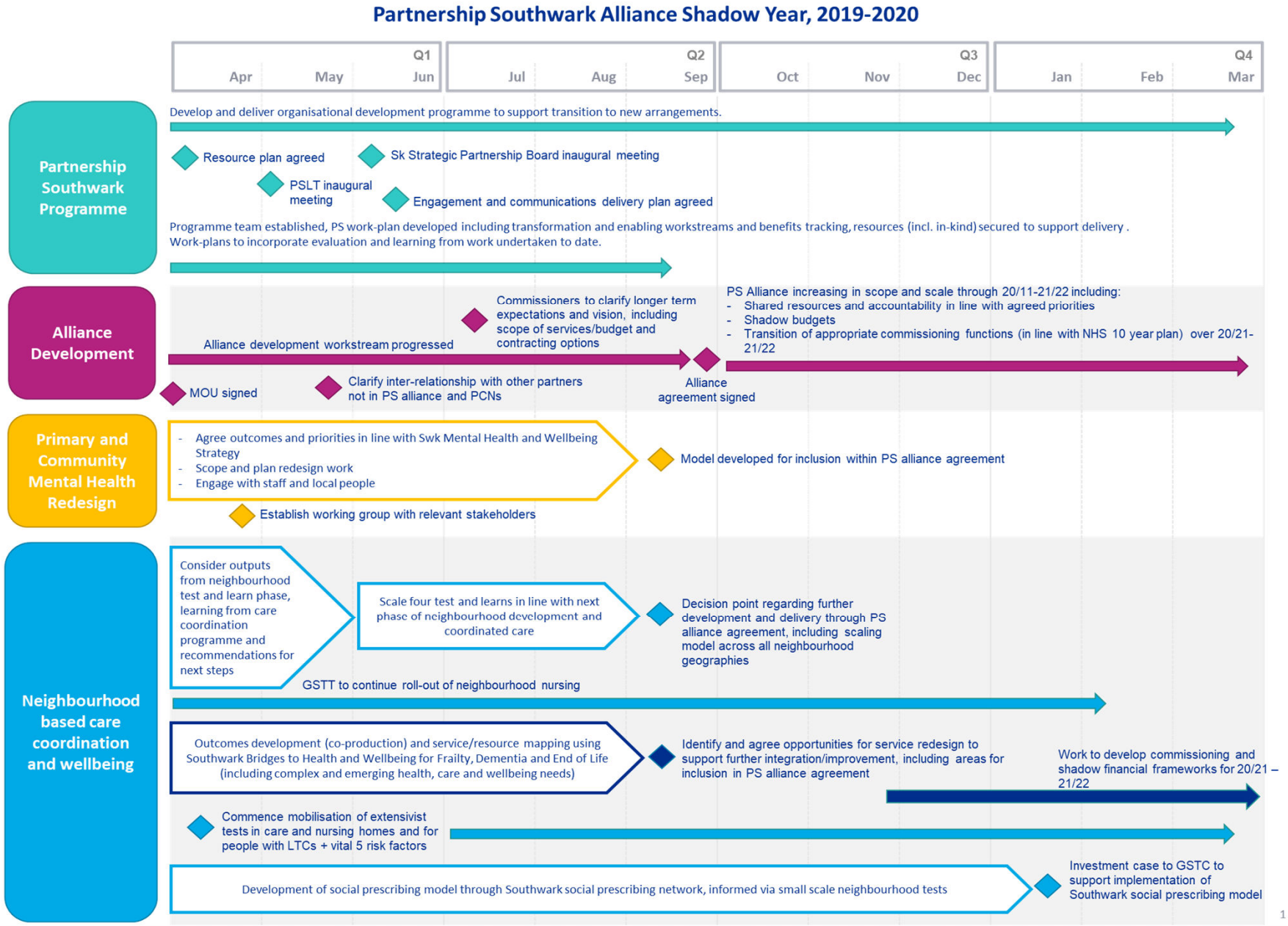
- Improvements in social and emotional wellbeing.
- Stabilised growth in health and social care costs.
- Increased social connectedness and individual agency.
- Improvements in health literacy and skills in self care.
- Reduction in GP visits.
- Return on investment in the longer term.

Better understanding of and responsiveness to population need through improved information sharing and linked data analytics

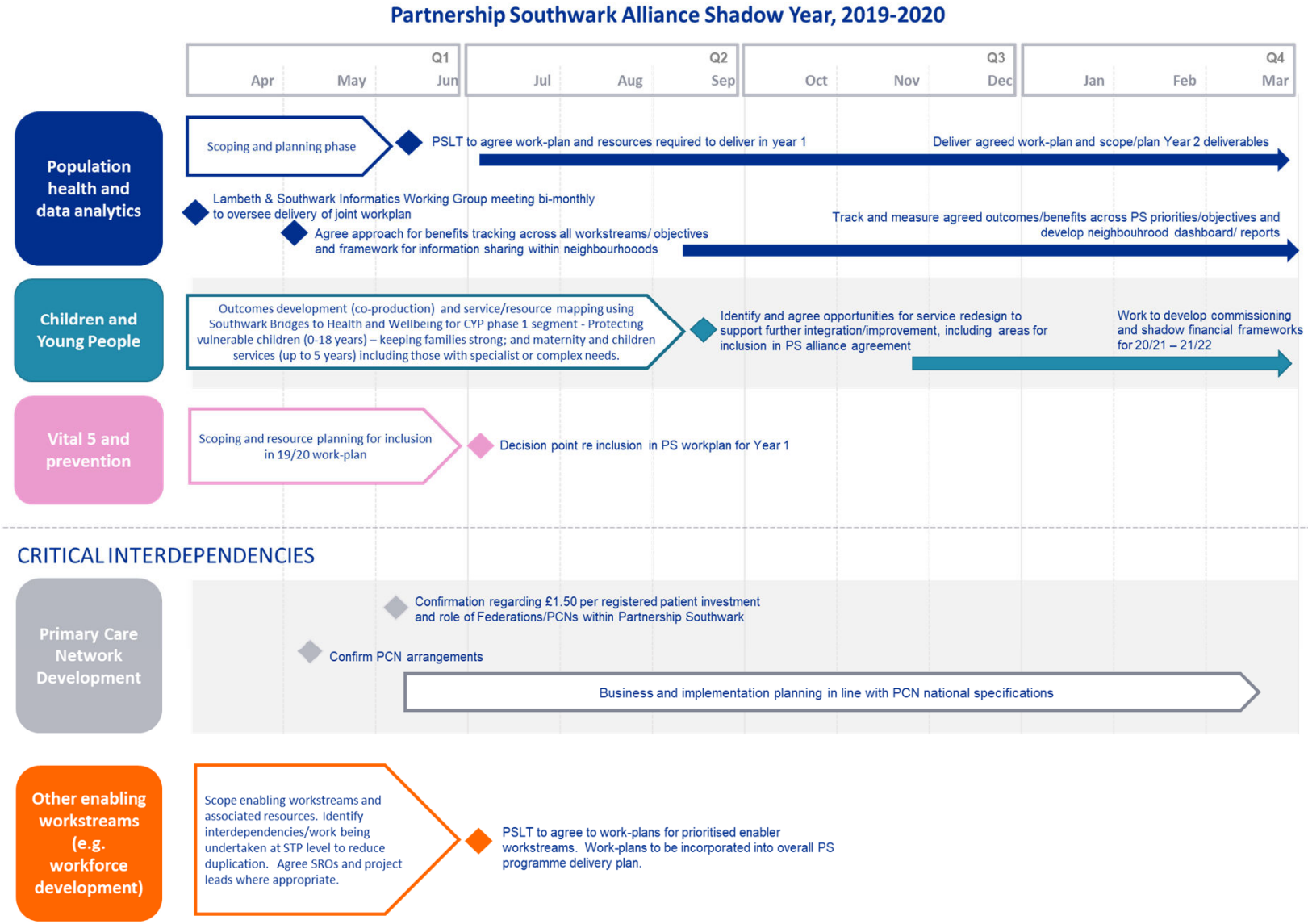
Will support:

- Capability to proactively respond to population needs at a neighbourhood and borough-level.
- Improved collective understanding of health and care needs, rather than current fragmented understanding of data from a single organisational perspective.
- Greater ability to address health inequalities and to tailor outcomes for groups of people with similar needs.
- Our approach to integrated care locally; building trust between partners and with patients/service users.

ppendix A: Partnership Southwark implementation plan (1/2)



ppendix A: Partnership Southwark implementation plan (2/2)



Appendix B: Partnership Southwark governance structure

Partnership Southwark

OUR SHARED SYSTEM OBJECTIVES FOR 19/20 and 20/21:

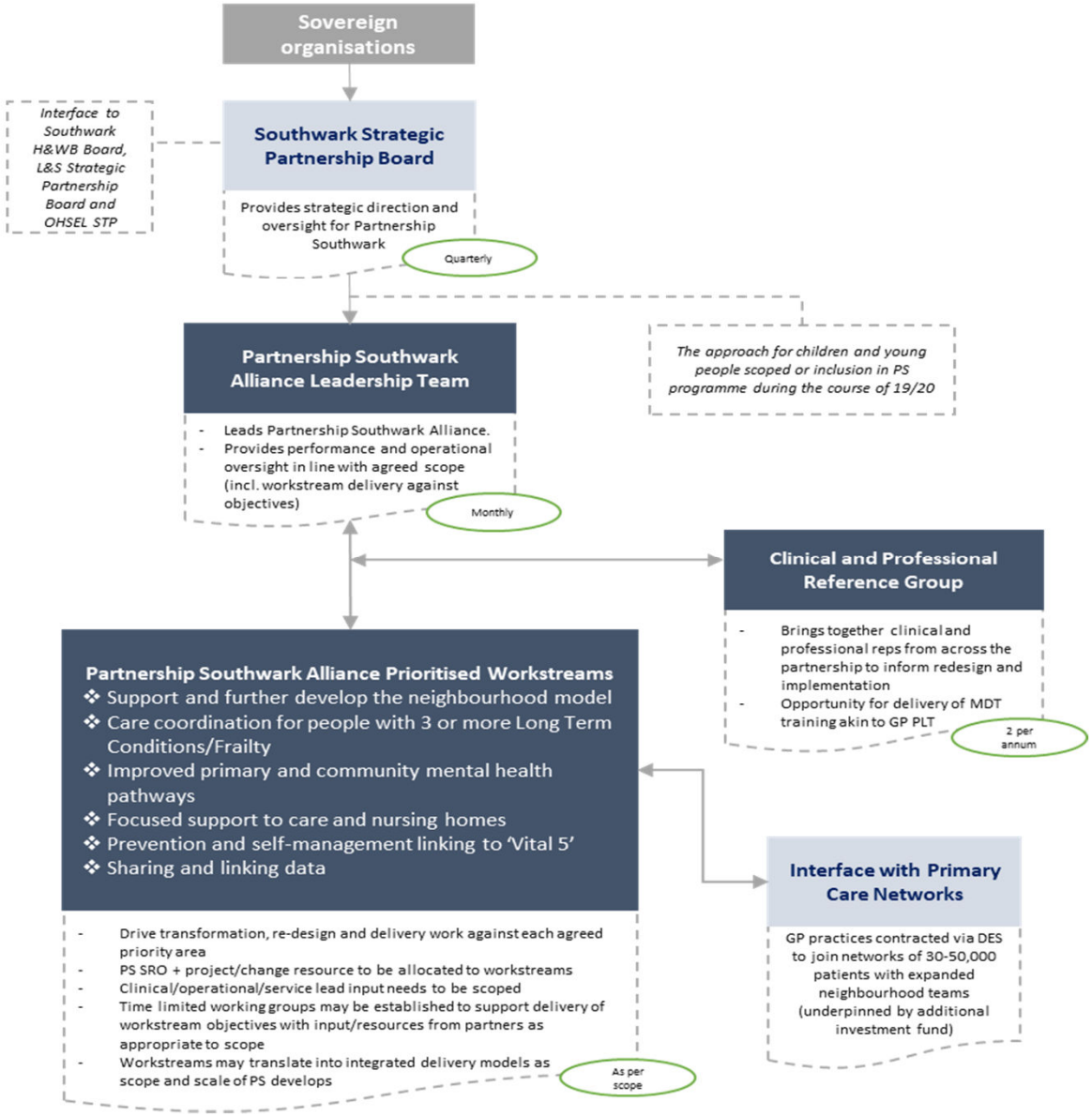
One vehicle for Southwark integrated care to:

- Make best use of the Southwark pound to deliver improvements in health and wellbeing outcomes for local people
- Be inclusive, and wider than health and care organisations so that we can tackle the causes of health inequalities and prevent illness
- Ensure every part of the health and care landscape is clearly focused on common goals of supporting self-management, keeping everyone well, providing resilient high-quality services, meeting individual and population-level needs, and making it easier for people to access the information, advice, care and support they need
- Support resilient and sustainable general practice, including enabling practices to work together within Primary Care Networks, and with other local health and care providers, around geographically coherent neighbourhoods
- View health, social care, housing, VCS organisations, education and employment as equal value/partners when working towards a healthier Southwark
- Equip people to manage their own conditions, take part in activities that will help keep them well and to support others in their community

CROSS-CUTTING ENABLERS:

- Southwark Bridges to Health and Wellbeing segmentation framework
- Population health and data analytics
- Workforce, training and development
- Clinical effectiveness, embedded evaluation and quality improvement
- Estates and assets of place
- Digital innovation
- Communications, co-production and engagement

Potential to coordinate some areas across L&S (e.g. data analytics) or STP (e.g. estates)



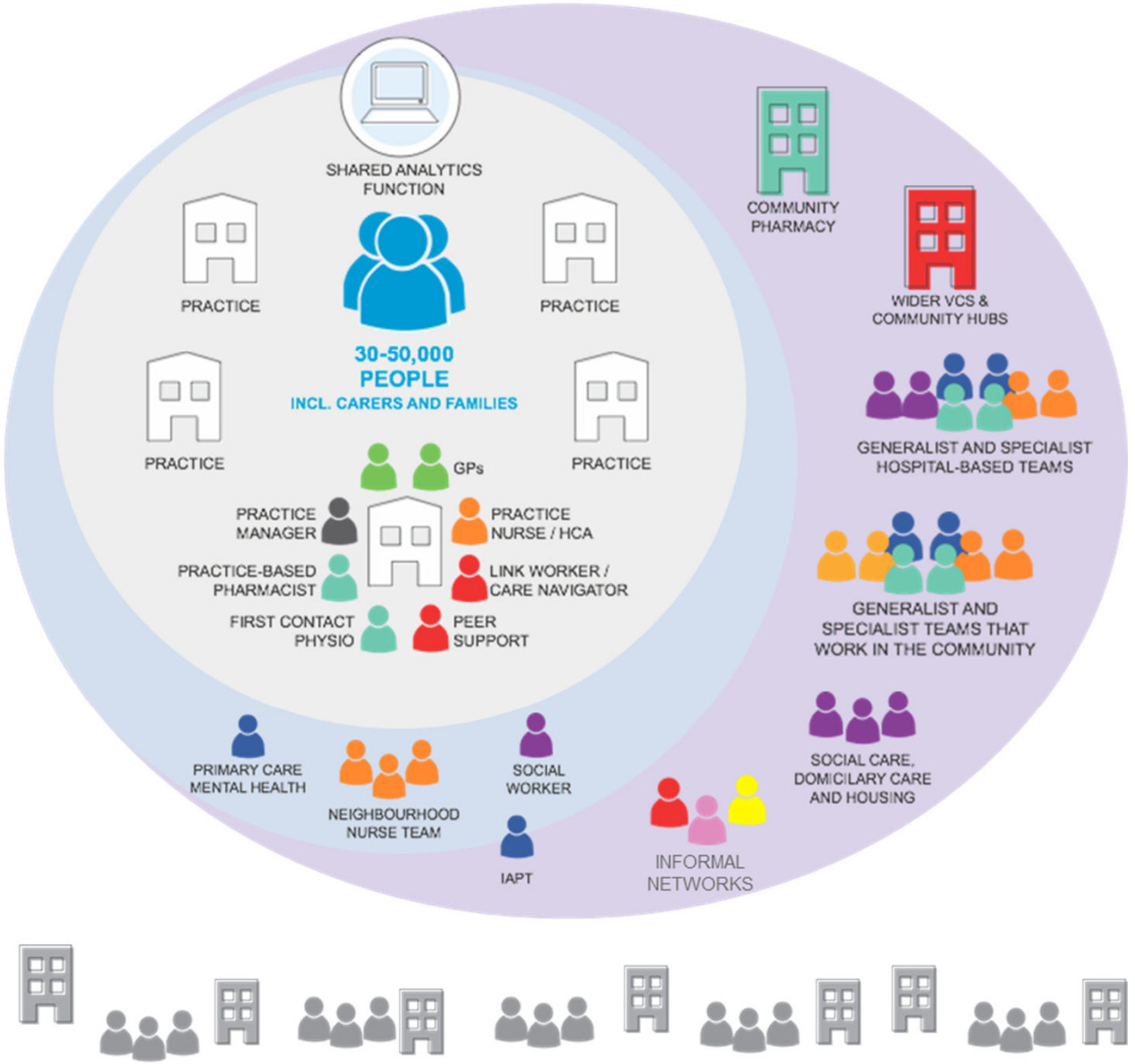
ppendix C: Emerging neighbourhood model

Primary Care Network
Teams are embedded within the neighbourhood and the majority of their work happens within that PCN. The workload is predominantly driven by and delivered in the neighbourhood network

Core Neighbourhood Team
There is a named person assigned to neighbourhood responsible for coordinating between the services; teams are not embedded or configured within the neighbourhood network but will work closely with the PCN; the workload is driven by and delivered in a range of different routes

Services and Teams Aligned to Neighbourhoods
Teams are not embedded within the neighbourhood but will interface with/across neighbourhoods. Mostly reacting and responding to referrals

Wider Services and Teams
All other health, care and wellbeing services available to residents



ossary

NHS Southwark Clinical Commissioning Group – responsible for commissioning NHS services on behalf of the peop
e in the area.

HP: Children and Young People's Health Partnership – a programme funded by Guy's and St Thomas' Charity which
to deliver significantly better health, better healthcare outcomes, and better value for children and young people.

Clinical Effectiveness Southwark - a programme funded by the Health Foundation and Southwark CCG, which aims
general practice improve and reduce unwarranted variation in outcomes through trusted local advice, facilitation ar
ort tools.

N: Community Education Provider Network – supports primary and community care workforce development and
sformation, through continuing professional development and projects that help to increase capacity and capability
in primary care. Receives funding through Health Education England (now referred to as Training Hubs following the
Long Term Plan).

T: Guy's and St Thomas' NHS Foundation Trust – provide hospital and community physical health services to the
ughs of Lambeth, Southwark and Lewisham; as well as specialist services across a wider catchment area.

tic - this approach takes into account the whole person, considering mental and physical health needs as well as
l factors. It also recognises that people have capabilities as well as needs.

ossary

Improving Health Ltd – a collaboration of GP practices in south Southwark (GP Federation) who support member ctices to work at scale, deliver population-based enhanced services to improve outcomes for patients, and work in tnership with other health and care providers.

egrated community-based care - this means that the out-of-hospital system works in a joined up way. People should that their care teams all have a shared understanding of what is going on. In practice it means health, social care other professionals and agencies work better together and deliver as much care and support in the community (as osed to in a hospital setting) as possible.

Integrated care system - in an integrated care system, NHS organisations, in partnership with local councils and ers, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the ulation they serve. In South East London, our ICS will be a system of systems as it is a complex system and requires ny different interacting system partnerships as opposed to a single South East London ICS.

: King's College Hospital – provide hospital physical health services to the boroughs of Lambeth, Southwark, risham and Bromley; as well as specialist services across a wider catchment area.

: Local Care Network - networks which brought together a range of health, care and voluntary sector professionals ook at how we might do things differently to improve the outcomes for the population. The work that has been ertaken through LCNs to date will transition to Partnership Southwark from April 2019.

ossary

T: Multi-Disciplinary Team - a group of health care, social care and voluntary and community sector professionals
o work together for the purpose of planning and implementing care; particularly for people with complex health,
e and wellbeing needs.

ghbourhoods – will bring together health, care and voluntary and community assets to provide care closer to home
better join up care; particularly for people with emerging and complex health, care and wellbeing needs. We have
ted to explore what neighbourhoods might look like geographically (*see Appendix C*); however, it will not be
ropriate for some teams and services to be configured to work at a neighbourhood level.

: Primary Care Network – will consist of a grouping of GP practices within an area, covering a registered population
0-000 to 50-000 patients. PCNs will be the building block for our neighbourhood model and are a key component o
NHS Long Term Plan, with all areas in England expected to be covered by a PCN by July 2019.

e-based - aims to address issues at a neighbourhood or borough level, such as poor housing, social isolation, poor c
mented service provision that leads to gaps or duplication of effort, and limited economic opportunities.

ulations - groups of people with something in common. This might be geographic, or by characteristic. For example,
population of Bermondsey, or the population of people living with three or more long term conditions.

ossary

ulation health management – moves away from managing disease in siloes to an approach based on defined ulations of people, who may have multiple 'disease conditions' or life challenges. It is supported by:

A whole system approach where commissioners work together to define, measure and improve population outcome

Designing, organising and integrating care around the needs of a population group by moving away from rganisational silos towards jointly accountable care

A strategic approach to commissioning which measures and values the delivery of key outcomes for defined opulation segments, rather than the traditional emphasis on processes, pathways and activities

ully utilising data and informatics solutions to direct care interventions to where they are most needed and to bette upport professionals in joint/MDT working.

vention and early action - this approach doesn't wait for people to get ill or escalate into crisis but instead ctively identifies people who need additional support and provides it before crises occur. Includes health motion and self-management support.

: Quay Health Solutions - a collaboration of GP practices in north Southwark (GP Federation) who support member tices to work at scale, deliver population-based enhanced services to improve outcomes for patients, and work in nership with other health and care providers.

ossary

M: South London and Maudsley NHS Foundation Trust – provide hospital and community mental health services, as as substance misuse services for people who are addicted to drugs and alcohol, to the boroughs of Lambeth, thwark, Lewisham and Croydon; as well as specialist services across the UK.

al Care - the provision of social work, personal care, protection or social support services to children or adults in d or at risk, or adults with needs arising from illness, disability, old age or poverty.

thwark Council – has 63 councillors elected across 23 wards. It oversees a range of local services including ronment and leisure, children's and adults services, public health and regeneration.

: Voluntary and Community Sector – includes a very diverse range of charitable trusts, community groups, tenant residents groups, faith groups, housing associations and not-for-profit organisations that deliver services, activities support within the community.

Agenda Item 9

Item No.	Classification:	Date:	Meeting Name:
9.	Open	26 June 2019	Health and Wellbeing Board
Report title:		South East London CCGs System Reform	
Ward(s) or groups affected:		All wards and groups	
From:		Andrew Bland, Accountable Officer, NHS Bexley, Bromley, Greenwich, Southwark, and Lewisham CCGs	

RECOMMENDATION

1. Note the content of the report.

BACKGROUND INFORMATION

2. This report provides the Southwark Health and Wellbeing Board with an overview of the programme of CCG and system reform across south east London and in each borough.

KEY ISSUES FOR CONSIDERATION

- The outline case for change.
- The role of a Place based Board and the options for joint working.
- The timescale for establishing a single CCG and local place based systems.

APPENDICES

No.	Title
Appendix 1	HWBB Engagement slides SEL CCG Reform

AUDIT TRAIL

Lead Officer	Andrew Bland, Accountable Officer, NHS Bexley, Bromley, Greenwich, Southwark, and Lewisham CCGs
Report Author	Andrew Bland, Accountable Officer, NHS Bexley, Bromley, Greenwich, Southwark, and Lewisham CCGs
Version	Final report
Dated	June 2019
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	N/A	
Strategic Director of Finance and Governance	N/A	
List other officers here	N/A	
Cabinet Member	N/A	
Date final report sent to Constitutional Team		19 June 2019

NHS
South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

South East London Commissioning Alliance

Engagement with Southwark Health and Wellbeing Board on CCG System Reform

June 2019
v4.1

We are building on existing collaboration

NHS
South East London
Commissioning Alliance
Partnership of Clinical Commissioning Groups

In order to provide a more responsive and integrated commissioning system we are seeking to change how the CCGs in south east London work. This includes a focus on system oversight and planning at a South East London level through a single CCG, as well as ensuring the ability to focus on borough populations through enhancing local collaboration (across health and social care and between commissioners and providers) in '**Place Based Boards**' and **Local Care Partnerships:**

At a borough level

- **All boroughs already have some joint commissioning resources which work to the Local Authority and the CCG**
- **There are a number of projects led and resourced collaboratively within our boroughs (e.g discharge to assess)**
- **Some boroughs have gone further in looking to pool budgets and align decision making more substantively (and see slide 10)**

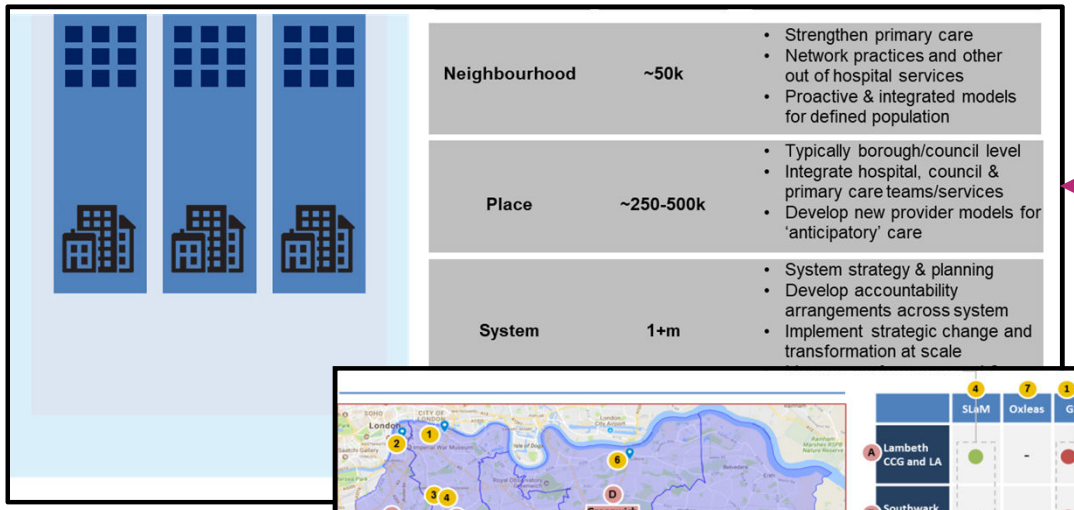
At a SEL level

- **Local Authority leadership is a key part of the 'quartet' which leads our STP**
- **We have recently enhanced this Local Authority leadership role with dedicated and remunerated time**
- **We regularly hold joint CCG Executive and DASS Executive meetings across South East London**
- **We have DASS membership as part of the CCG system reform delivery group (SRDG)**
- **Some projects and programmes additionally have joint leadership – including Transforming Care Programme, Community Based Care programme etc**

These slides aim to outline our current ways of working and our approach to deepen our partnership arrangements across SEL (through a CCG merger) and in each borough through place based boards

We already have a coherent 'Place' based approach to ICS

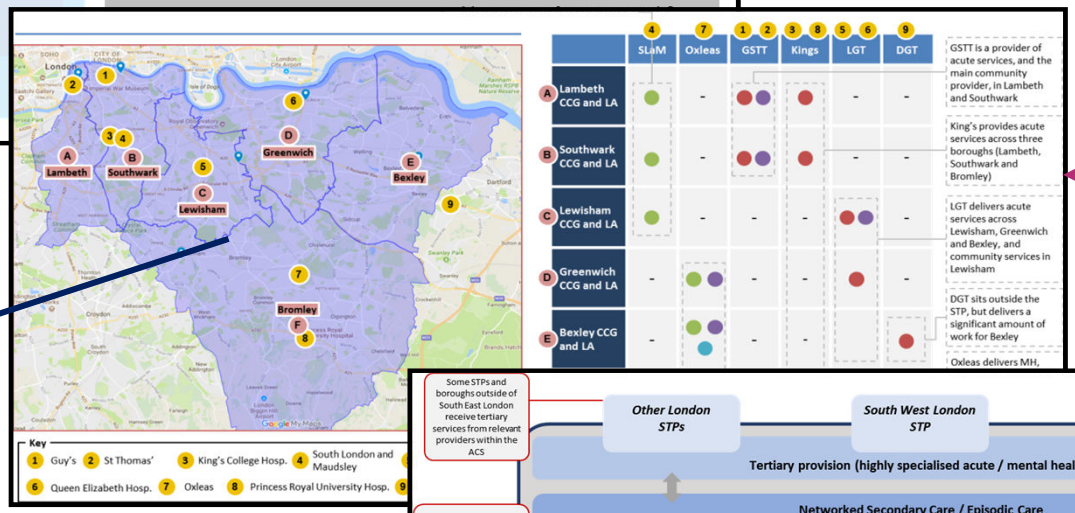
NHS
South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups



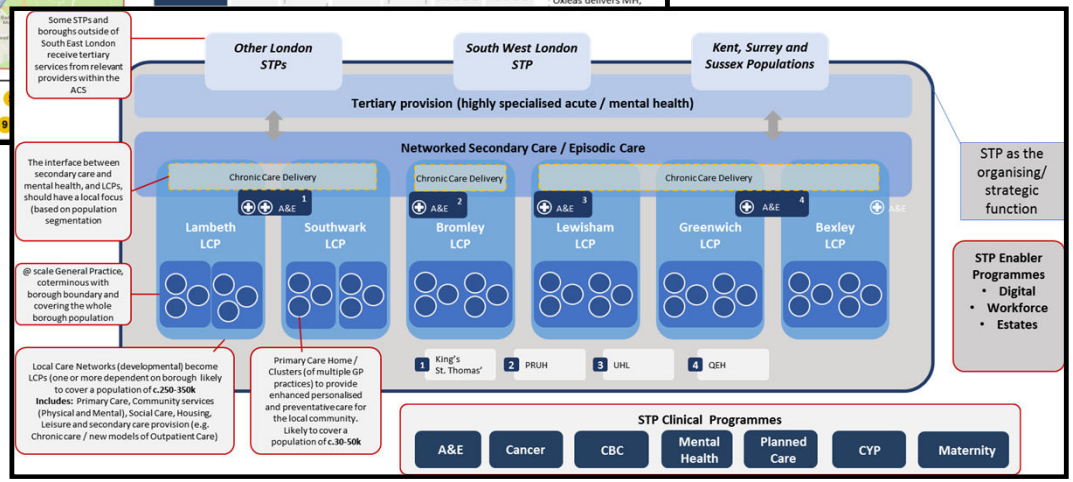
Neighbourhood	~50k	• Strengthen primary care • Network practices and other out of hospital services • Proactive & integrated models for defined population
Place	~250-500k	• Typically borough/council level • Integrate hospital, council & primary care teams/services • Develop new provider models for 'anticipatory' care
System	1+m	• System strategy & planning • Develop accountability arrangements across system • Implement strategic change and transformation at scale

National articulation of levels, Population size and purpose. In SEL:
Place = Borough
System = South East London (SEL)

95% of South East London residents get all of their care within the STP footprint



Applied to a highly complex Metropolitan health economy that will all be one ICS
(Currently six CCGs, five major providers, six Local Authorities, 200+ GP Practices and eight federations…)



Operating as an interdependent South east London System of Systems based on:
- Vertical Integration at borough level
- Organisations committed to delivering optimal productivity and efficiency through collaboration
- Horizontal integration across SEL

Outline case for change

NHS
South East London
Commissioning Alliance
Partnership of Clinical Commissioning Groups

The establishment of a single CCG is a key feature of our response to the NHS Long Term plan and a critical step toward the development of our Integrated Care System being a partnership of organisations, taking collective responsibility for the sustainable delivery of high quality outcomes to our population.

Through merger we will secure….

- The responsive **population based commissioning** at very local (neighbourhood), borough and system (SEL) place levels that our diverse communities require - simultaneously through the relocation of commissioning functions and planning and co-ordination of a single commissioning authority.
- A **different approach to commissioning** - that gives greater focus to **system** **strategy, planning and oversight**; greater **integration of health and social care commissioning**; and enables **alliances of providers to take 'traditional commissioning roles'** in service design, responding to populations of similar geography or need
- The ability to **derive solutions at the required scale and pace**, to the quality, performance and financial challenges that can not be resolved by our current organisations
- The requisite **capacity and different capability** required to commission services for our populations going forward within a reduced management cost envelope
- The ability to **take control and design our structures locally**, in south east London, by acting now.

The NHS Long Term Plan also emphasises how key local authorities are to this vision

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Local NHS organisations will increasingly **focus on population health and local partnerships with local authority-funded services**, through new Integrated Care Systems (ICSs) everywhere

Action by the NHS is a complement to, but cannot be a substitute for, the important role for local government

The long term plan makes a commitment to supporting **local approaches to blending health and social care budgets where councils and CCGs agree this makes sense.** The government will set out further proposals for social care and health integration in the forthcoming Green Paper on adult social care

New multi-disciplinary **Primary Care Networks will include** "expanded teams across groups of neighbouring GP practices who work together…. with local NHS, **social care** and voluntary services".. This is at neighbourhood level (circa 50k population size)

Health and care will need to work closely together in each borough, neighbourhood and throughout South East London (see next slide)

The importance of ‘place’ and ‘population’

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The whole purpose of Integrated Care Systems is to ensure that patients and the public / our residents are supported with the best health and care by ensuring the organisations that support this can collaborate effectively with aligned incentives, shared accountability and the ability to make collective decisions on the best use of shared resource

In describing the south east London proposed approach it is important therefore that we are clear on definitions for:

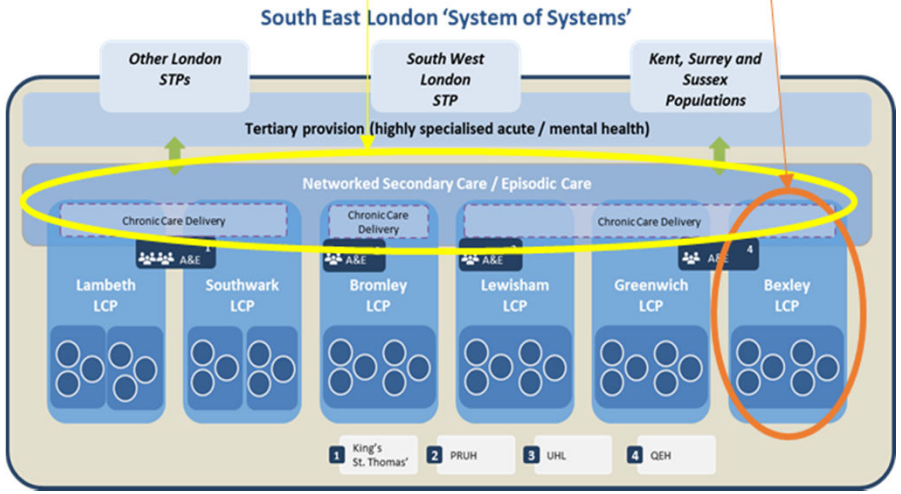
Place – refers to a geographical grouping; 150 – 500k population. **In London these are our boroughs**. ‘Place’ is also sometimes used to describe a ‘level’ or ‘system’ within our system of systems

Population – Is about a group of residents which we commission services for. This might be within a ‘place’, or it might be based on particular pathways (e.g. cancer), across multiple ‘places’ or at a SEL level

There are multiple places/ levels within and beyond our ‘system of systems’

Level/ Terminology	Related to boroughs	Population size	Purpose
Neighbourhood (Primary Care Networks PCN)	Sub-borough	**~30-50k**	• Strengthen primary care • Network practices and other out-of-hospital services • Proactive & integrated models for defined population
Place (Local Care Partnerships)	Borough	**~150-500k**	• Typically borough/council level • Integrate hospital, council & primary care teams/services • Develop new provider models for ‘anticipatory’ care
System (ICS)	Multi-borough (6 South East London boroughs)	**1+m**	• System strategy & planning • Develop accountability arrangements across system • Implement strategic change and transformation at scale • Manage performance and £
Region ***Agrees system objectives with each ICS***	Multi-borough (London)	**5-10m**	• Agree system ‘mandate’ • Hold systems to account • System development • Intervention and improvement

We need to think about delivery of services and change ‘within’ and ‘across’ boroughs



Our ICS vision in SEL is a 'system of systems'

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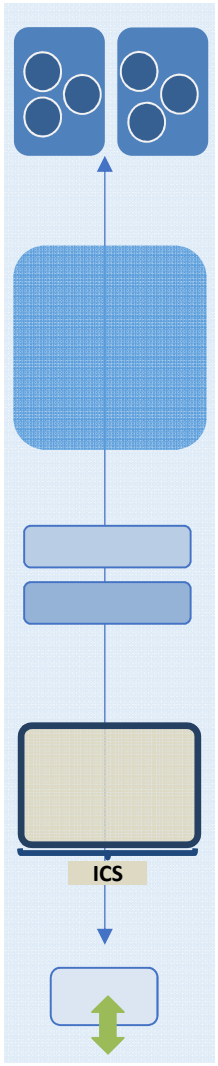
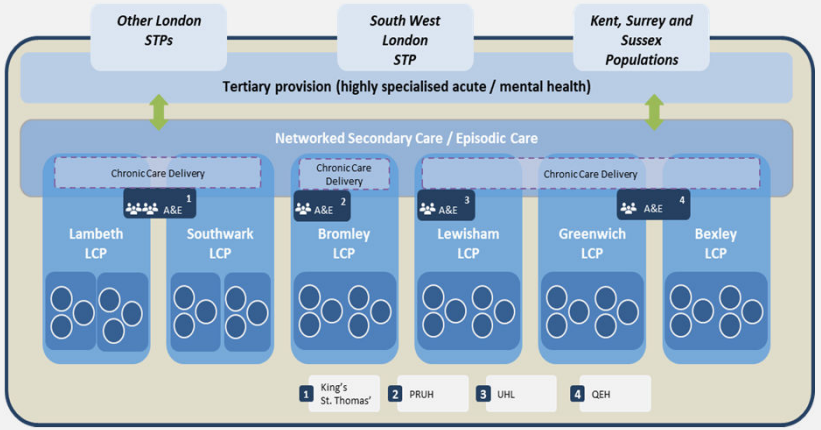
Our ICS approach considers how to:

- Support **Primary Care Networks** to work collaboratively across primary, mental, and community care at a **sub borough (or neighbourhood) level**
- Develop **Local Care Partnerships** integrating health and social care working collaboratively between different types of commissioners as well as providers **within a borough (place)**
- Work with **secondary care providers across multiple boroughs/ South East London** and tertiary services **across and outside the STP**
- South east London, working as a collection of health and care partners forms our **Integrated Care System (ICS)**

We will also continue to work with other STPs as well the London region



Each part links together in a
'system of systems'



The approach to each element of this 'system of systems' is for the purpose of providing the best support to our population, driving best value across health and care, and living within our means.
This is our vision for ICS

What are we trying to achieve?

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The vision outlined on the previous slide outlines our key ambitions and the CCG system reform programme will help to accelerate this through:

What are the objectives of our approach?	By establishing/ supporting
 We can be clear and more consistent about **WHAT** our priorities and expected outcomes are (based on our priorities)	 A **single CCG** and **place based** boards which we need to deliver **simultaneously**
 Our approach is about enabling more **INTEGRATED** working and decision making with our partners (Local Authorities, Trusts etc)	 Partners shape **SEL** (OHSEL board) and **local** (Place based boards) approaches
 And supporting these integrated teams to agree **HOW** this is implemented	 Place based boards will have **delegated decision making and funding** *

See the next two slides for more details

*(as agreed with local areas)

How can the Place Based Board help us deliver our shared priorities in Southwark?

Partnership Southwark

Working together to improve health and wellbeing for the people of Southwark

- Developing our approach for children and young people bringing together work within the Children and Young People's Health Partnership (CYPHP) and the development of population-level outcomes using Southwark Bridges to Health and Wellbeing.
- Accelerating the development of neighbourhoods supporting circa 30,000 – 50,000 people. These neighbourhoods will involve primary, community and social care, wider council (e.g. housing) and the VCS; and better join up care and support for people with complex health, care and wellbeing needs.
- Helping more people with long-term conditions/frailty to be supported in the community and their own home, which will reduce unnecessary time spent in hospital.
- Providing focused support for residents of care homes and nursing homes to ensure better outcomes and reduce avoidable hospital admissions.
- Supporting people with mental health issues in a primary and community care setting, reducing the need for people with stable moderate to severe mental health to be seen unnecessarily in specialist mental health services.
- Supporting people to have greater control over their own health and wellbeing, connecting them, to the community and reducing social isolation.
- Improve our population health analytics capability to better understand and proactively respond to population need at a neighbourhood and place-based level by sharing and linking data.
- Increasing focus on prevention and self-management, supporting people to live healthier for longer and working to prevent deterioration.

How can the Place Based Board help us deliver our shared priorities in Southwark?

Partnership Southwark

Working together to improve health and wellbeing for the people of Southwark

How we will begin to deliver on these priorities:

✔ Work with local people and frontline staff to co-design and develop Southwark's **neighbourhood model** to better join up care and support within the community, and respond to the health and wellbeing needs of local populations.

✔ **Formalise collaborative alliance arrangements** enabling system partners (initially Southwark CCG, GSTT, SLAM, GP federations, and Adult Social Care) to deliver integrated primary and community-based health and care. At the same time we will develop partnerships with non health and care agencies so that there are opportunities and experience which narrow the gaps in inequalities.

✔ Join-up strategic commissioning between the Council and CCG which, over time, will move towards **a population-based approach to commissioning for outcomes** using **Bridges to Health and Wellbeing** segmentation framework.

We will build on work we have done to date; providing a foundation to go further faster in delivering tangible benefits for local people and reducing pressure on the system.

What is our current thinking in terms of our developing governance?

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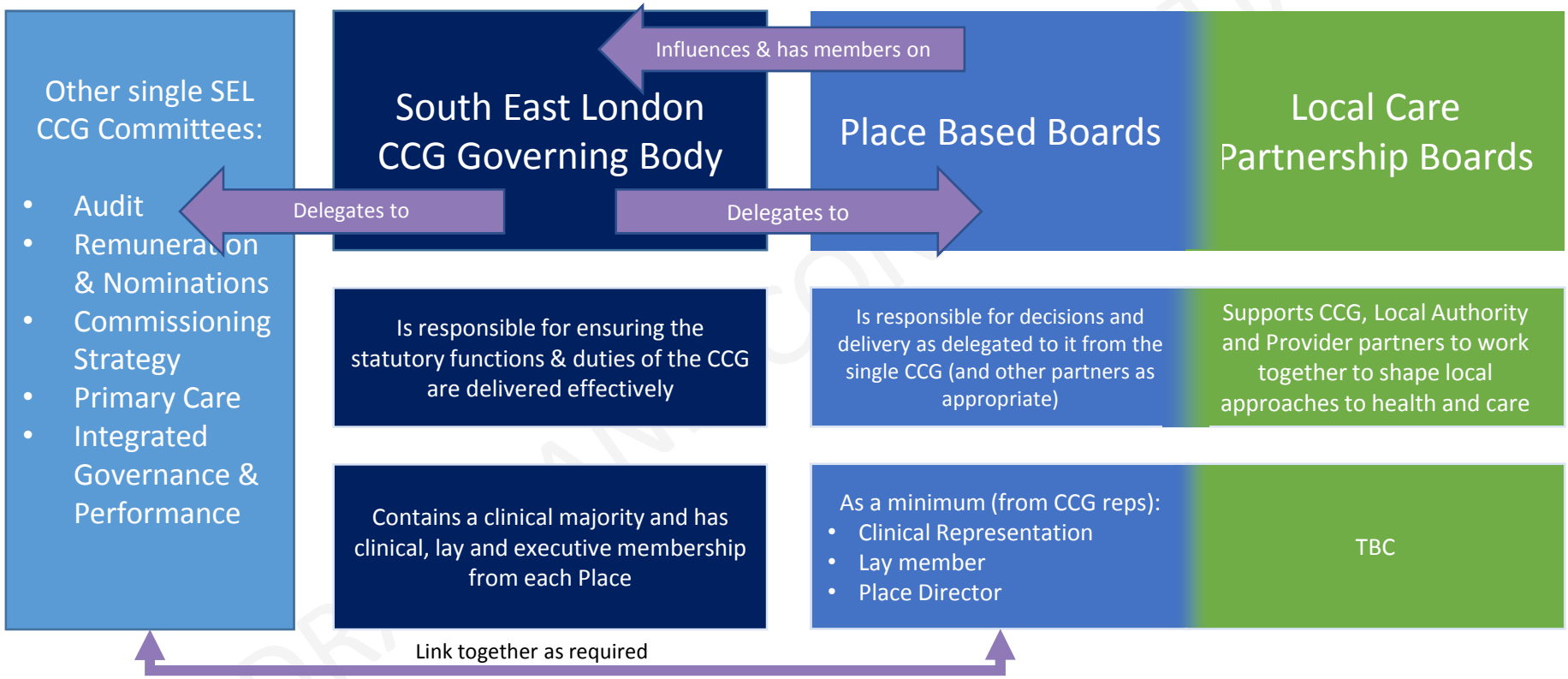
A single CCG for South East London would have a governing body and also a number of sub-committees. Many would be constituted to undertake necessary functions for the CCG, whilst place based boards would be the NHS' key commissioning forum at a borough level. Our aim is that this provides a forum for more collaborative working with Local Authorities (see next slide), but recognise our six boroughs may have differential positions on 1st April 2020. Place Based Boards would shape approaches and oversee delivery at a borough level and many of the CCG members would also be on the single CCG governing body. Increasingly over time boroughs would work more closely with other provider and commissioner colleagues to shape these local decisions as part of a Local Care Partnership.



There is a key objective to support partnership working and local approaches in each borough but also to ensure that there aren't unintended consequences on other boroughs, or at SEL level, from decisions are taken in an individual borough. Therefore the expectation is that there will be an agreed 'initial approach' to decision scope for all boroughs, with the ability for further changes by agreement across the boroughs.

What else needs to be defined in a place board?

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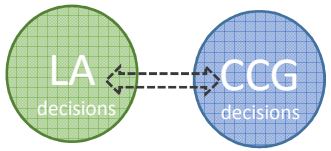
There are different starting points and options for joint working between NHS and LAs in a borough

1 Greater Involvement



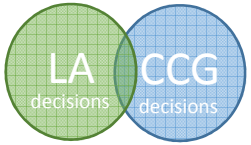
"Separate plans, separate budgets"

Local Authorities and CCGs discuss priorities and may collaborate but do not make aligned decisions

E.g. limited membership/ participation on place based boards (noting they would be members of the Local Care Partnership).

The Place Based Director is an NHS employee e.g. Managing Director

2 Aligned Commissioning



Aligned plans, separate budgets"

Local Authorities and place based health leaders agree priorities and to take respective organisational decisions based on achieving these

E.g. members of the place based boards, with agreement shared decisions are actioned; there is an agreed link into Local Authority governance.

Place Based Director dual accountability TBC?

3 Joint Commissioning

Aligned plan, aligned budget"

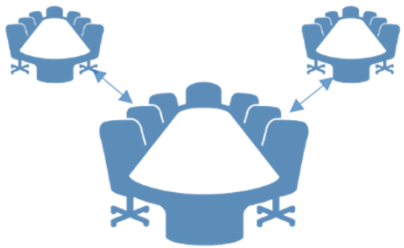
Local Authorities and place based health leaders would jointly make decisions on health and Local Authority functions with delegated budget from both organisations

E.g. the place based board is a committee in common or similar with the Local Authority.

The Place Based Director has dual accountability to the LA and CCG

There are no pre-defined starting points or change expectations related to these levels of delegation

Where budgets are delegated there will be choices about WHICH and HOW MUCH



All places will be delegated budget/ decisions from the single CCG but details of the delegation approach is a key element to be determined in the reform programme.

Local Authority delegation (of decisions and/or funding) will also need to be determined in each local area

We have also started to consider how resources might be organised…

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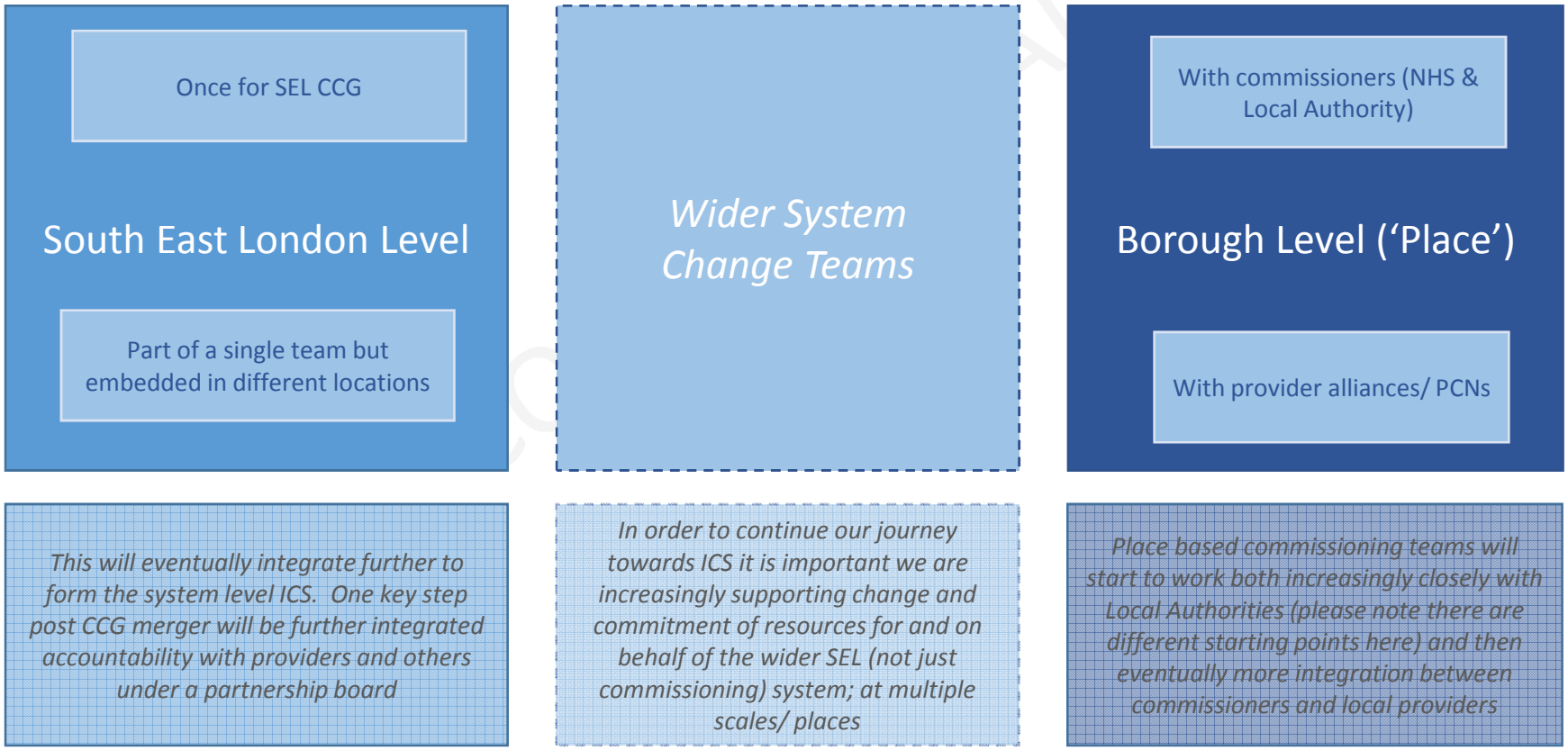
A key principle is ensuring that we have the right capacity and capability at each level of our system of systems. Current CCG functions and teams will therefore either:

- Work as part of a single South East London team; either fully consolidated or with a single point of leadership and staff embedded within places
- Work within a borough reporting to the Place Director (e.g. joint commissioning)
- Work as part of a team with resources and funding from multiple system partners, focused on implementing change



Where are we in the change programme?:

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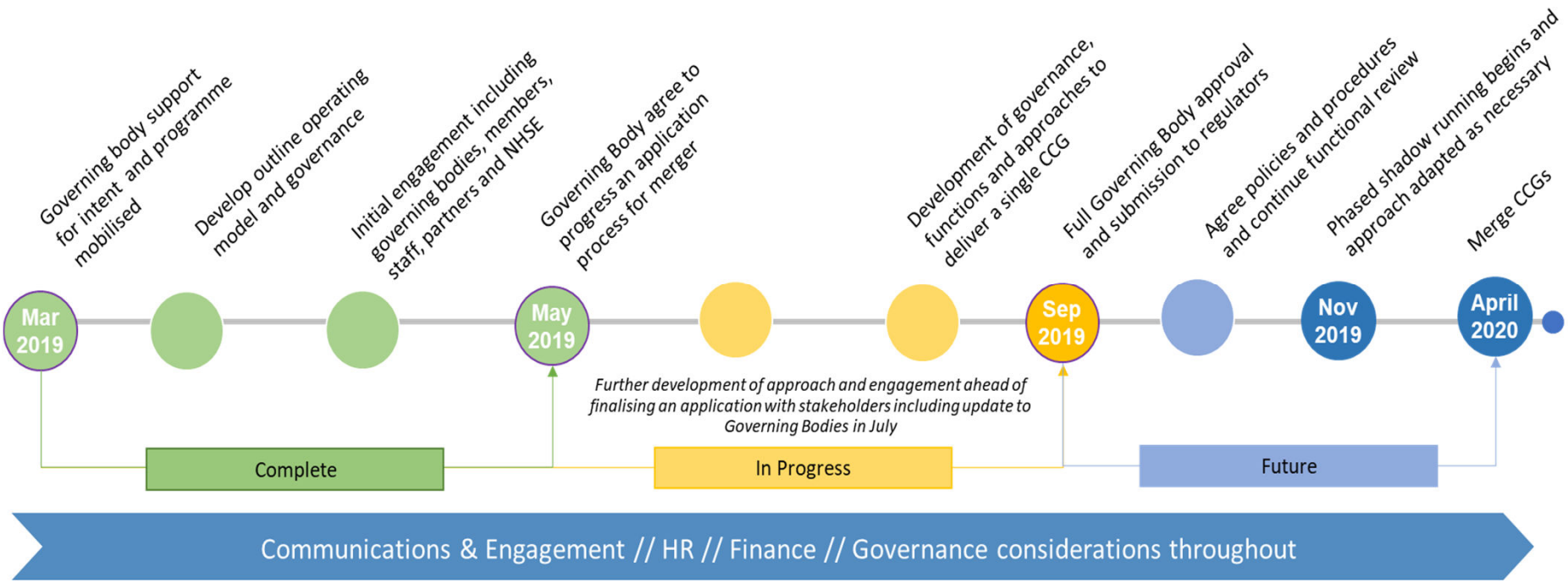
The aim is to have a single SEL CCG and the place based systems established by 1st April 2020



Agenda Item 10

Item No. 10.	Classification: Open	Date: 26 June 2019	Meeting Name: Health and Wellbeing Board
Report title:		Children and Young People's Mental Health and Wellbeing	
Ward(s) or groups affected:		All wards	
From:		Genette Laws, Director of Commissioning, Southwark Council Sam Hepplewhite, Director of Integrated Commissioning, Southwark CCG	

RECOMMENDATIONS

1. That the Health and Wellbeing Board notes this report as an update following the presentation of the Southwark Joint Review of Emotional Wellbeing and CAMHS Services.

2. That the Health and Wellbeing Board comments on the proposals outlined in the report and agrees for these to be a part of our implementation plan and subsequent progress reporting to the Board.

BACKGROUND INFORMATION

3. In November 2018, the Health and Wellbeing Board discussed the findings of the Joint Review of Emotional Wellbeing and CAMHS Services and 'set a shared ambition to meet 100% target of children and adolescents with MH needs and that they would aim to achieve this by 2020'. This report defines this ambition and proposes an approach to delivery and measuring progress.

4. This report also fulfils the resolutions agreed by the Board at the November meeting:

    4.1. Reporting to the Board about progress related to the implementation plan responding to the findings of the Review.

    4.2. Lead officers engage key stakeholders including children, young people, parents and carers by establishing a Reference Group.

5. At the November meeting, it was noted that the NHSE set an Access Target of 35% (approximately 1 in 3) of children and young people with diagnosable mental illness will be treated by 2021. The NHS Long Term Plan subsequently also made a commitment to achieving 100% with promised additional investment by 2029. The board noted that the target was narrow because it focused on treatment only; it did not include prevention and that the local reach of treatment is 1 in 4.

6. A narrow ambition based on the access target that focuses purely on activity is problematic and not the right approach for Southwark because:

   6.1. The NHSE target only applies to approximately 10% of children and young people in Southwark and ignores the needs of the remaining 90%.
   6.2. It only measures the volume of patients in a service and does not reveal anything about their experience or their outcomes.
   6.3. It can create a perverse incentive to get greater numbers of children and young people into 'medical treatment' and overlook opportunities to intervene earlier and meet their needs before they become acute.
   6.4. Although specialist services commissioned for children and young people in Southwark have limited capacity, in practice demand is managed through a waiting list system so that all eligible children receive a service eventually.

7. However, despite these caveats, the access target remains an area of focus given the national context. It is therefore acknowledged that whilst the 100% treatment ambitions have a set delivery timeline of 2029 and SLaM services will adhere to this given resource dependencies; local actions can provide some mitigation to ensure that by 2020 children and young people know where to get help, advice and support for improved emotional wellbeing, particularly in relation to self-management, peer support and access to a comprehensive digital offer.

DEFINING SOUTHWARK'S AMBITION

8. For the reasons outlined above, Southwark should **take a whole systems approach and aspire to improve outcomes and care for every child and young person regardless of the level of need or severity.**

9. Furthermore, the aim should be not to increase but rather to reduce the need to see specialist services by:

   9.1. Building resilience so that children and young people can cope with challenges and by ensuring more children live in stronger families.
   9.2. Ensuring there is no stigma attached to asking for help when needed; enabling them to help themselves by creating a greater awareness of where to seek help and the confidence to access it.
   9.3. Taking a radical approach to co-producing with children, young people, families, communities and partners so that services and delivery are both fit for purpose and fit for the future.

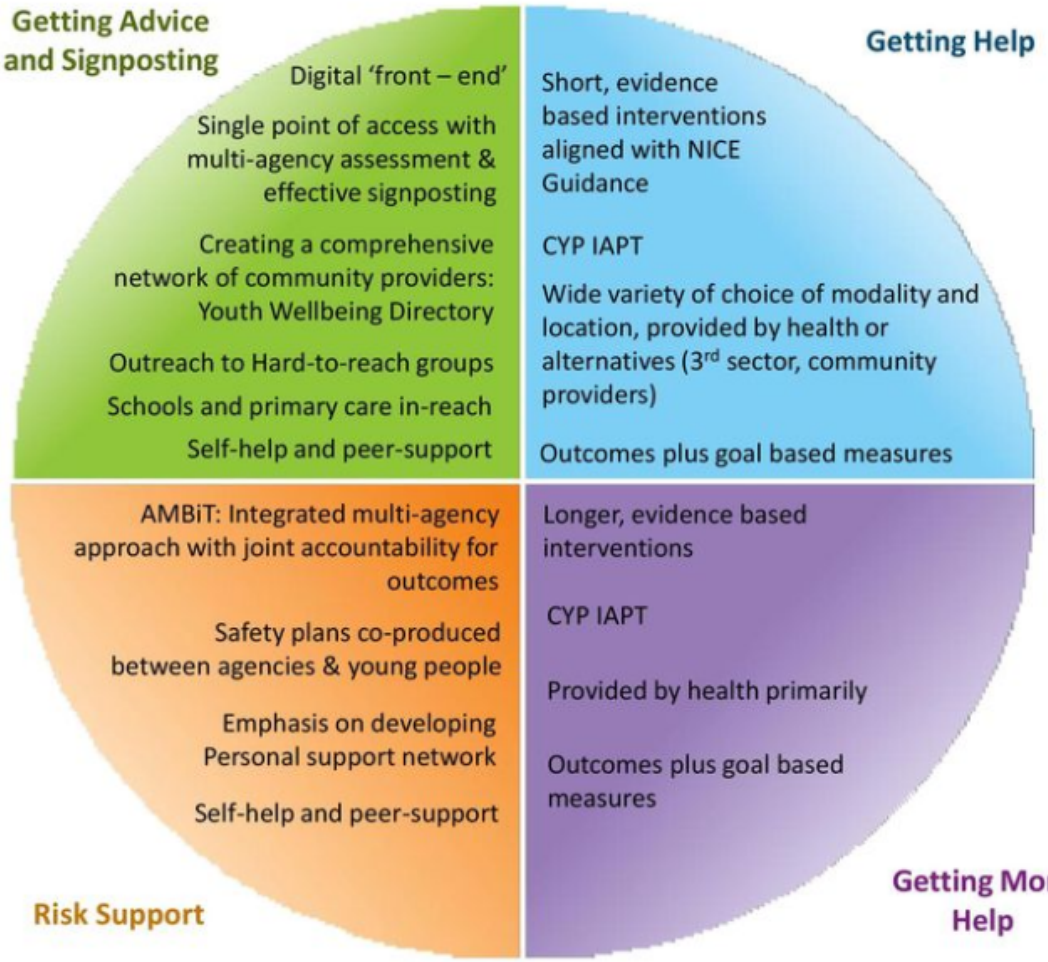
10. We must also recognise that the only way to meet the needs of every child and young person in Southwark is by making their wellbeing everyone's business. This can only happen through clear, graduated expectations of competencies for all levels of professionals and the public, underpinned by programmes to raise awareness and by providing training in key skillsets.

11. Board Members may recall that testimonies from the young people at the November meeting and subsequently at the Youth Panel reflected that the 'levels of desperation that young people are feeling', especially if waiting for services. They also noted the lack of opportunities for non-specialist help or support.

TRANSLATING THIS INTO ACTION

12. This paper focuses on how we realise the ambition of the Board, however, for assurance the work plan for transforming CAMHS Services is already detailed and covered in the Local Transformation Plan (see Appendix 1).

13. The Review recommended that Southwark should adopt the Thrive Model. Its components are:



14. How adopting Thrive can benefit Southwark

14.1. Whole system approach focusing on needs and preferences
14.2. Builds on and draws from community resources, and an individual's resources to create a diverse range of options for care
14.3. Shared decision making and child and young person preferences are core principles
14.4. Identifies resource-homogenous groups of young people with common

needs and preferences, rather than an escalator/severity approach

14.5. Focus on early intervention and building resilience in children, young people and families

14.6. THRIVE advocates the effective use of data to inform service delivery and meet needs

15. The Thrive model is a blueprint for implementing the findings of the CYP MHW Review. The model illustrates the range of opportunities for emotional wellbeing and mental health help, support or treatment services that should be available. The NHS has significantly increased funding in specialist services. Therefore, given that the areas for development relate to the top two quadrants, officers recommend that any new investment should prioritise prevention and early intervention services, where appropriate. The Council has allocated £2 million for investment in schools.

16. It is also noted that developing strategies and plans should take account of the emerging research and knowledge base on the impact of Adverse Childhood Experiences (ACE's) on health and social outcomes.

17. The proposals for prevention and early intervention have been grouped into four domains.

Domain 1: Open access drop-in service

18. It has been recognised that a key gap in provision in Southwark is a dedicated open access service for young people. The Board should note that we have such a service for the mental wellbeing of adults.

19. To meet the above objectives there is therefore a need to develop a young person led, community based, open access drop-in service that acts as a referral point to information, advice, services and support. This should provide an alternative provision to core CYPMH services - and be designed by building on learning from successful national exemplars (see Appendix). As a minimum it should:

19.1. Provide young people with the opportunities, experiences and tools that enable them to develop their physical, emotional and social capabilities.

19.2. A range of support should be offered including traditional talking therapies, youthwork, person-centered counselling and psychological wellbeing practices.

19.3. Group work should develop a young people's awareness of their social health, help to decrease isolation, raise aspirations and develop interpersonal skills. It should also provide opportunities to meet new friends.

19.4. In addition to social drop-ins and peer support sessions there should also be an opportunity to access outdoor pursuits and creative therapies.

19.5. The service should recruit and train peer-mentors to spread the practice of good self-care, effective use of peer support and active healthy lifestyles.

20. It is recognised that whilst planning can be quite sound, a key determining factor in success is the approach to implementation and particularly stakeholder engagement. Put simply, how we do things is as important as what we do.

Therefore, it is proposed that a series of coproduction workshops are held to include children and young people, parents, providers and partners to help shape and deliver the above recommendations.

21. The first workshop should consider what the open-access service should look like and help create a design specification of the key elements and a timeframe for implementation.

Domain 2: More Support for Schools

22. Most children and young people attend school and therefore schools have a profound influence on children, their families and the community. Children and young people's engagement and motivation to learn, to achieve and to thrive is directly affected by their mental and emotional wellbeing.

23. Schools play a key role in:

- Building self-esteem and a sense of competence and self-worth.
- Children's development, from peer relationships and social interactions to academic attainment and cognitive progress.
- Emotional control and behavioural expectations, and physical and moral development.

24. Evidence shows that all these areas are affected by mental and emotional wellbeing

25. A survey of emotional wellbeing in Southwark Schools has being undertaken by the Member/Officer Policy Unit with a submission date of 7th June 2019. The findings will help inform our approach and focus for strengthening school-based support.

26. The survey will inform the development of a framework for emotional wellbeing and mental health resilience which is flexible and allows scope for innovation but also has agreed core elements that help standardise processes and practices where needed.

27. Based on national best practice, it will as a minimum include the adoption of a whole school approach to mental health and wellbeing, which includes:

27.1. Leadership and Management
27.2. Curriculum, Teaching and Learning
27.3. Enabling student voice to influence decisions
27.4. Staff development and training
27.5. Identifying need and monitoring impact
27.6. Working in effective partnerships with parents and carers
27.7. Targeted support and appropriate referral
27.8. School ethos - the living and learning climate of the school; Creating a healthy, safe and nurturing physical and social environment

28. It is also noted that there is a growing number of children that are 'not in school',. These are children who are not attending Ofsted inspected schools but are instead educated at home or attending unregistered education al settings. A

significant proportion of children not in school (216 Nº) are currently open, or have been known, to Children Social Care, Family Early Help, Youth Offending Service and/or CAMHS. At the time of writing this report, 10% are currently open and at least a third has had previous contact with at least one of the services.

Domain 3: More Support for Parents and Families

29. A study by the Association for Young People's Health has shown that the parents of adolescents are the most unsupported of all groups of parents, and those who have teenagers with mental health problems are particularly isolated. However, parents and the family are strong advocates for children and young people and can play a key role in supporting them through both crisis and recovery.

30. It is worth noting that SLAM professionals recently held a public workshop for parents about Young People and Anxiety. This domain will build on this by establishing support for parents as a key priority. This work will be developed in conjunction with the Keeping Families Strong workstream that is specifically looking at 'commissioning opportunities for self-care and knowing when and how to get help'.

Domain 4: Digital self-help and resources

31. Digital technologies offer an opportunity for children and young people to take charge of their own care and to support each other. There has been an increase in online peer-to-peer support, on social media websites such as Facebook, where people with mental illnesses connect with each other, provide support, challenge stigma, and share personal strategies for coping with symptoms.

32. Online support networks might enable individuals with stigmatised mental health conditions to feel less alone and to find support from others with the shared experience of living with mental illness, regardless of international borders, time zones, or access to care.

33. Provide training and support in self-care and self-management to so that children and young people can manage their own conditions, fostering an ethos of empowerment. Establish self-referral routes for children and young people and provide access to self-help materials and digital resources.

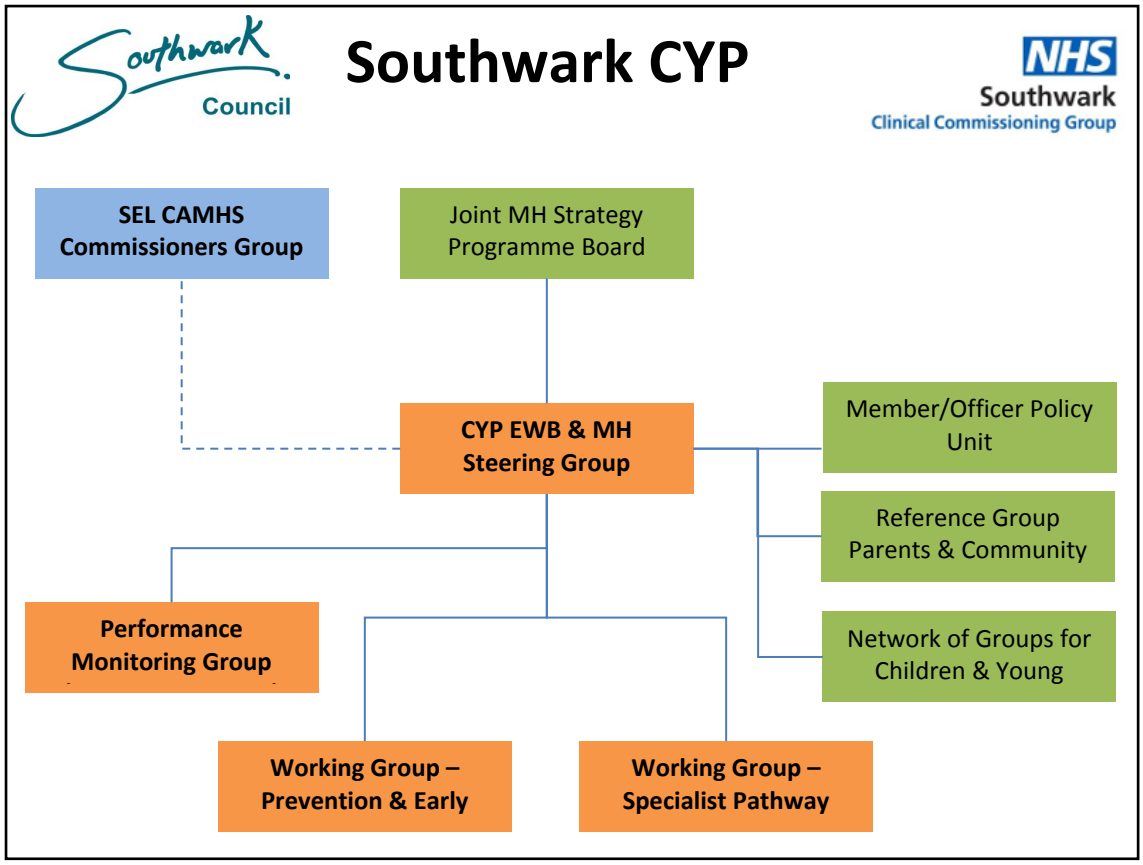
34. In recognition of the importance of a digital offer South East London CCG's recently commissioned Kooth to run an 18-month pilot in all six boroughs. In Southwark the aim is to enhance this by:

    34.1. Creating a resource directory outlining the local and national resources available that the wider Children and Young People's workforce can access when considering support for emotional health and wellbeing.

    34.2. Create links to web resources that offer advice, guidance and counselling for less complex, lower level presentations that universal service providers and families themselves can access.

35. The Young People's coproduction group will lead on helping develop these resources and how they are disseminated.

Governance and Next Steps



36. The Prevention & Early Intervention Working Group will take forward the proposals outlined in this paper. The group will also develop a series of performance measures that can be used to track progress in the delivery of this prevention and early intervention strategy. The SEL Data and Outcomes Group is also developing standardised approaches to performance which will help inform this process.

37. A series of coproduction workshops will be held to include children and young people, parents, providers and partners to help shape and deliver the above recommendations. Officers have listened to the young people, who told us that consultation should fit around when they are available and this is during school holidays or, if necessary, outside of school hours. The workshops therefore will take place during the summer school holidays.

38. The first workshop should consider what the open-access service should look like and help create a design specification of the key elements and a timeframe for implementation.

Community impact statement

39. This review has taken account of the needs of local communities including people with protected characteristics. No adverse equalities impacts have been identified at this stage as the overall aim is to better target and support all Southwark residents, and particularly children and young people. Indeed, the implementing the recommendations of the Review should reduce inequalities of access, experience and outcomes.

40. An Equality Impact Assessment (EIA) will be completed for each of the workstreams in the implementation plan and any subsequent commissioning intentions required to achieve the identified objectives.

Resource implications

41. Commissioners within the Partnership Commissioning Team (joint funded by the CCG and the Council) will be responsible for implementation of the strategy in conjunction with NHS, schools, VCS and Council partners. As the implementation plan is developed any actions arising which have resource effects will be subject to separate decision-making process.

Legal/Financial implications

42. There are no specified legal or financial implications in relation to this report. However, as the implementation plan moves to its delivery phase within each workstream any legal/financial implications will be highlighted.

Consultation

43. An Emotional Wellbeing and CAMHS Reference Group has been established to ensure local families, parents and children continue to be fully engaged and provide input into the implementation including the reconfiguration of existing services and the design of new services in Southwark.

44. The future of this Group is as per the governance chart on the previous page. The group will be reconfigured to build on pre-existing young people groups as well as widening the membership of the 'adults' reference group which has a small proportion of parents. To support wider participation in the adults group, officers are seeking independent facilitation to ensure that co-production is meaningful and creative to ensure that as many parents and carers can share their views.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Joint Review of Emotional Wellbeing and CAMHS Services (November 2018)	160 Tooley Street, London SE1P 5LX	Sharafat Ali EXT 55227

APPENDICES

No.	Title
Appendix 1	Local Transformation Plan
Appendix 2	Notes from study visits to national exemplars
Appendix 3	Roadmap of CYP Emotional Wellbeing & MH in Southwark

AUDIT TRAIL

Lead Officer	Genette Laws, Director of Commissioning	
Report Author	Sharafat Ali, Head of Children's Joint Commissioning	
Version	Final	
Dated	4 June 2019	
Key Decision?	Yes	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	Yes	Yes
Date final report sent to Constitutional Team / Community Council / Scrutiny Team		14 June 2019

APPENDIX 1

The Southwark Local Transformation Plan for CAMHS can be accessed through the following link:

https://www.southwarkccg.nhs.uk/our-plans/mental-health-services/children-and-young-people-mental-health/Pages/default.aspx

APPENDIX 2a

Visit to The Hive, Camden

21 January 2019

A visit to The Hive in Camden took place on 21 January 2019. Cllr Jasmine Ali, Cabinet Member for, Children, Schools and Adults Care and Cllr Evelyn Akoto, Cabinet Member for Public Health and Community Safety were accompanied by officers from the council and SLAM.

The Hive is based close to Swiss Cottage on Finchley Road, in a Council-owned building that was formerly leased to the Post Office. It is an attractive and welcoming space for young people, which looks more like a well-designed youth service than a clinical setting. There are facilities for studying, employment support and social activities, as well as private spaces for one-to-one counselling. On the day of the visit, the centre had just received a huge food bank donation and young people were arriving and mingling on both floors of the building, where all spaces are used by staff and young people in a shared way.

The Hive is run by Catch 22 and is part of Camden's *Minding the Gap* model for young people aged 16-24 (see below).

The Hive Team Catch 22	The Transitions Service Camden and Islington Foundation Trust	Counselling and Therapy The Brandon Centre
•An imaginative youth base, co-designed by young people, from which a team of workers engage with young people aged 16-24 from across the borough who are currently not engaging with support services •These workers are employed by The Brandon Centre, Anna Freud, the Tavistock, CIFT and managed by Catch 22. All staff receive regular clinical supervision •A holistic support offer including substance misuse, a sexual health clinic, employment advice and activities including yoga, gardening and cooking. •A social enterprise, developed by local young people	•Eight transitions champion posts in adult mental health services to treat patients and work with young people to improve transitions •A young people's board who developed a transitions protocol and training programme for CAHMS workers •Fortnightly multi-agency case transitions meetings for vulnerable young people to improve the transition rate to adult services •All partners sign up to a 'no bounce' policy	•Increased capacity for young people who do not meet adult mental health thresholds to receive counselling and psychotherapy to improve young people's resilience •Ensures that young people who need to be escalated to adult mental health are correctly directed as well as providing early intervention and relieving pressure on higher threshold services

The only criteria for accessing The Hive are that that the young person is between 16 and 24 years old and is resident, or registered with a GP, in Camden. They offer a drop-in health and wellbeing service, not badged as a mental health setting, to remove the stigma potentially associated with this. The

social element is important – having friends and being able to communicate is part of mental wellbeing.

One-to-one support is a key part of the offer. Seven young people's workers who have 15 to 18 young people on their caseload and are likely to work with each young person for six months to a year. They may see the young person at The Hive or take them to another setting such as a café or a park or take part in sport with the young person, as a way to build the relationship and get them to engage. The workers have a budget of £7 per session to enable this, as well as £20 for birthdays. They take a tenacious approach to getting young people involved and will not close the case without a concerted effort. They recognise that getting young people to turn up at a fixed time can be a challenge and will follow up by text repeatedly.

There are fortnightly meeting to discuss young people of concern with senior staff from different agencies who can take responsibility for cases and actively support the young person to get the right support, whether that is from CAMHS, Adult Mental Health or another agency. If there is a wait to be seen by one of these services, the young person can continue to attend the Hive, so they are not left without support while they are waiting.

Young people from across the borough attend The Hive, but they acknowledge that there may be some young people who don't come to this part of the borough due to gang affiliation. The staff believe that there are only a small number of their young people potentially involved with gangs, but they are providing a preventative service as some of their young people are vulnerable to exploitation.

Joint Commissioning
Crucial to the success of the service has been senior buy-in from the partner agencies. It is jointly commissioned and overall investment (including the other elements of Mind the Gap) was **£1,092,000** per year from 2015 to 2018 which reduced to **£860,000** in 2018/19. The refurbishment of the building cost £500k. The service is jointly funded by Camden CCG and Camden council with significantly more financial input from the CCG initially, but wider 'in kind' investment from the council through provision of sexual health, substance misuse and other support services. The ongoing funding model has drawn on sources including Healthy Minds and reconfiguring of wider CAMHS.
After three years, evaluation carried out by New Economics Foundation (NEF) found that for every £1 invested, £3.40 was saved. The Hive was cited in the NHS Long Term Plan as an example of good practice.

Learning for Southwark

- Taking a different approach to this age group makes sense – older adolescents/young adults do not fit neatly into traditional approaches to either CAMHS or adult mental health services.
- Co-production with young people key, as is a flexible approach to their engagement.

- A joint approach and buy-in across the partner agencies has been integral to Camden's success – the implementation of the CAMHS review provides the basis for our own joint approach.
- There is potential to build on Southwark HYP (the integrated wellbeing, sexual health and substance misuse service) and to think about other youth services that already exist across the borough.

APPENDIX 2b

Visit to Pause, Birmingham

12 April 2019

A visit to Pause in Birmingham took place on 12 April 2019. Cllr Jasmine Ali, Cabinet Member for Children, Schools and Adult Care was accompanied by officers from the council and SLAM.

Paused is based in the city centre of Birmingham, in a building that was chosen by young people as part of the co-design and co-production of the service. The interior was designed to meet the brief of young people which was that they wanted a cross between a coffee shop and Apple store. There are facilities for self-help on-line using fixed tablets, rooms for group work or one-to-one discussions as well as tables in a communal area for discussions. As well as using technology such as virtual reality to support exploring anxiety-inducing experiences and practicing meditation.

Pause is run by The Children's Society and is part of Birmingham's 'minding the gap' model for children and young people up to the age of 25 years old, known as Forward Thinking Birmingham, as set out below.

The only criteria for accessing Pause is that that the person is under 25 years old and is resident, or registered with a GP, in Birmingham. They are open 7 days a week and currently has 250 to 300 visits per week.

The key principle of service delivery is that they are having 'helpful conversations' with children, young people and their families. The staff consider those that attend have made a choice to come and are willing to engage. They do not see people, even if it is the case, as a referral. Therefore those that come in are greeted by a Captain and complete a self referral form.

The staffing is made up of paid staff and 50 to 60 volunteers at anyone time, some of which including students of various social sciences. Volunteer training in terms of mental health, conflict management and engagement training. There is always 9 staff on duty – 4 paid staff and 6/7 volunteers

Commissioning
The CCG fully funds the service. It represents 2% of the £24 million budget, £480,000.

Learning for Southwark

- This model reflects the Wellbeing Hub for adults in Southwark and plugs a gap.
- The service was developed from the outset through co-production with young people

APPENDIX 2c

Visit to Birmingham Education Partnership

20 May 2019

Birmingham has approximately 460 schools.

What is BEP? BEP is both a charity and a company (not for profit) that is focused on school improvement in its broadest sense.

Their aim: to secure a deeply good education for every child in a Birmingham School emphasising civic and social education as well as the academic success. Their partnership works through a variety of discrete channels. These include contractual or commissioned work, membership services and traded activities.

They:

- Support schools that are at risk, or those already judged to be less than good.
- Provides opportunities for the remainder of Birmingham schools to support their own school development journey.
- From brokering support with expert consultants, offering specialised events and CPD opportunities and facilitating effective collaboratives and partnerships between schools.

Developments:

- **The Peer Review Programme** – Bespoke programme for schools to rigorously challenge each other and identify priority areas for development. 120 schools are participating in the programme.

    - Additional programmes are also delivered by experienced coordinators to address mental health in schools, development of the arts and sports curriculum, engagement of pupils with global issues and building connections between local business and schools to improve career opportunities for young people.

    - **Newstart & MH** - BEP are currently working with 19 secondary schools in Birmingham using the whole school approach to help schools identify earlier those pupils who may be vulnerable to poor mental health and build resilience in order to improve academic, social and emotional outcomes.

    - **RADY (Raising attainment of disadvantages youngsters)** – schools involved in the RADY programme receive 3 face-to-face consultation visits and participate in 2 best practice networking sessions with other schools. Offering a unique opportunity to share ideas strategies with colleagues in the same journey – and schools can draw on the experience of those schools who began in 2016.

Continuous Improvement (CI) – **Strategic School Improvement Fund £140m grant:** It is intended to further build a school-led system, and aims to target resources at the schools most in need to improve school performance and pupil attainment; to help them use their resources most effectively, and to deliver more good school places.

Improvement Champions are in place to facilitate the post review workshop, enabling priorities for improvement to be identified by the review team and potential solutions and school to school support agreed. Their role is an objective facilitator is to encourage all members of the review team to fully

engage and participate and ensure that ALL voices are heard. 1-2 champions allocated per cluster.

Learning for Southwark

- Cracking the communication barriers between LAs and Schools – need to speak the same language to achieve common goals.
- Focus on tailoring training and implementing changes in an integrated way with the schools to secure culture change with everyone on board and with confidence.
- Challenges remain with balancing ACE vs. Support.
- Need to know the phycology of a school to make a positive difference (shift change to their culture) – i.e. Emotional Well-being comes under 'H&S' – not just about bricks & mortar.
- Change school policies – buy-in via their Governors and embed in their Governance arrangements.
- Adopt a whole-school approach.
- Important to work with parents and schools – all partners.

APPENDIX 2d

Visit to Emotionally Healthy Schools, Cheshire East

24 May 2019

A visit to Cheshire East's Emotionally Healthy Schools Project took place on 24 May 2019. Cllr Jasmine Ali, Cabinet Member for Children, Schools and Adult Care was accompanied by an officer from the Policy and Public Affairs Team.

The Emotionally Healthy Schools Project is an innovative partnership committed to enhancing the capacity of schools in Cheshire East. The project's aim is to promote positive emotional health and wellbeing; and to develop stronger working relationships with agencies outside of the school environment.

The programme covers 124 schools with six partners across the educational, CCG, local government and charity sector. 98% of the schools are engaged who are a mix of academics and maintained.

The Emotionally Healthy Schools project is a multi-agency project; providing a mixture of whole school and targeted interventions for children and young people, underpinned by access to mental health and wellbeing training, consultation and reflective practice sessions for school staff. Teachers and school staff are trained to recognise ill mental health, promote good mental health, and signpost to services.

The programme is entering phrase three which will focus more on early years help, strengthening relationships and improvements recommended by the Salford University evaluation.

Commissioning
Phrase 1: £60 000
Phrase 2: £600 000
Phrase 3: £1.7 million

Learning for Southwark

- This model reflects the importance of school's engagement in mental health prevention.
- This is a multi-agency project using whole school and targeted interventions to relieve pressure on CAMHs.

APPENDIX 3 – Roadmap of CYP Emotional Wellbeing & MH in Southwark

Roadmap attached on separate page

CYP Emotional Wellbeing & MH in Southwark

Southwark Council
southwark.gov.uk

Pre 2016/17

Children & Families Act 2014

Health & Social Care Act 2012

Deprivation of Liberty Safeguards / Mental Capacity Act

Mental Health Act - Code of Practice

Southwark Five Year Forward View – Southwark's vision of the system working together for the whole population

NHS 5 Year Forward View

2016-2017

Children and Young People (CYP) Plan

Valuing Carers in Southwark – Joint (All age) Strategy

Public Health moves to Local Authority – Making a stronger impact on improving health

Southwark Clinical Commissioning Group (CCG) established

Partnership Commissioning Team (PCT) – Established to jointly plan and commission Health & Care services

Local Transformation Plan – Required by NHSE to confirm how investment in MH services is being spent by the CCG refreshed annually

CQC Thematic Review

THRIVE framework – published by Tavistock

Southwark Wellbeing Hub – Open access community Support for adults to improve mental wellbeing

Southwark Voluntary Sector Strategy – "Common Purpose Common Cause"

Joint Commissioning Strategy Committee - directs work programme of PCT

New Models of Care the South London Partnership – commissioning MH specialist services

2018-2019

Council Plan 2018 - 2022

Southwark's Joint (All age) MH & Wellbeing strategy

CYP Emotional Wellbeing and Mental Health Services Joint Review

Partnership Southwark forming – adopts Bridges to Health and Wellbing CYP priority segment

Bridges to Health and Wellbeing identifies Maternity, Under 5s and CYP with multiple ACEs up to 25 years old

Children and Young People Mental Health Joint Strategic Needs Assessment

2019-2020

NHS Long Term Plan

Council Assembly agrees budget including £2 million for EW & MH in schools

Health and Wellbeing Board meet on 21 November 2018 – Agrees a shared ambition for 100% of CYP to get help when they need it

Implementation Steering Group set up – Working Groups created including Early Intervention and Prevention

Cabinet Member for Children, Schools and Adult Care establishes Member/Officer Policy Unit

Kooth – online counselling goes live

Visits to exemplar sites by Cabinet Member

Workshop in summer of 2019 for Early Intervention and Prevention

Survey of current practice in schools – Identify good practice and opportunities to support MH and EW in schools

2021

Full implementation of Joint Review of CYP Emotional Wellbeing and Mental Health

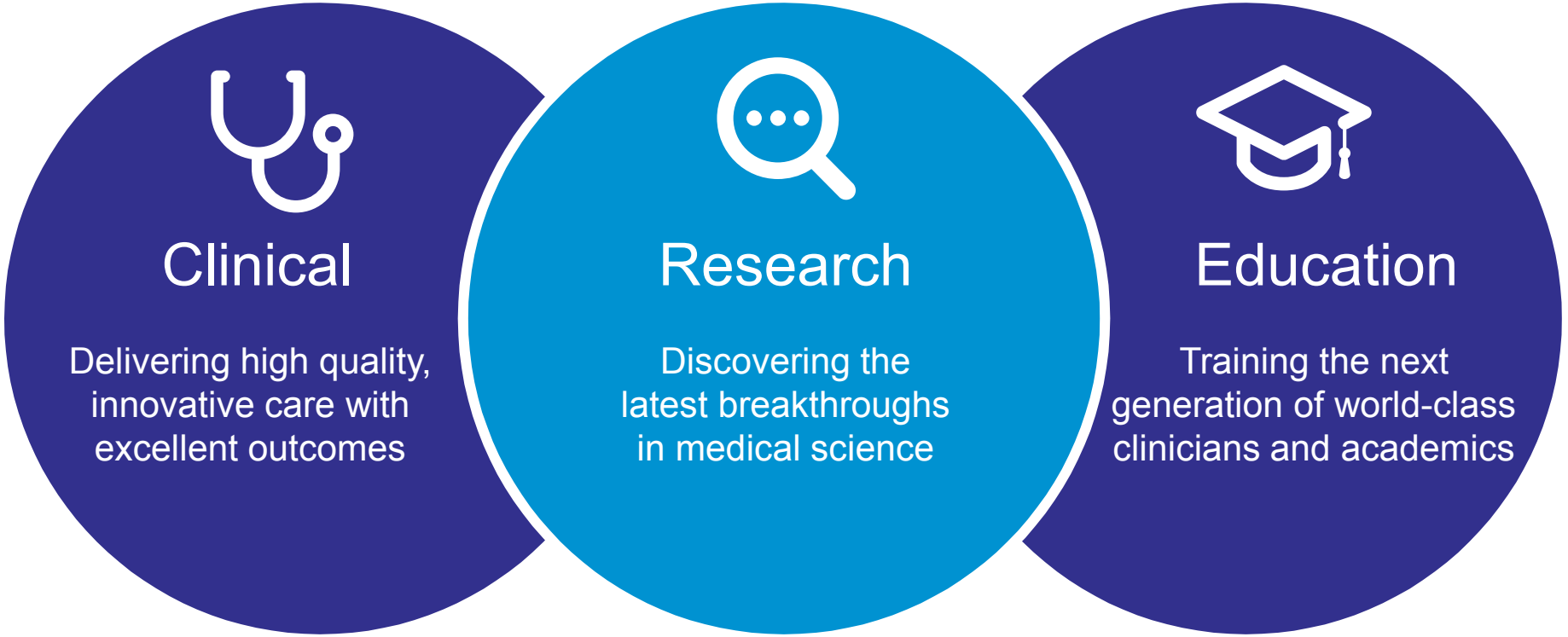
Developing our next 5 year plan

King's Health Partners

Southwark Health and Wellbeing Board

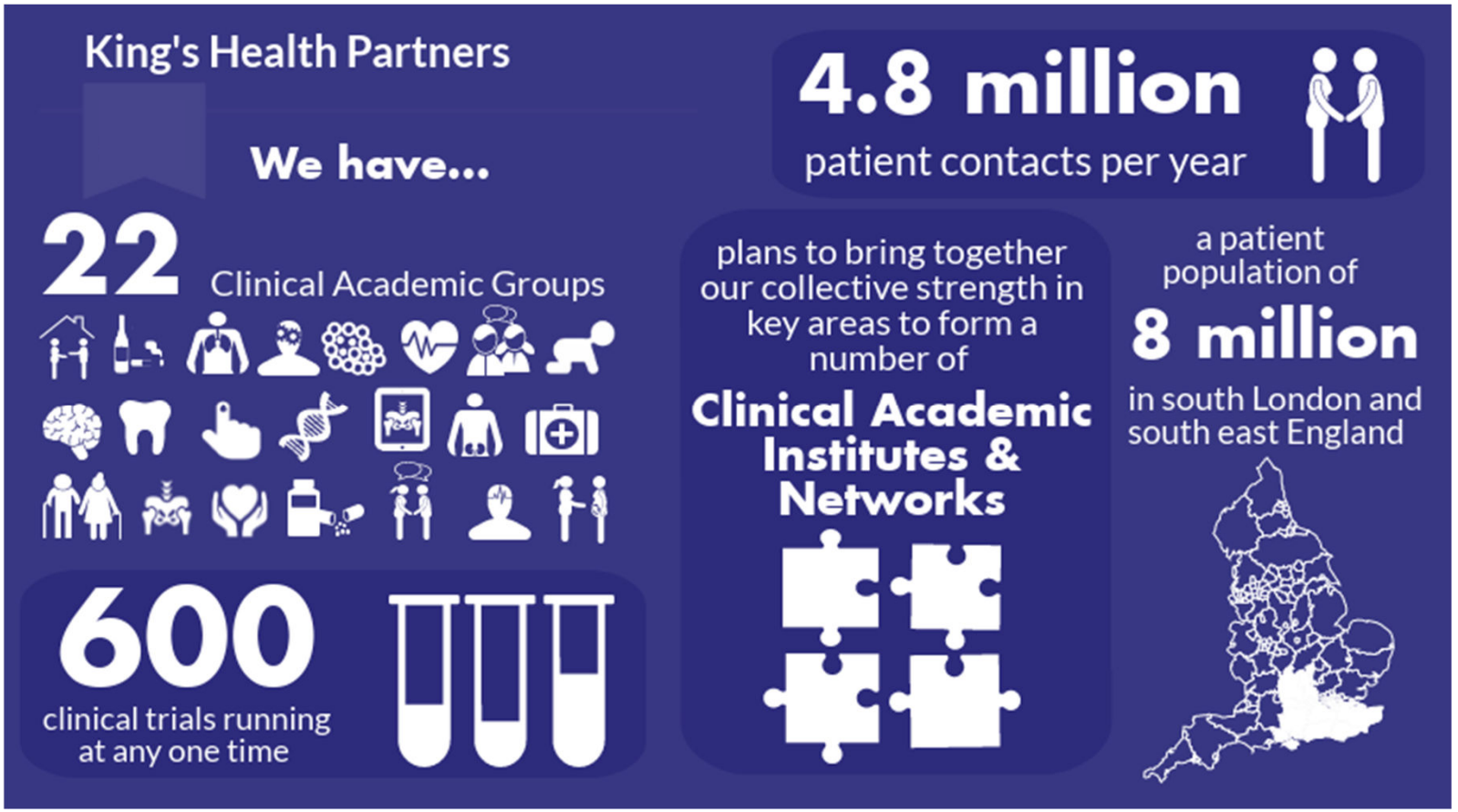
June 2019

Our tripartite mission

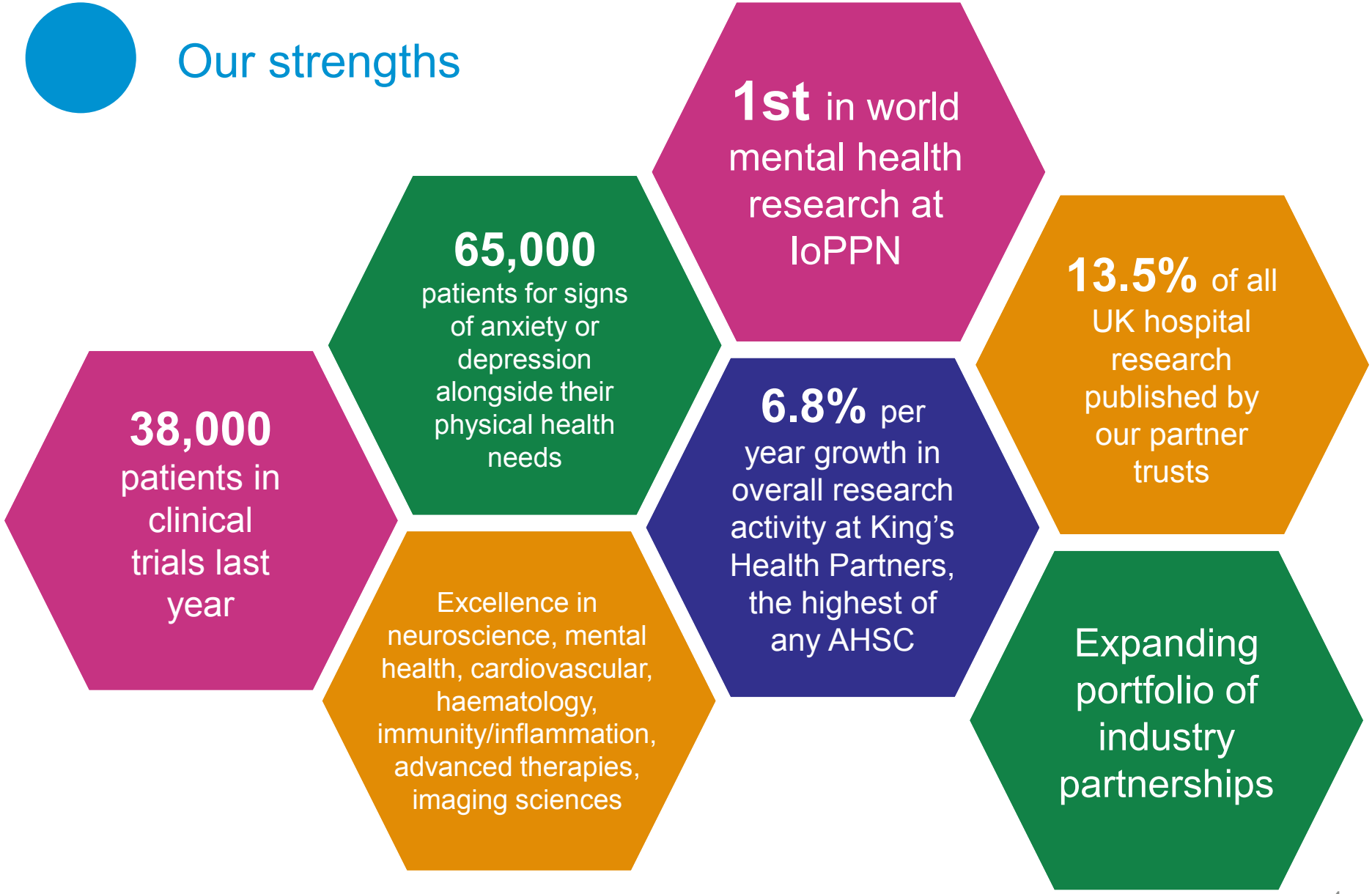


Translate cutting-edge research and innovation into patient care, delivering ***improved outcomes for patients*** *locally and globally*

Bringing together the strengths across our partnership

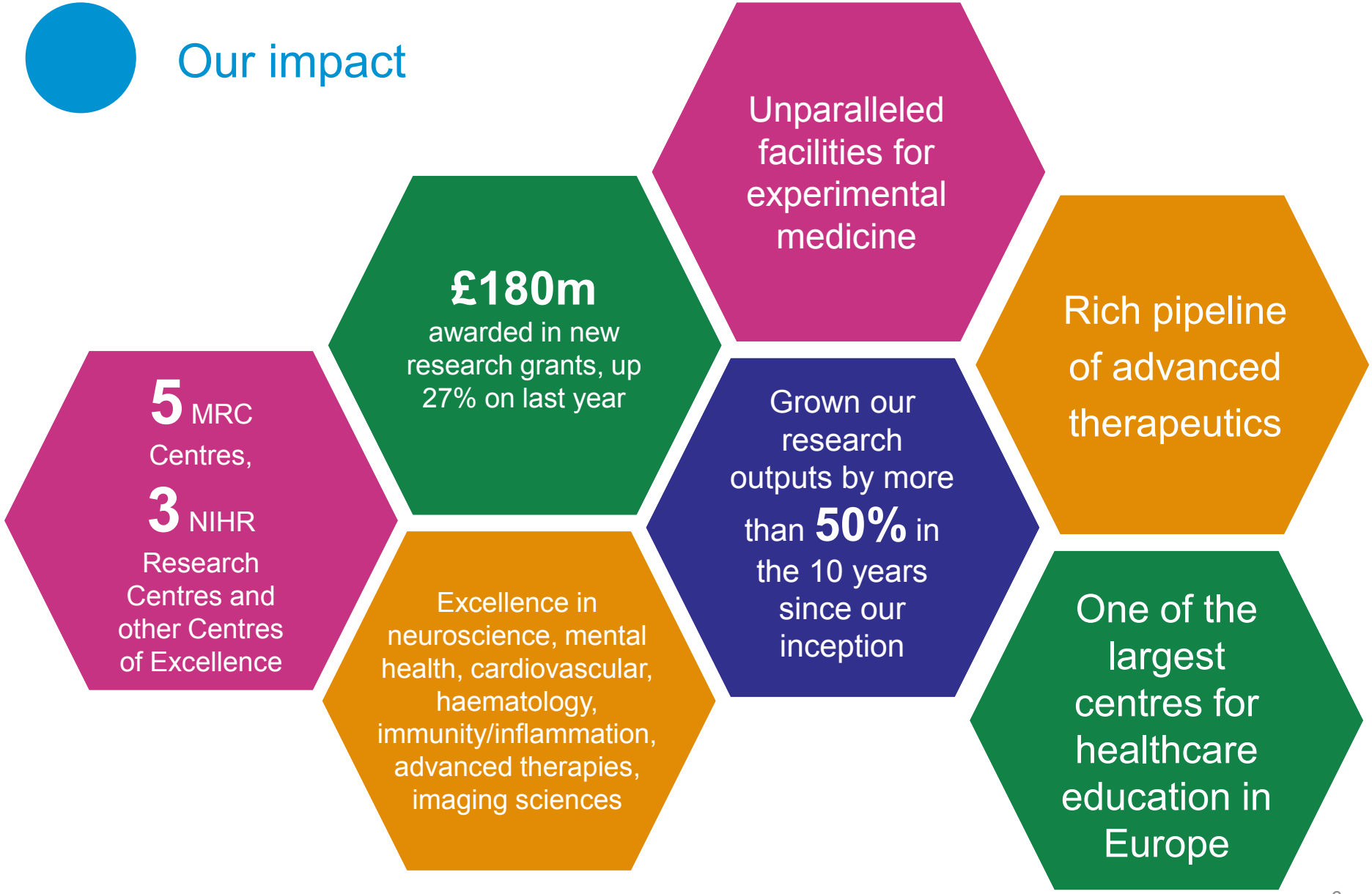


Our strengths



Building on our collective clinical academic assets

Our impact


Unparalleled facilities for experimental medicine
£180m awarded in new research grants, up 27% on last year
Rich pipeline of advanced therapeutics
5 MRC Centres, 3 NIHR Research Centres and other Centres of Excellence
Grown our research outputs by more than 50% in the 10 years since our inception
Excellence in neuroscience, mental health, cardiovascular, haematology, immunity/inflammation, advanced therapies, imaging sciences
One of the largest centres for healthcare education in Europe

Challenges & weaknesses to address through strategy?

Challenges to be addressed through an integrated clinical academic mission

- Translating innovation into improving outcomes at scale for patient and population – the future role of CAGs working with the whole system
- Integrated clinical academic workforce connected to primary, community and potentially social care - training and skills, recruitment, global challenges, pace and affordability
- Distressed finances, health & university, education & training commissioning agenda - Complexity, resource to deliver, pace of delivery, expertise
- Integrated IT systems: integration of IT and informatics remains a critical step in the development and delivery of one team working
- Pace and scale of programme implementation and roll out - across the whole system

Local weaknesses & challenges to be resolved going forward

- Potential to create a stronger connection with primary care and new PCNs
- Range of delivery capability, buy-in and focus across 22 CAGs and capacity to connect to NHS long term plan and local alliance agenda
- Opportunities and developments for a stronger focus in Population Health
- Organisational bandwidth and cognitive burden on range and scale of KHP, STP, LA and partner programmes

Clinical academic context – the next five years?

1. The biomedical revolution
    - ‘omics explosion
    - Gene editing
    - Digital, machine learning, and technology
    - Immunotherapy and advanced therapeutics
    - Regenerative medicine
    - Neuroscience and Mental Health
2. Opportunities linked to Life Sciences Industrial Strategy, opportunities across Business, Law, Computational, Environmental and Social Science
3. Emerging system leadership opportunity to address health sustainability challenges – involving the whole university in a way not delivered before
4. Growing emphasis on prevention (NHS Long Term Plan, CMO Annual Report, Secretary of State vision and upcoming Green Paper on Prevention).
5. Opportunities created by large scale population data to address needs of local population, and enable improvement and transformation.
6. Workforce development- including new roles and skills to deliver new models of care integrated with research, and to be an attractive major employer locally and worldwide
7. Uncertainty created by British exit from the European Union.

Developing our priorities for the next five years

The King's Health Partners Joint Boards agreed that:

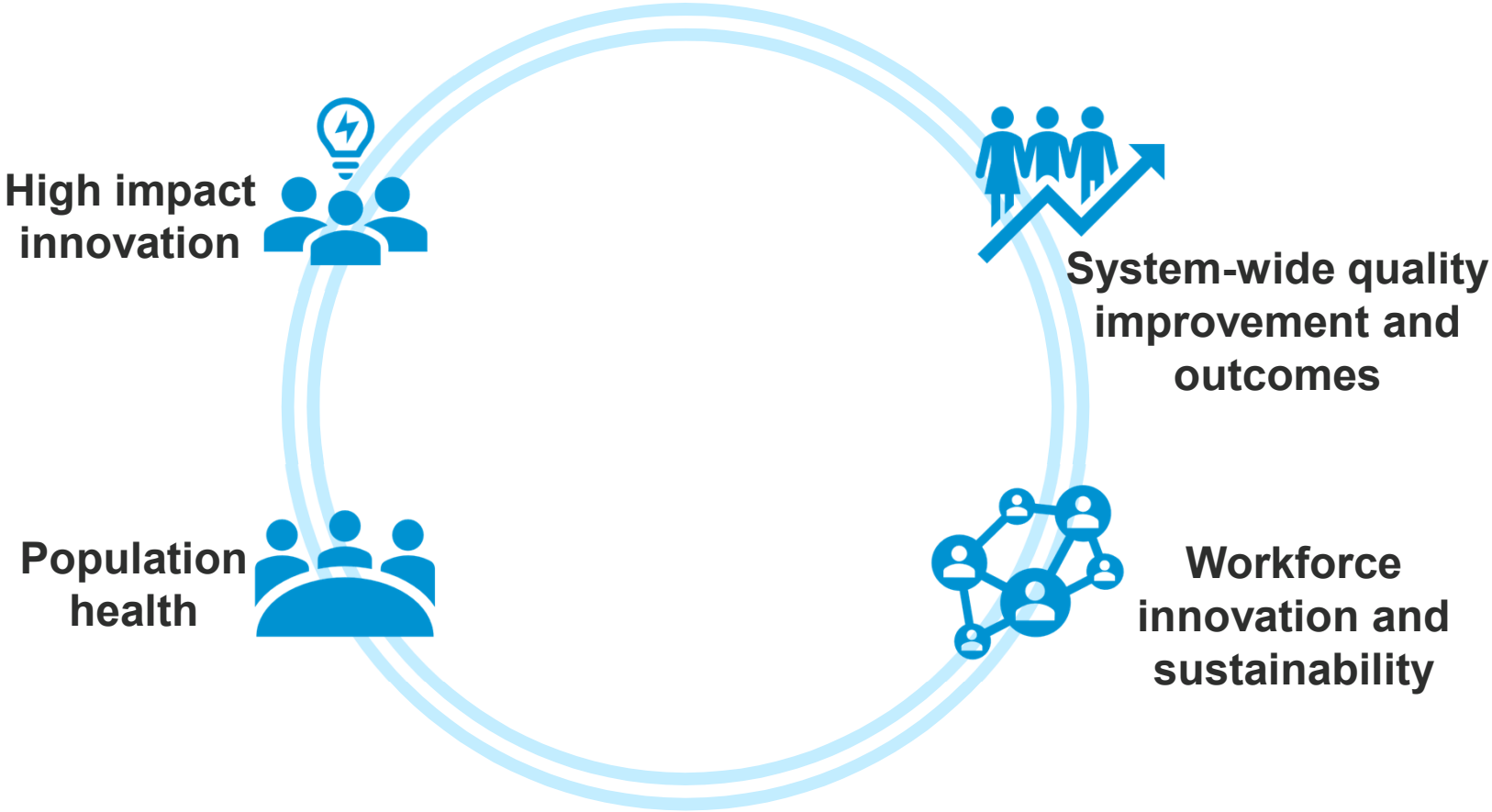
> "The ambition for King's Health Partners is to provide *sustainable, impactful innovation across the partners and beyond"*

Criteria against which to test our strategy:

1. Be of value to each of the partners of King's Health Partners and be beyond what any one partner can achieve alone;
2. Contributes to developing a skilled workforce for now and in the future;
3. Ideally be something that we are uniquely positioned to do better than others;
4. Contribute towards a sustainable partnership and system;
5. Be of value to improving population health, locally and globally.

KING'S HEALTH PARTNERS

Our strategy to be developed collectively through four themes



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Agenda Item 12

Item No. 12.	Classification: Open	Date: 26 June 2019	Meeting Name: Health and Wellbeing Board
Report title:		Better Care Fund – update on 2018/19 delivery and 2019/20 planning	
Ward(s) or groups affected:		All	
From:		Sam Hepplewhite, Director of Integrated Commissioning, NHS Southwark CCG Genette Laws, Director of Commissioning, Southwark Council	

RECOMMENDATION

1. That the Health and Wellbeing Board:

   a. Note the impact of the delayed publication of national planning requirements for the Better Care Fund for 2019/20 (see paragraph 8 - 11)

   b. Consider the options to enable the Health and Wellbeing Board to formally agree the submission of the Better Care Fund plan (see paragraph 12 -14)

   c. Note the potential changes to the Better Care Fund for 2020/21 (paragraph 15)

   d. Note the performance on key BCF targets during 2018/19 (paragraph 16)

BACKGROUND INFORMATION

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

3. The purpose of this report is to update the board on issues relating to the 2019/20 BCF plan, which has been delayed because the national planning guidance originally due in Autumn 2018 has not yet been published.

KEY ISSUES FOR CONSIDERATION

The 2017/19 BCF Plan

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

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

Note (1) The CCG contribution is set at the minimum level required under BCF rules
Note (2) The Improved Better Care Fund is set at the level in the grant determination provided to the council
Note (3) The Council non-IBCF contribution is set at the minimum level which is the Disabled Facilities Grant as determined by DCLG. This is ring-fenced for the provision of disabled facilities grants for householders.

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

Theme	Services included	2018/19 Value
Theme 1: Hospital Discharge – I get the support I need to leave hospital and settle back at home	Hospital discharge teams, including weekend discharge team, reablement, intermediate care	**£5,501,963**
Theme 2: Admissions avoidance - I get support that reduces the need to be in hospital	Community Health Enhanced Rapid Response and @home services, enhanced out of hours primary care services, self-management, social prescribing	**£5,062,500**
Theme 3: Community support and maintenance - I am helped to live in my community	Home care services, dementia support, end of life care, disabled facilities grant	**£3,614,247**
Theme 4: Prevention: I can access resources in the community that help me and my carers	Voluntary sector services, carers services, telecare, equipment	**£3,105,000**
Theme 5: Mental Health and Learning Disability – I get the support I need to leave hospital and settle back at home	Range of community mental health services including reablement, and the funding of personal budgets	**£2,156,632**
Protecting social care services – system sustainability	Direct funding to protect social care budgets, Care Act costs etc	£**3,010,610**
Service Development and change Management	Funding for Partnership Commissioning Team and related initiatives	**£344,816**
Grand total core BCF		**£22,826,710**

Improved Better Care Fund - all theme 3	**2018/19**

Home care	£9,959,850
Nursing home care	£2,374,334
Transformation fund	£250,000
Total iBCF	**£12,584,184**
Grand Total BCF (core BCF and iBCF)	**£35,410,895**

6. As reported to the board in November 2018, the BCF Planning Group (a senior officer sub-group of the Health and Social Care Partnership Board) reviewed the range of services funded to inform decisions on any changes for 2018/19. The overall conclusion of this process was that the existing investments were in the right areas and delivering key services, and the BCF plan was rolled forward into 2018/19 with relatively minor changes. However, it was recognised that the broader challenge for the system was to ensure these services are well integrated to form a coherent whole, in line with Southwark Community Based Care and the Bridges to Health and Wellbeing approach to commissioning.

7. The BCF themes/services have been delivered in line with the plan during 2018/19.

The Better Care Fund framework for 2019/20

8. The national policy framework governing the BCF was originally due to be replaced from 2019/20 and it was indicated that planning guidance on the new arrangements would be issued in Autumn 2018.

9. In fact, the release of BCF planning guidance has been delayed without formal explanation and had still not been issued at the time of writing this report.

10. The government issued a BCF policy framework document in April 2019 which indicates that the existing broad approach to the BCF will be carried forward for an additional year, and that detailed planning requirements would be issued by NHSE. Although this provided assurance that no major changes are expected, the absence of the detailed guidance has created planning challenges for local systems.

11. Given the delay, the BCF Planning Group has agreed in principle to roll forward the 2018/19 plan into 2019/20 to provide stability for BCF funded services. This is in line with wider 2019/20 budget assumptions of the council and CCG. The group have also been developing plans for new funding arising from confirmed growth in the iBCF grant (increased by £3.16m) and a new winter pressures grant (£1.57m) to the council which is to be pooled into the BCF. Growth in the Disabled Facilities Grant, which is part of the BCF has also been confirmed at 8%. Assumptions have been made about the level of the CCG contribution being increased by inflation. This needs to be confirmed in the published guidance. Final BCF plans will be presented to the board for agreement.

Proposed approach to obtaining Health and Wellbeing Board agreement to the 2019/20 BCF plan

12. It is expected to remain a requirement that the Better Care Fund Plan is agreed by the Health and Wellbeing Board (as well as the Council and the CCG) prior to submission to the national assurance process.

13. It is possible that when the guidance is finally issued there will be a quick turnaround for local areas to produce a plan and obtain Health and Wellbeing Board agreement to it. Given our experience last time, there is unlikely to be a suitable scheduled board meeting to meet the requirements of the timetable.

14. There are two main options for managing this governance requirement which the board is asked to consider;

    a) Option (a): hold an extraordinary board meeting to discuss and sign off the plan shortly before the submission date. This was the approach in 2017.
    b) Option (b): the board agree to the chair signing off the plan on behalf of the board under delegated authority, after the CCG and council have agreed the plan. The draft plan would be circulated in advance to board members and tabled at the next scheduled meeting.

The Better Care Fund framework in 2020/21

15. There is currently an internal government review of the Better Care Fund that will lead to proposed changes in the arrangements, possibly replacing the BCF in its entirety. This will be informed by the delayed Green Paper on social care, the comprehensive spending review and the vision for integrated care system as set out in the NHS Long Term Plan. It is hoped that details of these arrangements will be made with sufficient time to incorporate into 2020/21 budget planning across health and social care.

Delivery on key BCF targets 2018/19

16. Close monitoring of the BCF is undertaken through national quarterly monitoring returns and internal monitoring which is overseen by the Health and Social Care Partnership Board on behalf of the Health and Wellbeing Board. There are 4 key targets associated with the BCF discussed below:

17. **Delayed transfers of care:** The BCF funds a range of services that promote safe and timely discharge from hospital. During 2017/18 and the first 6 months of 2018/19 the rates of delayed transfers of care were an area of good performance for Southwark, consistently within target and comparing well other London boroughs. In particular, the delays attributable to social services were very low compared to target.

Days delayed	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
BCF Target	434	449	434	449	449	434	449	434	449	449	405	449	434
New NHSE target						333	344	333	344	344	311	344	333
Actual	310	367	279	341	283	369	403	525	410	571	737	766	577

18. However, since November rates of delayed transfer have grown and exceeded both the original BCF target and a subsequent NHSE target that sought further reductions (see table above). Performance on this measure is subject to close monitoring. An analysis of the reasons for the growth in delays has been undertaken informing an action plan to address the growth and restore good performance. A range of key issues have been identified including:

- An increase in delays in mental health settings linked to delays in obtaining appropriate supported housing or residential care for complex cases.
- Data quality: it has been found that some patients were incorrectly classified as delayed transfers of care.
- Patient choice delays have been a factor in Southwark delays compared to others similar boroughs.
- Housing delays have also been high in comparison to similar authorities. Some of these cases have been associated with complex cases with homeless patients with no recourse to public funds.
- Residential Care and Nursing Care delays have increased to higher levels as local capacity has been insufficient.
- The above growth includes delays attributed to social care, which as a result has increased from previous very low levels.

19. It should be noted that whilst over target, the level of performance has not reached the threshold for NHSE to formally raise the issue with Southwark.

20. **Non-elective admissions:** The target for non-elective admissions to hospital was being exceeded by 7.4% in the latest data in 2018/19. The growth in this activity is a considerable concern, particularly as the need levels and average costs of admissions is also increasing. There is a corresponding level of pressure arising from A&E attendance rates. This measure is seen as a whole system target which cannot be attributed directly to BCF services, although the BCF does fund a range of services that assist in preventing admission. Services such as primary care are also vital in reducing admissions. Demographic pressures are also an underlying factor.

21. **Admissions to care homes:** A key objective of BCF funded services is to support people to live safely and independently in their own home, and there are a range of investments in home care and other community support services to help deliver that outcomes. Year end data indicates that there were 169 Admissions to care homes against a target of 124, an increase on previous years. This growth is subject to close monitoring and is a consideration in the development of intermediate care provision funded by the BCF. Demographic pressures including growth in the numbers of older people with dementia is also a key factor. The target was based on a 2015/16 baseline that is now considered to be not comparable, and the target will be reviewed in the next BCF to ensure an appropriate level of challenge.

22. **Reablement:** The BCF funds reablement services that aim to restore people's independence. Latest quarterly figures show that 129 out of 150 (86%) people discharged from hospital with a reablement service during Q3 were still at home in 91 days without having been readmitted to hospital or a care home. This is slightly below the target of 88%. In 2017/18 outturn was also 86% which was in line with benchmark performance.

Policy Implications

23. The document "2019-20 Better Care Fund: Policy Framework" published by the Department of Health and Department of Communities and Local Government on 11 April 2017 sets out the purpose of the BCF in terms of driving forward the national integration agenda. The BCF plan reflects local policy on integration as set out in the Southwark Five Year Forward View and is consistent with the national framework.

Community Impact Statement

24. The BCF plan protects current services funded through the core BCF which provide essential support for people with health and social care needs. This has benefit to all people with protected characteristics, particularly services provided for older people, and people with disabilities and mental health problems. The BCF also funds a range of voluntary sector services promoting community resilience. The iBCF funding is also used to protect current levels of home care and nursing care funded through the council general fund but for which current budgets are insufficient to meet current activity levels.

25. Other beneficiaries of this investment are the homecare workforce who have been paid the London living wage since April 2018. This workforce has a high proportion of women and those from the black and minority ethnic communities.

SUPPLEMENTARY ADVICE FROM OFFICERS

Southwark Council

Strategic Director of Finance and Governance

26. The Strategic Director of Finance and Governance notes the contents of this report and in particular the delay to the national planning guidance and knock-on effect this will have on our own planning and governance cycles. Additionally, there has been no confirmation that the BCF will continue into future years and we are still awaiting the social care green paper. Looking to 2020-21 and beyond, the continued funding of integration between health and social care is just one of an array of uncertainties for local government. These include; the Comprehensive Spending Review which determines the total funding for local government nationally, the Fair Funding Review which will change the proportion of the overall funding that individual authorities receive, the potential loss of New Homes Bonus and the Business Rates reset. Growth in locally retained business rates alone accounts for over £26m annually and any significant reduction to this amount will be extremely damaging for council services. BCF and iBCF resources account for over 25% of the gross Adult Social Care budget in 2019-20. As we plan for the future we require greater certainty from central government around available resources in 2020-21 and continued close working at a local level to protect essential services.

NHS Southwark CCG

Director of Finance

27. The NHS funding guidance for planning 19-20, issued in January required CCGs to set aside a 2% inflationary uplift for BCF. This was approved in Board budget papers in March and May.

28. Any further addition above this level would be a cost pressure which has not been specifically funded to CCGs this year.

BACKGROUND DOCUMENTS

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

AUDIT TRAIL

Lead Officers	Sam Hepplewhite, Director of Integrated Commissioning, NHS Southwark CCG Genette Laws, Director of Commissioning, Southwark Council		
Report Author	Adrian Ward, Partnership Commissioning Team		
Version	Final		
Dated	14 June 2019		
Key Decision?	No		
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER			
Officer Title		**Comments Sought**	**Comments Included**
Director of Law and Democracy		No	No
Strategic Director of Finance and Governance		Yes	Yes
Cabinet Member		No	No
Date final report sent to Constitutional Team			17 June 2019

Agenda Item 13

Item No. 13.	Classification: Open	Date: 26 June 2019	Meeting Name: Health and Wellbeing Board
Report title:		Southwark Joint Mental Health and Wellbeing Strategy delivery programme annual review	
Ward(s) or groups affected:		All	
From:		Sam Hepplewhite, Director of Integrated Commissioning, Southwark CCG Genette Laws, Director of Commissioning, Southwark Council	

RECOMMENDATIONS

1. The Health and Wellbeing Board is asked to:

   - Note progress in the delivery of the Joint Mental Health and Wellbeing Strategy delivery programme to date;
   - Note developing plans for alignment with Partnership Southwark's Primary and Community Mental Health Workstream;
   - Note that a review of the workstreams is taking place so that areas are rationalised to support more effective and efficient delivery of the action plan.

BACKGROUND AND PURPOSE

2. Southwark's Joint Mental Health and Wellbeing Strategy (2018-21) is an all-age strategy which outlines our ambition to support improved mental wellbeing for local people. We wish to ensure that people receive early support to prevent mental health problems from developing wherever possible, and that where mental health issues do exist, they are treated with the same commitment as physical health problems. We also wish to ensure that people are free to live their lives free from stigma and discrimination.

   The Strategy vision is to: '*improve the mental health and wellbeing outcomes of our residents in Southwark. We will improve the physical health of people living with serious mental illness and increase life expectancy for this population group. We will focus on prevention and early intervention, whilst delivering a sustainable mental health system in Southwark. This will require simplified and strengthened leadership and accountability across the whole system. It is fundamental that we unlock the potential of Southwark communities to enable active, resilient citizens and self-reliant communities in these times of quick-paced regeneration in the borough. By engaging with providers and working in partnership with the third and voluntary sector we will transform the mental health and wellbeing of Southwark residents'*

3. The Strategy was finalised after extensive co-production in 2016 and again in late 2017. As plans for the delivery of the Strategy progressed during 2018 the five areas which were identified as priorities for local people were expanded into

nine workstreams with an identified lead. From October 2018 a seconded Programme Manager developed the formal programme structure and a bi-monthly Mental Health Delivery Programme Board was established in early 2019 to oversee progress.

4. The Mental Health Programme has now entered its second year and this report will review progress over the first twelve months of its delivery. Key actions which have been achieved have been highlighted, as well as the progress we expect to make over the next twelve months.

KEY ISSUES FOR CONSIDERATION

5. Each workstream lead has identified local partners and together we will be working to develop its action areas. We recognise that partnerships are critical to delivering the change and whole system improvements we wish to see in Southwark over the next two to three years. We will ensure that we further develop joint working arrangements over the course of 2019-20 through better engagement with key local providers involved in supporting Southwark residents. Key partners working to deliver the Strategy include Partnership Southwark Providers, Southwark CCG, Southwark Council, GP Federations (QHS and IHL) and SLaM with support from VCS Providers.

Key workstream highlights achieved over the past year are detailed below:

6. **Workstream 1: Wellbeing, Information, Advice and Community Support**

This workstream aims to ensure that Southwark residents are able to access good advice and community support to support prevention and early intervention, ensuring people are supported in the community rather than hospital or secondary care

Key achievements:

- review of the Wellbeing Hub completed, first draft being re-written after comments before wider circulation. Meeting to consider how to improve data and outcomes reporting by the Hub.
- mapping of peer support services in the borough currently underway.
- engagement with SLaM's Independent Advisory Group including discussions about development of a Southwark Black Thrive.
- ongoing work as part of Southwark's Civic Challenge to identify local digital offers for dementia.
- well-established links between the MH Strategy and the Council's Faith Strategy, involvement in the revision and update of Southwark's Faith Directory
- attendance at Council VCS Liaison meetings and twice-yearly attendance at Community Southwark's Provider-Led Group to give feedback about the Mental Health Strategy.
- SLaM's Mental Health Promotion Team specification re-written, agreement that mental health awareness training for VCS providers and local businesses will be provided by the Team in 2019-20.

- discussions with Public Health and SLaM's Mental Health Promotion Team around training and development of wellbeing champions from diverse communities.

Future objectives:

- work with Council nominated leads to further develop this workstream area and improve information about and networking of VCS services.
- current discussions with Partnership Southwark around aligning or joining actions in this workstream area, in recognition key areas in the Strategy around service mapping, social prescribing, Making Every Contact Count training, VCS networking and publicity will contribute to improving outcomes.
- following the Wellbeing Hub review a project group to be established to discuss future structure and possible re-procurement of a mental health hub in Southwark, including requirements of new neighbourhood models and Primary Care Networks.
- review key linked CCG and Council strategies to identify dependencies and shared action areas.
- participate in development of Southwark's multi-agency Hoarding Strategy.
- scope development of training around cultural competency for health and social care staff and make recommendations for roll out.
- review outcomes of SLaM's Mental Health Promotion Team training and community development work in 2019-20 to consider whether this needs to be developed and expanded further in 2020-21.

7. **Workstream 2: Primary Care and Improving Access to Psychological Therapies (IAPT)**

This workstream aims to work with key partners such as SLaM and Partnership Southwark to ensure people receive the optimum level of good quality, preventative support for their needs. This workstream will develop actions to ensure people can receive care and support closer to home within local Integrated Neighbourhood Networks of 30-50,000 people

Key achievements:

- successful bid made to Community Education Provider Network for GP practice staff training places on SLaM's 'Psychiatry in Primary Care'. Funding for bespoke Mental Health in Primary Care training day agreed. Event to be designed and arranged for New Year 2019-20 offering spaces for 40 Southwark practice staff.
- participation in Local Care Network (LCN) neighbourhood development and co-design workshops, working to identify the features of integrated neighbourhood networks that will deliver on the objectives of the MH Strategy.
- joint planning underway with Partnership Southwark mental health leads in connection with development of their Primary and Community Mental Health Care Workstream, mapping exercise currently underway.
- IAPT diabetes therapy pilots now established at GSTT clinic and community

outpatients' clinic, also IAPT input into the LCN COPD pilot and GSTT COPD workshops.
- IAPT now included in the Southwark Single Point of Access Hub for health improvement interventions, this will improve therapy support available to people with long-term conditions in Southwark.
- IAPT equalities review completed and approved by the Joint Equalities Leadership Group, actions to be implemented and monitored over 2019-20.
- Medicines Optimisation Team (MOT) liaison with SLAM interface pharmacy. GPs encouraged to raise mental health concerns through the SLAM Medicines Information service, who will feedback to the MOT team. Also, improvements to be made in connection with the recording of clozapine on the GP prescribing system (clozapine is a drug with potentially serious side effects).

Future objectives

- GP Mental Health Protected Learning Time session planned for September 2019, event design to take place over summer 2019. Clinical Effectiveness Southwark Protected Learning Time session planned for New Year 2020 covering anxiety and depression.
- work with Partnership Southwark and Primary Care Commissioning leads to identify the general practice training needs required to better manage mental health needs in primary care.
- digital mental health group to be established including CCG, Public Health, IAPT leads.
- planning to ensure work to integrate physical and mental health within the Partnership Southwark alliance aligns with local commissioning intentions and national guidance/evidence based good practice.
- discussion to take place with Kings Health Partners Mind/Body Programme leads about a future pilot site for GP IMPARTS (Integrating Mental & Physical healthcare: Research, Training & Services).
- expansion of IAPT services following additional funding to the service from Southwark CCG, ensuring that IAPT is embedded within integrated neighbourhood networks and multi-disciplinary teams. Additional therapists to be located in primary care and community locations, and IAPT to offer therapy to more people with long-term conditions.
- work with the CCG Medicines Optimisation Team to be planned to assess variations in primary care prescribing and devise improvement recommendations.

8. **Workstream 3: Averting Crisis and Reducing Suicide**

We wish to provide services earlier in crisis situations to reduce the duration and severity of illness whilst supporting carers to access the right support. We know that all too often people present at Accident & Emergency (A&E) Departments when they are in crisis, which can result in significant delays to assessment and appropriate treatment. We also know that for some people, their first crisis contact will be through the Police

Southwark's Joint Strategic Needs Assessment for Mental Health outlines how further work is required to understand local care pathways, including current crisis care, and to identify opportunities for improvement. We will review how care pathways can encourage more referrals to community services (both clinical and non-clinical). In practice this will mean building stronger links between GPs, secondary care and professionals working in voluntary sector organisations

Key achievements:

- South London Bed Management System: This was created to enable a partnership wide bed management solution that would reduce the time a patient has to stay in ED. A 'system-wide' out of hours senior bed management team was successfully deployed, and is embedded within the existing operations teams, and specifically recruited to co-ordinate capacity across the trusts' operational teams. It has dedicated clinical leadership and IT support to ensure this is effective. Resources with the SEL and SWL London Surge Hubs and successful Trust models such as the SLaM Access and Referral Centre (ARC) have been considered in totality to avoid duplication and maximise resources. This proposal benefits from the existing success of integrated SLP bed management across forensic and CAMHS service lines as part of New Care Models.
- South London Collaborative Management of Additional/Overspill bed capacity: This delivers a single point of access into an integrated bed management hub for all acute and PICU resources across the Partnership.
- Hospital Psychiatric Liaison Services: Operational delivery of a Core 24 A&E Liaison Service, is striving to support acute crisis diversion and support access to the most appropriate mental health pathway. Psychiatric liaison was enhanced to give more resource for assessment and care of patients in ED.
- Risk Management Forum – Reduce use of A&E by frequent users: This forum identifies high frequency users of ED and support is offered to them to manage crises without unnecessary use of ED. A multi-agency Risk Management Forum reviews cases and supports teams to work to shared and consistent crisis care plans to a standard protocol.
- Alcohol Care Team: 6-month pilot at KCH A&E started in October 2018-Now Fully Funded as of 18th March 2019. Learning from the Guy's and St. Thomas' NHS Foundation Trust (GSTT) model, KCH is in the process of piloting a alcohol care team in A&E with toxicologist support. In November 2018, 74% of all the alcohol related frequent attenders to A&E were diverted from admission and referred to community alcohol services.
- Multi Agency Discharge Events.: SLaM and NHS Southwark CCG jointly hosted a Multi-Agency Discharge Event (MADE) on 25 July 2018. 32 patients received an action plan during the MADE event and 17 of them have now been discharged, this represents a MADE discharge rate of 53% with a combined length of stay of 931 days. The second wave of MADE is now complete and evidence shows a significant change in the profile of patients staying over 50 days, in all 113 patients have been discharged and 66 remain.
  MADE is now being embedded as BAU into all boroughs, the solution is different in each borough depending on the existing governance structures and the relationships with external partners.
  42 patients with lengths of stay over 200 days are being assessed for Chief Officer escalation
- Code 10 pilot at KCH
  Considerable work has also been undertaken with KCH to improve the offer for patients brought to A&E in crisis. KCH are actively engaging in a pilot with the London Ambulance Service and Metropolitan Police to issue 'Code 10s' when a patient in crisis is being brought to the hospital. In Code 10, KCH are alerted that a patient is en- route so that they can ensure that a Psychiatric Liaison Nurse and Consultant are ready to meet the patient as soon as they arrive so that they can assess the patient as quickly as possible. The intention is that a mental health crisis is treated in a similar manner to an urgent physical health need, and the patient receives immediate care and attention. The pilot started is still in its

infancy, but initial reports are positive, and an evaluation will be undertaken later in the year.

- Crisis Assessment Team -Serenity Integrated Mentoring (SIM) SIM London is a new way of working with mental health service users who experience a high number of mental health crisis events. The police officer and the mental health professional work together to provide intensive support service users to reduce high frequency and high-risk crisis behaviours. This proposal uses frequent mental health attenders' data from A&E departments (collated as part of national CQUIN delivery) to put in place early interventions and focus on supporting primary care colleagues to manage known patients with a mental health condition at risk of crisis. SIM supports the small number of service users in every community struggling with complex mental health disorders who often request emergency services whilst making limited clinical progress. It is estimated that the basic cost of a single highly intensive service user of police and ambulance response, emergency department attendances and mental health beds is at least £19,800 per year (if there is no specialist intervention), and that there could be as many as 3,500 service users needing this model of care across the UK at any one time.
- Surge Hub/ Services proactively leads the local response to pressure surges by constantly monitoring pressure in the system, it ensures that all parties take appropriate action to manage surges in activity and that all stakeholders are sighted on pressures across the system so that they can respond in a timely manner.
- Managing Challenging Behavior: SLaM has procured of a set of beds for challenging behavior and are working to repurpose 8 SLaM beds for a more permanent solution.
- Medical Discharge Support: A floating junior doctor has been introduced to each Borough to support the increased discharge activity.
- Enhanced HTT: HTTs have been enhanced to support ED assessment and to provide an in-reach discharge service to wards, including within 24 hours of an ED assessment admission.
- Joint planning underway with Partnership Southwark mental health leads in connection with development of their Primary and Community Mental Health Care Workstream, mapping exercise currently underway.
- Planning Community development work with faith groups in Southwark to develop resilience within the community and knowledge of crisis management within this population.

Future objectives

- Complete a mapping exercise with SLaM considering all routes into crisis services, the Urgent Care Service and London Ambulance Service.
- Establish working group with relevant stakeholders and Partnership Southwark in Improving the support that people with mental health issues receive in a primary and community care setting.
- Conduct a review with SLAM and kings A&E staff of the specific needs of adults attending A&E in mental health crisis, including suicide attempts and self-harming.
- Support work in develop a Crisis offer – safe space out of hours – alternative to A&E as part of the work with Partnership Southwark in Improving the support that people with mental health issues receive in a primary and community care setting
- Ensure that the Mental Health and Wellbeing Strategy is closely aligned to the Southwark Suicide Prevention Strategy (2017-2022) and conduct an Annual joint review of both strategies in public.

- To support the development of the Primary Mental Health Care Pathway as part of the delivery team, working as part of the Partnership Southwark.
- Taking part in the discussions around the PHE funding bid regarding the "Rough Sleeping Grant Launch".
- Take part in the Mental Health Warm Transferring bi-monthly task and finish group and support the use of 111 as an effective crisis pathway.

9. Workstream 4: Children and Young People's Services

This workstream aims to deliver the Children and Young People (CYP) components of the Joint Mental Health and Wellbeing Strategy. This includes implementation of the Southwark CYP Mental Health and Wellbeing Review and the delivery of the local Transformation Plan for CYP Mental Health and Wellbeing

A whole-system approach to improve CYP mental health and wellbeing; to adopt co-production with all partners, providers, children and families; to have a focus on prevention; to create capacity for innovation

A key achievement in this area has been the CAMHS review and recommendations:

- children and young people's emotional wellbeing and resilience should be supported in a wider range of settings than at present.
- universal access by children and young people and their parents / carers to accurate and up to date advice and information on what services are available in Southwark including how to access them, what eligibility criteria are where applicable, and what they can do to help themselves whilst awaiting professional support.
- access to immediate professional advice for children and young people, parents/carers and referrers; and support is available whilst awaiting specialist assessment and / or treatment and after discharge from specialist services.
- there is a need to adopt a "No Wrong Door" policy with all referrals including self-referral being considered and directed to appropriately.
- transition to adults' services is flexible in terms of age and is sensitively managed by both children's and adults' services.
- pathways, access points and services within the system need to be joined up; current spend needs to be maintained to cope with rising demand; future funding, unless ring-fenced for a specific purpose, should be targeted at prevention and early intervention where appropriate.
- ensure that all stakeholders are involved in system transformation and service redesign.

Future objectives:

A strategic shift is planned to develop a more coherent collective ambition for CYP's mental health and wellbeing is underway and this has had significant implications for the approach of the commissioning team, in particular:

- the central role of prevention and early intervention going forward; initial planning for a working group has already taken place with the Chair of this group.

- enhanced coproduction with CYP and their families to be informed by input from a programme delivery partner yet to be agreed.
- a workshop is being planned to develop a unified vision for open access provision for young people in Southwark.
- data analysis and mapping of schools' provision is currently underway which will form the basis for how we strengthen capacity in educational settings.

10. **Workstream 5: Older People and Dementia**

This workstream aims to ensure the achievement of the local ambition which is to commission dementia services based on the needs of our local population and deliver high quality outcomes; fully integrate the dementia pathway to ensure people living with dementia receive care in a coordinated way and there is connectivity across the whole system

A refreshed Older People and Dementia Workstream has been established and the project board had its first meeting on 4 April 2019. The Board recognised that a great deal of work has been achieved and the new programme of work will build on this. The group agreed to focus on five themes:

i. Preventing well

ii. Diagnosing well

iii. Living well

iv. Being supported well

v. Dying well

Other achievements

- completion of the review of the dementia care pathway and it's links to Bridges to Health and Wellbeing.
- comprehensive mapping exercise to look for gaps so that plans and population outcomes can now be developed.
- dementia JSNA in development which will identify demographic planning of future needs and key requirements to prevent and delay the development of dementia.
- dementia diagnosis and miscoding issues addressed across the system.
- review of good practice enhanced dementia service models with recommendations about improving care planning and care co-ordination.
- identification of barriers to access to community services (housing, leisure, libraries, etc) with recommendations and proposals to mitigate impact.

Key challenges relate to contractual issues in that most of the resources in this area are tied-up within commissioned SLaM services. There are also serious provider market risks as there are issues with the availability of suitable providers, particularly those able to support people with complex needs.

11. **Workstream 6: Housing and Move-on**

This workstream aims to ensure that people are supported in their recovery to live a full, independent and enjoyable life. The working aim is that those people in funded placements and supported accommodation, when considered fit for discharge, are able to move forward and through the pathway, stepping down and staying well

Key achievements:

- Engagement workshops were held in January 2019 to explore how the pathway works. These highlighted the need to identify and articulate more clearly the project vision, aim and the specific groups of people the project would focus on.
- Move On Strategy Group, project leadership and governance were agreed as part of Partnership Southwark programme.

Future objectives:

- To complete a mapping exercise in order to understand current services and identify options- 8 June.
- Alignment and contribution to delivery of Partnership Southwark MH Community & Primary Care priority aligned to Joint Mental Health & Wellbeing Strategy (as one of the 9 priorities).
- Agree first draft of shared Vision, aim, outcomes & design principle - to be developed further through stakeholder engagement activities.
- Use outputs from mapping exercise to identify options for change and to shape stakeholder activities 30 Jun.
- Stakeholder engagement - sharing & shaping options for change.
- Agreeing options for change / pathway redesign between August 2019 and October 2019.
- Implementation plan to outline how the options will be progressed including timeframes as this will depend on the scale and extent of the changes, to be achieved by 31 October 2019.

12. **Workstream 7: Recovery, Volunteering and Employment**

The aim of this project is to support people to regain their place in the communities where they live and take part in mainstream activities and opportunities along with everyone else, by taking part in social, educational, training, volunteering and employment opportunities which can support the process of individual recovery. (Mental Health Foundation)

Key achievements:

- The Director of Integrated Commissioning and a small group of people developed on behalf of Southwark and submitted an EOI for the HLP MH and MSK pilot – which was successful. This will support people to get back into employment especially for mental health and MSK. This gives the team 100K in 2019/20 to work on a high-level idea which has been pitched which links into Southwark Works.
- Work to consider the findings of the Council's Experts by Experience peer support

review of SLaM Peer Support service; LB Southwark Peer Mentors; Wellbeing Hub Peer Support service; is underway. Regular meetings have been put in place in a task and finish format to achieve 3 objectives: Effective Working and Sharing Best Practice; Recruitment, Retention & Career Pathways and Improving Outcomes and Personal Wellbeing.

- Contributed to the wave 2 STP submission for Individual Placement Support (IPS) in a bid to Improve employment support available to people with mental health needs.
- Supported the development of the Southwark Joint Working Group in developing the Independent Advisory Group in partnership with SLaM.
- Part of the Equalities Objective Advisory Group based in SLaM which meets bi-monthly.
- Supported Nell Cooper Library Development Manager (Adults) Southwark Council with organizing workshops/sessions to during Mental Health week in May.
- Carried out a service review Solidarity in Crisis Peer support service commissioned by the MH Team.
- Agreement by Kate Wooley -Volunteer Manager Community Southwark to support volunteering objectives, with in workstream 7 of the Mental Health Strategy.
- Took part in Partnership Southwark Workforce, Training and Organizational Development Plan 19/20.
- Online promotion of volunteering opportunities through social media / do-it and Community Southwark website working successfully.
- Community Southwark successful in developing an increased awareness of the principles of good practice in Volunteer Management and in Reviving Southwark Good Practice Charter and Encouraging organizations to sign up.
- The Wellbeing Hub monthly information meetings are held at Pembroke House. The sessions are a great opportunity for statutory and non-statutory services to keep up to date with what everyone is doing and a fantastic space to showcase their work
- Community Southwark has a database of Southwark based organizations supporting local people around employability.

Future objectives:

- To support the Healthy London Fund which is a new fund that has been incubated by Healthy London Partnership. It aims to support the development of non-clinical support services that will prevent ill health and support the wellbeing of Londoners. Camden, Merton and Southwark have been selected to be part of a pilot programme to develop approaches to tackling musculo-skeletal and mental health conditions in their local areas with a focus on health and work.
- Need for more collaboration between the three projects providing peer support in Southwark.
- Need for regular ongoing and specialist training about peer support in Southwark
- Establish a career pathway for peer supporters with appropriate training to help progression to paid work.
- Consider how to expand peer support to meet increasing demand for this service across all groups.
- Improve outcomes including more peer support within primary and secondary Services.
- Support Community Southwark run Volunteering promotion stalls at public events and fairs.

13. **Workstream 8: Engagement and co-design**

A separate workstream will not be completed as engagement is an important and integral part of each workstream and a key part of action planning.

14. **Workstream 9: Public Mental Health and Prevention**

The aim of this project is to work closely with Southwark Council's Public Health mental health leads to develop actions which prevent or delay mental ill health and promote wellbeing. This workstream will consider resources and local data around prevalence, ensuring preventative services are well promoted to local people and providers

The theme of Public Mental Health and Prevention is the golden thread that runs throughout the Mental Health and Wellbeing Strategy. Public Health's contributions to Southwark's mental health and wellbeing agenda can be grouped into two main themes:

- supporting commissioners of mental health services: including assessing the level of need through health needs assessment and JSNAs, and providing evidence reviews and advice on targeting in order to support commissioner.

- population mental health and wellbeing: Working collaboratively with SLaM, the CCG, other council departments, VCS organisations and other stakeholders to raise awareness, promote resilience and mental wellbeing, and reduce stigma.

Workstream action updates:

High level project objectives/ambitions:	Specific Actions	Progress
1. Develop and promote public health approaches which support prevention and early intervention	Deliver the mental wellbeing JSNA, which will include a mapping of mental health resources and recommendations for future actions.	JSNA in progress – due end of June 2019
	Public Health to lead/coordinate the delivery of a Southwark Loneliness Strategy in partnership with other key stakeholders in order to deliver the Council Plan objective.	The Loneliness Strategy Steering Group met for first time in April 2019. Evidence review on health impact of loneliness and summary of relevant national guidance already completed. Next meeting is scheduled for 24 June 2019
	Support SLaM's Mental Health Promotion Team to develop the prevention and promotion agenda and work with a range of community stakeholders, including VCS organisations and businesses, to deliver a community training offer which builds local capacity and promotes mental health	SLaM's proposal for 2019/20) includes mental health awareness training to VCS staff, an offer for local businesses and faith groups; including two community development pilots looking at culture / community -based engagement and peer support groups to build community capacity

High level project objectives/ambitions:	Specific Actions	Progress
2. Promote wellbeing across universal services and community resources	Ensure the delivery of a universal wellbeing promotion tool utilising online and digital options as appropriate	Thrive LDN covers all of London and additionally, Southwark CCG and other SEL CCGs have commissioned XenZone, a digital mental health and wellbeing platform offering Kooth aimed at young people and Qwell aimed at adults.
	To liaise with the CCG digital and mental health teams and scope out opportunities for collaboration re: digital mental health	A Head of Digital Programmes in the Public Health division has been recruited and has started their role in May 2019.
3. Work to scale-up mental health literacy and awareness training and STORM Suicide Prevention training	Develop an ongoing Council-wide mental health awareness and stigma programme for all staff by end FY19/20	PH is working with the Council Organisational Development team to support OD's procurement of mental health training offer for the next five years. Currently evaluating tender offers. Courses include MH Awareness, Stress Awareness/handling pressure, Managing MH in the workplace, Stress awareness for Managers and Positive mental wellbeing and resilience
	Commission and deliver Mental Health First Aid training to 100 frontline Council Staff in FY 2019/20	SLaM have been commissioned by Public Health to deliver the training programme, with the first session scheduled for 1st and 2nd of July 2019. This funding is non-recurrent beyond 2019/20.
	STORM training to be offered to staff in Southwark organisations	The STORM training is funded by Lambeth and administered by Southwark. Lambeth has confirmed funding for four 2-day sessions in 2019/20. The first session is scheduled for 12th and 13th of June and is fully booked.

Future objectives:

The key priority for 2019/20 is to build on the work done in 2018/19 and complete the following projects:

- deliver the Southwark Loneliness Strategy (Council Plan commitment, March 2020).
- train 100 Council front line staff in Mental Health First Aid (Council Plan commitment, March 2020).
- work towards Southwark's target to reduce the local suicide rates and refresh the Suicide Prevention Action Plan (March 2020).
- contribute to the achievement of the Joint Mental Health and Wellbeing strategy's objectives and other council plan commitments, including:
- completing the mental wellbeing JSNA (July 2020).
- developing and promoting approaches which support prevention and early

intervention, including 5 ways to wellbeing (ongoing).

- working with the Organisational Transformation team to finalize to develop an ongoing Council-wide mental health awareness and stigma programme for all staff by end FY19/20 (currently at procurement stage).
- supporting Southwark CCG to specify and commission services that deliver a community training offer which builds local capacity and promotes mental health (SLaM's Health Promotion offer).
- support the recommissioning of the Drug and Alcohol service (commissioned by the DAAT team) by producing a Drug and Alcohol JSNA (October 2019).
- develop a new overarching digital brand for Southwark's health promotion related campaigns and marketing activities leveraging Southwark's strong digital assets including Facebook, Twitter, Instagram and the Southwark website.
- develop new online and digital health resources and tools, including a digital health promotion hub to provide a one-stop digital resource for residents interested in improving their physical and mental health and wellbeing.

15. **Progress in delivery of the Mental Health Strategy delivery programme**

Although good progress has been made in establishing the programme and outlining key action areas delivery of actions in most workstreams remain at an amber RAG rating – note Public Health is rated as green. Staffing changes within the Partnership Commissioning Team and lack of programme management resource have led to some delays, although good joint working relationships have been established which will form the bedrock of progress over the remaining two years of the Strategy delivery programme.

Officers have been working to engage with partners and develop an understanding of dependencies across the wider health and social care system. As the Mental Health Strategy programme is progressed over 2019-20 and beyond, and as the programme aligns with wider strategic developments such as Partnership Southwark and the SEL Integrated Care System, there will be a greater emphasis on system-wide integration and an outcomes-based approach to commissioning and contracting.

16. **Mental Health delivery programme alignment to Partnership Southwark**

Over the next two to three years Partnership Southwark (PS) will change the way services are commissioned and delivered in the borough. PS initially includes Southwark CCG, GSTT, SLAM, Primary Care (GP Federations) and Southwark Adult Social Care. Collaboration through PS aims to reduce growth in demand through better integration, a shift of resources to invest in prevention, self-management and early intervention.

A key PS priority is to develop new neighbourhood models of 30-50,000 people which will involve primary, community and social care working with the voluntary and community sector to offer improved integrated care approaches. The neighbourhoods will be the focus for the development of new primary mental health support which will reduce the need for support through specialist mental health services.

PS leads are currently finalising the Primary and Community Mental Health Workstream, and discussions have been taking place with the joint mental health commissioning team to consider how to align this piece of work with the Strategy

delivery programme. Both programmes share many similar intentions and actions and a mapping exercise is currently underway to understand the links between the two. These discussions will culminate in an understanding about how to develop the two programmes, ensuring they are complementary and there is no duplication. Although this alignment could possibly result in some changes to the structure and progression of the Strategy programme, there is no intention to change the core delivery intentions, priorities and actions.

17. **South-East London STP Programme Management Office alignment**

Discussions have also recently taken place with the SEL PMO Lead to consider the requirement to align the Strategy delivery programme with SEL templates and methodology. This will result in improvements to programme highlight and risk reporting which will ensure that the Mental Health Programme Board can better monitor and track progress of the Strategy programme and the projects which develop to support delivery. Over the next few weeks workstream reporting will be transferred to SEL templates, and in future may also be aligned to the PS primary and community mental health workstream.

Policy implications

18. The Joint Mental Health and Wellbeing Strategy was developed with reference to a number of national and local strategies. These included the Five Year Forward View for Mental Health, Future in Mind, Southwark's Five Year Forward View, the Council Plan. The strategic aims and objectives within these documents informed key areas within the Strategy itself and provided a framework for developing the priority areas.

19. Some key national and local plans have or will be produced since the Strategy was completed and they will also need to be considered to inform the current delivery programme. These include the NHS Long Term Plan, the Green Paper on Social Care, Southwark's Bridges to Health and Wellbeing, SLaM's Changing Lives Strategy and Partnership Southwark. A key document which was due to be published in the New Year but which has been subject to delay is the NCCMH/NHSE Framework for Mental Health, Care and Support. This Framework will inform changes to primary and community mental health care in the future, aiming to break down boundaries between primary and secondary care services. This document will therefore play an important role in helping to shape several delivery programme workstreams, particularly those related to primary care and crisis services.

Community impact statement

20. The Joint Mental Health and Wellbeing Strategy seeks to improve the wellbeing of all Southwark citizens as well as reducing local health inequalities. It is acknowledged that some communities and individuals are less likely to access or make use of the range of wellbeing and other universal services available in the borough, which may result in less favourable opportunities and outcomes for them.

21. The CCG and Council work in accordance with the single public sector equality duty contained within the Equality Act 2010. Undertaking equality analysis helps the CCG and Council to understand the potential effects that the Strategy delivery programme may have upon different groups. A screening Equality

Impact Assessment has been completed in connection with this programme and a full EIA is currently underway. Equalities analysis will continue throughout the course of this delivery programme and its related projects.

Resource implications

22. Commissioners within the Partnership Commissioning Team will be responsible for implementation of the Strategy. As the delivery plans identify any actions which have an impact on resources these will reported as part of the programme management structure. Resource requests will be subject to separate decision-making processes.

Legal / financial implications

23. There are no legal implications at present. However, in this delivery phase any legal implications which become apparent will be highlighted.

    Financial implications arising from the implementation of the Strategy will be included in programme management templates reporting on resource implications.

Consultation

24. The strategy was extensively co-produced with local people and stakeholders through a wide range of engagement activities in winter 2016 and autumn 2017. Engagement with local people and providers has been ongoing during the first year of the Strategy delivery programme and will be continued in future, considering how alignment with Partnership Southwark will affect plans in this area. Engagement planning needs to take place as part of each workstream and action area, and a paper to summarise possible future options is currently being finalised.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Southwark Joint Mental Health and Wellbeing Strategy 2018-21	Integrated Commissioning, Southwark CCG	Karen Clarke 020 7525 2353

AUDIT TRAIL

Lead Officer	Sam Hepplewhite, Director of Integrated Commissioning, Southwark CCG Genette Laws, Director of Commissioning, Southwark Council
Report Author	Karen Clarke, Senior Joint Commissioning Officer
Version	Final
Dated	17.06.19
Key Decision?	No

CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		17.06.19

Agenda Item 14

Item No. 14.	Classification: Open	Date: 26 June 2019	Meeting Name: Health and Wellbeing Board
Report title:		Southwark Primary Care Commissioning Committee – Health and Wellbeing Board representative	
Ward(s) or groups affected:		N/a	
From:		Proper Constitutional Officer	

RECOMMENDATION

1. That the health and wellbeing board nominate a named member to attend the (NHS Southwark) Primary Care Commissioning Committee in the capacity as a non-voting member from the health and wellbeing board for the 2019/20 year (the current representative is Councillor Evelyn Akoto).

BACKGROUND INFORMATION

2. The NHS Southwark Clinical Commissioning Group has in place a Primary Care Commissioning Committee for which there is a place for a representative of the health and wellbeing board to attend as a non-voting member.

KEY ISSUES FOR CONSIDERATION

3. The role of the Primary Care Commissioning Committee is to make collective decisions on the review, planning and procurement of primary care services in Southwark, under delegated authority from NHS England.

4. Various health professionals form the membership of the committee and there is provision for non-voting membership from the local Healthwatch, Local Medical Committee and Health and Wellbeing Board.

5. In order to facilitate attendance and participation of a health and wellbeing board member at the Committee meetings a named member is sought to receive the agenda papers and attend the meetings.

6. Both Andrew Bland and Dr Jonty Heaversedge (members of the health and wellbeing board) are members of the committee due to their position in the NHS Southwark clinical commissioning group and there is provision for a local Healthwatch representative to attend the committee. The committee therefore requires a local authority representative of the Health and Wellbeing Board (elected Member or Mandated Officer). Previously the position has been held by the Cabinet member with the portfolio with particular responsibility for the council's relationship with the NHS.

7. The committee meetings are held bi-monthly and usually start at 1pm.

Policy implications

8. There are no specific policy implications arising from this decision.

Community impact statement

9. There are no specific community impact issues arising from the nomination of a member representative for the board.

Resource implications

10. There are no significant resource implications identified.

Legal implications

11. The Health and Wellbeing Board member representative will be attending the committee as a non-voting member. There are no specific legal implications identified however the nominated representative is required to declare any relevant interests on the matters to be considered.

Financial implications

12. There are no specific financial implications.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
NHS Southwark Primary Care Commissioning Committee Terms of Reference	NHS Southwark Clinical Commissioning Group, 160 Tooley Street, London SE1 2QH	Rachel Doherty 020 7525 2870

APPENDICES

No.	Title
None	

AUDIT TRAIL

Lead Officer	Chidilim Agada, Proper Constitutional Officer	
Report Author	Everton Roberts, Principal Constitutional Officer	
Version	Final	
Dated	20 June 2019	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	**Comments Sought**	**Comments Included**
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		20 June 2019

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