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HEALTH AND WELLBEING BOARD

Date: TUESDAY, 29 MARCH 2016 at 2.00 pm

Committee Room 1
Civic Suite
Lewisham Town Hall
London SE6 4RU

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MEMBERS

Mayor Sir Steve Bullock	London Borough of Lewisham
Councillor Chris Best	Community Services, London Borough of Lewisham
Aileen Buckton	Directorate for Community Services, London Borough of Lewisham
Elizabeth Butler	Lewisham & Greenwich Healthcare NHS Trust
Jane Clegg	NHS England South London Area
Tony Nickson	Voluntary Action Lewisham
Dr Simon Parton	Lewisham Local Medical Committee
Peter Ramrayka	Voluntary and Community Sector
Marc Rowland	Lewisham Clinical Commissioning Group
Dr Danny Ruta	Public Health, London Borough of Lewisham
Brendan Sarsfield	Family Mosaic
Sara Williams	Directorate for Children & Young People, London Borough of Lewisham
Magna Aidoo	Healthwatch Bromley & Lewisham

The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. Copies of reports can be made available in additional formats on request.

Members are summoned to attend this meeting

Barry Quirk
Chief Executive
Lewisham Town Hall
Catford
London SE6 4RU
Date: Monday, 21 March 2016

INVESTOR IN PEOPLE

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MINUTES OF THE HEALTH AND WELLBEING BOARD

Tuesday, 24 November 2015 at 2.00 pm

ATTENDANCE
PRESENT: Dr Marc Rowland, Chair (Chair of Lewisham Clinical Commissioning Group and Vice-Chair of the Health and Wellbeing Board), Dr Danny Ruta (Director of Public Health, LBL), Tony Nickson (Director, Voluntary Action Lewisham), Peter Ramrayka (Voluntary and Community Sector representative), Brendan Sarsfield (Family Mosaic), Cllr Chris Best (Cabinet Member for Health, Wellbeing and Older People), Aileen Buckton (Executive Director for Community Services, LBL) Sara Williams (Executive Director for Children & Young People, LBL), Dr Simon Parton (Chair of Lewisham Local Medical Committee), Elizabeth Butler (Chair of Lewisham & Greenwich Healthcare NHS Trust), Linda Gabriel (Chair of Healthwatch Bromley& Lewisham)

IN ATTENDANCE: Carmel Langstaff (Service Manager, Interagency Development and Integration, LBL), Sarah Wainer (Programme Lead, Whole System Model of Care, Lewisham Clinical Commissioning Group) Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group), Andy Thomas (Clerk to the Board, LBL).

APOLOGIES: Mayor Sir Steve Bullock

Welcome and Introductions

The Chair welcomed everyone to the meeting and invited Board members to introduce themselves

1. Minutes of the last meeting and matters arising

1.1 The minutes of the last meeting were agreed as an accurate record.

1.2 There were no matters arising.

2. Declarations of Interest

There were no declarations of interest.

3 Adult Integrated Care Programme Update: Enhanced Care & Support Work Stream

3.1 Martin Wilkinson presented a report on the fourth AICP workstream. He said that the vision was to put in place mechanisms to reduce avoidable hospital admissions, incidents where people cannot be discharged from hospital and also avoid unnecessary long term care. The focus of the work was on getting the right mix of services to bring about improvements to the pathway but also on Winter resilience. Existing services were currently being audited and there were discussions taking place with providers – particularly those involved in rapid response. The goal was to learn from existing services and neighbouring boroughs and expand appropriately.

3.2 Liz Butler commented that the outcomes needed some real numbers in order to provide more substance. She also raised the question of how we knew that admissions were being avoided rather than just delayed. Martin responded that work was being done to build around case studies - seeking to combine different services in order to find the right response to people's needs. Deterioration in health is inevitable for some people and this needed to be built into the modelling.

3.3 Chris Best said that she would be interested in finding out more about the 'heathcare at home' model and particularly the social care implications. Martin said that this needed to be worked through in more detail – particularly the financial modelling. The business case needed to be demonstrated and it was possible that the work would be piloted in order to do this.

3.4 Simon Parton said that it was important to make sure that the two streams – neighbourhood teams and acute services were both included in discussions. He was pleased to hear that we would be learning lessons from other areas that were already doing similar work.

3.5 Liz Butler said that the way in which we manage the message was very important. Families of patients felt that hospitals were the best place for them to be but we know that this is not always the case.

3.6 Linda Gabriel said that she was very supportive of this work and was keen to ensure that voluntary organisations were included in discussions.

3.7 Brendan Sarsfield was keen to get a sense of the scale of the work and how much money was being spent in relation to funding currently being spent on hospital admissions. Also what things might be stopped in order to pay for this work? Martin replied that the budget was very small at this stage and that things were still developing.

3.8 Aileen Buckton said that the work was about ensuring that people in acute beds and who didn't need to be there, could be at home or somewhere more suitable, preventing an escalation of further costs.

3.9 Simon Parton commented that being clear about the ethos was important. The work should not just be about budget savings but also about treating people in the right setting.

3.10 Marc Rowland commented that it was right to challenge on the scale of the work but we should also recognise that this was a start and that we needed to be careful not to destabilise things.

3.11 Liz Butler said that although the work may seem small, the savings could be considerable.

3.12 The Board accepted the recommendations of the report to note the progress made on the Enhanced Care and Support work stream.

4. Draft Partnership Commissioning Intentions for Adults 2016/17

4.1 Susanna Masters reminded the Board that there had been a similar document last year. This report was built on that work and focussed on the ongoing journey around integration of services. The priorities were the same as last

year but there was greater focus on how we would work together differently. This included making sure that there was a common message around commissioning and how we worked with communities to find joint solutions. Susanna went on to say that the work was in draft form and there was further work to be done – particularly on measures of success and how we worked with the community and providers.

4.2 Simon Parton said that it was important to be clear on what level of access to GP services the public needed as opposed to focussing solely on demand. This was a challenge but had to be addressed.

4.3 Liz Butler said that we should be careful about the language that was used. She said that people went to A & E because they thought they needed to. We have to work with people so that we can think differently about need. Susanna agreed that language was important.

4.4 Tony Nickson commented that the report talked about enhancing capacity in the community and asked what the thinking was around different approaches. Susanna replied that work was currently going on to explore how to engage more effectively through networks around reducing inequalities. Tony said that he would be keen to work with Susanna on this and could bring in some good examples of what was being done in other parts of the country.

4.5 Linda Gabriel said that Healthwatch was doing a lot to reach 'hard to reach' communities. A workshop was also organised on how people could look after themselves to deal with minor ailments.

4.6 The Board accepted the recommendations of the report to note the progress made on the Partnership Commissioning Intentions for Adults and provided the comments noted above on the proposed key areas for Lewisham's commissioning work programme.

5. Health and Care Devolution in London

5.1 Martin Wilkinson explained that part of the wider Government drive was to devolve power to local areas. A collaboration agreement was currently being developed with Councils and CCGs across London. A number of sub-regional pilots were being developed as were pilots around preventative services and the integration agenda. Integration in Lewisham had been put forward as a potential plot. This would build on what was already being done - to drive it forward and speed things up but there would also be a resource 'ask'.

5.2 Marc Rowland said that he was on the London working group and that the feeling there was that devolution would happen and that we should embrace it. He said that it was possible that there would be resources made available but probably not large amounts. He also said that 'Devo-Manc' was interesting and had generated a lot of energy and brought people together – if we could do the same in Lewisham it would be very positive.

5.3 Simon Parton said that he found it difficult to understand the enthusiasm around 'Devo-Manc'. He asked about whether devolution would bring control over legislation around things like smoking and alcohol pricing. Simon also said that he wasn't clear about the associated risks.

5.4 Liz Butler raised a concern about the recommendation to agree to 'chair's

action'. Marc reassured Liz that the recommendation was only in relation to the Collaborative Agreement.

5.5 Aileen Buckton emphasised the fact that at a local level devolution would be much more about speeding up the pace of work and providing more flexibility to unblock things.

5.6 Marc Rowland made the point that things would be more complicated in London but that the work needed to be developed or London would miss out.

5.7 The Board accepted the recommendations of the report to:

i. Note the background to the current health and care devolution proposition.
ii. Chair's action being taken to agree the London wide Collaborative Agreement on behalf of the Board.
iii. The Chair and Vice Chair overseeing any action to further progress Lewisham's expression of interest in becoming a health and care devolution pilot.

6. Local Account 2015/16

6.1 Aileen Buckton presented the report and explained that it was not a statutory requirement it to be produced but it was a helpful way to lay out what the Adult Social Care spend had been used for, what had been achieved and what were the plans for the future. It was written more for residents than for sharing with partners and so was written in a way that was more accessible to local communities.

6.2 Liz Butler commented that it read remarkably well but didn't say enough in terms of "how we did" and didn't give any time lines. Aileen accepted this and said that she thought there was more that could be done on this

6.3 Sarah Williams suggested that it might be helpful for budgets to be broken down to show the cost of individual things. Aileen said that she thought it would be difficult to do this but said that it was another area that could be looked at in the future.

6.4 The Board accepted the recommendation of the report to approve the Local account for 2015/16.

7 Health and Wellbeing Board Work Programme

7.1 Andy Thomas presented the report and asked members to approve the draft work programme and schedule of meetings, consider additional items proposed and propose additional items to be included**.**

7.2 Andy reported that the following items had been deferred to the March meeting:

- Mental Health Awareness Strategy
- Prioritisation of JSNA Topics

7.3 The following items had been proposed for the March meeting:

- Adult Integrated Care Programme – the development of

Neighbourhood Community Networks
- Review of Winter Resilience Planning

7.4 The following information items had been proposed for the March meeting:
- Children and Young People Mental Health and Wellbeing Strategy
- Healthy Towns Initiative
- Voluntary and Community Sector Update
- Children and Young People's Partnership Board minutes

7.5 Liz Butler suggested that a report on Winter Resilience in March would be a bit late. Andy clarified that the intention was to provide a review of what had taken place over the Winter. Martin suggested that it might be too early to review things as depending on the weather, we might still be experiencing Winter. It was agreed that the Agenda Planning Group review this item

7.6 Clarification was sought by Brendan Sarsfield on what the Healthy Towns Initiative item referred to. Andy said that this referred to a funding bid, which had been submitted by Public Health. Brendan commented that Family Mosaic had also submitted a bid and it was agreed by the Board that we should wait to see the outcome of both bids before bringing a report to the meeting.

7.7 The Board agreed to approve the draft work programme with the above amendments and to alter the frequency of meetings.

8. Any Other Business

There was no any other business

The meeting ended at 15:15 hrs.

Agenda Item 2

Health and Wellbeing Board			
Title	Declarations of interest		
Contributor	Chief Executive – London Borough of Lewisham		Item 2
Class	Part 1 (open)	29 March 2016	

Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

1 Personal interests

There are three types of personal interest referred to in the Council's Member Code of Conduct:-

(1) Disclosable pecuniary interests
(2) Other registerable interests
(3) Non-registerable interests

2 Disclosable pecuniary interests are defined by regulation as:-

(a) Employment, trade, profession or vocation of a relevant person* for profit or gain

(b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).

(c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.

(d) Beneficial interests in land in the borough.

(e) Licence to occupy land in the borough for one month or more.

(f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.

(g) Beneficial interest in securities of a body where:-

(a) that body to the member's knowledge has a place of business or land in the borough; and

(b) either
(i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or

(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

(3) Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

(a) Membership or position of control or management in a body to which you were appointed or nominated by the Council

(b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party

(c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

(4) Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

(5) Declaration and Impact of interest on members' participation

(a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**

(b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.

(c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.

(d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

(e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

(6) Sensitive information

There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

(7) Exempt categories

There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

(a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
(b) School meals, school transport and travelling expenses; if you are a parent or guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor;
(c) Statutory sick pay; if you are in receipt
(d) Allowances, payment or indemnity for members
(e) Ceremonial honours for members
(f) Setting Council Tax or precept (subject to arrears exception)

HEALTH AND WELLBEING BOARD					
Report Title	Adult Integrated Care Programme and the Better Care Fund				
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group		Item No.	3	
Class	Part 1	Date:	29 March 2016		
Strategic Context	Please see body of report				

1. Purpose

1.1 This report provides Members of the Health and Wellbeing Board with an update on Lewisham's Adult Integrated Care Programme and the associated Better Care Fund Plans for 15/16 and for 16/17.

2. Recommendations

2.1 Members of the Health and Wellbeing Board are asked to:

- Agree the proposed priority areas for development under the Adult Integrated Care Programme for 16/17 – see paragraph 4.3
- Agree the high level expenditure plans for the Better Care Fund for 16/17 and agree that final sign off of the Better Care fund plan be delegated to the Chair and Vice Chair on behalf of the Board;
- Note the activity funded in 15/16 that will continue to be funded from the Better Care Fund over 16/17.

3. Strategic Context

3.1 The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in Shaping our Future – Lewisham's Sustainable Community Strategy and in Lewisham's Health and Wellbeing Strategy.

3.2 The work of the Board directly contributes to *Shaping our Future*'s priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.

3.3 The Health and Social Care Act 2012 placed a duty on Health and Wellbeing Boards to prepare and publish joint health and wellbeing strategies to meet the needs identified in their joint strategic needs assessments. Lewisham's Health and Wellbeing Strategy was published in 2013.

3.5 The Health and Social Care Act 2012 also requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

4. Adult Integrated Care Programme (AICP)

4.1 In March 2015, the Programme Board undertook a refresh of the programme and established a direction of travel to achieve a more effective and sustainable whole system model of care. During 2015/16 the programme board has overseen the continued development of Neighbourhood Care Networks and Community Based Care, Prevention and Early Intervention and Enhanced Care and Support. It has also ensured alignment of the programme work with the transformation of acute and primary care. Activity in all these areas has required parallel consideration of the workforce, IMT and Estates implications.

4.2 Over the past few months, the Board has been considering the priority areas for delivery during 16/17. In doing so, the Board has been mindful of the work done to date and the need to achieve a significant reduction in avoidable admissions to hospital, an improvement in discharge from hospital, a better use of resources in the community, including those delivering local health and care services, and the need to retain a focus on prevention and early intervention to enable people to maintain and improve their health and wellbeing.

4.3 The Adult Integrated Care Programme Board has identified the following as priority areas for 16/17, continuing the progress to date in order to achieve the system wide improvements and health and care outcomes needed:

Priority Area 1
To develop community health and care services as part of Neighbourhood Care Networks. This will include consideration of those services that could be physically co-located and those that could be virtually connected. The development of community based health and care services will need to align with other "hubs" such as those being developed around information and advice;
Priority Area 2
To continue building Neighbourhood Care Networks in all four neighbourhood areas. These networks will encompass community based health and care services and link with primary care but will also establish links through the network to other support and opportunities available at a local level, including the family, social networks, and other statutory and voluntary non-health/ care services
Priority Area 3
To continue the redesign and development of admission avoidance and hospital discharge services to reduce the number of unplanned emergency admissions and improve timely hospital discharges. This will include the development of home wards and rapid response services.
Priority Area 4
To provide access to a range of information and advice, support and activities to enable people to maintain and improve their own health and to better manage any existing health conditions.

4.4 In looking ahead to 2016-17, it is important that the programme is integrated with the wider transformation and improvement work taking place within primary and acute care, and is aligned with wider system resilience plans, Our Healthier South East London Strategy and the Sustainable Transformation Plan which will cover the six south east London boroughs.

The programme will also need to ensure progress is made in meeting the BCF national conditions set out below.

4.5 Whilst focusing on achieving effective transformation and delivery in one part of the system, equal focus will be given to the effective achievement in the others. Accordingly, to ensure the interdependencies and the actions needed to secure delivery across the whole system have been fully captured, a high level programme plan is being developed setting out the timelines for engagement, consultation and implementation across all priority areas.

4.6 Focus will also be given to the key enablers: estates, workforce and IMT.

4.7 **Estates**: An Integrated Estates Strategy is being produced to ensure that there are facilities of the right type in the right location to deliver health and care across the borough. A mapping of LBL, SLaM and LGT estates across the borough is currently taking place to inform the strategy.

4.8 **Workforce**: The implications for the workforce and plans for addressing them will be produced as part of the development of the 16/17 priorities. A baseline assessment of existing health and care workforce is being produced.

4.9 **IMT**: A clear picture of partners' IMT plans and of staff and residents' future needs that could be supported by technology will be obtained to ensure that IMT supports staff in new ways of working, such as mobile technology, provides users with better information and advice to support self care, and , gives staff and residents access to shared health and care information. The use of technology is also recognised as a tool to support residents to better manage existing conditions.

Recommendation: The Health and Wellbeing Board are asked to agree the priority areas for the 16/17 Adult Integrated Care Programme, which in turn inform the Better Care Fund plan, and to note that a more detailed programme plan will be presented to the Board once completed.

5. The Better Care Fund

5.1 The guidance for completing the 16/17 Better Care Fund Plan was issued on 23 February. In order to access the funding, NSH England has set eight conditions which Lewisham must meet through the planning process:

- A demonstration of how the areas will meet the national condition to maintain provision of social care services in 2016/17;
- Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;
- Better data sharing between health and social care, based on the NHS number;
- A joint approach to assessment and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;

- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;

- That a proportion of the area's allocation is invested in NHS commissioned out of hospital services, or retained pending release as part of a local risk sharing agreement;

- Agreement on a local action plan to reduce delayed transfers of care; and

- That the BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review should be signed off by the Health and Wellbeing Board and by the Council and the CCG.

5.2 The 16/17 priorities for Lewisham's Adult Integrated Care Programme, as set out earlier, will be aligned with the BCF Plan and will be supported by BCF funding during 16/17. In developing BCF plans for 2016- 17 local partners are required to develop and agree, through the relevant Health and Wellbeing Board:

- A short, jointly agreed narrative plan including details of how they are addressing the national conditions:

- Confirmed funding contributions from each partner organisation including arrangements in relation to funding within the BCF for specific purposes;

- A scheme level spending plan demonstration how the fund will be spent;

- Quarterly plan figures for the national metrics.

6. BCF Timetable

6.1 The high level timetable for returns for local Better Care Fund plans is as follows:

2 March: Local areas to submit a completed BCF Planning Return template to the local DCO team copied to the Better Care Support Team detailing the technical elements of the planning requirements, including funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement.

21 March: First submission of full narrative plans for Better Care alongside a second submission of the BCF Planning Return template.

25 April: Final submission, once formally signed off by the Health and Wellbeing Board.

6.2 A completed BCF Planning Return template has been submitted. As required, this sets out an initial assessment of the funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement.

6.3 The allocations for the scheme level spending plan capture continuing funding commitments carried forward from 15/16 and allocates remaining funding to support the priorities of the adult integrated care programme.

6.4 The scheme allocations may be adjusted before final submission in April as plans to meet the programme priorities are developed in more detail.

6.5 Section 121 of the Care Act 2014 requires the BCF arrangements to be underpinned by pooled funding arrangements with a section 75 agreement. (A section 75 agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England. It can include arrangements for pooling resources and delegating certain NHS and local authority health related functions to the other partner).

6.6 The BCF management group continues to oversee the 15/16 BCF plan and related expenditure, reporting to the Adult Integrated Care Programme Board and the Health and Wellbeing Board. The BCF management group will also oversee the 16/17 BCF plan and expenditure.

Recommendation: Board Members are asked to note the high level expenditure plans for the Better Care Fund for 16/17 and, as there is no formal meeting of the Board before 25 April, agree to receive a copy of the plan electronically for comment and agree that final sign off of the Better Care fund plan be delegated to the Chair and Vice Chair on behalf of the Health and Wellbeing Board.

7. Financial Implications

7.1 There are no financial implications arising from this report. The final BCF plan must be signed off by the Health and Wellbeing Board and monitoring of the activity supported by Better Care Funding continues to be undertaken by the BCF management group, which in turn reports into the Adult Integrated Care Programme Board and to Lewisham's Health and Wellbeing Board. Any other proposed activity or commitments arising from the Adult Integration Programme will need to be agreed by the delivery organisation concerned and be subject to confirmation of resources. The funding available in future years will of course need to take account of any required savings or any other reduction in overall budgets and national NHS planning guidance.

8. Legal implications

8.1 As part of their statutory functions, Members are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area, and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.

8.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 NHS Act 2006 which sets out the governance arrangements for the delivery of services, and where relevant any delegation of functions from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.

9. Crime and Disorder Implications

9.1 There are no specific crime and disorder implications arising from this report or its recommendations.

10. Equalities Implications

10.1 Although there are no specific equalities implications arising from this report, Equalities Analysis will be undertaken where necessary to inform the adult integrated care programme plan.

11. Environmental Implications

11.1 There are no specific environmental implications arising from this report or its recommendations.

12. Conclusion

12.1 This information report provides an update on the adult integration care programme and the Better Care Fund and invites members to agree the recommendations set out in paragraph 2.1.

12.2 If you have problems opening or printing any embedded links in this document, please contact andy.thomas@lewisham.gov.uk (Phone: 020 8314 8378)

12.3 If there are any queries on this report please contact sarah.wainer@nhs.net (Phone: 020 3049 1880)

HEALTH AND WELLBEING BOARD			
Report Title	Neighbourhood Care Networks (NCNs)		
Contributors	Adult Integrated Care Programme Board (AICPB)	Item No.	4
Class	Part 1	Date:	29 March 2016
Strategic Context	Please see body of report		

1. Purpose

1.1 This report provides an update on the development of Lewisham's neighbourhood care networks (NCN), including the activity undertaken to date, and invites comments from members of the Health and Wellbeing Board on possible areas for further development.

2. Recommendations

2.1 Members of the Health and Wellbeing Board are invited to comment, from their perspective, on those connections that need further developing or gaps that need addressing within neighbourhoods to better meet users' needs and to identify any specific action that could be taken to further develop the networks within Lewisham.

3. Strategic Context

3.1 The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in Shaping our Future – Lewisham's Sustainable Community Strategy and in Lewisham's Health and Wellbeing Strategy.

3.2 The work of the Health and Wellbeing Board directly contributes to *Shaping our Future*'s priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.

3.3 The Health and Social Care Act 2012 placed a duty on Health and Wellbeing Boards to prepare and publish joint health and wellbeing strategies to meet the needs identified in their joint strategic needs assessments. Lewisham's Health and Wellbeing Strategy was published in 2013.

3.4 The Health and Social Care Act 2012 also requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

3.5 Across south east London, Lewisham CCG has been working collaboratively with the five other south east London CCGs as part of Our Healthier South East London (OHSEL) commissioning strategy. The aim of the strategy is to respond to local needs and aspirations and to deliver a health care system which is clinically and financially sustainable. The strategy has a particular focus on those areas where improvement can only be delivered by collective action or where there is added value from working together.

3.6 Within Lewisham, Health and Care system leaders are committed to achieving by 2020 a vision of a viable and sustainable *"One Lewisham Health and Social Care System" that will enable the local population to maintain and improve their physical and mental wellbeing, enable independent living and enable access to person-centred, evidence-informed, high quality, yet cost-effective pro-active care, when it is needed*"

4. Background

4.1 Partners recognise that Lewisham's current health and care system is not sustainable and is not achieving the health and care outcomes it should. Too many people die early from deaths that could have been prevented by adopting healthier lifestyles, too many people live with preventable ill health, and there are still significant health inequalities in Lewisham. Alongside this, demand for care is increasing, both in volume and complexity, and each part of the system faces challenges in meeting that demand and has significant funding issues.

4.2 In developing a new system, partners are seeking to improve the way in which people maintain and improve their own health and wellbeing, improve the way in which support and care is accessed and delivered, and ensure that people receive more personalised services and are supported within their own communities. More importantly the new system must deliver improved health and care outcomes for the people who live and work in this borough.

4.3 Action to achieve the new system is being taken forward on many fronts, including improving primary care, commissioning for outcomes, integrating services and teams, supporting GP federations and building community resilience. Where relevant, this work complements and supports the delivery of Our Healthier South East London (OHSEL) commissioning strategy. This aims to provide a more consistent approach to the delivery of health and care services across south east London by sharing good practice and by adopting high impact changes which have been modelled for their impact and benefit. In addition the adoption of a more consistent approach across the boroughs better supports those providers, such as acute and mental health providers, who work across more than one borough.

4.4 Both the OHSEL strategy and the Adult Integrated Care Programme, though their delivery plans, have prioritised the delivery of accessible community based services via local care networks, in Lewisham called neighbourhood care networks (NCNs).

5. Building Lewisham's Neighbourhood Care Networks (NCNs)

5.1 Across the system it is recognised that care and support in the borough is not always being delivered by the right people in the right place at the right time, and is not always being delivered in an integrated and cost effective way. In addition,

professionals and residents are not always aware of the range of support and opportunities that is available locally to help them to maintain or improve their health and wellbeing.

5.2 Lewisham's neighbourhood care networks seek to provide better integrated, co-ordinated and accessible health and care services at a local level, through community based care, and to establish connections with other support, activity and opportunities available locally - such as that provided or facilitated by local voluntary and community organisations or by housing, welfare or education providers - to improve people's health and care outcomes.

5.3 To ensure we capture and facilitate connections between the wide range of services, amenities, support and opportunities that could be part of each network, a number of engagement/co-design events have taken place. These have included GP learning events, workshops with front line staff and co-design sessions which have brought together health and care professionals, patient representatives and voluntary and community representatives. Building on the model for local care networks produced by OHSEL - attached at Annex 1 - and using examples of three personal networks to show how each person's network may be different depending on their needs at different points in their life – attached at Annex 2, we are now developing four neighbourhood care networks across the borough which facilitate:

- Multi-disciplinary working between professionals
- Personalised care and support
- Localised care (closer to home)
- Users telling their story only once
- Improved connections between people and services
- Knowledge sharing
- Opportunities, information and advice to enhance self-care and self management
- A reduction in inappropriate/unnecessary contacts

6. Progress to Date

6.1 Through the work of the adult integrated care programme, current activity to develop neighbourhood care networks is concentrating on achieving better local integration and ways of working between existing health and care services and on linking individuals to other groups, activities or support available at a neighbourhood level. Statutory providers are working together to consider possible delivery models for community based care to support personal networks and to achieve the best use of resources and assets locally. In parallel with this work, commissioners across the sector are also working together and more collaboratively with providers and moving towards commissioning for outcomes through longer term contracts.

6.2 In the same way, the voluntary and community sector are fully supporting the development of NCNs. Working across the borough and with each other, the sector is mapping the voluntary and community support and services already available at a local level that build community resilience and help to maintain or improve health and wellbeing. A group of voluntary and community representatives, facilitated by Voluntary Action Lewisham, has also been established to rethink how some community spaces could be used to maximum effect. This work is in addition to the

role the voluntary and community sector already plays in assisting health and care commissioners and providers in identifying gaps in local provision and in supporting community development.

6.3 Many of the building blocks for NCNs are already in place. Lewisham's four neighbourhood networks are being built on the footprint of the four general practice neighbourhood federations; the four health and social care neighbourhood community teams, which have brought together district nurses, community matrons, social work staff and therapists; community mental health teams which work at a neighbourhood level and, as we move in future to integrating where appropriate with children's services, the four children's centres areas.

6.4 To date activity has included:

- Improving multi-disciplinary working between GPs, Neighbourhood Community Teams and neighbourhood care co-ordinators
- Connecting people to local activities and groups within their own area through Community Connections
- Developing a directory of services to provide information to professionals and residents on what's available locally to support an individual's health and wellbeing
- Initiating discussions between health and care partners on those community based services that could be co-located or more formally connected at a local level, building on those integrated services already in place
- Developing Connect Care to share information between professionals
- Offering training to support new ways of working, focusing on the provision of holistic person centred care
- Holding co-design events with key stakeholders to continue the development of NCNs.

7. Next Steps

7.1 Over the next few months a more detailed narrative on neighbourhood care networks will be produced alongside a number of visuals to explain in more detail what statutory health and care services will be delivered at a local level and how better links and connections can be made across all parts of the system and with other local partners. These visuals will also support our future co-design and engagement activity.

7.2 To develop neighbourhood care networks further during 16/17, the adult integrated care programme board is aiming to strengthen the connections between local health and care services, including, as mentioned above, consideration of what community based services might be co-located or work more closely together. In addition, through multi-disciplinary meetings, GPs will continue to work with the Neighbourhood Community Teams and other health and care professionals to ensure those residents who are considered to be most at risk are receiving the right care and support from across the system. This support will also include that identified through Community Connections who will work across the network to connect people with opportunities available locally to enhance the person's health

and wellbeing. Protocols for effective multi-disciplinary working are being produced and existing processes and systems being reviewed.

7.3 The AICP Board is also considering what additional support individuals may need to create and maintain effective personal networks. The board recognises that some people will need additional assistance to do so. This may be through key workers or care navigators or through volunteers or other community support. In addition the Board is looking at how technology can support the development of the networks, possibly using mobile apps and interactive sites to help people to improve their health and wellbeing and to better manage any health condition they may have, and enabling health and care staff to connect easily with others across the network.

7.4 We are also exploring how virtual and physical spaces could be created to enable professionals and/or the community to network more effectively.

7.5 Alongside the activity mentioned above, the programme board is developing a set of co-ordinated and coherent services to reduce avoidable admissions into hospital or care homes as a result of either a health or care crises. These services will also facilitate early discharge from hospital and be time limited interventions. In developing these services, the Board will ensure these services align with those within the neighbourhood care networks.

8. Financial Implications

7.1 There are no specific financial implications arising from this report. Any proposed activity or commitments arising from the Adult Integrated Care Programme will need to be agreed by the delivery organisation concerned and be subject to confirmation of resources.

9. Legal Implications

9.1 As part of their statutory functions, members are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area, and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.

10. Crime and Disorder Implications

10.1 There are no specific crime and disorder implications arising from this report.

11. Equalities Implications

11.1 There are no specific equalities implications arising from this report; however opportunities will be sought through the networks to improve health and care and reduce inequalities.

12. Environmental Implications

12.1 There are no specific environmental implications arising from this report.

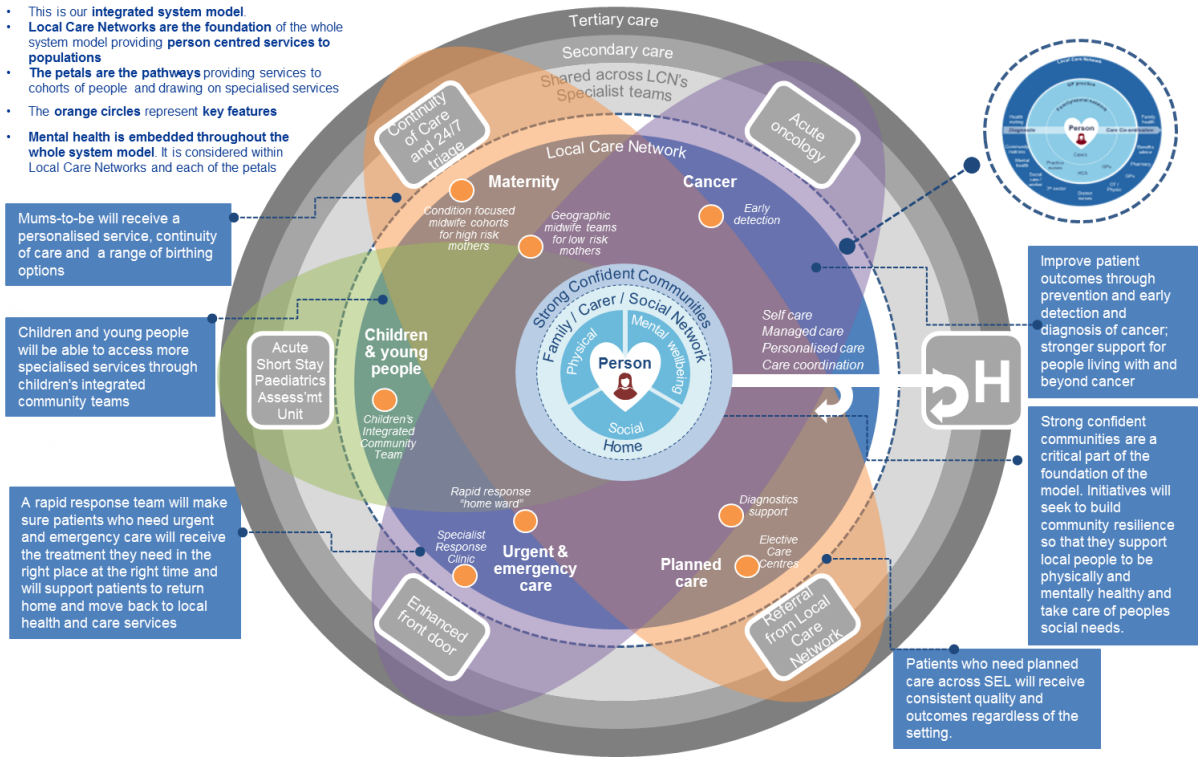
13. Conclusion

13.1 This report provides an update on the development of neighbourhood care networks and invites members to comment on any aspect of this report and to

consider what more could be done to support the development of Lewisham's neighbourhood care networks.

If you have problems opening or printing any embedded links in this document, please contact andy.thomas@lewisham.gov.uk (Phone: 020 8314 8378). If there are any queries on this report please contact sarah.wainer@nhs.net (Phone: 020 3049 1880)

Annex 1 - the OHSEL model of a Local Care Network



Annex 2 – Examples of personal networks

Case study 1: Male +60 years, widower, frail elderly.	Case study 2: Single mum in her 40s with emerging needs	Case study 3: 20s/ 30s professional with no emerging health needs
GP Pharmacist Social worker Domiciliary care worker Family/ carer Faith group Linkline (telecare) Bereavement services Welfare benefits Handyman services	Social network/ family/ friends GP Practice nurse Housing Education Pharmacy Community mental health Stop smoking service Sexual health services Leisure centre	Friends and family Pharmacist Sexual health services Optician Leisure centre Online communities Walk in centres

HEALTH AND WELLBEING BOARD				
Report Title	Devolution Pilot Update			
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group		Item No.	5
Class	Part 1	Date:	29 March 2016	
Strategic Context	Please see body of report			

1. Purpose

1.1 This report provides Members of the Health and Wellbeing Board with an update on the Lewisham's Devolution Pilot.

2. Recommendations

2.1 Members of the Health and Wellbeing Board are asked to:

- Note the update provided on the devolution pilot
- Approve the process for approving the outline business case.

3. Strategic Context

3.1 The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in Shaping our Future – Lewisham's Sustainable Community Strategy and in Lewisham's Health and Wellbeing Strategy.

3.2 The work of the Board directly contributes to Shaping our Future's priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.

3.3 The Health and Social Care Act 2012 placed a duty on Health and Wellbeing Boards to prepare and publish joint health and wellbeing strategies to meet the needs identified in their joint strategic needs assessments. Lewisham's Health and Wellbeing Strategy was published in 2013.

3.4 The Health and Social Care Act 2012 also places a specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of their commissioning plans and when making significant revisions to those plans. The Health and Wellbeing Board must be provided with a draft commissioning plan and the CCG must consult the Board as to whether it considers the plan takes proper account of the Health and Wellbeing Strategy. The Health and Wellbeing Board's

opinion on the final plan must be published within the operating plan. Health and Wellbeing Boards can refer plans to NHS England if they do not think the joint Health and Wellbeing Strategy has been taken into proper account.

3.5 The Health and Social Care Act 2012 also requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

4. Health and Care Devolution – Background

4.1 During 2015 the London Boroughs through their representative body, London Councils, and in collaboration with the Mayor of London, considered how further devolution to London in relation to employment, skills, business support, crime and justice, health and housing could be achieved. Tackling these issues locally, through integrated working, would allow us to focus on avoiding the costs of failure and to manage services sustainably in the face of rising demand and continuing fiscal restraint.

4.2 In November 2014, an agreement was signed between the Chancellor and the 10 Greater Manchester Local Authorities acting together as a Combined Authority to devolve new powers and responsibilities to Greater Manchester. In February 2015 a further agreement was signed between 37 NHS organisations and local authorities in Greater Manchester and from April 2016 health and social care in Greater Manchester will be overseen by the new Health and Social Care Partnership Board.

4.3 The London Health Commission published 'Better Health for London' in late 2014 which emphasised the need for greater collaboration between the NHS and government bodies in London and between organisations in different parts of the city.

4.4 London's CCGs with London Councils and the Greater London Authority considered what opportunities might be available to further the aims set out in 'Better Health for London' through the devolution of powers and resources from Central Government. In September 2015, London Councils and London CCGs submitted proposals to Central Government to enable devolution pilots to operate within an overall London-wide collaborative framework.

4.5 On 17 November 2015, the Executive agreed to sign the Collaboration Agreement to reflect the commitment of:
'boroughs involved directly in pilots to make the case for devolution to support and accelerate local health and care transformation, and in so doing unlock similar devolution for other parts of the capital';
and

'of all boroughs to continuing to strengthen local and sub-regional collaboration in line with the London model of reform, and to shape and progress locally-owned transformation and sustainability plans and prepare to be able to draw down devolution unlocked by the pilots as appropriate in their area.'

4.5 On 15 December, Leaders of 33 Councils, Chairs of 32 CCGs, Public Health England, Government Ministers and the Mayor of London signed the London Collaborative Agreement. The agreement describes 10 aspirations for transforming health, health care and social care across the capital and a series of objectives that they will jointly work to in order to turn these aspirations into reality.

4.6 Parties to the agreement agreed that a small but essential part of this transformation is the devolution of functions, powers and resources from government and national bodies where that can assist, enable or accelerate improvements.

4.7 To explore this further, a series of pilots are being established through which detailed cases for new devolved powers, resources and authority will be developed in partnership with government and national bodies to produce faster transformation than can be achieved in the current system. The pilots will aim to test greater resources, decision-making and powers being devolved to London. The overall health spending and allocations would continue to be in line with the intentions recently set out by Government in the Spending Review.

4. Lewisham's Devolution Pilot

4.1 In Lewisham's pilot, the Council and the CCG, supported by local partners Lewisham and Greenwich NHS Trust and South London and Maudsley NHS Foundation Trust, will work with regulators, other parts of the NHS and Government, to tackle barriers to integration and increase the pace of the transformation of health and care in Lewisham.

4.2 The specific asks are detailed in the Collaborative Agreement (Appendix A). They relate to:

(a) **Workforce:** develop new workforce models and enhanced roles to support new models of care, including joint health and care roles working with Health Education England, Skills for Care and professional bodies amongst others.

(b) **Estates:** working with NHS Property Services, Community Health Partnerships, London partners and sub-regional strategic estates boards to facilitate the release of primary care and hospital estates to support the development of new models of care and release relevant resources for transformation. This needs to include:

- flexibility around the financial treatment of assets and retention

of capital receipts locally.
- local agreements around the shared use of estate.

(c) **Aligned incentives and reimbursement, and funding structures:**
- Specific focused expertise on request and tailored to local needs from NHS Improvement and NHS England to achieve flexibilities around tariffs and new payment models to support new models of care, beyond current flexibilities.
- Multi-year funding cycle across health and care.
- Transformation funding at an agreed level over a multi-year period from NHS England to support double running of services as implementation commences and any specialist support we may need to develop new commissioning capabilities.
- Transformation funding from NHS England to match resources committed locally. In particular resources to accelerate the roll out of Connect Care, our virtual patient record system, across all parts of Lewisham Health and Care system to support the planning and delivery of care.

5. Other pilots

5.1 Four other devolution pilots have also been announced:

- Haringey will run a prevention pilot exploring the use of flexibilities in existing planning and licensing powers to develop new approaches to public health issues
- Barking & Dagenham, Havering and Redbridge – this pilot will develop an Accountable Care Organisation, where primary and secondary care are more closely integrated and patient pathways are redesigned with a focus on intervening early and managing the chronically ill
- North Central London (Barnet, Camden, Enfield, Haringey, Islington) will run an estates pilot to test new approaches to collaboration on asset use
- Hackney will run a health and social care integration pilot, aiming for full integration of health and social care budgets and joint provision of services. This will also have a particular focus on prevention.

6. Next Steps

6.1 NHS England had indicated that the outline business case would be required by April 2016. In recognition of the close alignment between the devolution business case and the Sustainability and Transformation Plan (STP), NHS England is currently in the process of revising the timetable. It appears likely that the outline business case will be required by June.

6.2 As the Health and Wellbeing Board is not scheduled to meet until July 2016, it is proposed that the outline business case be circulated to members in advance of the deadline for submission for comment.

7. Financial Implications

7.1 There are no financial implications arising from this report. Any proposed activity or commitments arising from the devolution pilot will need to be agreed by the delivery organisation concerned and be subject to confirmation of resources.

8. Legal implications

8.1 As part of their statutory functions, Members are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area, and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.

8.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 NHS Act 2006 which sets out the governance arrangements for the delivery of services, and where relevant any delegation of functions from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.

9. Crime and Disorder Implications

9.1 There are no specific crime and disorder implications arising from this report or its recommendations.

10. Equalities Implications

10.1 Although there are no specific equalities implications arising from this report, Equalities Analyses will be undertaken for the key projects within the devolution pilot.

11. Environmental Implications

11.1 There are no specific environmental implications arising from this report or its recommendations.

12. Conclusion

12.1 This information report provides an update on the devolution pilot and invites members to note this information and agree the process for approving the business case.

12.2 If there are any queries on this report please contact:

Carmel Langstaff, Service Manager: Interagency Development and Integration, Lewisham Council, on 020 8314 9579 or by email carmel.langstaff@lewisham.gov.uk

London Health and Care Collaboration Agreement

December 2015

1. Purpose

The central purpose of the initiative supported by this Agreement is to ensure the widest and fastest improvement in the health and well-being of 8.6 million Londoners through a transformation in the way that health and care services are delivered, how they are used and how far the need for them can be prevented.

To that end this document sets out a collective agreement by London and National Partners to transform health and wellbeing outcomes, inequalities and services in London through new ways of working together and with the public. It describes our goals for achieving these results and the principles which guide us in transforming health, health care and social care. At its heart is the reform and updating of the way that public services are provided. Devolution is a small but essential component unlocking far broader changes and accelerating integration and more effective collaboration in London.

The Agreement reports how this will be achieved and in doing so it confirms support for this approach by all signatories; both London and national. This Agreement builds on the vision for health and care set out by London Partners in March 2015[1] and London's response to the invitation by HM Treasury to submit devolution proposals as part of the 2015 Spending Review[2,3].

2. Parties

The Parties to the agreement are:

- All 32 London Clinical Commissioning Groups (CCGs),
- All 33 local authority members of London Councils
- The Mayor
- NHS England
- Public Health England

The term 'London Partners' encompasses all 32 London Clinical Commissioning Groups (CCGs), all 33 local authority members of London Councils, the Greater London Authority, NHS England London Region and Public Health England London Region.

All parties agree to act in good faith to support the objectives and principles of this agreement for the benefit of all Londoners.

3. Aspirations and objectives

The parties have a shared commitment to deliver on the 10 aspirations to promote health and wellbeing set out in Better Health for London: Next Steps and, in doing so, deliver on the NHS Five Year Forward View and secure the sustainability of health services and social care.

Aspiration	2020 Ambition
 Give all London's children a healthy, happy start to life	Ensure that all children are school-ready by age 5 Achieve a 10% reduction in the proportion of children obese by Year 6 and reverse the trend in those who are overweight
 Get London fitter with better food, more exercise and healthier living	Help all Londoners to be active and eat healthily, with 70% of Londoners achieving recommended activity levels.
 Make work a healthy place to be in London	Gain a million working days in London through an improvement in health and a reduction in sickness absence.
 Help Londoners to kick unhealthy habits	Reduce smoking rates in adults to 13% - in line with the lowest major global city and reduce the impact of other unhealthy habits.
 Care for the most mentally ill in London so they live longer, healthier lives	Reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population by 5%.
 Enable Londoners to do more to look after themselves	Increase the proportion of people who feel supported to manage their long-term condition to the top quartile nationally.
 Ensure that every Londoner is able to see a GP when they need to and at a time that suits them	Transform general practice in London so Londoners have access to their GP teams 8am-8pm, and primary care is delivered in modern purpose-built/designed facilities.
 Create the best health and care services of any world city, throughout London and on every day	Work towards having the lowest death rates for the top three killers. Close the gap in care between those admitted to hospital on weekdays and at weekends.
 Fully engage and involve Londoners in the future health of their city	Achieve 10 basis point improvements in polling data on how organisations that deliver health or health-related services engage Londoners in service design.
 Put London at the centre of the global revolution in digital health	Create 50,000 new jobs in the digital health sector and ensure that innovations help Londoners to stay healthy and manage their conditions.

To meet these aspirations, the parties share the following objectives:

- To achieve improvement in the health and wellbeing of all Londoners through a stronger, collaborative focus on health promotion, the prevention of ill health and supporting self-care
- To make rapid progress on closing the health inequalities gaps in London
- To engage and involve Londoners in their health and care and in the health of their borough, sub-region and city including providing information so that people can understand how to help themselves and take responsibility for their own health
- To improve collaboration between health and other services to promote economic growth in the capital by addressing factors that affect both people's wellbeing and their wider economic and life opportunities, through stronger partnerships around housing, early years, employment and education
- To deliver integrated health and care that focuses on maximising people's health, wellbeing and independence and when they come to the end of their lives supports them with dignity and respect
- To deliver high quality, accessible, efficient and sustainable health and care services to meet current and future population needs, throughout London and on every day. To reduce hospitalisation through proactive, coordinated and personalised care that is effectively linked up with wider services to help people maintain their independence, dignity and wellbeing.
- To invest in fit for purpose facilities for the provision of health and care services and to unlock the potential in the health and care estate to support the overall sustainability and transformation of health and care in the capital
- To secure and support a world-class workforce across health and care
- To ensure that London's world-leading healthcare delivery, academic and entrepreneurial assets provide maximum benefit for London and the wider country and that health and care innovation is facilitated and adopted in London.

4. Principles

All parties have agreed key principles for reform and devolution:

- Improving the health and wellbeing of Londoners will be the overriding driver for reform and devolution.
- We will work to secure a significant shift from reactive care to prevention, early intervention, self-care and care close to home that supports and enables people to maximise their independence and wellbeing.
- London will remain part of the NHS and social care system, upholding national standards and continuing to meet and be accountable for statutory requirements and duties, including the NHS Constitution.
- Joint working will improve local accountability for services and public expenditure. Where there is local agreement to change accountability arrangements, accountability to NHS England will be maintained – in relation to issues including delivery of financial requirements, national standards and the NHS Constitution. Changes to current accountabilities and responsibilities will be agreed with government and national bodies

as necessary and may be phased to balance the pace of progress with ensuring a safe transition and strong governance. We commit to fulfil the legal requirements for making significant changes to commissioning arrangements.

- Decision-making will be underpinned by transparency and the open sharing of information between partners and with the public.

- Transformation will be locally owned and led and will aim to get the widest possible local support. We will ensure that commissioners, providers, AHSNs, patients, carers, the health and care workforce, the voluntary sector and wider partners are able to work together from development to implementation to shape the future of London's health and care.

- All decisions about London will be taken in or at least with London. Our goal is to work towards resources and control being devolved to and within London as far as possible, certainly in relation to outcomes and services for Londoners.

- Collaboration and new ways of working will be needed between commissioners, providers, patients, carers, staff and wider partners at multiple levels. Recognising that the London system is large and complex, commissioning and delivery will take place at three levels: local, sub-regional or pan-London. A principle of subsidiarity will underpin our approach, with decisions being made at the lowest appropriate level.

- Given London's complexity we recognise that progress will happen at different paces and in different orders across the different spatial levels. We will ensure that learning, best practice and new models for delivery and governance are shared to support and accelerate progress in all areas. Subsidiarity as a principle will extend to the adoption of ideas piloted in other areas to allow flexibility and adaptation to local conditions.

- The people that work in health, health care and social care are critical to achieving London's transformation goals. We will build on London's position as the home of popular and world-class health education, to develop new roles, secure the workforce we need and support current and future staff to forge successful and satisfying careers in a world-class London health and care system.

- We recognise that considerable progress can be made, building on existing foundations, with existing powers and funding – and we are committed to doing so. But devolution is sought to support and accelerate improvements. A series of devolution pilots will be established through which detailed business cases for devolution of powers, resources and decision-making can be developed in partnership with government and national bodies. Through these, devolution may be secured both for the pilots themselves and also for other parts of London, contingent on these areas also developing suitable plans, delivery and governance arrangements.

- While embedding subsidiarity, we will ensure the strategic coherence and maximise the financial sustainability of the future health and care system across London. Political support for jointly agreed change will be an important feature of the arrangements. New London-level arrangements, including governance and political oversight, will be established to secure this. We commit to minimising bureaucracy as much as possible to enable delivery of local innovation.

- In 2016/17 - and drawing from the experiences of the pilots - sustainability and transformation plans for health and care will be developed as part of NHS and local authorities' planning arrangements. These will draw on learning from the devolution pilots, other transformation initiatives including the Vanguard programme and any London-wide initiatives. A London-level picture, drawn from sub-regional health economy plans, will enable oversight of the impact on health outcomes and financial sustainability of the system across the capital.

- We recognise that London provides expertise and services for people who live outside the capital and that benefit the country more widely. London will work collaboratively with other regions and national bodies to consider and mitigate the impact of London decisions on surrounding populations reliant on London-based services.

5. Scope of intervention

London's Health Proposition covers all aspects of health and care, specifically:

- primary care
- acute care (including specialised commissioning)
- community services
- mental health services
- social care (adult and child)
- public health, including maximising opportunities to influence wider determinants of health

Key enablers will include:

- devolution of funding and commissioning powers as agreed with the relevant national bodies
- additional fiscal and regulatory powers devolved to promote health through planning, licensing and employment support
- changes to governance and regulation
- joint capital strategic planning
- joint workforce strategic planning
- full involvement in development of new payment mechanisms to support new models of care
- full involvement in decisions about provider performance

6. Spatial levels for London intervention

The London approach will be developed on three geographical levels: local, sub-regional and pan-London There is recognition that acute service transformation will require collaboration across sub-regional footprints and place based budgets will support the linkages between locally led out of hospital transformation and sub-regionally co-ordinated hospital network transformation.

Core components of the London approach across the three geographical levels for action will include:

Locally:

- Joint multi-year local integration planning, supporting Health and Well Being Board strategies, to secure increased prevention, early intervention, personalisation and integrated out of hospital health and care services – and alignment of provider plans
- Aspiration to achieve full pooling and joint commissioning of NHS, social care and public health commissioning budgets through s75 agreements
- Local public asset plans and scheme development to secure facilities to deliver accessible, multi-purpose, integrated out of hospital services and build on local schemes in place to provide other public sector services

Sub-regionally:

- Delivery of local Health and Well Being Board aspirations through accountable strategic partnerships based on joint committees established to lead transformation at sub-regional scale
- Joint health and care strategies to develop new models of care across acute, primary and social care settings
- Joint commissioning to secure delivery of sub-regional plans that are clinically and financially sustainable for all parts of the health and care system within the geography
- Sub-regional estate plans and scheme development to unlock redevelopment of un- or under-used NHS estate, aligned with local public asset planning

Pan-London:

- The London Health Board, chaired by the Mayor of London, will provide political leadership, oversight and support for the London strategy including delivery of the ambitions of Better Health for London and commitment to the vision set out in the Five Year Forward View
- A pan-London Health and Social Care Devolution Programme Board (the "Devolution Programme Board") will support and account to the London Health Board. Members will represent their organisations and partnerships to support devolved working at all levels. Initially this Board will not have statutory or legal responsibilities but will provide oversight and steering of the devolution programme, including supporting the devolution pilots. Its role will be reviewed as devolution occurs and where this necessitates the need for pan-London co-ordination and decision making
- A partnership for strategic estate planning, fully aligned with the London Land Commission and sub-regional strategies, to unlock the value of the health and care estate
- Workforce planning and skills development to match the pace of health system transformation
- Collaboration to support city level action to address the wider determinants of health where this is the most effective scale; including transport, planning, regulatory and fiscal interventions to support the public health agenda
- Development of London wide financial and other frameworks, such as new payment models, for use at sub-regional and local level

London Partners are committed to progress improvements as swiftly as possible within their existing powers and resources, building on a growing range of activity including the Healthy London Partnership and London Prevention Board, co-commissioning arrangements already

underway in almost all CCGs with the aspiration to extend this across London, experiences of the Better Care Fund, integration pioneers and NHS Vanguards, as well as strategic impetus created through Health and Wellbeing Boards. CCGs have organised into sub-regional strategic planning groups and London's boroughs are working with CCGs and NHSE to accelerate progress within existing powers, including developing joint sub-regional arrangements.[4]

London Partners are also seeking devolution of functions, powers and resources from government and national bodies where that can assist, enable or accelerate improvements. London seeks to draw from and develop the menu of asks described in the London Proposition submission to HM Treasuryiii. Recognising the size and organizational diversity of London's health and care system, London will test different elements of greater integration, collaboration and devolution in different parts of the system. A series of pilots are being established through which detailed cases for new devolved powers, resources and authority will be developed in partnership with government and national bodies to produce faster transformation than can be achieved in the current system. A co-production approach between local and national partners is intended to facilitate ultimate decisions on devolution – both by national bodies to devolve and by local bodies to 'receive' devolution.

Devolution agreements reached through individual pilots will be converted into contingent menus of devolution opportunities open to other localities and sub-regional partnerships across London. London partners will support the pilots to:

- Develop their devolution business cases;
- Draw insights from the pilots and other major initiatives to:
    - inform a strategic view on the implications for sustainable and high quality health and care across the whole of London;
    - ensure the learning from pilots is made available to other parts of London; and
- Agree with national partners the conditions other parts of London would need to satisfy to unlock devolution from the contingent menus to support and accelerate their own transformation plans.

The shape and pace of the spread of devolution across London will vary according to the strategy and readiness to progress of each locality and sub-region.

Pilots will have full programme plans in place from the beginning of April 2016, with a clear identification of the specific powers and resources of which they will be seeking devolution. They will also have put in place the arrangements for taking these programmes forward, including securing appropriate input from London and National Partners. Each pilot plan will set out clear timelines, but the expectation is that the devolution of specific powers and resources required by the pilots will be negotiated during 2016/17 with a view to powers being operational from April 2017. This will be supported by robust governance arrangements and a clear delivery plan.

The London devolution pilots will explore four themes:

- Sub-regional care integration – Barking & Dagenham, Havering and Redbridge (Outer North East London)
- Sub-regional estates – Barnet, Camden, Enfield, Haringey, Islington (North Central London)
- Local care integration – Hackney (including the Borough of Hackney and City & Hackney CCG); Lewisham
- Local prevention – Haringey

Statements of support from partners in the pilot areas are annexed in Appendix 1.

In line with commitments by all partners to the 10 aspirations for London, action will be taken on obesity at all levels across London, with all partners acting within their spheres of influence and exploring the potential for further actions in collaboration.

A partnership for strategic estate, aligned with sub-regional strategies, will unlock the value of health and care estate by working at local, sub-regional and London level. The London Land Commission will be a key partner, with a strategic alignment of objectives, operational synergies as appropriate and cross-representation of membership.

7. Commitments by partners

The partners to this agreement commit themselves not only to collectively working to support the success of the London intervention and partnering with pilots, but also to contribute in specific ways as follows:

NHS England

- Will actively facilitate links to other national bodies across the NHS (including NHS Improvement and Health Education England). In particular, NHS England is committed to working with London to support progress towards greater involvement of London partners in decisions about provider performance and to support an integrated approach to workforce strategy across London.

- Commits to supporting the design and delivery of innovative models of health and care delivery as set out in the Five Year Forward View and Better Health for London, and use the learning from pilots to support national delivery of new models of care and efficiency.

Public Health England

- Commits to actively facilitate links to other public health bodies in order to accelerate the rate at which the system improves health outcomes for Londoners.

- Commits to supporting prevention and health promotion elements of all London pilots.

London Boroughs and London CCGs

- Where they are part of a London pilot, commit to working for the success of the pilot and the swift and successful transfer of learning and new powers to all other parts of London.

- Where they are not members of pilots, commit to continue to work together to improve health outcomes and to ensuring their readiness to swiftly take advantage of the outcomes of London pilots.

- Commit to developing sustainability and transformation plans for health and care to 2020/21 at all three geographic levels as part of NHS and local authorities planning arrangements to deliver rapid progress towards financial balance and improved outcomes. This aligned with the Five Year Forward View will describe how a clinically and financially sustainable landscape of commissioning and provision could be achieved, subject to the resource expectations set out in the Five Year Forward View, appropriate transition funding being available and the full involvement and support of national and other partners.

The Mayor and GLA

- Commit to continued working on behalf of London to encourage national government to support faster transformation in health outcomes for Londoners.Commit to leading a coalition of London government in engagement with Londoners on the future shape and priorities of their health and care system.

- Commit to ensuring that the London Land Commission supports and facilitates a strategic approach to health and care capital & estate management and supports the work of the sub-regional estates pilot.
- Commit to exploring planning, regulatory and fiscal levers to support the prevention agenda
- Commit to delivering health promotion and prevention programmes that support local action including action on obesity and air quality, the Healthy Schools London programme and the London Healthy Workplace Charter
- Commit to work with London partners to revise the Health Inequality Strategy and coordinate activity on city-wide elements (e.g. transport, airport quality) to reduce health inequalities

London partners will continue to deliver the NHS Constitution and Mandate and ensure clear accountability, governance and value in relation to the health funds delegated or devolved to London.

8. Engagement

Building on the public and stakeholder engagement undertaken by the London Health Commission, we commit to significant public and patient engagement at local, sub-regional and – where appropriate – London level to support co-development of pilots and wider devolution plans. Building on our asset-based approach, we will ensure that all partners – including Londoners, health and care commissioners, providers, AHSNs and the voluntary sector - are able to work together from development to implementation to shape the future of health and care.

9. Governance for the set-up phase

Governance mechanisms will reflect pan-London, sub-regional and local working, underpinned by subsidiarity, with decisions taken at the most local level, consistent with the principles underpinning devolution.

The local and sub-regional pilots will form the heart of the set up phase, testing how the principles of greater collaboration, integration and devolution are applied in practice. Governance arrangements must be co-developed, owned and agreed by local partners. They will therefore be developed by individual pilots and may take different forms in different areas. We expect that key principles would underpin these governance arrangements:

- Health and care commissioners will jointly develop, engage on and deliver strategic plans, with joint decision-making and pooled resources where possible
- Providers will be key partners in plans, engagement and implementation
- Robust mechanisms will preserve financial and clinical accountability to relevant bodies
- Individual pilots will work with other devolution pilots and at sub-regional and London level to share learning and, where appropriate, to undertake strategic or enabling activities together
- Devolved decision making and resources from relevant bodies would be released based on the decision-making criteria published by those bodies, working in partnership to meet this threshold.

At the local level, governance will:

- Seek to maximise pooling of finances compatible with the local context
- Appropriately engage the public, providers and other interested parties

At sub-regional level, governance will:

- Free members to act in line with the interests of the area covered by the partnership
- Ensure decision making on an equal footing between places and types of institution

At London level, governance arrangements for the set up phase will:

- Exercise appropriate pan-London functions from the London Partners agreement with central government and national bodies and oversee the development of those areas of devolution where partners agree pan-London working is desirable
- Set up London health and care devolution: Support the devolution pilots in their development of the business cases for full devolution at sub-regional and local levels and extrapolate from the learnings of pilots, other transformation initiatives and sub-regional health economies sustainability and transformation plans to develop a London level picture of the impact on health outcomes and financial sustainability of the system across the capital
- Facilitate links to national bodies to support the devolution pilot.
- Consider equity for populations within and between pilots, and across London boundaries
- Oversee delivery of the Better Health for London ambitions and commitment to the vision set out in the Five Year Forward View

These functions will evolve as the set up phase draws to an end and devolution is implemented. The governance arrangements will therefore also change.

The functions of this set up phase will be administered by building on existing structures:

- The London Health Board, chaired by the Mayor, will provide political leadership, oversight and support for the London strategy.
- A Devolution Programme Board will be established in January 2016 accounting to the London Health Board. Initially this Devolution Programme Board will not have statutory or legal responsibilities but will provide strategic and operational oversight and steering of the devolution programme, including supporting the devolution pilots. The Devolution Programme Board will not affect or replace the statutory responsibilities and accountabilities of each partner. The Devolution Programme Board will also be accountable to the individual Parties of the Agreement through their respective membership. The Devolution Programme Board will include two representatives of each constituent partner within the London Health Board:

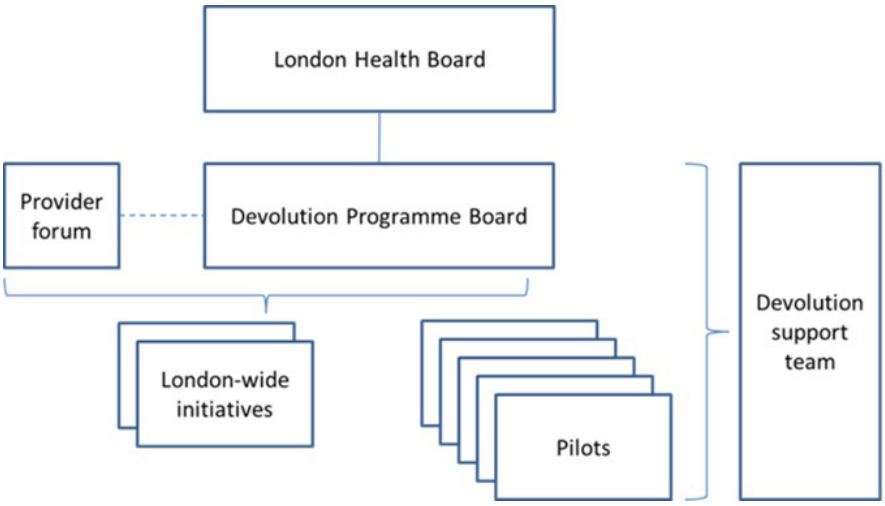
Local authorities	Two representatives appointed by London Councils
London CCGs	Chair of London Clinical Commissioning Council and Chair of London CCG Chief Officers Group
GLA	Head of Paid Service; Director, Health and Communities
PHE	Regional Director; Deputy Regional Director
NHS England	Regional Director; Regional Finance Director
Invited members:	Devolution Programme Director
	NHS Improvement
	NHS England
	Public Health England
	Central government partners as appropriate

- The Devolution Programme Board will provide assurance to all parties that the key objectives are being met and that the programme is performing within the boundaries and principles set by the Agreement.

- The Devolution Programme Board as proposed would not have the statutory responsibility to hold budgets. If delegated or devolved budgets were to be granted to London, a formal joint committee with statutory responsibility, or fund-holding by a partner organisation with delegation would need to be agreed by all partner organisations. Board members would then need the ability to act on behalf of regional and local partners to agree strategic priorities and to create frameworks that support devolved working at all levels.

- It is recognised that no collaborative provider forum formally exists in London. One of the tasks of the set up phase will be to support providers to come together to engage in cross sector collaboration and provide a robust mechanism for collective decision-making. Providers will be invited to propose their preferred method for engagement with devolution discussions.

The proposed governance structure for the set up phase is outlined below:



10. Timetable for action

January 2016

- Pilots develop business plans for delivery and clarify devolution asks, in partnership with national organisations

- London Devolution Programme Board established and resource commitments secured

By April 2016

- Providers establish their preferred form of arrangements to enable them to provide a collective response to the London project.

From April 2016

- All pilots complete business plans, confirm new models of working and negotiate devolution to support delivery (each pilot will set out a clear programme and timeline for its work).

- Formal local government involvement in sub-regional health and care strategies.

By June 2016

- Sustainability and transformation plans for health and care developed at local and sub regional level as part of NHS and local authorities' planning arrangements.

By December 2016

- An agreed London level picture of the impact on health outcomes and financial sustainability of the system across the capital, extrapolating from the learnings of pilots, other transformation initiatives and local and sub-regional health economies' plans, enabling strategic plans at all three geographic levels.

By April 2017

- Menus of devolution agreed and available for local and sub-regional partnerships in London.
- Pilots commence devolved arrangements subject to robust plans and governancearrangements.
- Local and sub-regional areas across London explore when and how to draw down these power to unlock and accelerate their improvement plans and commence development of detailed plans and governance and accountability arrangements.

By April 2019

- Significant progress on transformation across the whole of London, demonstrably unlocking long-standing problems and improving outcomes and efficiency

11. Supporting structure and resources

The London Health proposition will be supported by full-time resources including a Programme Director and dedicated team.

- The programme team will be accountable to the Devolution Programme Board.
- All London Health Board partners will contribute to resourcing the programme in cash and in-kind support.
- In addition, pilot areas will contribute in part to resourcing individual pilots.
- London Health Board resources will be directed to support this work. Additional funding will be required to support the transformation process and a full programme and resourcing plan will be agreed with all parties in January 2016.

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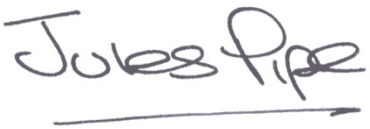
1. Better Health for London: Next Steps March 2015
2. HM Treasury A country that lives within its means: spending review July 2015
3. The London Proposition: Health section. 4 September 2015
4. London Councils Leaders Committee, July 2015 : http://www.londoncouncils.gov.uk/node/26669

12. Signed for and on behalf of London health partners:

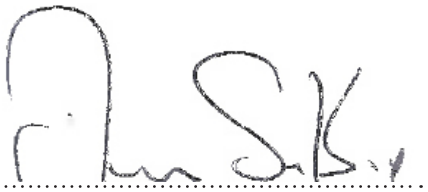
Dr Marc Rowland
Chair, London Clinical Commissioning Council



Mayor Jules Pipe
Chair, London Councils

Boris Johnson
Mayor of London

Simon Stevens
Chief Executive, NHS England



Duncan Selbie
Chief Executive, Public Health England

Appendix 1

Statements of support from health & care partners in pilot areas

BARKING, HAVERING & REDBRIDGE (BHR) DEVOLUTION PILOT

The BHR proposal demonstrates our commitment to the London Health and Care Collaborative Agreement. We see this as a particular opportunity to go further and faster in delivering health and care transformation at sub-regional level, through the BHR devolution pilot. This pilot aims to establish an Accountable Care Organisation across BHR and all partners in the system are signed up to, and supportive of, this proposal.

In 2011, the BHR health and care economy formed an Integrated Care Coalition (ICC) comprised of partners from Barking and Dagenham CCG, London Borough of Barking and Dagenham, Havering CCG, London Borough of Havering, Redbridge CCG, London Borough of Redbridge, Barking, Havering and Redbridge University Hospitals Trust and North East London Foundation Trust. More recently this has been extended to include the three GP Federations across BHR: Together First, Havering Health, and HealthBridge Direct. The ICC aims to improve outcomes for our diverse population (approximately 750,000 people). We are supported by UCLPartners, our Academic Health Science Partner, with whom we have a strong relationship and a commitment to embed academia into health and care services.

In progressing our devolution pilot proposal we have built on the vision of our Integrated Care Coalition. Through the delivery model of an ACO, we aim: "To accelerate improved health and wellbeing outcomes for the people of Barking and Dagenham, Havering and Redbridge and deliver sustainable provision of high quality health and care services".

BHR has significant current and future challenges which include:

- ***Health and wellbeing/ demographic*** - significant growth in in both 0-19 and over 75 year olds (above the London average);
- ***Care and quality (disease prevalence)*** - high admission rates which are greater than average unplanned hospitalisation for chronic ambulatory care sensitive conditions;
- ***Care and quality (system issues***)

  (i) fragmented health and care commissioning system that needs to work to address and support a 'distressed economy';

  (ii) large number of GPs approaching retirement age;
- ***Efficiency*** - BHRUT has high non-elective admissions rate and high occupancy levels alongside planned care performance and efficiency challenges;
- ***Funding*** - A total estimated funding gap in the system of over £400m, which our existing plans and model of working will not fully address.

Our system, and particularly BHRUT, is subject to unrelenting pressures and very significant short term demands as a result of special measures and the need for improvement projects in order to stabilise a range of provision. Given this and the other challenges above, it is clear that we need to

work in a fundamentally different way, which will require radical transformation, to deliver a sustainable health and care system that will balance demand and budgets and respond to the needs of our local populations. It is clear that the focus on prevention is critical to our sustainability and we need to have the permissions and flexibility to refocus resource. The devolution pilot, and the development of an ACO, presents our best opportunity to do this and create a sustainable and high performing future for the whole system.

In BHR, our track record of delivery, resulting in a more resilient system with significant improved performance over the past 12 months, means that we are uniquely placed to have significant impact. We have a foundation of strong and established partnership working across the system which we can build on through an ACO. There is commitment from all of the organisations to work together and pilot completely new organisational models, at pace and scale, in order to achieve our aspirations. As a system we have an appetite to innovate and take appropriate risks to deliver our vision which aims at its core to help our residents achieve long, healthy and productive lives. In order to achieve this, at pace, there is a range of resource, expertise and regulatory change that would need to be agreed and in place which we have set out below aligned to our phased 3 year programme approach:

a) Build a business case for the development of an ACO by summer 2016.

Investment and access to expertise

- investment to undertake resident and staff surveys
- investment to enable the co-creation of a detailed business case and care model in partnership with clinicians, practitioners and staff across BHR (match funded by BHR)
- expert advice including: legal, financial and population health analytics
- peer review and challenge

Revolutionise regulation

- develop the model for a separate and single regulation system to reinforce required behaviours across the system and focusing on population outcomes

b) Post business case approval, move to first phase implementation through the remainder of 2016 into 2017/18.

Investment and access to expertise

- access to the Transformation Fund and financial support for double running to establish and test new systems

Revolutionise regulation

- create a separate and single regulation system to reinforce required behaviours across the system and focusing on population outcomes
- ensure individual regulation reflects additional obligations proportionately in the performance assessment
- permissions to operate differently/ outside of guidance in development stages while still meeting constitutional targets
- ability to take local control of the setting of priorities and planning timelines

Develop new workforce models

- professional and contractual issues
- training and development link to national agenda

Reform to financial flows

- return of relevant centrally held commissioning budgets, that have large population impact including direct commissioning, education and public health
- budgets brought to capitation level within an agreed timeframe
- flexibility around tariffs and payment mechanisms
- local accountability for all relevant property to enable a system wide management of estates

c) Implement fully functioning ACO with full budget accountability in 2018/19

We have established an Executive Group comprised of CEOs that reports to the Integrated Care Coalition and is supported by a Steering Group/ PMO. We will establish a Democratic and Clinical Oversight group, an External Reference Group and a Clinical Leadership Group as part of the wider governance. This Governance structure will enable us to ensure the right level of engagement and sign up both within BHR and also with external partners which will be essential to the success of the proposal.

We have developed a value case to support the ACO development. This aims to deliver the vision set out in the Five Year Forward View and the aspirations described in Better Health for London: Next Steps.

We fully appreciate the complexities of developing this pilot, and believe that only this level of system change will enable us to deliver for our population within the resources available

We are committed to work with other devolution pilots and other local, sub-regional, London and national initiatives to share the learning as this progresses.

This Devolution Pilot proposal is signed on behalf of all of the health and social care partners in Barking, Havering and Redbridge (as listed in page 1).

Conor Burke
Joint Senior Responsible Officer (BHRACO)

Cheryl Coppell
Joint Senior Responsible Officer (BHR ACO)

NORTH CENTRAL LONDON DEVOLUTION PILOT

North Central London (NCL) Clinical Commissioning Groups and Councils are committed to the London Health and Care Collaborative Agreement. We see this as a particular opportunity to go further and faster in delivering better outcomes for our residents by enabling health and care transformation at the sub-regional level, through focused action on estates. The NCL devolution pilot aims to develop the estate we need for new models of care, by optimising assets to reinvest in health and care and support wider benefits for local communities. All local authority and NHS commissioning partners in the system are signed up to, and supportive of, this proposal. We believe that this will enable us to more closely meet the needs of our local communities in Barnet, Camden, Enfield, Haringey and Islington.

Context

London's health and care estate portfolio faces challenges of cost, quality and utilisation. There is a significant amount of unused or underutilised NHS estate in London. If this capital could be unlocked, it could release resources for reinvestment in health and care, while also significantly improving estate maintenance costs.

Local Authorities play a crucial role in shaping local communities and creating the conditions for successful communities. They are responsible for social care, housing and wellbeing for the communities they serve. This devolution pilot, as a jointly led project, will enable Councils and CCGs to enhance the wellbeing and success of local communities. CCGs lead health commissioning for their local populations and are increasing working together at the sub-regional and London levels to deliver better outcomes. *Better Health for London* and *Transforming Primary Care in London: A Strategic Commissioning Framework* emphasise the need for investment in London's primary care and out-of-hospital estate over the next five years. London also needs more housing and local councils are already contributing to achieving this. The GLA has also established a 'London Land Commission' whose key role is to identify surplus public sector brownfield land suitable for development, to support London's ambition for 400,000 new homes by 2025.

NCL is developing its plans for the transformation of health and care over the next five years, to deliver better health outcomes, increased wellbeing and financial sustainability. This will help shape the development of new models of care, including the settings in which care is delivered. The quality and availability of appropriate estate is critical in delivering the scale and scope of transformation required in NCL. Estate will be a key enabler of service redesign, both for better outcomes and financial sustainability.

If we are to maximise the value of our health and care estate, we must overcome the system barriers to release of land for procurement and assembly, and disposal of receipts. There are currently few incentives for Trusts to dispose of old estate or for primary care practices to relocate into fit-for-purpose premises. There are multiple decision points for capital. There are also few existing incentives for joined up strategic estate planning across and within health and care partners.

We believe that devolution of decision-making and resources will enable greater efficiency, development and investment, supporting health and care transformation in North Central London. By greater control and coordination across health and care at local, sub-regional and London, level, we will be able to realise efficiencies. We can then reinvest in the health and care system and enable the release of land for health and care, housing and community benefit.

Our residents will benefit from new models of care in transformed and more efficient estate, with

the location more closely matched to need.

Principles and objectives of the NCL pilot

NCL Partners support the overarching objectives and principles from the London Collaborative Agreement. In addition, the following principles underpin the NCL estates devolution pilot:

- Better health and care outcomes for the residents of NCL through the transformation of health and social care delivery, based in fit for purpose estate
- Partnership working between commissioners and providers to align incentives for estate release and support the delivery of new models of care; and
- Optimising the use and costs of health and care estate.

This pilot aims to:

1. Develop a shared vision for local and sub-regional estate development opportunities with health and care partners, Government and national bodies.
2. Develop a vision for the NCL estates collaboration that supports individual and local community wellbeing, working with local and sub-regional health and care systems.
3. Release capital and revenue by identifying opportunities for transformed health and care estate, including the potential for co-located services.
4. Contribute to the financial and service sustainability of NCL's health and care economy.
5. Create opportunities for new housing and better coordinate across boundaries to promote housing and development.
6. Bid for and secure funding and resources to improve the performance of local health and care economies across the sub-region.

The pilot will provide structure and pace to the delivery of projects and the desired outcomes to deliver:

7. Higher quality and more accessible locations for health and care services.
8. Reduced costs of estates maintenance, improving overall value.
9. Release of capital to reinvest in health and care.
10. Release of land to support social care, health and wider community benefits, including the availability of housing.

The NCL proposition

We fully appreciate the complexities of developing an estates pilot, but believe that only a significant level of system change will enable us to deliver a sustainable health and social care system.

We would like to partner with Government, national bodies and London partners to explore devolution of powers, resources and decision-making. These may include:

1. Developing a regionally-owned capital programme.
2. Explore devolution of NHS capital business case approval to sub-regional or London level.
3. Exploring ways to deliver multi-year projects efficiently.
4. Exploring mechanisms to incentivise the release of assets.
5. Exploring opportunities to attract external investment to support NCL estate development.

Governance

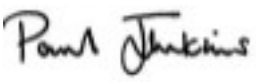
An NCL estates partnership board, including representatives from CCGs and local councils, will be established to provide the oversight for the NCL health and care estate devolution pilot. This will involve health and care commissioners and providers, in addition to Government and national bodies as appropriate. Over the coming months, we will develop jointly agreed governance to enable the delivery of our shared vision. We will develop a detailed programme plan but anticipate developing a business case by spring 2016, with a view to proceeding to phased devolution of powers and resources from April 2017.

Matt Powell
SRO, NCL Collaboration Estates and
Chief Operating Officer (interim) NHS Barnet CCG

NHS
Barnet Clinical Commissioning Group

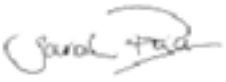
Dorothy Blundell
Chief Officer NHS Camden CCG

NHS
Camden
Clinical Commissioning Group



Paul Jenkins
Chief Officer NHS Enfield CCG

NHS
Enfield
Clinical Commissioning Group



Sarah Price
Chief Officer NHS Haringey CCG

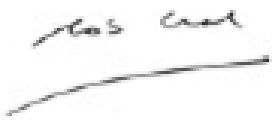
NHS
Haringey
Clinical Commissioning Group

Alison Blair
Chief Officer NHS Islington CCG

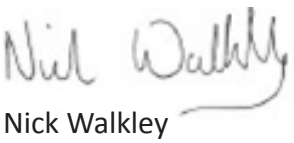
NHS
Islington
Clinical Commissioning Group

Andrew Travers
Chief Executive, London Borough of Barnet

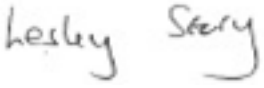
Mike Cooke
Chief Executive, London Borough of Camden



Rob Leak
Chief Executive, London Borough of Enfield



Nick Walkley
Chief Executive, London Borough of Haringey



Lesley Seary
Chief Executive, London Borough of Islington

Hackney Partners' Statement of Commitment to London Health and Care Devolution

As the key organisations involved in health and social care services in Hackney, we are committed to supporting everyone in the borough to lead happier, healthier lives.

We have a shared vision of delivering an integrated, effective and financially sustainable system which covers the entire range of wellbeing - from public health initiatives for school children, timely and appropriate access to GPs and top quality hospital treatment, to excellent mental health services and supporting older people to live independently in their communities for as long as possible.

We already have a good track record of working together; we are one of the few areas in London delivering on performance targets and able to invest in new services. However, Hackney is a rapidly changing borough and there still exists a lot of health inequalities. We need to do more if we are to fully realise our ambitions, meet each one of the ten priorities of Better Health for London, and play a leading role in supporting the NHS's Five Year Forward View.

To varying degrees, our organisations are experiencing significant funding pressures, which have placed our health and social care services under immense strain, and we know there are more to funding cuts to come. In that context, it's our responsibility to make sure the resources we do have are used in the most effective way for the residents we serve.

This is why we are aiming to become a successful local devolution pilot. We believe the additional powers and resources this would grant us offers the best chance to further develop integrated health and social care services to make the most of every pound we get, and help realise on our shared vision for Hackney.

We want to accelerate our work to improve health outcomes in the borough – particularly in regards achieving parity between mental and physical health services - and we will work with clinicians, practitioners, service users and patients to identify the priorities for accelerated improvement.

Key to this will be exploring the potential and benefits of a single membership delivery organisation taking responsibility for Hackney's whole population, including testing how our combined financial resources and a capitated budget could transform services more effectively. We believe this approach will create incentives for prevention and early intervention, proactive primary care, better access to community services and the creation of safe and high quality alternatives to higher cost hospital-based or residential care. This new organisation would remain part of the NHS and social care system and accountable to the public.

No decisions have yet been made and we are still shaping plans, though a 16-month timeline has been sketched out, as detailed in our outline proposal. However, all partners are committed to providing a range of resources to support this proposition. We will also be seeking resources and expertise, in-kind or through transformation funding, from NHSE or through access to uncommitted CCG surpluses over the next 18-24 months, to help develop the detailed business case, implement the pilot and evaluate our progress, so that the experiences in Hackney can support transformation across London and beyond.

Throughout this process we will continue to fully involve the public, service users and patients, carers, the voluntary and community sector, and health and social care professionals in designing the model and the services within it. All partners will share their learning and experiences with each other. Hackney Health and Wellbeing Board will continue to provide the local leadership and overall governance for these developments.

As one of the London devolution pilots, the partners support the intent and purpose of the London Health and Care Collaboration Agreement. We recognise that the pilot opportunity is part of a larger effort at testing how devolution might work across London or sub-regionally, and will collaborate fully with the North East London sub-region. We will engage with London's leadership, the London Programme Support Team, other London pilots and national partners to ensure there is coherence between our plans and other London reforms.

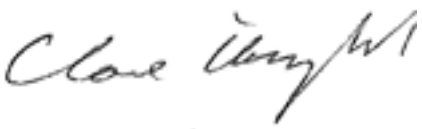
We anticipate working with UCL Partners to support the evaluation of the pilot. In addition, we will regularly feedback to and take guidance from national bodies such as the Local Government Association, NHS England, Public Health England, Health Education England, the Care Quality Commission, NHS Improvement (Monitor) and the Health Care Professions Council.

The signatories to this agreement are:

London Borough of Hackney

Cllr Jonathan McShane
Cabinet Member for Health, Social Care and Culture
Chair, Hackney Health and Wellbeing Board

City and Hackney Clinical Commissioning Group



Dr Clare Highton
Chair

Paul Haigh
Chief Officer

Homerton University Hospital Foundation Trust

Tracy Fletcher
Chief Executive

City and Hackney GP Confederation

Laura Sharpe
Chief Executive Officer

Healthwatch Hackney

Paul Fleming
Chair

East London Foundation Trust

Dr Robert Dolan
Chief Executive

continued:

continued:

The signatories to this agreement are:

City & Hackney Local Pharmaceutical Committee

Raj Radia
Chair

City and Hackney Urgent Healthcare Social Enterprise

Victoria Holt
Clinical Director

Hackney Health and Social Care Forum

Alistair Wallace
Chair

Transforming health and social care in Lewisham: Improving outcomes for our whole population

Since 2010, Lewisham Council and the Clinical Commissioning Group (formerly the Primary Care Trust) have been working with their provider partners to develop integrated services for the population of Lewisham to improve health and care outcomes and reduce inequalities.

Through this work the Council and the CCG have recognised the importance of seeking new ways of working and delivering new models of care, developing these in partnership with our health and care providers and with the public. As signatories to the London Health and Care Collaboration Agreement the Council and the CCG are committed to achieving the ten *Better Health for London* aspirations which are included in the Agreement.

The *Better Health for London* aspirations in the Agreement mirror the aims and objectives Lewisham's own Health and Care Partners want to achieve for our local population. Accordingly, in partnership with our main providers, Lewisham Council and CCG are keen to work with central government and national partners to test the opportunities offered by devolution to increase the scale and pace of health and care integration locally. As a devolution pilot we will continue to:

- Focus relentlessly on whole population health and wellbeing outcomes and efficiencies including cost containment over the next five years;
- Measuring what matters and reporting on progress to the relevant governing bodies;
- Using evidence when designing local programmes and embedding evaluation and learning into whole system model of care delivery and sharing this nationally;
- Establishing and communicating clear governance structures and processes for locally developed powers and providing clear accountability.

Our ambition

Lewisham Health and Care Partners have a common aim for health and care across the borough. Together, our aim is to deliver a viable and sustainable 'One Lewisham Health and Social Care System' to improve health and wellbeing outcomes and reduce inequalities. We want to achieve better health, better care, stronger communities within the borough and achieve better value for the money spent within health and social care locally - the Lewisham pound.

In order to achieve this, we are developing a whole system model which fully integrates physical and mental health and social care, delivered to the whole population. Our long history of joint commissioning and collaborative working means we are advanced on this journey. We know however that achieving our ambition requires a significant shift in the way that health and care within the borough is supported and delivered. We also recognise the benefits of integration with other local services, such as employment support, which we see as a real benefit of devolved working.

In agreeing to be a devolution pilot, we will continue to seek to work in new and different ways. As a pilot, we will work together with regulators, other parts of the NHS and Government to tackle barriers to integration, and increase the pace of delivering our whole system change.

Our journey so far

Our partnerships are strong and mature. For the last six years we have jointly commissioned services for both adults and children's health, social care and early intervention.

Lewisham Health and Care Partners have worked together to develop and deliver integrated

services for the adult population since the integration of acute and community health services in 2010. The Council and the CCG have co-designed and jointly governed the integration of adult health and care, employing s75 arrangements and more recently the Better Care Fund. In partnership we have developed and delivered:

- integrated pathways across primary, secondary and community care,
- multi-disciplinary teams at neighbourhood level bringing together district nurses, community matrons, social work staff and therapists and aligned with community mental health staff
- a single point of access for district nursing and adult social care
- development of GP neighbourhood clusters, and
- the design and procurement of a virtual patient record.

For children and young people, we have a mature Children's Partnership arrangements with joint commissioning well embedded. Services across health and early intervention are aligned on a children's centre neighbourhood model – for example the co-location of children centre, health visiting and midwifery staff has been implemented ahead of the transfer of 0-5 commissioning responsibilities to LA's; similar co-location is in place for health and social care services for children with complex needs; and early intervention support for emotional wellbeing and mental health are being developed through Children's IAPT and Headstart.

In 2015, Lewisham restated its commitment to delivering a whole system model of care covering the whole population including children and young people.

Over the next two years we intend to expand and accelerate our programme

We are exploring options for expanding joint commissioning across the whole system (financial modelling, contracting and reimbursement models and governance and accountability models).

We are working together with staff and users to design our Neighbourhood Care Network, based on the footprints of the four current general practice neighbourhood federations, health and social care neighbourhood community teams, community mental health teams and Lewisham's children's centres. This is in line with our work collectively across south east London through *Our Healthier South East London (OHSEL).* We are exploring how best to integrate our highly effective employment support services for people with complex needs (including mental and physical ill health) with our health and social care systems.

We want to accelerate our work on integration over the next 2 years prioritising integration activity initially for adults over the age of sixty, those with severe mental health issues, those children with complex needs and on children's health and early intervention services, whilst ensuring activity across the system also supports the priorities set out in the OHSEL strategy.

We will continue to develop the local governance and leadership arrangements for the whole system model of care in Lewisham (building on the existing governance Boards for Adults integration and Children and Young People).

Challenges experienced in developing integrated health and social care, and our asks to support delivery of the pilot

Our experience since 2010 tells us that a number of key enablers are needed in order to deliver successful integration. Locally we have made inroads into these areas, however we have a number of specific asks in order to remove barriers to delivery.

Workforce: The establishment of the neighbourhood community teams is supported by a workforce development programme to remove the barriers to joint working and shared decision-making across organisations and professional groups.

Our asks:

- **Develop new workforce models and enhanced roles to support new models of care, including joint health and care roles working with Health Education England, Skills for Care and professional bodies amongst others.**

Estates: LHCPs have been working together to review the estate assets and understand the current pattern of use and lease/ownership arrangements. This has identified opportunities for using assets more efficiently across the whole system but a number of challenges to this have also been highlighted.

Our asks:

Working with NHS Property Services, CHP, London partners and sub-regional strategic estates boards to facilitate the release of primary care and hospital estates to support the development of new models of care and release relevant resources for transformation.

- **This needs to include flexibility around the financial treatment of assets and retention of capital receipts locally**
- **To develop local agreements around the shared use of estate.**

Aligned incentives and reimbursement, and funding structures: The partners recognise that financial incentives will need to be aligned to reinforce the change in behaviours and practices needed to deliver the whole system. Work has started around risk stratification and the initial financial modelling that will underpin the design of capitation in the next year to ensure that this is robust and flexible.

Our asks:

- **Specific focused expertise on request and tailored to local needs from NHS Improvement and NHS England to achieve flexibilities around tariffs and new payment models to support new models of care, beyond current flexibilities.**
- **Multi-year funding cycle across health and care that provides LHCPs with visibility and to enable upfront investments with a view to making longer-term savings or remain cost-neutral over the funding period.**
- **Transformation funding at an agreed level over a multi-year period from NHS England to support double running of services as implementation commences and any specialist support we may need to develop new commissioning capabilities.**
- **Transformation funding from NHS England to match resources committed locally. In particular we would ask for resources to accelerate the roll out of Connect Care, our virtual patient record system, across all parts of Lewisham Health and Care system to support the planning and delivery of care.**

Together, Lewisham Health and Care Partners will continue to work towards the delivery of One Lewisham Health and Social Care System. As partners we wish to explore, through this pilot, ways in which the freedoms and flexibilities offered by devolution could assist and enhance our work and help us reach our goal.

Signatories to the London Health and Care Collaboration Agreement and the Lewisham Health and Care Partners Pilot:

Sir Steve Bullock, Mayor of Lewisham
Lewisham Council

Dr Marc Rowland, Chair
Lewisham Clinical Commissioning Group

Lewisham Health and Care Partners Pilot supported by:

Tim Higginson, Chief Executive
Lewisham and Greenwich NHS Trust

Dr Matthew Patrick, Chief Executive
South London and Maudsley NHS Foundation Trust

Haringey Prevention Partnership: A London Devolution Pilot

Haringey is a borough that faces major challenges and inequalities around health and wellbeing. The life expectancy gap between the most and least deprived wards is 7 years for men and 3 years for women. The borough is facing an obesity crisis with one in four reception-aged children, and one in three 10/11 year olds, measured as overweight or obese. The number of people with long term conditions like diabetes and heart disease is increasing. There are approximately 4,000 adults with severe mental illnesses – three times more than would be expected, even given Haringey's ethnic diversity and level of deprivation, and therefore indicating a high level of mental health need in the borough. These are in many ways the result of deep-seated systemic problems, with particular groups of residents experiencing multiple disadvantages over their life course, interplaying with damaging behaviours, poor skills/work experience and unhealthy neighbourhoods. With an ageing population the impact of poor health is being magnified – Haringey residents spend on average between 20 and 23 years in poor health, with long term conditions having a profound impact of people's quality of life and creating unsustainable demand for health and social care services.

All partners within the Haringey Prevention Partnership are determined to meet these challenges and improve our residents' health at pace and scale. We recognise that nothing less than a whole system approach is required in which we embed health objectives in all policies and transform every partners' core business towards prevention. Our vision for prevention is fundamentally to 'normalise good health'. This involves shifting resources towards population level approaches that change norms of behaviour. It is about using the Council's place making role to shape the physical environment in which healthy decisions are made – recognising that where we live is the biggest determinant of our health. It is about breaking the reinforcing cycle of inequality, poor health and unemployment by working with employers and joining up services to prevent people with health problems becoming locked out of employment. This vision is fully aligned with the 10 aspirations of the Healthy London Partnership and the priorities laid out in the NHS Five Year Forward View.

Driven by this vision, the Haringey Prevention Partnership is committed to significantly increasing the pace and scale of change, building on the strong foundations that are in place. The Council's Corporate Plan lays out a clear vision for enabling all residents to live healthy, long and fulfilling lives. Our partnership's Health and Wellbeing Strategy identifies our key priorities and approach. Through the £22m pooled budget of the Better Care Fund, Haringey Council and CCG are joining up health and social care services and re-orientating provision from reactive care to proactive care. We have the partnerships, the data and the deep connections with communities required to deliver whole-system change – as well as the unique opportunities provided by Tottenham regeneration. Now is the time to go further, to accelerate our progress by working more intensively with London and national partners to open up the possibilities around integration and devolution presented by the London Health and Care Collaboration Agreement.

We welcome the establishment of the London Agreement as the right framework in which to pursue our vision of prevention. We fully support the intent of London and national partners to promote the transformation of health and social care in London through an acceleration of collaboration, integration and devolution, at the local, sub-regional and city-wide level. We see prevention as a critical element in the success of this transformation. We will therefore accelerate our local prevention work by working within the framework established by the Agreement, acting as a borough-level 'prevention pilot'. This will enable us to work closely with London and national partners to leverage the expertise and support we need to embed best practice, test the limits of existing powers, and build the case for devolution as a means of delivering prevention goals in London. As a pilot we will be rewiring national systems at the local level, and testing new powers in a way that can be translated and replicated across the capital. It is our intention to develop a robust methodology for evaluating the impact of our Prevention Pilot, capturing the learning of what works so that we can share lessons with other pilots and the wider London network. By

laying the groundwork for health integration, reform and devolution across London, we will be laying the groundwork for a major improvement in outcomes in Haringey.

Our vision as a prevention pilot is to work with London partners and national agencies to achieve the following goals;

1. Find the most effective ways of using planning and licensing powers to create healthy environments
2. Pilot new ways of supporting more people into sustainable employment – in a way that recognises that unemployment is a cause of poor health, and that poor health is a barrier to employment that demands early intervention

For each of these goals we have a number of objectives that we want to achieve as a pilot – each one involves support from our London partners and partnership working with national agencies.

1. **Find the most effective ways of using planning and licensing powers to create healthy environments**

As a prevention pilot we want to work with London partners and national agencies to find the most effective ways of using our planning and licensing functions as levers to improve population health. For fast food, alcohol, tobacco and gambling, our pilot will either prove how existing powers can be best applied or will build the case for new powers – such as the ability to set a minimum unit price for alcohol or to create cumulative impact zones for gambling premises. The Haringey Prevention Partnership has the political resolve to act on evidence and apply our existing powers positively. We need the analytical, technical and legal capacity of national agencies to help us establish the most robust evidence base possible, and ensure our policies are built to withstand legal challenge. We are seeking this support from Public Health England, DCLG, the GLA and London Councils to help us:

- embed best practice and test the capacity of existing planning and licensing powers to improve health and wellbeing
- evidence the cumulative health impact of licensed activities in Haringey (particularly gambling), and therefore evidence the limits of existing powers
- work through the issues and risks that enhanced powers would bring, and design new models that could be enabled by London-wide devolution

2. **Pilot new ways of supporting more people into sustainable employment**

As a prevention pilot, Haringey is eager to work with NHS and DWP partners to comprehensively map out and rewire the local system of unemployment and health support for individuals claiming Employment Support Allowance (ESA), and for employed people who are at risk of falling out of work due to health problems. Given the very high level of mental health issues in Haringey, we intend to have a particular focus on people with mental health issues (49% of the ESA cohort). The aim would be to facilitate quicker, more sustained and more personalised access to local support services for individuals and employers. We seek to intervene with individuals much earlier, at the point that Fit Notes are issued and ESA claims are made, or when employed people first bring health problems to the attention of their employer. We are therefore seeking to work with London partners, NHS England and the DWP to:

- develop ways of embedding work as a health outcome within the local health service, and ensure there is a parallel emphasis in social care
- equip Haringey GPs with the segmentation tools and referral pathways to direct more patients (both in and out of work) to earlier and effective local support
- pilot new ways of integrating the employment support, health and care systems so that the

- service user experiences a seamless service. This might involve co-location of services in local authority, primary care and community buildings and joining up with our Early Help locality teams
- develop a more effective local offer for employers to help them create healthy workplaces, retain employees with health problems (through better access to local support options) and recruit people from the ESA cohort. This might involve work to maximise the impact of DWP commissioned services like Fit for Work and Work Choice in Haringey.
- explore opportunities to amplify the local impact of the DWP's Flexible Support Fund through co-commissioning and the creation of a local pooled budget
- ensure Haringey has more control over the future of the Work Programme to ensure its integration into our local system of health and employment support

We are now moving ahead with forming relationships with the national agencies identified above to further develop our thinking and agree the nature of their support. We will seek arrangements that bring in critical capacity, skills and expertise into the pilot – such as legal expertise to develop robust place shaping policies, and IT expertise to help us integrate IT systems used in Primary Care with those used by employment support services. We plan to have these arrangements in place by January 2016 so that we can proceed together with the development of detailed business cases for the two strands by summer 2016. The pilot will maximise the impact of existing resources through rewiring local systems and developing more robust policies. Haringey Partnership members will contribute resources and expertise to engage in productive relationships with London and national agencies and deliver the work outlined in the business cases. The business cases will identify what further support and resources are required from national partners.

As a partnership, we will build robust governance and accountability arrangements to oversee the delivery of our pilot objectives, and carry out a thorough evaluation of our work for the benefit of the wider London network. Our intention is for the pilot to be governed by the Haringey Health and Wellbeing Board, which already provides health systems leadership in the borough, bringing together elected members, clinical leadership and community representatives. We will explore expanding the membership of the Health and Wellbeing Board to reflect the pilot's objectives.

With the signatures below we signal the launch of the Haringey Prevention Partnership as a prevention pilot under the devolution framework established by the London Agreement. In doing so we re-affirm our commitment to our shared vision for prevention: to embed prevention in all our policies, shape the physical environment to encourage healthy decisions, and break the reinforcing cycle of inequality, poor health and unemployment.

Leader of London Borough of Haringey,
Cllr Claire Kober

Chair Haringey CCG,
Dr Sharezad Tang

Haringey Acting Borough Commander,
Amanda Dellar

Chair Haringey Healthwatch,
Sharon Grant

HEALTH AND WELLBEING BOARD				
Report Title	Health and Wellbeing Board Work Programme			
Contributors	Service Manager, Strategy and Policy (Community Services, London Borough of Lewisham).		Item No.	6
Class	Part 1	Date:	29 March 2016	

1. Purpose

1.1 This report presents the Health and Wellbeing Board with a draft work programme (included as Appendix 1) for discussion and approval.

1.2 The report also seeks strategic direction from the Board on how the work programme is managed within the new schedule of meetings agreed in November 2015.

2. Recommendations

2.1 Members of the Health and Wellbeing Board are invited to:

- Approve the draft work programme
- Propose additional items to be included in the work programme

3. Strategic Context

3.1 The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in *Shaping our Future* – Lewisham's Sustainable Community Strategy and in Lewisham's Health and Wellbeing Strategy.

3.2 The work of the Board directly contributes to *Shaping our Future's* priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.

3.3 There are a number of core duties defined in the Health and Social Care Act 2012 which underpin the work of Health and Wellbeing Boards. These include:

- To encourage the integration of health and social care commissioning and provision;
- To undertake a Joint Strategic Needs Assessment (JSNA) to identify the health and wellbeing priorities of the local population;
- To develop a joint Health and Wellbeing Strategy outlining how the board intends to achieve improvements to local health outcomes.

4. Background

4.1 The work programme is a key document for the Health and Wellbeing Board. It allows the Board to schedule activity, reports and presentations across the year. It also provides members of the public and wider stakeholders with a clear picture of the Board's planned activity.

4.2 The HWB has previously agreed that the work programme would include regular progress updates on the Health and Wellbeing Strategy and a progress update in relation to the Adult Integrated Care Programme as a standing item.

4.3 The HWB is also required to consider the Joint Strategic Needs Assessment. It has been proposed that the Health and Wellbeing Strategy Implementation Group takes responsibility for reviewing and assessing recommendations from completed JSNA topics and proposing priorities to the Health and Wellbeing Board.

4.3 The HWB has agreed to consider and approve the work programme at every meeting. In adding items to the work programme, the Board has agreed to specify the information and analysis required in the report, so that report authors are clear as to what is required.

4.4 The Health and Wellbeing Board Agenda Planning Group may also propose items for inclusion on the work programme, and will seek approval for their inclusion from the Board.

5. Work programme

5.1 Within the previous schedule of meetings, the Board agreed to the following cycle for items which require its regular attention. The Board is requested to consider whether this cycle is still appropriate to the new schedule.

- A progress update in relation to the Adult Integrated Care Programme as a standing item.
- Performance Dashboard: Exceptions Reporting at alternate meetings
- Regular progress updates on the Health and Wellbeing Strategy

5.2 Within the new schedule of meetings, it will be necessary for increased forward planning of items that require the Board's approval to ensure that relevant deadlines are met. With this in mind the following timetable is proposed for the next 12 months:

- July 2016: Performance Dashboard: Exceptions Reporting
- November 2016: Joint Commissioning Intentions
- March 2017: Better Care Fund Plan

5.3 The draft work programme (see Appendix 1), includes those items which the Board has identified it needs to consider over the course of next year.

5.4 The Mental Health Awareness Strategy is not yet complete and has been deferred until the November Meeting. This is in order to ensure that the strategy reflects work on the CAMHS transformation and Headstart.

5.5 No new items have been proposed for the July agenda. Board members are requested to propose additional items and provide direction on what they want to focus on in future meetings

6. Financial implications

6.1 There are no specific financial implications arising from this report or its recommendations.

7. Legal implications

7.1 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

7.2 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

7.3 The duty continues to be a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

7.4 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: http://www.equalityhumanrights.com/legal-and-policy/equalityact/equality-act-codes-of-practice-and-technical-guidance/

7.5 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

7.6 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what

public authorities should do to meet the duty, including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: http://www.equalityhumanrights.com/advice-and-guidance/publicsector-equality-duty/guidance-on-the-equality-duty/

7.7 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

8. Equalities implications

8.1 There are no specific equalities implications arising from this report or its recommendations.

9. Crime and disorder implications

9.1 There are no specific crime and disorder implications arising from this report or its recommendations.

10. Environmental implications

10.1 There are no specific environmental implications arising from this report or its recommendations.

If there are any queries on this report please contact Andy Thomas, Principal Officer, Policy, Service Design and Analysis Hub, London Borough of Lewisham on 020 8314 9996 or by e-mail at andy.thomas@lewisham.gov.uk

Appendix A

Health and Wellbeing Board – Work Programme

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
19 July 2016	**W/C 23 May 2016**	**23 June 2016**		**7 July 2016**
Agenda item	**Report Title**	**Deferred**	**Information / Agreement**	**Lead Organisation(s)**
1	**Adult Integrated Care Programme Update: Admission Avoidance and Hospital Discharge**		TBC	LBL/CCG
2	**Performance Dashboard Update**		Agreement	LBL
3	**Health and Wellbeing Board Work Programme**		Agreement	LBL

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
15 Nov 2016	**W/C 19 September**	**20 October 2016**		**3 November 2016**
1	**Adult Integrated Care Programme Update: Community Development Approach**		TBC	LBL/CCG
2	**Joint Commissioning Intentions**		Agreement	LBL
3	**Health and Wellbeing Board Work Programme**		Agreement	LBL

HEALTH AND WELLBEING BOARD				
Report Title	South East London Sustainability and Transformation Plan			
Contributors	Our Healthier South East London Programme Team		Item No.	7D
Class	Part 1	Date:	29 March 2016	
Strategic Context	The report provides an update on strategic planning processes for South East London			

1. Purpose

1.1 This report provides members of the Health and Wellbeing Board with an update on the NHS South East London Sustainability and Transformation Plan. The report is for information.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

2.1 Note the progress of this programme of work.

3. Policy Context & Background

3.1 The leaders of the national health and care bodies in England have set out steps to help local organisations plan over the next six years to deliver a sustainable, transformed health service and to improve quality of care, wellbeing and NHS finances.

Called Delivering the Forward View, the NHS planning guidance for 2016/17 – 2020/21 includes the introduction of a new, dedicated Sustainability and Transformation Fund worth £2.1 billion in 2016/17 and rising to £3.4 billion in 2020/21. This fund will help to get hospitals back on their feet, support the delivery of the NHS Five Year Forward View, and enable new investment for critical priorities such as primary care, mental health and cancer services.

The planning guidance outlines a new approach to help ensure that health and care services are planned by place rather than around individual institutions.

As in previous years, NHS organisations are required to produce individual operational plans for 2016/17. In addition, every health and

care system will be required, for the first time, to work together to produce a Sustainability and Transformation Plan (STP), a separate but connected strategic plan covering the period October 2016 to March 2021.

The STP will describe an overall local vision to pursue the 'triple aim' set out in the NHS Five Year Forward View:

- improved health and wellbeing
- transformed quality of care delivery
- and sustainable finances

The plan will also cover all areas of CCG and NHSE commissioned activity including:

- Specialised services, from the 10 collaborative commissioning hubs
- Primary medical care, from a local CCG perspective
- Integration with local authority services (prevention, social care, reflecting local agreed health & wellbeing strategies)

The STP process is significant because it:

- takes a whole system approach to health and social care planning
- requires systems to work together to produce a sustainable plan that both meets quality and performance standards and ensures financial sustainability
- this will require conjoined commissioner and provider plans which align activity and finance and achieve the national must dos on quality and performance
- the STP is the single application and approval process for transformation funding for 2017/18, and provider access to the £1.8bn STP fund in 2016/17 which is targeted primarily at providers of emergency care and is aimed at getting the sector back into balance as a whole.

South east London is further advanced compared to other STP footprints in the country, with a large amount of work already done as part of the Our Healthier South East London (OHSEL) programme. The south east London STP will build on the OHSEL strategy. Work has already started in light of the tight timelines associated (outlined below), with a dedicated programme workstream supporting the submission planning process.

The core components of the first STP submission on 11 April are expected to include:

- a base case; both financial and clinical (i.e. the do nothing scenario)
- a number of supporting artefacts that enable development of the STP including:
  - a programme plan with clearly defined workstreams and milestones
  - governance arrangements that provide appropriate leadership and control to STP development
  - resource agreements across the strategic planning group to support STP development
- interdependencies between both the financial and clinical base case will need to be considered and accounted for when designing and agreeing supporting artefacts.

4. Timeline

The final submission of the STP is late June 2016, with a first draft expected by NHS England in early April.

Background Documents

Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21 can be found at www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/

Further information on the Our Healthier South East London programme can be found at www.ourhealthiersel.nhs.uk

If there are any queries on this report please contact Charles Malcolm-Smith, Deputy Director (Strategy & OD), Lewisham CCG, e-mail charles.malcolm-smith@nhs.net

HEALTH AND WELLBEING BOARD			
Report Title	**JSNA – Needs Assessments on Specific JSNA Topics**		
Contributors	Director of Public Health	Item No.	7A
Class	Part 1	Date:	29 March 2016
Strategic Context	Please see body of report		

1. Purpose

This report provides members of the Health and Wellbeing Board with an update on the specific JSNA Topics which are scheduled to be undertaken.

2. Recommendations

Members of the Health and Wellbeing Board are recommended to note the specific JSNA topics that have been selected to be undertaken over the next year.

3. Strategic Context

3.1 The Health and Social Care Act 2012 placed a duty on local authorities and their partner Clinical Commissioning Groups to prepare and publish Joint Health and Wellbeing Strategies to meet needs identified in their Joint Strategic Needs Assessments (JSNAs). Since their inception, JSNAs have aimed to evolve from a static report to a dynamic strategic partnership product, which identifies and highlights population need and how best those needs can be met within existing resources. By incorporating information from across the partnership, wider benefits can be gained but this also allows the wider determinants of health to be recognised, which re-emphasises how all organisations have a role in improving the health and wellbeing of the population.

4. Background

4.1 Previously completed Needs Assessments on specific JSNA topics are held on the Lewisham JSNA Site. Work will be undertaken to refresh the data element of older assessments.

4.2 An online survey was circulated to key partners asking them to submit topics for a JSNA to be completed on (a paper version of the survey was also available if requested). Due to limited capacity it was crucial that the topics selected would drive change and improve outcomes and inform strategies and better commissioning. Therefore consultees were asked to consider the following when submitting their response:

- *Whether a needs assessment was required to inform effective and efficient delivery against a national or local priority;*
- *If there was is an unexplained low / high local incidence / prevalence related to the topic that requires fuller explanation;*
- *If there was an unexplained low / high service cost related to this topic that requires fuller explanation;*

- *If there was a gap in local knowledge about this topic;*
- *If it was identified by residents, the community or health and social care partners that a detailed understanding of local need related to this topic is required*

4.3 Responses were then collated and selected due to consideration of greatest strategic benefit and impact.

5. JSNA - Needs Assessments on Specific Topics which have been selected

5.1 A JSNA on the ***Health of the Homeless Population*** has previously been discussed by the Health and Wellbeing Board when it signed up to the St. Mungo's Broadway's Charter for Homeless Health. A Homeless Health Audit is currently being undertaken across South East London, co-ordinated by the South East London Housing Partnership, which will inform the JSNA.

5.2 A JSNA on ***Violence and Health*** was submitted by the Head of Crime Reduction. The rationale for this topic being selected included the increase in violence being linked to wide spread issues such as domestic violence and alcohol and drug use. The JSNA is focused on children and young adults under 25 and links with work on Child Sexual Exploitation and gang violence. Further aspects that the JSNA is required to analysis are peer on peer abuse/pressure. It was considered that a Public Health analysis, linked to this agenda would enable improved interventions at all levels of prevention and intervention. The Wandsworth Director of Public Health has previously completed a report on Crime and Public Health and the Lambeth Director of Public Health has undertaken a violence needs assessment. This work links in with the Alcohol and Violence Work and the Licencing work undertaken by Public Health.

5.3 A specific JSNA topic will be undertaken on ***Dementia Prevalence***. This work will support and inform the Projected Need to Support service planning over the next five years. It is the first priority of the Mental Health Commissioning Needs Assessments.

5.4 ***Perinatal and Parental Mental Health*** - this JSNA will feed into Mental Health and Emotional Wellbeing Strategy for 0-19 year olds. The topic was submitted and selected as it highlighted that the Lewisham perinatal mental health service saw a 9% increase in referrals in 2014/15. This linked with Lewisham's higher than average level of mental illness strengthening its need for further analysis.

5.6 Work is to be undertaken with the CCG on ***Health Improvement***. 'Our Healthier South East London' is proposing investing in health promotion making every contact count for smoking, alcohol and obesity. Work will include analysis to determine where the biggest improvements and impacts can be made, given the boroughs demographics and inequalities. This work will be triangulate with other vulnerabilities including mental health needs.

5.7 A JSNA is being undertaken on ***Drugs and Alcohol***. Alcohol use has health and social consequences borne by individuals, their families, and the wider community, therefore reducing alcohol harm is a priority of the Lewisham Health and Wellbeing Strategy. It is also examined within the Health and Wellbeing Performance Dashboard. Public Health is working with the Prevention and Inclusion Team to produce this JSNA. There is an expectation from Public Health England that the Drugs and Alcohol JSNA is refreshed each year.

6. Financial implications

There are no specific financial implications arising from this report.

7. Legal implications

The Health and Social Care Act 2012 placed a duty on local authorities and their partner clinical commissioning groups to prepare and publish joint health and wellbeing strategies to meet needs identified in their joint strategic needs assessments (JSNAs).

8. Crime and Disorder Implications

There are no specific crime and disorder implications arising from this report or its recommendations

9. Equalities Implications

There are no specific equalities implications arising from this report or its recommendations, however the completion of the specific JSNA topics will highlight where inequalities exist.

10. Environmental Implications

There are no specific environmental implications arising from this report or its recommendations.

11. Summary and Conclusion

The above outlines the needs assessments which will be undertaken on specific JSNA topics. When complete they will also be made available on the JSNA Website and shared in relevant forums and groups.

If you have any difficulty in opening the links above or those within the body of the report, please contact Andy Thomas (Andy.Thomas@lewisham.gov.uk; 020 8314 9996), who will assist.

If there are any queries on this report please contact Dr Danny Ruta, Director of Public Health, Community Services Directorate, Lewisham Council, on 020 8314 8637 or by email danny.ruta@lewisham.gov.uk

HEALTH AND WELLBEING BOARD				
Report Title	Behaviour Change through Brief Interventions - update			
Contributors	Jane Miller, Consultant in Public Health		Item No.	7B
Class	Part 1	Date:	29 March 2016	
Strategic Context	Health and Wellbeing Strategy and Adult Integrated Care Programme			
Pathway	A report on Behaviour Change through Brief Interventions was presented to the Health & Well Being Board in July 2015			

1. Purpose

1.1 To update the Board on progress in implementing the recommendations agreed at the July Board.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to note progress made in implementing the Brief Interventions programme of work.

3. Policy Context

3.1 Many policy documents over the past few years have highlighted the need to focus on brief interventions to scale as part of an overall systematic and strategic approach to improving health and wellbeing.

3.2 Local strategies listed below also support behaviour change through the delivery of brief interventions.

4. Background

4.1 in July 2015 the Lewisham Health and Well Being Board agreed to take a systematic and strategic approach to improving health and wellbeing by embedding Every Contact Counts across the whole system.

4.2 Members of the Board made a commitment to prioritise the training of their staff to deliver brief interventions on healthy lifestyles, in line with NICE guidance, on account of the strength of evidence.

5. Evidence of effectiveness

5.1 The evidence and arguments for undertaking brief interventions as part of an integrated programme to improve health and wellbeing are very strong.

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6. Progress on the implementation of the recommendations from July 2015 paper

Recommendation 2.2

To agree to work towards a culture whereby all health and social care professionals can, as a minimum, deliver a very brief intervention.

- *The challenge will be to ensure that delivery is embedded in practice following the training. This will require management support.*
- *Member organisations identify staff trained and whether they are delivering brief interventions.*
- *Encourage active staff to continue to deliver brief interventions*
- *If trained staff are not delivering brief interventions, identify the reasons for this and address them.*

6.1 Thirty five members of the newly established neighbourhood care teams (mostly social workers and occupational therapists) have attended brief intervention training so far.

Recommendation 2.3
To consider how each member organisation can contribute to this through identifying the numbers and areas of their workforce which will receive brief intervention training

- *Member organisations commit to training both managers and front line staff in brief interventions.*
- *Once the numbers of staff have been identified then a plan for implementation of training will be developed by Public Health in conjunction with member organisations.*
- *In order to reach people to scale a suggested target is to train a minimum of 1000 staff per annum across the system over the next five years.*
- *Public Health leads to consider potential targets with member organisations.*

6.2 There is an overall plan for delivering brief interventions, described in the Lewisham Health and Well Being Strategy Implementation Plan. A Brief Intervention training programme has been developed to enable participants to gain the knowledge and develop the skills to equip them to improve their practice, based on a sound evidence base. A

programme of training, commissioned by the Public Health Team has been developed. The training has clear aims and objectives and includes post training evaluation. The knowledge and skills acquired on the courses will enable participants to promote health in various settings through effective practice.

6.3 Funding has been secured from Health Education South London to support the delivery of the training programme.

6.4 Member organisations have identified managers and frontline staff to be trained. The training commenced delivery in January 2016.

6.5 Eleven courses have been delivered so far to 16 managers and 117 front line staff. The largest number of front line staff has been from Primary Care (40), Lewisham Council (36) Lewisham and Greenwich Healthcare Trust (29). 15 participants were from the voluntary sector and 12 from Affinity Sutton Housing Association. Other organisations include South London and Maudsley, and Lewisham CCG.

6.6 In addition, Very Brief Advice Training sessions have also been delivered to 157 front line workers on stopping smoking since July 2015.

6.6 The brief intervention training will continue over the next six months, with a focus on services which have had low uptake on the training and in light of the continuing evaluation of the training programme. Training of staff in community pharmacies is also planned. These will be followed up by specific courses on alcohol, health eating, smoking

6.7 Many staff have cancelled attending training at short notice due to other priorities and the need to attend meetings, appointments etc.

6.8 It is recommended that managers in services are more proactive in identifying staff to attend training and that they ensure that the time allocated for the training is protected learning time.

7. Financial implications

7.1 Consideration will eventually need to be given about how member organisations of the Health and Well-Being Board will fund this training from their own budgets (potentially a joint approach). The cost of training would be approximately £50 per training participant.

7.2 Whilst there is no direct cost to providing brief interventions by existing staff it will present a small pressure on staff time.

7.3 Providers are not usually paid an additional sum to deliver brief interventions as the delivery is usually embedded in routine service delivery.

8. Legal implications

8.1 There are no legal implications arising from this report.

9. Crime and Disorder Implications

9.1 There are no Crime and Disorder implications arising from this report.

10. Equalities Implications

10.1 As brief interventions are targeted at those whose health and wellbeing could be at risk (the risk could be due to current behaviours, socio-demographic characteristics or family history) and has a strong evidence base, this programme is likely to reduce health inequalities.

11. Environmental Implications

11.1 There are no environmental Implications arising from this report.

12. Conclusion

12.1 Whilst it has taken a few months to develop and establish the programme, good progress has been made over the past few months in reaching more than 250 front line staff, in delivering brief interventions training and aligning the training programme with key strategic programmes such as the Adult integration Programme..

12.2 The challenge will be to ensure that under-represented areas of the workforce access training and that those who have received training have the confidence and the capacity to deliver brief interventions on the scale that is required.

If there are any queries on this report please contact Jane Miller, Public Health, Lewisham Council, on *0208 314 9058*, *or by email at:* ***jane.miller@lewisham.gov.uk***

Mental Health and Emotional Well-Being Strategy
Children and Young People

"It's Everybody's Business"

London Borough of Lewisham
2015 - 2020

KEY MESSAGES

Through this strategy, we want clinical services to operate effectively, to ensure that universal services are better equipped to deal with mental health difficulties in community settings.

This strategy aims over the next 5 years to:

- ***create better, clearer, more responsive care pathways to enable improved access into appropriate services***
- ***invest in evidence based training and practice, to ensure earlier identification and improved support***
- ***embed resilient practice in community settings, where we will create a young person population that is better able to cope when faced with adversity***
- ***increase awareness of mental health and emotional well-being and provide guidance regarding where to go for support***

1. Overall Vision for Mental Health and Emotional Well-Being of Children and Young People in Lewisham

1.1 We believe that supporting mental health and emotional well-being of children and young people in the borough is "everybody's business". Stakeholders, including young people and their families, are committed to the following vision:

> ***"Our children and young people will be emotionally resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise. Those that require mental health support are able to access this, where and when they need it.***
>
> ***Secondly our parents/carers and young people's workforce will be equipped to identify and respond to low levels of emotional well-being amongst our young people."***

1.2 Lewisham's Children and Young People Plan (CYPP) 2015 – 18 sets out the strategic aims and priorities for all agencies working with children and young people across Lewisham. It establishes how partner agencies will continue to work together to improve those outcomes that will make significant improvements

to the life-chances of our children and young people. It gives further emphasis to our commitment to joint commissioning of services to achieve better value for money and ensure our resources are aligned to achieve the greatest impact.

1.3 Lewisham's Mental Health and Emotional Well-Being Strategy is integral to the delivery of the CYPP and cuts across all the objectives agreed by the Children and Young People's Partnership.

1.4 Children and young people who are resilient are better able to cope with difficult circumstances in their lives, and are able to negotiate and navigate their own way to resources that sustain their mental health and improve their life outcomes. Resilience levels are likely to impact on other aspects of a child's life such as physical health or social relationships – a resilient young person might be better able to manage relationships and think positively, and be less likely to engage in risky behaviour such as drug taking or criminal activity.

1.5 Over the next five years we will ensure that the whole partnership is fully equipped to deal with issues as they arise, preventing escalation wherever possible, and that they see the following elements as core to their business:

- Children are at the heart of how they deliver services
- Families tell their story once and receive a coherent plan of support
- Services do not 'refer on', with each agency being responsible for engaging other agencies
- There is an ongoing commitment to improving outcomes
- There is a personal responsibility to integrate and share information
- We intervene early to make a difference – targeting resources where and when needed

1.6 Proposals for the CYPP set out how we will deliver our vision, with four priority areas showing where we must have an impact to achieve outcomes for our children and young people:

- Build Resilience
- Be Healthy And Active
- Stay Safe
- Raise Achievement and Attainment

1.7 Under each of the four key areas, a set of individual priorities have been developed with partners, which will be used to focus service provision over the coming three years. Resilience and emotional well-being cuts across many strands of our CYPP.

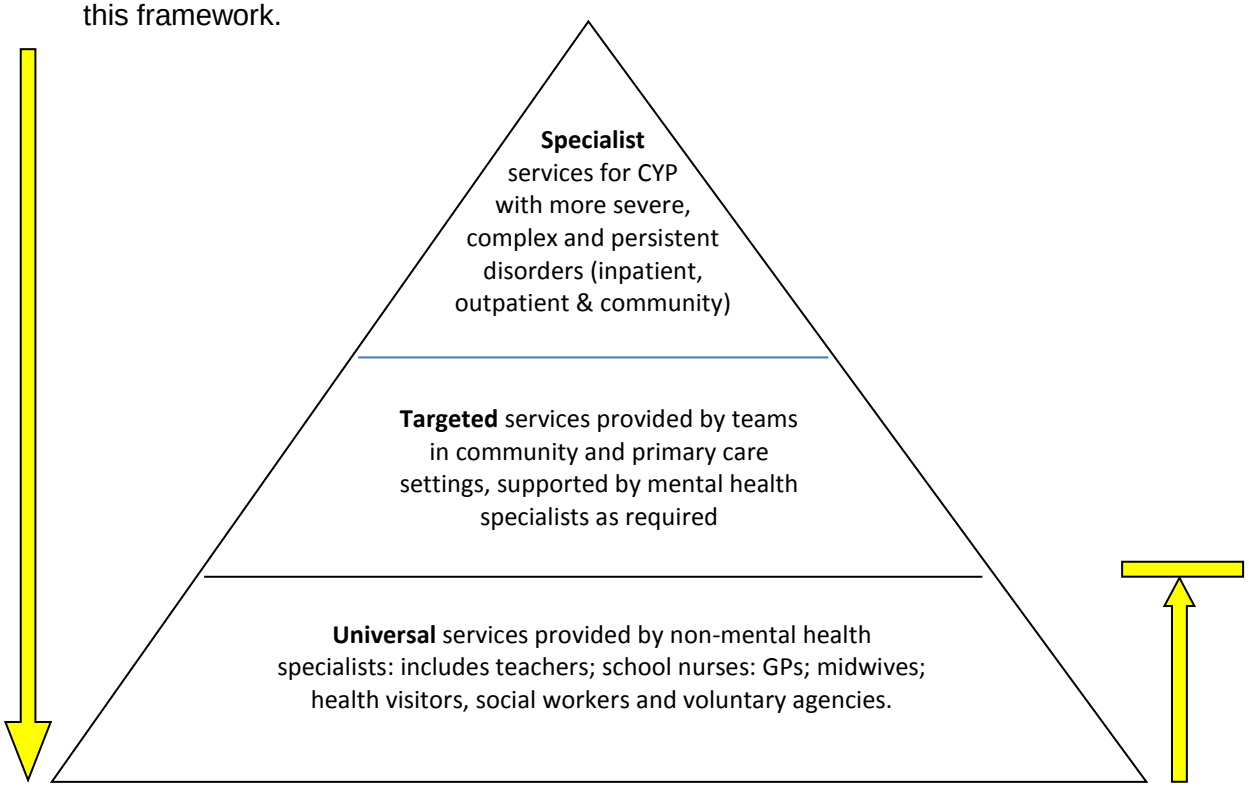
1.8 Priorities referenced below have a specific focus on resilience, all of which are considered pertinent to the Mental Health and Emotional Well-Being strategy. These priorities will have associated baselines, clear measures for impact and will be reviewed annually as part of the plan.

- Prevent poor outcomes and escalation of need, including for children in families at risk of crisis
  - Maximising the outcomes of pregnancy and the first 1001 days, including reducing toxic stress for children
  - Improved parenting and preventing escalation of need
  - Promoting healthy relationships and secure attachment
- Improve mental health and well-being
- Ensure all our young people are prepared for adulthood, particularly our more vulnerable young people

- Ensure our looked after children are resilient and physically healthy
- Ensure all our children are ready to fully participate in school and at all transition stages
- Improve and maintain attendance and engagement in school at all levels
- Develop resilience in young people that have been exposed to trauma

1.9 Lewisham has a strong history of partnership working and well embedded Children's Partnership arrangements. All partners have agreed to work against our three stage model: universal, targeted and specialist within a single framework in which services will deliver the vision for our children and young people.

1.10 The diagram below highlights how mental health services are configured within this framework.



OUR ASPIRATIONS

We want all Lewisham children and young people to benefit from excellent universal services and within those services we continue to embed high quality targeted services for children and young people who may have a problem.

We want to be confident that support is provided quickly to ensure that problems do not escalate to specialist services, but we also want to be assured that universal and targeted services have the necessary skills and experience to know when and how to refer for specialist service intervention, when appropriate to do so.

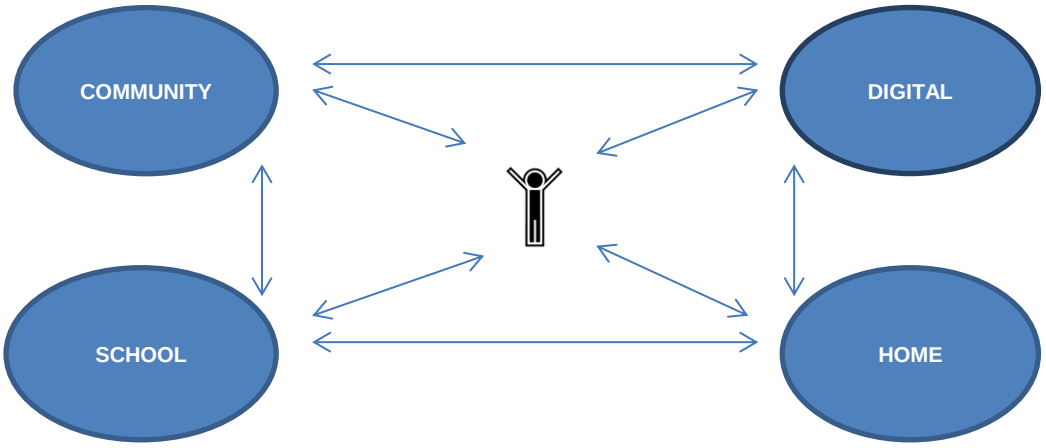
Many children and young people are supported in universal and targeted settings by non-mental health specialists, through family consultation and support. We want to move to a position where we develop mental health specialisms in such settings, where evidence based interventions would be delivered by non-clinical staff, but would be supported adequately by specialist CAMHS to ensure that individual cases are managed effectively and confidently.

WHY RESILIENCE IS IMPORTANT

By building resilience in children, families and communities, we aspire to have a population of children and young people who are confident, able to articulate thoughts and feelings, and can draw in support from significant adults and others around them, when finding their way through challenging times or circumstances.

1.11 In 2013, the Lewisham Children and Young People's Partnership were approached by the Big Lottery Fund to work together to prevent the onset of long term mental health conditions, through the Fulfilling Lives: HeadStart Programme. This work has had a significant influence when shaping our approach to mental and emotional well-being, particularly at lower levels of need.

1.12 Through the HeadStart programme, Lewisham has adopted an approach which considers the inter-relationship between: the home/family; the local community; school; and the digital world. All of which will impact directly on a child's development, from pre-birth to adulthood. As part of our strategy we want to emphasize the importance of resilience in each of these domains.



1.13 Lewisham used the HeadStart programme as an opportunity to promote support for mental health and well-being more broadly using the 'Five Ways to Well-Being'[1], a set of evidence-based actions which promote people's well-being. They are: Connect; Be Active; Take Notice; Keep Learning; and Give.

1.14 Clinical mental health provision is delivered under the NICE guidance and many organisations are using evidenced based routine outcome measures. We are committed to supporting universal and targeted services, including the voluntary sector, when developing as a partnership to making a significant difference to the outcomes and lives of children.

1.15 In March 2015, Future in Mind was published, a report with recommendations from a taskforce co-chaired by NHS England and the Department of Health. The report articulates how local partnerships should set about tackling associated problems when creating a system that brings together: schools; social care; digital technology; the NHS; the voluntary sector; and parents, children and young people themselves.

Within the report there are five main themes, within which 49 recommendations are embedded:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

1.16 Future in Mind provides a useful framework which supports the development of this strategy.

[1] New Economics Foundation

2. Needs Analysis

2.1 Some 292,000 people live in Lewisham[2]. Over the next two decades Lewisham is forecast to see the second fastest rate of population growth in inner London and eighth fastest in London, with a further 9,000 people by 2018.

2.2 In 2014, Lewisham had 32,874 pupils within its 92 schools. 46.5% of our residents are from black and minority ethnic backgrounds compared to 40.2% in London and 12.5% in England.

2.3 It has been shown that 1 in 10 children and young people aged 5-16 years suffer from a diagnosable mental health disorder[3], which equates to around three children in every school class. The most common problems are conduct disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum disorders.

2.4 We know that Lewisham is a high need borough, there are many risk factors that may contribute to poor levels of mental health and emotional well-being:

- 27.7% of under 16s live in poverty compared to 19.2% nationally and 23.7% in London.[4]
- 77 children in every 10,000 are looked after; compared to 60 nationally and 54 in London.[5] 72% of looked after children have behavioural or emotional problems.[6]
- There have been 255 new EHC Needs Assessment Requests taken to the SEND panel between 01/09/2014 and 30/06/2015; 52.5% were for children aged 0-5 years; The most common reason given for an assessment request was a diagnosis (or potential diagnosis) of Autism Spectrum Disorder (66%)[7]
- 4.7 in every 1,000 households are homeless households with dependent children or pregnant women compared to 3.6 in London and 1.7 nationally [8]
- 1.24% of people on Lewisham GP registers have a serious mental health disorder compared to 0.84% in England as a whole and 1.03% in London[9].
- From national data it can be estimated that approximately 1,019 women in Lewisham are affected by mental health difficulties just after or within the first year of their baby's birth[10].
- In 2014/15 the Lewisham Perinatal Mental Health Service saw a 9% increase in the number of referrals, when compared to 2013/14.[11]
- Two-thirds of children whose parents have mental health problems will experience mental health difficulties themselves[12].
- 555 children in Lewisham were identified as being exposed to high risk

[2] An increase from 276,000 since the 2011 Census according to 2014 ONS mid-year population estimates

[3] Green, H., McGinnity, A., Meltzer, H., et al. (2005). Mental health of children and young people in Great Britain 2004. London: Palgrave.

[4] HMRC 2012 (Personal Tax Credits: Related Statistics – Child Poverty Statistics)

[5] DfE Published Data 2014

[6] Lewisham's Children and Young People's Plan 2015-18

[7] EHC Plans – Preliminary Analysis Impact

[8] Family Homelessness: Rate per 1,000 Households 2012/13 (Local Authority Child Health Profile)

[9] Lewisham Children and Young People Mental Health and Emotional Wellbeing Strategy 2015

[10] Lewisham Children and Young People's Plan 2015 -2018

[11] Referra's and Referral Sources to Lewisham Perinatal Service Apr '13 – Aug '15, SLaM

[12] Evidence of the Need for Change; ODPM 2004

domestic violence in the home in 2013-2014, with up to a third of all children in the borough exposed to any domestic violence [13]

- 1.24% of people on Lewisham GP registers have a serious mental health disorder compared to 0.84% in England as a whole and 1.03% in London. In every 1,000 people in Lewisham, 12.4 are opiate or crack cocaine users compared to 8.4 nationally and 9.55 in London.[14]
- 592 per 100,000 10-17 year olds receive a first reprimand, warning or conviction in Lewisham, compared to 458 in London and 441 in England as a whole.[15] 95% of imprisoned young offenders have mental health problems.[16]
- The unemployment figure for the borough is 8.5% compared with 8.2% for London and 7.1% nationally, on top of this 25.1% of children in the borough live in jobless homes compared with 26.4% in Inner London and 18.2% nationally. The youth unemployment rate (16-24) is 36.1%, significantly higher than the London (22.6%) and national (19.3%) rates. [17]
- Lewisham is also noted as having a high proportion of lone parent households (12%) compared to (9%) London and (7%) England.[18]
- In May 2015, 64.6% of referrals to CSC were due to abuse or neglect. This has been an increasing rate since March 2012, where the figure was 33.7%.[19]
- Over a 6 month period in 2014/15, there were 115 individual attendances in A&E for young people under the age of 18 presenting with a mental health concern, including self-harm, overdose, drug/alcohol related, anxiety, psychosis and schizophrenia.[20]
- 88 young people presenting in A&E at UHL were referred to CAMHS for a mental health assessment[21]
- In 2012/13, 106 people aged 10-24 were admitted to hospital for self-harm. Due to small numbers, this data is pooled with information from 2010/11 to produce a rate which can be compared to that of London and England. Lewisham in 2010/11-12/13 had a lower rate of admissions than England (which is statistically significantly different) but similar to London. The rates in Lewisham were largely stable but saw a slight decrease in 2010/11-12/13. However, this drop is not statistically significantly different to earlier years. This measure only captures the most serious episodes of self-harm which would require an admission to hospital. The rates for admissions may not reflect the level of less serious self-harm.

2.5 In 2014/15 the national charity, The Children's Society, were commissioned to undertake a well-being survey[22] of Lewisham school children. The survey measured children's satisfaction with life as a whole, which included different aspects such as school, transitions, friendships and the local area.

2.6 Of the 2,024 surveys that were completed, young people in this area had very similar scores for happiness with life as a whole and life satisfaction, when

[13] Children and Young People's Plan Needs Assessment 2015
[14] Public Health England GP Profiles
[15] Ministry of Justice 2013
[16] Lewisham Children and Young People's Plan 2015-18
[17] Children and Young People's Plan Needs Assessment 2015
[18] Children and Young People's Plan Needs Assessment 2015
[19] Children and Young People's Plan Needs Assessment 2015
[20] Public Health analysis of UHL admission data 2014/15
[21] UHL data 2014/15
[22] The 2015 Report on Children's Well-Being - Lewisham, London. The Children's Society

compared to the national average. However, young people at secondary school scored as having significantly lower well-being than children at primary school. It is our intention to repeat this survey annually over the lifetime of this strategy.

2.7 In 2014 extensive consultation, specific to mental health and well-being, was undertaken with a wide cross section of stakeholders including young people, parents/carers and professionals. The key issues identified from the consultation were:

- the transition between primary and secondary school as a time of emotional difficulty
- peer support for parents/carers
- training/supporting frontline workers
- the varying provision of counselling support
- bullying (including cyber)
- school and peer pressures
- a lack of a good source of local information and resources
- the need for resilience programmes in schools as part of PSHE

2.8 Through this strategy the Children and Young People's Partnership is committed to promoting equality of access to assessment and intervention. We will shape our priorities to ensure that new and existing service developments are accessible to all children and young people 0 – 18 (up to 25 for children with disabilities), adequately meeting the needs of our population. We will do this by utilising CAMHS transformation resource to not only support children at the higher end of need, requiring specialist provision, but to ensure adequate support, training and information is available through universal and targeted services to prevent need escalating. Where possible we will utilise other resources in the system to support the priorities identified within this strategy.

3 Current Service Provision

3.1 We recognise locally that we have current gaps in our universal and targeted offer of support when improving emotional health and well-being.

3.7 We have a well-established CAMHS service operating in the community, which is commissioned jointly between Lewisham Local Authority and Lewisham NHS CCG. Inpatient services are commissioned directly by NHSE specialised commissioning. Other resources have been secured through other sources to enhance existing provision, such as Pupil Premium Grant to support work with schools and Department of Health to develop forensic services.

3.8 In March 2014/15, Lewisham's community CAMHS held a caseload of 1,375[23] against a child and young person population of 69,987[24], equating to 2% of young people accessing local CAMHS services during this period. Of the 1315 cases referred to CAMHS in 14/15, 35% were rejected, a 10% increase when compared to 13/14. 30% of rejected referrals in Q4 14/15 were rejected on the grounds of unmet thresholds.

3.9 We are working with CAMHS to understand referral pathways, highlighting areas of unmet need. We will use CAMHS transformation funding to increase capacity within CAMHS to ensure adequate capacity to review performance data more closely with commissioners, producing additional information when required.

[23] Lewisham Safeguarding Children Board: CAMHS Performance Report Jan – Mar 2015

[24] Mid-Year Population Estimate for 2014, the latest population estimates published by the Office of National Statistics

3.10 In light of the current economic crisis and the evident impact this has on the prevalence of mental health problems, it is even more important to ensure that services are well targeted and resources are used strategically across the partnership.

3.11 Through a recent audit of existing services we recognise that there are areas of good practice and areas of weakness across the current system to support children's and young people's mental health. It is our ambition to create an environment that raises the profile of mental health, which will be on a par with physical health. Future in Mind provides an opportunity over the next five years to do this.

4 Priority Areas for Action

This section highlights areas of significance within current provision which are relevant to the development of this strategy.

4.1 Resilience, prevention and early intervention for the mental wellbeing of children and young people

4.1.1 Like many areas, Lewisham has a range of universal services such as health clinics, health visiting, midwifery and youth services that provide early intervention and preventative practice. We also have a variety of commissioned family support services available locally such as children's centres and targeted family support. These services are operating within community settings, including the home, often building resilience within a family context. We recognise that currently there is limited cross over between such services and local community CAMHS, which is largely clinic based. Over the next five years, through the CAMHS transformation process, we intend to embed community CAMHS provision within universal and targeted services, creating an infrastructure which will ensure better risk management within community settings. By having increased opportunity for clinical outreach support in universal settings, we would expect to see a reduction in do not attends, which currently stand at 13% across Lewisham CAMH services and a reduction in the number of rejected CAMHS referrals, which currently stands at 35% of all referrals[25].

4.1.2 Through the creation of a new CAMHS infrastructure, we will prevent escalation and therefore minimise the need for specialist / inpatient services. By building clinical capacity locally, under the clinical umbrella CAMHS, we will be able to offer more effective, accessible treatment options that are closer to home. This would also include children with disabilities and / or ASD, as referenced in the Transforming Care Programme[26].

4.1.3 We know that schools offer a varied range of pastoral care, however there is variability in terms of what is available in each school, including the level of investment applied to supporting mental health, well-being and resilience. Through HeadStart we have been working closely with twenty Lewisham schools (approximately 20% of all schools) when embedding and evaluating resilient practice in their settings. Over the coming months we will conduct a thorough audit of provision, investment and required support across all our education settings. We will also work directly with our strategic school improvement team to ensure that good emotional well-being is recognised as a key contributor to academic achievement.

[25] CAMHS datasets 2014-15

[26] http://www.england.nhs.uk/ourwork/qual-clin-lead/ld/transform-care/

4.1.4 Over the last twelve months two Lewisham schools collaboratives have benefited from additional resource, consultation and training particularly through the 'transition curriculum' originally established to support primary to secondary transition. This work is based on the evidence based Academic Resilience Framework[27] and uses the 'communities of practice' model as a means to facilitate discussion and identify need. This initiative has resulted in better communication and improved care pathways to universal, targeted and specialist services. Teachers have reported an increase in confidence when identifying and managing early signs of emotional well-being issues. Through this strategy we will continue to work with these schools to create systemic change within these settings.

4.1.5 Through the Lewisham Young Mayor and his Advisors, young people are engaged on a regular basis in the planning and designing of services. Recent examples include co-production of an online resource kit and the youth led commissioning framework where young people have designed a specification and have commissioned activity in schools to support children's well-being. Through the HeadStart Lewisham programme we have an established young person's steering group that will continue to be supported when developing our peer to peer offer specifically in relation to emotional health and well-being. Members are represented on the Mental Health and Emotional Well-Being Board.

4.1.6 Building on the work of the CYP IAPT programme, CAMHS have a well-established service user forum, who have consistent input into and service changes and recruitment processes. Parents/carers are also represented on the CYP IAPT steering group. As part of the CAMHS transformation programme we intend to build more capacity in the CAMHS service to further embed service user engagement to support service redesign.

4.1.7 Lewisham has a large and vibrant voluntary and community sector and the impact such organisations have when supporting vulnerable families is recognised. There is national evidence available which links visual arts practice to individual and community resilience[28]. Through our work with the local Lewisham Education Arts Network and local arts providers, we are committed to developing this further, by continuing to embed the academic resilience framework within this provision.

4.1.8 We recognise the importance of awareness raising in the aim to remove stigma associated with mental health. We also recognise the significance of digital technology when reaching out to a wider audience. Building on the work of Headstart, we will continue to roll out the digital element of the programme, through the co-produced online resource kit, in line with the Time to Change campaign, we will provide information to young people, parents and professionals on when and where to go for help. The co-produced 'youth-led' film, through Trylife, has created a valuable resource which can be used in universal settings to raise awareness on the importance of resilience and support networks when guiding a young person through times of difficulty. The online counselling service provided by Kooth.com has also provided an alternative to clinic based support, as it can be accessed at weekends and in the evenings, from home, school or other settings. Initially rolled out through four schools, it has now been extended to cover *all* 10 – 16 year olds living or

[27] Academic Resilience Framework, Hart and Blincow

[28] Connected Communities: Building Resilience Through Community Arts Practice by Macpherson, Hart and Heaver

attending school in Lewisham. Following high demand and positive feedback, we are proposing that the online counselling service increases the target age group to 18 years. By offering clinical support through digital routes we aim to reduce the need for specialist care and potentially inpatient services. It is our intention to continue to work with local young people and parents, to embed this provision over the next 5 years along with the online resource kit and the Trylife film, as part of our digital awareness campaign, which also aim to support safe use of social media.

4.2 Improving access to effective support – a system without tiers

4.2.1 Under the current block contract with South London and Maudsley (SLaM) NHS Foundation Trust, Lewisham young people with identified eating disorders have access to a nationally recognised eating disorder tertiary and community service. This service has an established evidence base and demonstrates excellent results when managing children and young people with such conditions in the community, minimising the need for inpatient admission. New eating disorder guidance[29] for access and waiting time standards was published in July 2015, and there is a requirement for these standards to be implemented by April 2016. Through the CAMHS transformation plan, it is our intention to co-commission SLaM across four CCGs[30], to increase capacity within the existing service, to ensure that waiting time standards are met and to offer a telephone helpline, giving access to anyone that may be concerned about a Lewisham young person. Additional capacity within the service will be used to support preventative work with schools, further developing skills within community settings to prevent the need for specialist intervention.

4.2.2 In line with the Crisis Care Concordat, there is a drive to develop adequate crisis care provision at the local hospital, University Hospital Lewisham (UHL) to ensure children and young people presenting in crisis are appropriately supported. Currently crisis care services for children and young people in Lewisham are severely lacking in capacity, putting significant pressure on nursing staff in A&E and community CAMHS who are required to respond to such presentations in and out of hours. This is often compounded by the lack of inpatient beds currently available nationally. Through the CAMHS transformation funding we intend to develop paediatric crisis care provision which will respond to all emergency presentations at A&E, all urgent presentations via schools, children's social care, the police and GPs, provide short term interventions, undertake all 7 day follow up assessments and provide intensive crises intervention to support non-admittance. Earlier intervention in community settings will reduce the need for A&E admissions. We will over the next six months be reviewing current need, including required input from children's social care where necessary. Children's commissioners will be working with the acute trust and adult mental health commissioners and providers develop 24/7 crisis care services for all ages to meet the new Liaison Psychiatry guidance[31].

4.2.3 Through the existing CAMHS service, we have provision in place to support transition from children's to adult services. In the Lewisham Children and Young People's Service (LYPS) for young people with complex and enduring mental health concerns, we have an adult mental health worker seconded for

[29] Access and Waiting Time Standard for Children and Young People with an Eating Disorder: Commissioning Guide July 2015

[30] Lambeth, Southwark, Lewisham and Croydon

[31] Developing Models for Liaison Psychiatry Services - Guidance

one day a week, who assists when supporting young people with emerging psychosis. This team is currently meeting the two week waiting time standard from referral to first contact[32] and plays a significant role when stepping down from inpatient units, into the community. Through existing CCG/LBL resource there is a commitment to continue this provision. We recognise the correlation between a parent and child's mental health, see more detail under the needs analysis in section 2.3. Through CAMHS transformation we are keen to build on this model by seconding an adult mental health practitioner to work with parent with a mental illness, where there child is accessing CAMHS. By undertaking the approach we expect to help families manage mental health more effectively, which with the right support should result in better management of such issues in the community, reducing the need for inpatient admissions.

4.2.4 Through the HeadStart Lewisham programme, we have been fortunate enough to develop KOOTH.com, an online counselling service, universally for all 10 – 16 year olds. This was originally established as a response to service user feedback, where young people were requesting improved access to clinical services. We recognise the enormous benefit that this type of service has to offer. It provides an evidenced based service, using CORE and routine outcome measures, offering an alternative to clinic based provision, which can be accessed from home, at school or in community settings such as libraries and youth centres and is available at weekends and in the evening. KOOTH has been operating in Lewisham for approximately 9 months and has seen a steady increase in uptake. We have seen numbers registering and actively using the site double over the last three months (August – October). Qualitative feedback has been extremely positive, demonstrating the role of KOOTH as a means to build resilience in young people. The young person steering group have been instrumental when developing the service and have been keen for commissioners to extend the service up to 18, which has been included as a CAMHS transformation priority. Feedback from local colleges demonstrated the demand for accessible online resources.

4.2.5 Furthermore, KOOTH has a track record of collaboration with statutory CAMHS services in other parts of the country. As part of our broader strategy we are currently exploring the possibility of developing a blended model with CAMHS, which could be rolled out across the borough.

4.2.6 We are keen to increase access to psychological therapies for young people aged 16 to 18, through self and primary care referrals, by extending the age range of adult IAPT from 18 down to 16.

4.2.7 Schools play a significant role when supporting young people's mental health and emotional well-being. Locally a number of schools have bought into the Place2Be model, which has particular value in primary schools. This 'whole school' approach has been extended into some secondary schools, impact is currently being evaluated.

4.3 Caring for the most vulnerable

4.3.1 A range of mental health provision is currently delivered through the youth offending service (YOS). The co-located CAMHS service, ARTS within the YOS provides quick access into the service and increased opportunity for clinical advice and guidance to YOS colleagues. The Diversion and Liaison work provides a valued opportunity to identify mental health concerns early and

[32] CAMHS dataset 14/15

divert vulnerable young people away from the Criminal Justice System. The recently established Functional Family Therapy Service engages young people who have conduct disorder, are engaging in anti-social behaviour and / or have substance misuse issues. These services have been developed as a response to the direct correlation between mental ill health and offending behaviour, but do not tackle the huge issue in Lewisham of 'peer on peer' abuse. Through this strategy we aim to collaborate with the YOS, police, children's social care and adult services to review the inter-relationship between child sexual exploitation, domestic abuse and serious youth violence – all issues of increasing concern.

4.3.2 Looked after children (LAC) are identified as a vulnerable cohort of children and young people, with many experiencing low levels of well-being and significant numbers going on to develop longer term mental health issues. The CAMHS 'Symbol' team for LAC is a multi-disciplinary team, which provides clinical interventions to children placed or adopted within a 20 mile radius of the borough. As a response to long waiting times a mental health outreach pilot for LAC has been commissioned this year to increase capacity internally within CAMHS, but also to offer outreach support to schools and foster families when managing mental health concerns within community and family settings. During this financial year, through the CAMHS transformation programme, we intend to independently evaluate this provision, which will hopefully strengthen the case for increased outreach provision across other cohorts of young people, in particular children with learning disabilities, including autism spectrum disorder. We want to be able to provide informed individual care packages at a community/residential level, which will support pre-admission care and treatment reviews for this cohort of young people.

4.3.3 In line with the Transforming Care agenda, in Lewisham we have identified children with disabilities, including those on the autistic spectrum as a key target group to be supported through this strategy. We recognise the direct correlation between learning disability and poor mental health. Currently the average waiting time for referral to assessment for the CAMHS Neuro-Development Team is 24 weeks[33], highlighting the level of complexity for such cases but also the need for additional capacity within the service. Through the transformation programme we intend to increase capacity within CAMHS and aim to strengthen existing links between CAMHS and learning disability services, building on the work of the SEND programme. It is our intention to build additional clinical capacity and parental support specifically to for children with ASD and their families post diagnosis.

4.3.4 Over the next four months we will be working with the complex needs service within the local authority to undertake a scoping exercise to fully understand the mental health needs of children within this cohort. Through the HeadStart Lewisham programme we will focus resource at a universal and targeted level, putting adequate mechanisms in place to identify children that are 'struggling' sooner. We will upskill the school workforce to ensure teachers are better able to manage children with SEND, avoiding the need for exclusion, sometimes resulting in alternative school placements out of the borough.

4.3.5 As part of our engagement strategy we will build on existing good practice, working with the Contact a Family parent forum (for parents of children with a disability) and with our Young Mayor Advisors (which has representation of young people with SEND), when developing services in this area.

[33] CAMHS dataset Q1 2015-16

4.3.6 As a response to service user feedback, commissioners have been working with our local community paediatrician service when reviewing gaps in current service provision. Lewisham Autism Support, a local branch of the National Autistic Society, have been operating in Lewisham for over 10 years. LAS are known for their extensive work when supporting families post an ASD diagnosis, this is valued by parents, children and professionals alike. We recognise through performance data that this service requires more capacity to meet demand. It is being proposed through the transformation plan that capacity is increased within this service, to meet a higher demand of families requiring this support.

4.4 Developing the workforce

4.4.1 There are a range of local initiatives, such as the 'vulnerable pregnancies' pathway, the case-loading midwifery team, and the MESCH programme, operating within the Health Visiting service which all support early identification of perinatal mental health and / or attachment issues amongst new parents. The adult mental health commissioned community perinatal service continues to provide a clinical service to those reaching threshold. However through consultation with early years professionals there is a call for increased access to clinical training and consultation within universal services to support earlier identification of perinatal mental health. Through the transformation programme we intend to increase clinical capacity within the existing perinatal mental health service, through a link nurse and input from a Specialist Perinatal Consultant Psychiatrist. This would enable delivery of a much more comprehensive programme of training underpinned by awareness raising and clinical advice to universal services. By working with specialised services within SLaM, there is potential for these developments to assist when preventing escalation and facilitating step down pathways for this cohort of parents into the community.

4.4.2 Lewisham successfully joined the CYP IAPT transformation programme (wave 3) in 2013. The local partnership consists of SLaM and two voluntary sector providers, Pre-School Learning Alliance (PSLA) and Place2Be (P2B). This partnership has developed the workforce by embedding evidence based practice, encouraged collaboration between agencies and has supported the development of clearer care pathways, specifically for children with a conduct/behavioural problems. This programme has also been instrumental when further embedding service user participation in local service delivery. It is our intention to further build on these arrangements by further embedding existing provision and by creating new opportunities for CYP IAPT training within specialist, targeted and universal services.

4.4.3 Through increased capacity in the community eating disorder service, CAMHS will be providing six sessions of a preventative training programme for all Lewisham schools. This will give schools a better understanding of eating disorders, which should result in earlier identification. This will be supported by a telephone helpline, which can be accessed by anyone with concerns, including families, young people and GPs.

4.4.4 Building on elements of the LAC mental health outreach service, referred to in section 4.3.2, we want to offer additional support to in-house foster carers, who may have difficulty when managing complex behaviour patterns. We want to build on existing good practice between CAMHS and Children's Social Care, to ensure that adequate training and clinical support is available to in-house foster carers and social workers, to ensure that provision can be offered locally, reducing the need for private residential placements. We are keen to build on

learning so far, which will inform the Transforming Care agenda locally to address health inequalities, specifically for children with learning disabilities including ASD.

5 Action Planning

The Children and Young People's Partnership in Lewisham are viewing the 'Future in Mind' (FiM) publication as a very helpful document which further supports our partnership vision and intentions, also aligned with priorities identified through our HeadStart programme. Action planning for this strategy has been based around the key themes identified in FiM:

Through this section the partnership has highlighted key areas of focus for the next five years.

5.1 Resilience, prevention and early intervention for the mental wellbeing of children and young people

5.1.1 We recognise the importance when promoting good mental wellbeing and resilience of supporting children, young people and their families to adopt and maintain behaviours that support good mental health. We are committed to early identification of need and the prevention of mental health issues arising.

5.1.2 We view early years services for 0 – 5s, such as midwifery, health visiting and Children's Centres as integral to the early identification of need and prevention of escalation to more specialist services.

5.1.3 Resilient practice is operating across universal and targeted services, including family support, schools and youth support services. Through the HeadStart Lewisham programme, we have adopted the Hart and Blincow 'Resilience Framework'[34] as a means to develop this work within statutory, voluntary and community settings.

5.1.4 Through this strategy we will:

- work with early years services to ensure that practitioners have the necessary skills and support when identifying issues of concern i.e. poor attachment or suspected antenatal / postnatal depression.

- review perinatal support services, increasing where possible capacity to ensure better access into specialist services, to reduce the impact of antenatal and postnatal depression through earlier diagnosis and better intervention and support.

- through the delivery of mental health first aid training, increase awareness, knowledge and clinical governance across the partnership, which will support front line practitioners when dealing with mental and emotional well-being issues in the community. This will include schools, GPs, the police and youth services, supporting them to intervene earlier, reducing the need for specialist services.

- support the 'universal and progressive' elements of the healthy child programme, when supporting resilience and well-being amongst 5 – 19 year olds.

[34] http://www.youngminds.org.uk/training_services/academic_resilience/what_is_academic_resilience/academic_resilience_framework

- work with commissioners and providers of family support services to ensure that mental health and emotional well-being is embedded within a 0 – 19 pathway of care.

- through HeadStart Lewisham, we have taken steps to further embed resilient practice, through our work with schools, families, community services and the online counselling service to support self-care and the development of effective coping strategies. Through CAMHS transformation, we will pilot the CUES-Ed programme, a clinically evidence based resilience programme, which operates in primary schools and is based on cognitive behaviour therapy. By building on the current work initially developed in the London Borough of Southwark, we will aim to roll out across all primary schools where needed, through the local HeadStart programme. This programme has a strong evidence base when supporting transition to secondary school.

- as a response to requests from young people, make PSHE more effective, covering all aspects of community, home, school and digital safety. Elements will include not only mental health, but drug, alcohol and sexual health awareness.

- work with the school age nursing service to create a universal/targeted health service in schools, that with appropriate support from specialist CAMHS, can respond to the ever-changing needs of our young person population.

- work with parents to raise awareness of the challenges young people face and where to go should they need assistance or advice.

- in line with 'Time to Change campaign, build on our digital marketing programme and continue to raise awareness of mental health and emotional well-being, across community, school and digital means, as part of a long term strategy to remove stigma associated with mental health.

5.2 Improving access to effective support

5.2.1 Our aim is to change the way services are delivered; we want to remove tiered levels of service provision and further embed services within the model of universal, targeted and specialist services.

5.2.2 Through this strategy we will:

- improve the quality and increase capacity of outreach services in different settings, through a range of skilled practitioners, under structured clinical governance arrangements through specialist mental health services.

- work with CAMHS and/or children's social care to:
  - review current access points including CAMHS triage, emergency and urgent duty
  - enhance input into the early help pathway and early intervention panels
  - conduct an audit of CAMHS data, including rejected referrals, re-referrals and crisis admissions

- based on a neighbourhood model, we will make better use of community resources, such as children's centres, health clinics and GP practices, by creating hubs of support, advice and information, utilising skills and expertise from a range of services.

- review current care pathways, altering the patient journey where necessary and creating better integration to ensure that young people and parents receive an appropriate level of support at the right time.

- build on the success of existing peer support networks such as: the young person's steering group; the KOOTH peer ambassador programme (part of the online counselling service); and Bromley and Lewisham's Mind 'Mindkit' programme (free wellbeing and resilience workshops for groups of young people aged 14-25)

- work closely with NHSE specialised commissioning, adult mental health commissioners, CAMHS clinicians and University Hospital Lewisham (UHL) to develop an all age psychiatric liaison service in Lewisham. We are anticipating that this arrangement would:
  - adequately respond, assess and treat presentations in crisis
  - prevent delayed discharge
  - offer risk/safety management support
  - prevent further crises
  - provide better transition into adult services
  - support step down provision for young people being discharged from inpatient services

- build capacity within the existing community eating disorder service to ensure standards are met for access, we will also be working with the provider to develop self-referral pathways into the service and to improve preventative work across schools. By identifying needs sooner and ensuring better access into evidenced based provision, will prevent escalation and reduce the need for an inpatient admission. We will be working with SLaM, SE sector commissioners and NHSE when reviewing impact of this work.

- strengthen existing links between the CAMHS neuro-development team and learning disability services, building on the work of the SEND programme, to ensure better and quicker access into specialist services.

- increase access to psychological therapy services, by extending the age range of the adult IAPT programme from 18 to 16 years, this will support transition to adult services for young adults and provide the option for self-referrals

- increase access online counselling services by extending the age range of the KOOTH.com online service from 16 to 18.

5.3 Caring for the most vulnerable

5.3.1 Building on existing good practice, we will ensure that mental health services work effectively within existing service delivery structures to ensure that our most vulnerable groups receive a comprehensive specialist assessment, and referral to appropriate evidence based services, according to their need.

5.3.2 Through this strategy we will:

- work in partnership with Lewisham CAMHS to ensure that LAC, children exposed to trauma and young people involved in the criminal justice system, are identified at the earliest point to ensure quick and direct access into services. This will build on the co-located youth offending ARTS service, the

mental health outreach service, the diversion liaison work and the functional family therapy programme.

- reach out into voluntary and community services to ensure hard to reach groups access the clinical support they need. It is possible that this will build on the positive work that has been undertaken through the CYP IAPT programme.

- undertake further work to ensure that children/families that miss appointments are actively followed up. We also want to find alternative ways to support engagement, by developing enhanced opportunity for outreach provision in community settings, such as GP surgeries and children's centres.

- seek opportunities to work more closely with in house foster carers. By providing clinical support, training and guidance, we will prevent placement breakdown and also reduce the need to use residential units. We also want to work more closely with 'children in need' families to divert children away from the care system.

- embed the 'Transforming Care' agenda within this strategy, by supporting young people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services. We want to bring together health and social care practice to ensure that families are empowered and that they get 'the right support at the right time'. Through CAMHS transformation plan we will increase capacity in the neurodevelopment team to reduce waiting times for children with co-morbidities including ASD. By providing better quality, more responsive provision to this cohort we would expect to see behaviour managed more effectively in the home and in our local schools, which would reduce the need for inpatient services.

- through the planned SEND scoping exercise, gain a better understanding of presenting need within universal and targeted settings, such as schools, GP practices and family support services. Furthermore, the HeadStart Lewisham programme will support this agenda by putting provision in place to better support children with challenging behaviour, including diagnosed or undiagnosed ASD in universal settings.

- in partnership with targeted services, CAMHS will manage the process for de-escalation. As a partnership we will put in place mechanisms for 'step down' into universal and targeted settings.

- work with the South London region to support the Havens Paediatric Review

- undertake a detailed needs assessment of peer on peer abuse, associated with child sexual exploitation, domestic abuse and serious youth violence

5.4 Developing the workforce and awareness raising

5.4.1 We aim to build capacity in universal and targeted services so that practitioners working within such services feel confident and able when effectively managing risk in the community. We want such services to have improved knowledge and confidence when making referrals to specialist services. This would result in a better understanding of identified need and more competent escalation processes.

5.4.2 Through this strategy we:

- anticipate a continuous programme of workforce development across the three areas of service provision, specialist, targeted and universal, to include:

    - an enhanced training programme for midwives, children's centre workers and health visitors on perinatal mental health, to ensure that mental health concerns can be identified earlier and that they are better equipped to offer effective support/referrals, to include the antenatal phase

    - specific training for schools in relation to resilience building, early identification and onward support

    - training for GPs regarding early identification and onward support, specifically in relation to self-harm, eating disorders, psychosis, anxiety and depression

    - ongoing mental health first aid training for frontline practitioners including the police, youth workers and schools

- will develop a process for clinical consultation and advice within community / universal and targeted services

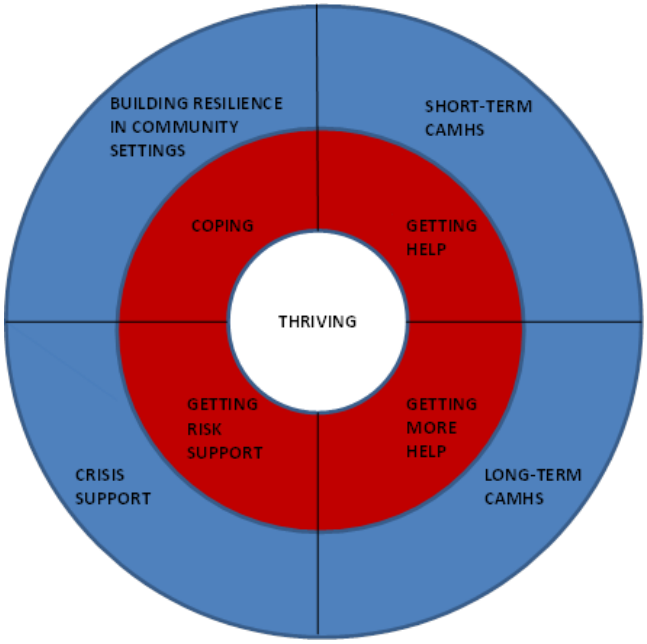
- want to target training of health and social care professionals, to support continued professional development and create a workforce with appropriate skills, knowledge and values to deliver a varied range of evidenced based interventions.

- will build on the work of CYP IAPT, to help embed collaborative practice including service user engagement but also develop, through the use of routine outcome measures, the evidence base across statutory and voluntary sector partners.

- by building on service user feedback (as referenced in section 2.7) we will develop a peer support programme for parents, called Empowering Parents, Empowering Communities, an evidenced based programme, which trains parents to support other parents within a local community.

5.4.3 The Thrive model[35], highlighted below, has been adapted locally for the purposes of this strategy. It demonstrates the range of services available that respond to mental health and well-being issues as they arise, but also explicitly shows how resilience practice can assist a child to cope.

[35] THRIVE The AFC – Tavistock Model for CAMHS



5.4.4 As mentioned at the start of this document, we are committed to making mental health and emotional well-being 'everybody's business'. We will do this through workforce development, an effective awareness campaign, increased and improved service provision and through the development of more structured and formal arrangements with specialist mental health services including adults.

5.5 To be accountable and transparent

5.5.1 The joint action planning associated with the development of this strategy has been managed through a genuine partnership approach. We have reviewed data from a range of internal and external sources and have identified shared objectives and outcomes through partnership discussions.

5.5.2 The Children and Young People's partnership, consisting of NHS, public health, local authority, social care, youth justice, Healthwatch, education and the voluntary sector, has a commitment to use resources efficiently and effectively, providing value for money. Through this strategy we aim to seize opportunities for joint commissioning across the partnership, but also more broadly across the South East Sector and regionally in partnership with NHSE specialised commissioning. We also want to support local organisations when developing their evidence base and evaluative practice to ensure that they maximise opportunity for drawing down external funding from other sources.

5.5.3 Lewisham benefits from a well-established joint commissioning team for children and young people, meaning that the local authority has delegated responsibility on behalf of NHS Lewisham Clinical Commissioning Group (CCG) to manage health budgets, including community health and child and adolescent mental health. This is a successful arrangement that allows clarity and consistency across a range of funding streams, which are effectively pooled within one budget. This arrangement is governed through the multi-agency Joint Commissioning Group, under the Children and Young People's Strategic Partnership Group, on behalf of the Health and Well-Being Board. We also have additional arrangements in place to oversee local and regional provision through the SE sector partnership, which includes South London Commissioners, providers and NHSE specialised commissioning. This

arrangement provides opportunities for shared learning and development when connecting specialist tertiary pathways with community provision.

5.5.4 We have a well-established Mental Health and Emotional Well-Being Board, which consists of a range of partners including the CCG, the LA, Public Health, Youth Justice, the Police, Schools, young people representatives and the Voluntary and Community Sector. This board is responsible for overseeing all aspects of children and young people's mental health and emotional well-being. The remit of the board covers ages 0 -18 years and includes universal up to specialist provision, building the link between resilience and mental health and emotional well-being. The board is one of the working groups accountable to the Children and Young People's Strategic Partnership Board.

5.5.5 As mentioned in 5.5.4, the Metropolitan Police are represented on our Children and Young People's Mental Health and Emotional Wellbeing Board and have been instrumental to the development of Lewisham's CAMHS transformation plan, but also our HeadStart Lewisham Programme.

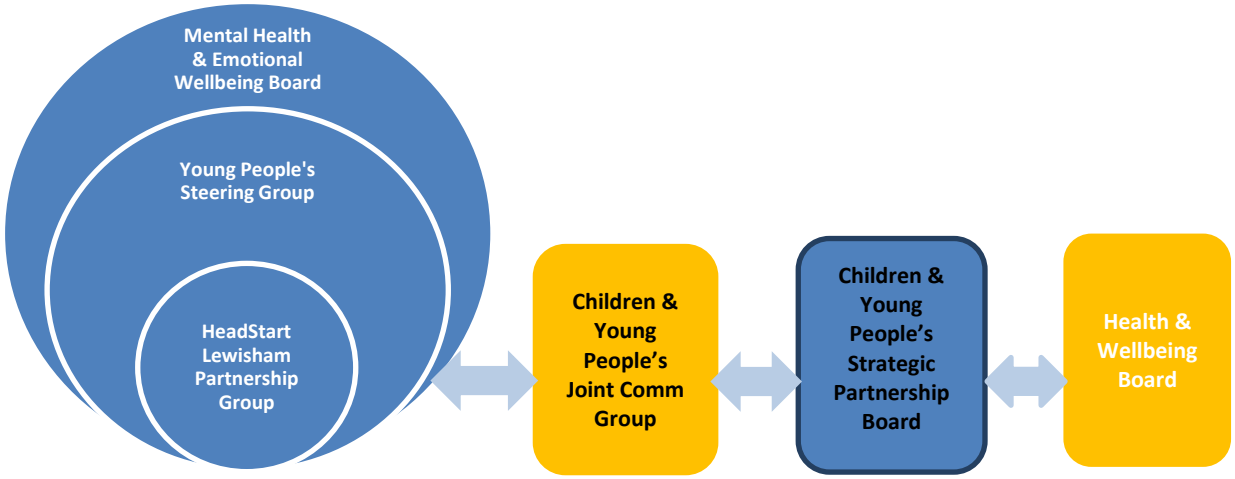
5.5.6 Joint commissioners have been working closely with the Youth Offending Service to review the current service offer to young people in the criminal justice system who have identified mental health concerns. The Lewisham Youth Offending Service has been working with the Police to review all first time entrants to the Youth Justice System. This work aims to identify emotional and mental health issues at an earlier stage, diverting young people from custody wherever possible. The initial local research has concluded that there needs to be greater training with police officers around mental and emotional health and so an offer of training is being developed with an initial focus on Autism for YOS Police Officers. We intend to facilitate mental health first aid training across front line services, including the police and youth offending. Furthermore police officers will be engaged in the process when implementing and reviewing the new crisis care service, which will support children presenting often in the street or at home in crisis.

5.5.7 Through the peer on peer violence review, we will be reviewing the interplay between child sexual exploitation, domestic violence and serious youth violence. Findings will inform future service redesign within the youth offending service, linking to existing mental health provision, through the ARTS service and functional family therapy.

5.5.8 Furthermore, Lewisham Metropolitan Police have a schools team and a Police Cadet Youth Engagement Programme which works with schools and voluntary organisations across the borough delivering outreach and positive activities for children and young people at risk. This is overseen by the Mental Health and Well-Being Board and will dovetail with developments undertaken through the CAMHS Transformation Programme.

5.5.9 The Lewisham Partnership embraces 'the voice' of children, young people and their families in all aspects of service development. Building on the established work of the Young Mayor / Advisors programme, a Young People's Steering Group was formed in Spring 2014. This group focuses on mental and emotional well-being and consists of local young people who have themselves accessed services in the borough, including specialist child and adolescent mental health services (CAMHS). This group has been integral to the design and implementation of the HeadStart Lewisham programme and the wider developments of this strategy. We will continue to support and enhance service user co-design and production through existing and new developments, including the CYP IAPT programme.

5.5.10 The current structure is highlighted in the diagram below. For a full overview of membership for each group, please see Appendix 1.



5.5.11 Lewisham commissioners and providers of children's mental health services have been involved in strategic planning, as part of the 'Our Healthier South East London' partnership, to explore areas of good practice and opportunities for joint commissioning. Regular discussions have been undertaken with NHSE specialised commissioning to ensure nationwide developments are incorporated into local transformation plans. The Youth Offending Service (YOS) Management Board, which includes membership from the Youth Justice Board, has also been involved in strategy development via the Youth Offending Service.

5.5.12 Lewisham CCG/LA joint commissioners are represented on the South East Sector CAMHS commissioning group. This group provides an opportunity for SE London CCG commissioners (Lambeth, Southwark, Lewisham and Croydon) to meet regularly with strategic managers for CAMHS at South London and Maudsley NHS Foundation Trust, along with case managers from NHSE. This group focuses directly on community and inpatient provision, by reviewing performance, spend and activity, identifying good practice and identifying opportunities to improve efficiencies. Commissioners will continue to work with NHSE by monitoring performance, to bridge the gap effectively between community and inpatient provision, minimising where possible the need for inpatient admission.

5.5.13 Through the CAMHS transformation programme there is a commitment to develop adequate crisis care provision in Lewisham. Commissioners will be working with adult mental health providers, University Hospital Lewisham and adult mental health commissioners to review opportunities to work collectively, with the aim to prevent presentations in crisis but also support successful transition to adult services where appropriate. Such developments will be shared with NHSE through the SE sector reporting mechanism.

5.6 Making change happen

5.6.1 See Appendix 3 for a full breakdown of planned priorities, as referenced in the tracker document.

5.6.2 We will be using existing governance arrangements and joint commissioning practice to develop an integrated action plan, which will cut across the 49

recommendations of the Future in Mind publication. This will be embedded into a core commissioning approach. We will focus our attention across the partnership, building on existing areas of good practice and when designing new care pathways and service offers.

5.6.3 Within existing governance arrangements, we will establish local delivery working groups, which will include key stakeholders. These groups will be responsible for overseeing implementation, managing risks and challenges and monitoring progress and impact against our strategy.

6.0 Our approach and action plans:

6.1 Over the coming months we will be working with existing and new local delivery groups to implement new areas of delivery and monitor progress and risk against our plan. Detailed action plans will be developed linking to the Future In Mind programme – which will in due course be appended to the strategy. These delivery groups will be accountable to the wider partnership.

6.2 An Equalities Analysis Assessment will be undertaken to examine the impact of the proposal against the protected equalities characteristics, such as gender, ethnicity, disabilities and age.

6.3 Following official sign off by key stakeholders, this strategy will be shared as necessary and published on local websites in 2015 for the NHS Lewisham CCG, Lewisham Local Authority and other partners.

For more information, please contact: Caroline Hirst, Joint Commissioner, Children and Young People Email: caroline.hirst@lewisham.gov.uk Tel: 0208 314 3368

Appendix 1 – Governance Arrangements
Partnership Representation

1. **Health and Well-Being Board**
   The Lewisham Mayor, LBL
   Cabinet Member for Health, Well-Being and Old People, LBL
   Executive Director, Community Services, LBL
   Chairman, Lewisham and Greenwich NHS Trust
   Director of Public Health, LBL
   Director, Voluntary Action Lewisham
   GP, NHS Lewisham CCG
   Chair, Lewisham Local Medical Committee
   Delivery, NHSE
   Manager, Family Mosaic Housing

2. **Children and Young People's Strategic Partnership Board**
   Cabinet Member for Children and Young People (LBL)
   Executive Director for Children and Young People (LBL)
   Chief Executive, Lewisham and Greenwich Trust (LGT)
   Director, Voluntary Action Lewisham, (VAL)
   LSCB Independent Chair
   Chair: Children and Young People Select Committee (LBL)
   Director of Public Health (LBL)
   Head of Crime Reduction Service (LBL)
   Metropolitan Police Lewisham (MPL)
   Managing Director, NHS Lewisham Clinical Commissioning Group
   Student Support Team Leader (LeSoCo)
   Chair Secondary consultative
   Head of Targeted Services and Joint Commissioning (LBL)
   Director, CAMHS CAG

3. **Joint Commissioning Group**
   Lewisham Local Authority
   - Children and Young People
   - Community Services
   - Public Health

   Schools
   - Primary
   - Secondary

   GPs
   Lewisham and Greenwich NHS Trust
   NHS South East
   South London and Maudsley NHS Foundation Trust
   Metropolitan Police
   Voluntary Action Lewisham
   LEAN
   Lewisham College

4. **Mental Health and Emotional Well-Being Board**
   Head of Joint Commissioning
   CYP Commissioning Team
   Voluntary Sector Representative
   Clinical Commissioning Group representative or GP
   Metropolitan Police
   Community Safety
   South London and Maudsley NHS Foundation Trust
   Lewisham and Greenwich NHS Trust

Public Health
Primary / Secondary School
Secondary School
Young Person/Young People representative from the Young People's Steering Group

5. Young People's Steering Group

Consists of approximately 15 local young people, between the ages of 13 – 17 years

6. HeadStart Lewisham Partnership Board

Provision	**Named Providers**
Transition Curriculum	Young Minds
In school Counselling	Place 2 Be
Online Counselling	KOOTH
Creative Arts	Lewisham Youth Theatre
	Apples and Snakes
	Trinity Laban
	Playback Studio
Youth Led Film	TryLife
Youth Led Events	YP steering Group
Youth Led Commissioning	YP steering Group & House of Harriott
Innovation Fund	Parent Support Group
	LEAN
	Pre-School Learning Alliance
	Make Believe Arts
	BelEve UK
	Sydenham Gardens
	This Way Up Wellbeing
Online Resource Kit	Latimer Group
Well-being survey	The Children's Society
Schools	Sydenham
	Prendergast Vale
	Elliot Bank
	Kelvin Grove
	Forest Hill
	Holy Trinity CofE
	Sandhurst Juniors
Connectors/Strategic Partners	
Family Pathways	Voluntary Action Lewisham
Bromley and Lewisham Mind	Health Watch
Youth Service	School Aged Nursing Service
Public Health	Targeted Family Support
Life Line	NHS Trust
YOS	CAMHS

Appendix 2 – Current Finances

Comm'y CAMHS	Funding Stream						TOTAL	Recurrent 16/17	Staffing (WTE)	Ref rec'd	Ref acc'd	Waiting times Wks	Do Not Att %
	LA	CCG	University Hospital Lewisham (UHL)	DoH	Ministry of Justice	Schools DSG / Pupil Premium Grant							
ARTs (YOS)	127,324	100,874	n/a	n/a	n/a	n/a	228,198	Y	2.3	77	75	3.7	20
Diversion and Liaison (YOS)	n/a	n/a	n/a	45,000	n/a	n/a	45,000	Not confirmed	1	720	120	1	5
Functional Family Therapy	115,021	n/a	n/a	n/a	170,000	n/a	285,021	Y	4	82	82	0	9
CAMHS Schools team	n/a	n/a	n/a	n/a	n/a	100,000	100,000	N	2	28	28	6	9
Symbol (LAC)	354,197	18,000	n/a	n/a	n/a	n/a	372,197	Y	5.2	67	60	10	12
Mental Health Outreach for LAC	n/a	n/a	n/a	n/a	n/a	136,048	136,048	Y	2.2	Started in Oct			
NDT (CwD)	53,474	280,328	n/a	n/a	n/a	n/a	333,802	Y	4.4	98	86	24	11
Paediatric Liaison (LT med conditions)	n/a	n/a	51,982	n/a	n/a	n/a	51,982	Y	0.8	45	23	11	18
West Clinic	115,993	388,835	n/a	n/a	n/a	n/a	504,828	Y	9	495	265	6	16
East Clinic	109,371	585,613	n/a	n/a	n/a	n/a	694,984	Y	9.8	482	280	7	14
LYPS (early signs of psychosis)	53,474	425,306	n/a	n/a	n/a	n/a	478,780	Y	6.3	48	42	1.5	13
Mangt overheads	38,606	409,544	n/a	n/a	n/a	n/a	448,150	Y	N/A	N/A	N/A	N/A	N/A
Lewisham Park rent	41,000	n/a	n/a	n/a	n/a	n/a	41,000	Y	N/A	N/A	N/A	N/A	N/A
TOTAL	1,008,460	2,208,500	51,982	45,000	170,000	236,048	3,719,990						

Appendix 3 – CAMHS Transformation Priorities

Priority	Brief Overview	Breakdown	Referenced paragraphs within the Plan	CAMHS Trans Allocation 15/16 (£)*	CAMHS Trans Allocation 16/17 (£)**	Alignment with existing funding
Eating Disorder Services	Through increased capacity within the existing service, the service will offer: • an established phone line for self-referrals and GP referrals • a workforce development programme for schools. 1 school in 15/16 and 1 school per term thereafter.	Band 8a post (1/7th) £10,453 for preventative work with schools (across SE Sector) The remainder £47,785 equates to tertiary activity of 146 treatment sessions	4.2.1, 4.4.3, 5.2.2	58,238	58,238	CCG contribution to block contract £134,918
Crisis Care	Through increased capacity (Band 7 posts, admin and consultant time), the service will commit to • assessing all emergency presentations via A&E and all urgent presentations via Schools, GPs, police • undertaking all 7-day follow up assessments • delivery of intensive crises intervention to support non-admittance, short-term interventions and psychiatric consultation, assessment & medical management where necessary	1 x Band 7 1.0 WTE (at mid point) Band 5 1.0 (at mid point) Consultant 0.4	4.2.2	102,500	184,164	No specific funding currently allocated to this, other than through the main community CAMHS service
Supporting children with disabilities and children with long terms medical conditions	Through additional capacity in the NDT (to support children with disabilities), work will be undertaken to reduce current waiting times. Opportunities for special school clinics and group work will also be planned. Additional capacity in the paediatric liaison service to support children with a long term medical issue, will result in reduced waiting times and be supported by changing practice within the team.	3 x WTE Band 7 posts	4.3.3	90,000	156,000	Total contribution to the NDT is £333,802 (LA £53,474 / CCG £280,328) Paed Liaison from UHL £51,982

Perinatal mental health	Through a Perinatal Link Nurse , supported by Specialist Perinatal Consultant Psychiatrist, we will extend the community perinatal mental health training programme to enable a more comprehensive programme of training underpinned by awareness raising and advice to early years services for parents from conception up to 1 year initially.	0.6 WTE perinatal link nurse 1 session of Specialist Perinatal Consultant Psychiatrist	4.4.1, 5.1.4, 5.4.2	20,000	40,000	Commissioned through adult mental health. Jointly commissioned through new resource beyond
Audit of Provision in Schools	All 94 schools will be asked to participate in a detailed audit of mental health provision, which will be supported by a financial incentive. Findings will support future commissioning priorities, in terms of workforce development and access into targeted and specialist services.	94 schools to be consulted by March 16. Incentive attached of £5k for 2 schools	4.1.3	10,000	0	One off activity, no current allocation for this
CYP IAPT training	As a wave 3 area, there is continued commitment for colleagues in CAMHS and in voluntary sector providers to access available CYP IAPT training. Numbers to benefit are unknown at this stage.	Approximately 5 trainees per year	4.4.2, 5.3.2, 5.4.2	0	0	Funded through national programme
CAMHS data collection and service user engagement	By increasing non-clinical capacity in CAMHS, will enable a much needed review of current data (through CHIMAT, CYP IAPT and MHSDS) and access points including CAMHS triage, emergency/urgent duty. It will also look at the interface between CAMHS and other services such as Children's Social Care and Family Support services, which will inform future commissioning intentions. This resource will be used to further embed service user engagement in services to support children's mental health and emotional well-being.	1 WTE Band 6 post, with additional sessional support in Q4 to set up data collection systems	3.9, 5.2.2	19,500	50,000	CCG contribution to the block contract for data and PPI posts approx. £100k
Independent Review of mental health provision for LAC	We recognise that the mental health and educational outcomes for LAC are often lower than that of non-LAC. We will conduct an independent evaluation of the LAC outreach pilot, alongside that of SYMBOL (specialist CAMHS service for LAC). The outcome of the evaluation will inform future commissioning practice for LAC.	1 part time post for 3 months	4.3.2, 4.4.4	20,000	0	SYMBOL £372,197 (CCG £18,000 / LA: 354,197) LAC Outreach Pupil premium £136,048
Delivery of	Delivery of CUES-Ed programme in approx. 4	9 classes, 30	2.7, 5.1.4	35,000	0	One off activity, no

Resilience Programme in Primary schools	primary schools (TBC), which will equate to 6 sessions of whole class interventions The programme has been developed by SLAM Clinical Psychologists and CBT therapists to help children recognise and talk about how they feel and to develop simple coping strategies.	students per class = 270 beneficiaries				current allocation for this – will be picked up by HeadStart / schools beyond 2016
Development of Strategic School Improvement role within the LA	Develop a mental health and emotional well-being strategic school improvement full time role within LBL, to support engagement with schools, including development of the named contact, as referenced in Future in Mind	1 WTE post, within the LA	4.1.3	0	0	Funding covered through Big Lottery HeadStart Programme on a recurrent basis
Empowering Parents, Empowering Communities	Development of the Empowering Parent Empowering Communities, to enhance work with parents	8 week course for 30 parents of children 2 – 11 yrs	5.4.2	40,000	0	One off activity, no current allocation for this – to be picked up through HeadStart
Peer on Peer Violence needs analysis	A scoping exercise to consider the interplay between Child Sexual Exploitation, Domestic Violence and Serious Youth Violence, which will inform YOS practice going forward.	1 part time post for 3 months	5.3.2, 5.5.7	10,000	0	One off activity, no current allocation for this
Regional Havens Paediatric Review	£10K per CCG in a sector	Contribution to 1 WTE project manager per sector (6 boroughs)	5.3.2	10,000	10,000	One off activity, no current allocation for this
Mental Health First Aid training	Mental Aid First Aid training will provide front line practitioners (police, schools, youth workers) with a basic understanding of mental health.	3 training programmes a quarter – 15 professionals per programme	5.1.4	0	0	Funding covered through LA
Supporting parents with a mental health issues and a child accessing CAMHS	We will second an adult mental health worker to Lewisham CAMHS for 1 day per week, to work with parents with a mental health diagnosis and with children accessing CAMHS in the LYPS team	Set up costs in 15/16. 0.2 WTE Band 7 MH. 1 session for clinical supervision	4.2.3	20,000	30,000	Funding allocated to LYP service £478,780 (LA: £53,474 / CCG: 425,306)
SEND needs analysis and support to	Undertake a needs analysis of SEN / mental health prevalence. The outcome will provide an understanding of how parents and schools can	1 part time post for 3 months to undertake	4.1.2, 4.3.3-4.3.6, 5.3.2	51,124	30,000	One off activity, no current allocation for this. Future funding

families with ASD diagnosis	support these children, resulting in a reduction in the numbers being excluded from school, missing education or being educated out of borough. Increased capacity within the Lewisham Autism Support service for families with a child post an ASD diagnosis.	needs analysis				to be secured through HeadStart.
Extension of the online counselling service	Extend the age limit for the online counselling service through Kooth.com from 16 to 18 years	40 hours counselling time per calendar month (additional costs in 16/17 will be picked up through LA)	2.7, 4.1.8, 4.2.4, 4.2.5, 5.1.4, 5.2.2	17,500	20,000	Current allocation through HeadStart Lewisham for 10 – 16 yrs
Extension of the adult IAPT service	Extend the minimum age limit for adult IAPT from 18 to 16 years, to create increased access to psychological support in community settings for young people aged 16+	Set up costs in 15/16 and activity for an additional 30 YP per quarter	2.7, 4.2.6	30,000	30,000	Current allocation for 18 years + through adult mental health
Joint Commissioning Capacity	Increase capacity within the joint commissioning team to support implementation of the local transformation programme and CAMHS service redesign	2 WTE posts for 3 months based in the LA	5.2.2	54,500	0	CCG / LA joint contribution to 1 PO8 commissioning post
Enhanced Foster Care Programme	Undertake a scoping exercise when developing the 'enhanced foster care' programme	1 part time post for 3 months	4.4.4, 5.3.2	20,000	0	One off activity, no current allocation for this. Funding to be secured through Children's Social Care in the future
			TOTAL	**608,362**	**608,402**	

***To avoid any potential underspend in 2015/16, NHS Lewisham CCG has given agreement to spend 'at risk'. We have proceeded with implementation of the above priorities, using agency/locum staff to ensure quick start dates in the interim, thus allowing adequate time to recruit to fixed term positions in the longer term. We have also transferred more resource into Q4, increasing expectations within that quarter.**

****2016/17 allocations provided at this stage are indicative. Some resource in 2015/16 will be used to review current models, to inform current service delivery. Funding priorities beyond March 2016 may be amended as a response to this**