HEALTH AND WELLBEING BOARD

Date: THURSDAY, 2 NOVEMBER 2017 at 2.00 pm

Committee Room 8
Civic Suite
Lewisham Town Hall
London SE6 4RU

Enquiries to: Stewart Snellgrove
Telephone: 020 8314 9308 (direct line)

MEMBERS

Councillor Chris Best Community Services, London Borough of Lewisham
Aileen Buckton Directorate for Community Services, London Borough of Lewisham
Sir Steve Bullock London Borough of Lewisham
Val Davison Lewisham and Greenwich NHS Trust
Gwen Kennedy NHS England
Tony Nickson Voluntary Action Lewisham
Roger Paffard South London and Maudsley NHS Foundation Trust
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
Folake Segun Healthwatch Bromley and Lewisham
Sara Williams Directorate for Children & Young People, London Borough of 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: Wednesday, 25 October 2017
**ORDER OF BUSINESS – PART 1 AGENDA**

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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.
Reasons for urgency

1. The report has not been available for 5 clear working days before the meeting and the Chair is asked to accept it as an urgent item. The report is being presented to this meeting as Health and Wellbeing Board members will want to be aware, before their next meeting in March 2018, of the activity and progress that has taken place over the 2017 summer period.

Reason for lateness

2. The report was not available for dispatch on 24 October as updates were still awaited from some areas.

Purpose

3. Lewisham Health and Care Partners’ joint vision is to achieve a sustainable and accessible health and care system. A system which better supports people to maintain and improve their physical and mental wellbeing, to live independently and to access high quality care when they need it.

4. This report covers a presentation which provides a short update on the activity and progress that has been made by Lewisham Health and Care Partners across the system over the summer period. This activity contributes to the improvement and transformation of health and care in the borough and supports the achievement of their joint vision.

Recommendation

5. Board members are asked to receive the attached presentation which sets out the activity and progress that has been made in key areas across Lewisham’s health and care system.

Strategic Context

6. 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 by Lewisham’s Health and Wellbeing Strategy.

7. 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.

8 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 and refreshed in 2016.

9 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.

Background

10 Health and care partners across Lewisham continue to work together to plan and deliver care in a more accessible, integrated and sustainable way. Supporting the Health and Wellbeing Board, Lewisham’s Health and Care Partners Executive Board (LHCPEB) currently provides the joint strategic direction for this work where it requires a whole system approach. The framework provided by the South East London STP Our Healthier South East London has informed the development of local transformation and integration activity and developments.

11 Over the summer, progress has been made on developing services and approaches across the system which support the partners’ aim to deliver a sustainable, accessible and high quality health and care system in Lewisham.

12 If you have problems opening this document, please contact: stewart.snellgrove@lewisham.gov.uk (Phone: 020 8314 9308) or if there are any queries on the content of this report please contact sarah.wainer@nhs.net (Phone: 020 3049 1880).
Whole System Model of Care

Summer Update

Working together to build a sustainable health and care system
Accountable Care System
– Integrated Commissioning

Agreement on:
– An integrated strategic commissioning function for adults and children
– A single governance structure for commissioning
– A greater alignment of budgets
– A competent local commissioning workforce

Progress:
• Commissioning workshops across LA and CCG focusing on four streams of work:
  – Governance Arrangements
  – Outcomes Framework
  – Joint Commissioning Intentions for 18/19 – Frailty and Transitions
  – Workforce Development
• Agreement to combine Adults and Children's Joint Commissioning Groups
• Further workshops planned to agree key principles and messages
• Options to be developed for structure and governance

Working together to build a sustainable health and care system
Accountable Care System - Provider Alliances

Agreement on:

- Development of Provider Alliance(s) as part of development of Accountable Care System.

Progress:

- Exploration of alliance for community based care (to encompass physical and mental health, primary and social care)
- Exploration of alliance for MH (likely focus on serious mental illness)
- Initial discussions have taken place with providers (including GP and VCS) to determine next steps in the development of alliance(s) including vision, scope and desired outcomes
- Examination of existing models in terms of scope and legal framework
Whole System Model of Care
- General

Population Health System
- Proposals to implement a population health information system have been agreed and the first phase of this work is now being initiated in conjunction with the supplier.

One Public Estate
- Phase 6 of OPE was opened to existing partnerships over the Summer. Lewisham is currently finalising its bid for further funding to progress key projects.

Estates
- A feasibility study has been completed for Downham Health Centre and a formal space planning survey has been commissioned. Stakeholder meetings have taken place.
- A team has been appointed to develop the 5 year programme for the Lewisham and Greenwich Trust estate. Design and consultation work has started to identify the development opportunity on the hospital site.

Devolution
- Lewisham is one of five devolution pilots across London. The pilot is seeking to test freedoms and flexibilities relating to estates and workforce. A Memorandum of Understanding between all the relevant government departments, NHSE, NHSI, PHE, London Councils and London CCGs that sets out the agreement relating to devolution is not yet signed but expected imminently.

Working together to build a sustainable health and care system
WSMC Prevention and Early Act

- **Expansion of the Single Point of Access** giving quicker and easier access to preventative health and care services. Now includes option to access Carers Lewisham directly

- **Helpline for the Community Falls Service** now live; strength and balance classes taking place in the community.

- **New online wellbeing forms** available for users and their carers. Promotional postcards are located in GP surgeries

- **Lewisham Sail Connections** - strong start with nearly 200 referrals coming from over 50 different organisations

- **Social Prescribing Review Group** - a system-wide approach to the development of social prescribing in Lewisham

- Continued development of the **Digital Directory**, ongoing user engagement

- **Ipads available for loan** from libraries (including the mobile library) to access health and care information. Ipads are being trialled on Chestnut ward

Working together to build a sustainable health and care system
WSMC Neighbourhood Care

- **Tested new approaches to multi-disciplinary working**
  - Piloted in three practices over the summer.
  - Built strong teams of professionals, including mental health and home care providers, and established a shared culture.
  - Effectively co-ordinated care and support for the individuals involved.
  - Very positive feedback

- **Agreement on pilot project to bring district nurses and care workers together in one team**
  - Will be piloted in one Neighbourhood area between November and April 2018
  - Informed by the Buurtzorg model
  - Will test opportunities for district nurses and care workers to work more collaboratively
  - Will explore flexible or hybrid roles, such as an enhanced home care role; a key part of Lewisham’s devolution pilot.

- **Further developed role of Neighbourhood Co-ordinators**
  - Building stronger links to housing, mental health, home care providers, enablement and hospital discharge to improve communication and referrals across the health and care system.
WSMC Enhanced Care and Support

• **Reviewed Admissions Avoidance services** taking into account changes in other service provision within Lewisham

• **Redesigned and expanded the Admissions Avoidance service** within the Emergency Department, now a therapy team working 8-8 seven days a week

• **Expanded Supported Discharge team** by one post and working to reconfigure team to support Discharge to Assess (D2A)

• Started to configure a **Community Assessment Team** which will bring together several services including the Supported Discharge Team

• **D2A has continued to develop** in terms of the numbers and complexity of the patients that the service can take home from an acute bed

• **Working with Brymore House** to extend admission criteria to support D2A

• An action plan is in place to achieve the target of reducing **CHC assessments** in an acute setting to less than 15% by March 2018