Public Document Pack

Health and Wellbeing Board
Agenda

Thursday, 30 May 2013
1.00 pm, Civic Suite, Catford
Civic Suite
Lewisham Town Hall
London SE6 4RU

For more information contact: Kalyan DasGupta (Tel: 020 8314 8378)

Part 1

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Health and Wellbeing Board Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Thursday, 30 May 2013.

Barry Quirk, Chief Executive
Tuesday 21 May 2013

Mayor Sir Steve Bullock Councillor Chris Best Dr Helen Tattersfield Aileen Buckton Frankie Sulke Dr Danny Ruta Healthwatch Lewisham representative	

HEALTH AND WELLBEING BOARD				
Report Title	Election of Chair and Vice Chair			
Contributors	Chief Executive - London Borough of Lewisham		Item No.	1
Class	Part 1	Date:	30 May 2013	

Recommendation

The Health and Wellbeing Board is invited to elect a Chair and a vice chair for the municipal year 2013/14.

HEALTH AND WELLBEING BOARD				
Report Title	Declarations of interest			
Contributors	Chief Executive – London Borough of Lewisham		Item No.	2
Class	Part 1	Date:	30 May 2013	

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)

Agenda Item 3

Health and Wellbeing Board			
Title	Comments of the Healthier Communities Select Committee on the Health and Wellbeing Strategy		
Contributor	Healthier Communities Select Committee	**Item No.**	3
Class	Part 1	**Date**	30 May 2013

1. Summary

This report informs the Health and Wellbeing Board of the comments and views of the Healthier Communities Select Committee, arising from discussions held on the officer report entitled 'Development of the Health and Wellbeing Strategy', and the appended draft Health and Wellbeing strategy, considered at its meeting on the 16 April 2013.

2. Recommendation

The Health and Wellbeing Board is recommended to note the views of the Healthier Communities Select Committee as set out in section three of this referral and agree to provide a response.

3. Healthier Communities Select Committee views

3.1 On the 16 April 2013, the Healthier Communities Select Committee considered a report on progress on the development of the Health and Wellbeing Strategy. The Committee also heard from the Director for Public Health and the Head of Strategy & Performance, Community Services.

3.2 The Committee welcomes the development of the Health and Wellbeing Strategy.

3.3 The Committee recommends that the Health and Wellbeing Board specifically addresses the issue of engagement with service users, either through:

(i) appointments to the Health and Wellbeing Board; or
(ii) a second tier of user groups feeding directly to the Health and Wellbeing Board.

4. Financial implications

There are no financial implications arising out of this report per se; but there may be financial implications arising from carrying out the action proposed by the Committee.

5. Legal implications

The Constitution states that 'the Council has appointed the Healthier Communities Select Committee to carry out, among other things, the scrutiny of health bodies

under the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and other relevant legislation in place from time to time'.
The Constitution provides for the Healthier Communities Select Committee to review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Executive/Council. t is the duty of the Executive body to respond within 2 months of receipt of the report/recommendations.

6. Further implications

At this stage there are no specific environmental, equalities or crime and disorder implications to consider.

Background papers

Healthier Communities Select Committee Agenda (16.04.13)

If you have any queries on this report, please contact Salena Mulhere, Overview and Scrutiny Manager (ext. 43380), or Kevin Flaherty, Head of Committee Business (ext. 49327).

HEALTH AND WELLBEING BOARD				
Report Title	Terms of Reference and membership			
Contributors	Head of Strategy and Performance, Community Services Directorate		Item No.	4
Class	Part 1	Date:	30 May 2013	

1. Purpose

1.1 This report presents the Health and Wellbeing Board with its Terms of Reference and procedures as a committee of the Council.

1.2 This report also provides information on the statutory requirements for membership of the Health and Wellbeing Board and the means by which membership of the Board can be changed. The report proposes additional members to join the Health and Wellbeing Board.

1.3 The report includes the Council's proposals for membership and voting rights for consideration by the Health and Wellbeing Board.

2. Recommendations

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

- note the Health and Wellbeing Board's Terms of Reference, the Council's procedure rules and the particular provisions which apply to the Health and Wellbeing Board; (see paragraphs 4 and 8)
- note the means by which membership of the Board may be amended or changed; (see paragraph 5)
- consider the Council's proposals on membership and which members will have voting rights; (see paragraphs 5 and 7)
- decide whether there are any other organisations or individuals who ought to be included in the membership of the Health and Wellbeing Board (see paragraph 6).

3. Policy Context

3.1 The activity of the Health and Wellbeing Board 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*.

4. Terms of Reference

4.1 The Council's constitution establishes the Terms of Reference for the Health and Wellbeing Board. They are as follows:

To carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012, as amended from time to time, regulations thereunder and all other relevant statutory provision. Activities of the Health and Wellbeing Board include, but may not be limited to, the following:-

- 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

- To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services

- To encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board

- To prepare joint strategic needs assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007), in respect of which the Council and each partner clinical commissioning group will prepare a strategy for meeting the needs included in the assessment by the exercise of the functions of the Council, the NHS Commissioning Board or the clinical commissioning groups

- To give its opinion to the Council on whether the Council is discharging its duty to have regard to any joint strategic needs assessment and any joint health and wellbeing strategy prepared in the exercise of its functions

- To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006 (statutory consultee in relation to substantial variations in service etc)

5. Membership

5.1 The Health and Social Care Act 2012 establishes a duty on local authorities to convene Health and Wellbeing Boards for their areas.

5.2 The Act specifies that the Board's membership must, as a minimum, include:

a) at least one Councillor of the local authority who is nominated by the Mayor (and may include the Mayor);
b) the Council's Director of Adult Services;

c) the Council's Director of Children's Services;
d) the Council's Director of Public Health;
e) a representative of the Local Healthwatch organisation for the area;
f) a representative of each relevant clinical commissioning group; and
g) such other persons or representatives of such other persons as the Council thinks appropriate.

5.3 This means that the Mayor can nominate whichever Councillors he chooses (under (a) above) and the Council must appoint them. It also means that the Council can appoint whichever people, Councillors or otherwise, it chooses under (g), subject only to the Council's own constitutional requirements.

5.4 In addition, the Board can appoint such other persons as it considers appropriate.

5.5 After the Board is established, the local authority must consult the Health and Wellbeing Board before the Council may make another appointment. This does not apply to Mayoral nominations.

5.6 At the Council AGM held on 20th March, the Mayor reported that he was appointing himself and Cllr Chris Best as members of the Health and Wellbeing Board.

5.7 The Council also approved the membership of the Health and Wellbeing Board as follows:

The Mayor and such councillors as he may appoint	Sir Steve Bullock Cllr. Chris Best
The Council's Executive Director for Community Services	Aileen Buckton
The Council's Executive Director for Children & Young People	Frankie Sulke
The Council's Director of Public Health	Danny Ruta
1 representative of the Local Healthwatch Organisation for the area	TBC
1 representative of the Lewisham Clinical Commissioning Group	Helen Tattersfield
Such other persons or representatives of such other persons as the Council thinks appropriate. This will normally include 2 representatives of the voluntary sector	TBC

5.8 Where nominations for membership have yet to be received, specifically in relation to the two representatives of the voluntary sector, it will be reported to the next Council meeting for formal appointment.

6. Additional nominations for membership

6.1 At a planning workshop held with the Board's members on 18 March 2013, it was proposed that Lewisham Healthcare Trust, Lewisham's Local Medical Committee and Voluntary Action Lewisham ought to represented on the Board.

6.2 NHS England must appoint a representative for the purpose of participating in the preparation of Joint Strategic Needs Assessments and the development of joint Health & Wellbeing Strategies, and to join the Health & Wellbeing Board when it is considering a matter relating to the exercise, or proposed exercise of the NHS Commissioning Board's commissioning functions in relation to the area, if it is requested to do so by the Board. NHS England has indicated that it would like to attend Lewisham's Health and Wellbeing Board meetings and has identified Jane Clegg, Director of Nursing for South London as its nominated representative.

6.3 The Council, in the Constitution, has made provision that two representatives of the voluntary sector will be appointed to the Board with voting rights. These representatives will be appointed by the Council.

6.3 Going forward, members of the Board will need to establish whether specific sectors or organisations are best represented at the Board meeting through membership, occasional representation or through involvement in one of the Board's sub-groups.

7. Voting rights and code of conduct

7.1 Regulation 6 of the Health and Social Care Act regulations modifies the Local Government and Housing Act 1989 (section 13(1)) to enable all members of the Health and Wellbeing Boards or their sub-committees to vote unless the Council decides otherwise. This means that the Council is free to decide, in consultation with the Health and Wellbeing Board, which members of the Board should be voting members.

7.2 The Council has proposed that its officers not be entitled to vote.

7.3 In addition, the Council has proposed that where an organisation (Clinical Commissioning Group, Healthwatch, or otherwise) appoints an employee to the Health and Wellbeing Board, that employee will not be allowed to vote. This rule will not apply to representatives of the voluntary sector appointed by the Council.

7.4 All members of Lewisham's Health and Wellbeing Board will be governed by the local authority's code of conduct.

7.5 Lewisham Council's code of conduct has been included as Appendix 1 This code of conduct contains the provisions the Council considers appropriate in respect of the registration and disclosure of pecuniary and other interests. It requires members to make an entry to the members' register of interests and establishes a duty on members to keep this information up-to-date.

7.6 Further information on which interests to declare, how and when to do so will be provided to Board members by the Council's Governance department.

8. Council procedure and ways of working

8.1 As a Council committee, the Health and Wellbeing Board is governed by the Council procedure rules as set out in the Council's constitution save to the extent that they are particularly disapplied by regulation.

8.2 All provisions relating to notice of meetings, minutes, agendas, record of attendance, admission of the press and public, adjournments, disturbance, vacancies, as well as the general rules of debate set out in the Council's Constitution, will apply to the Health and Wellbeing Board. The Health and Wellbeing Board is subject to the same equalities duties as the Council.

8.3 As outlined in the Constitution, the following particular provisions apply to the Council's Health and Wellbeing Board.

- Its membership does not have to reflect the political composition of the Council.
- Non-elected members of HWB are entitled to vote unless the Council decides to the contrary. This has been set out in paragraph 7.
- Quorum - The quorum for meetings of the HWB shall be as follows:-
    - 3 voting members of the HWB, at least one of whom must be a councillor or the Mayor and one must be a representative of the Clinical Commissioning Group.
- Decisions – Decisions shall be taken at the HWB by a majority of those present, entitled to vote and voting.
- Chair and Vice Chair – The Chair of the HWB shall be the Mayor. The Vice-Chair of the HWB shall be elected at the first meeting of the HWB in each year.

8.4 The Constitution does not provide for Board members to send substitutes to represent them.

9. Financial implications

9.1 There are no direct financial implications arising from this report or its recommendations.

10. Legal implications

10.1 The legal requirements relating to the establishment of the Health and Wellbeing Board are reflected in the body of the report. The Board is established as a committee of the local authority in accordance with section 102 of the Local Government Act 1972, subject only to the exceptional provisions set out above.

10.2 The functions of the Health and Wellbeing Board are broadly to conduct the Joint Strategic Needs Assessment and to agree the joint health and wellbeing strategy.

10.3 The Council's decision in relation to non-voting members of the Board is subject to consultation with the Board. The Council's Constitution reflects this.

10.4 Section 149 of the Equality Act 2010 imposes a public sector equality duty of local authorities. In conducting its business the Board must have regard to this duty.

10.5 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.

10.6 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.

10.7 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.

10.8 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/equality-act/equality-act-codes-of-practice-and-technical-guidance/

10.9 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

10.10 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/public-sector-equality-duty/guidance-on-the-equality-duty/

10.11 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.

11. Equalities implications

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

12. Crime and disorder implications

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

13. Environmental implications

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

Background documents

None

If there are any queries on this report please contact Edward Knowles, Service Manager – Strategy, Community Services, London Borough of Lewisham on 0208 314 9579 or by e-mail at edward.knowles@lewisham.gov.uk

Appendix 1

LONDON BOROUGH OF LEWISHAM

MEMBER CODE OF CONDUCT

LONDON BOROUGH OF LEWISHAM
MEMBER CODE OF CONDUCT

1. Introduction

1.1 This Code sets out the principles and standards of behaviour for all members of the London Borough of Lewisham, both elected and co-opted members. It is designed to demonstrate the Council's commitment to the highest standards of ethical behaviour. Certain minimum requirements are set out in law and these are all included in this Code. However, the Council has put in place some elements of this Code by exercising its own local discretion to do so. Those elements which the Council has included under this discretionary power are contained within text boxes below.

1.2 For the avoidance of doubt, when the term "members" is used in this Code, or any appendices or protocols under it, it means the Mayor, elected and co-opted members, including non-elected members of the Health and Wellbeing Board.

2 Principles

2.1 Members are required to comply with the following principles in their capacity as a member:-

- SELFLESSNESS
- INTEGRITY
- OBJECTIVITY
- ACCOUNTABILITY
- OPENNESS
- HONESTY
- LEADERSHIP

- INDEPENDENT JUDGEMENT
- RESPECT
- STEWARDSHIP

2.2 Accordingly the following requirements apply:-

1) Members must act solely in the public interest. They must never improperly confer an advantage or disadvantage on any person nor seek to do so. They must not act to gain financial or other benefit for themselves, their family, friends or close associates.

2) Members must not place themselves under a financial or other obligation to any individual or organisation that might seek to influence the performance of their duties as a member.

LBL requires that members must not act to place themselves in a position where their integrity might reasonably be questioned and

should on all occasions avoid situations which may create the impression of improper behaviour

3) Members should make decisions on merit, including when awarding contracts, making appointments, or recommending individuals for rewards or benefits.

4) Members are accountable to the public for their actions and the manner in which they carry out their responsibilities and should co-operate fully and honestly with any scrutiny appropriate to their office.

5) Members should be as open as possible about their decisions and actions and those of the Council. They should be prepared to give reasons for those decisions and have regard to the advice of the Council's statutory officers before making any decision.

6) Members must act to ensure Council resources are used prudently. When using or authorising the use by others of Council resources, members must ensure that they are used only for legitimate Council purposes and not for any other purpose. In particular they must not be used improperly for political purposes (including party political purposes). Members must have regard to any applicable Local Authority Code on Publicity under the Local Government Act 1986.

7) Members must take account of the views of others, including their political groups, but must reach their own conclusions and act in accordance with those conclusions.

8) Members should promote equality and not discriminate unlawfully against any person, and treat all people with respect. Whilst it is acknowledged that political debate may at times be robust and forthright, and that the right of freedom of expression is essential to vibrant political discourse, members should ensure that their comments and behaviour do not overstep the line of acceptability. They should not bully any person. They should respect the impartiality and integrity of the Council's officers

9) Members should promote and support high standards of conduct in particular as characterised by the above requirements by leadership and example.

3 When does this Code apply?

3.1 This Code applies at all times when members act in their capacity as member or claim to do so.

4 Personal interests

4.1 There are three categories of personal interest.

- Disclosable pecuniary interest
- Other registerable interest
- Non registerable interest

Disclosable pecuniary interest

4.2 The definition of disclosable pecuniary interest is set out in regulation. It is as follows:-

1 Employment, office, trade, profession or vacation

Any employment, office, trade, profession or vocation carried on by a relevant person for profit or gain.*

2 Sponsorship

Any payment or provision of any other financial benefit (other than from the Council) made or provided within the 12 months prior to the date of giving notice of interest for inclusion in the register in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member.

This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

3 Contracts

Any contract which is made 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 body corporate they have a beneficial interest) and the relevant authority—*

(a) under which goods or services are to be provided or works are to be executed; and

(b) which has not been fully discharged.

4 Land

Any beneficial interest in land which is within the borough.

5 Licences

Any licence (alone or jointly with others) to occupy land in the borough for a month or longer.

6 Corporate tenancies

Any tenancy where (to the Member's knowledge)—

(a) the landlord is the Council; and

(b) the tenant is a body in which the relevant person is a firm in which they are a partner, or a body corporate in which they are a director or in the securities** of which body corporate they have a beneficial interest.*

7 Securities

Any 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 one hundredth 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 one hundredth of the total issued share capital of that class.*

** For the purposes of this paragraph 4.2, a "relevant person" is:-*

(i) the Member, their spouse, or civil partner;
(ii) a person with whom the member is living as husband and wife; or
(iii) a person with whom the member is living as if they were civil partners.

*** For the purposes of this paragraph 4.2, "securities" means shares, debentures, debenture stock, loan stock, units of a collective investment scheme within the meaning of the Financial Services and markets Act 2000 and other securities of any description other than money deposited with a building society*

4.3 Members must within 28 days of taking office as a member, notify the Monitoring Officer of any disclosable pecuniary interest where the pecuniary interest is the interest of themselves, their spouse or civil partner (or is the interest of someone with whom the member lives as spouse or civil partner) for inclusion in the Register of Members' Interests.

Other registerable interest

4.4 Members must also within 28 days of taking office as a member, notify the Monitoring Officer of such further interests as LB Lewisham has decided should be included in the register

Membership or position of control or management in:-

- *Any body to which you were appointed or nominated by the Council*
- *Any body exercising functions of a public nature (described below) or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party*

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

There is no definitive list of bodies exercising functions of a public nature, but those bodies which:-

- *carry out a public service, or*
- *take the place of local/central government (including through outsourcing); or*
- *carry out a function under legislation or in pursuit of a statutory power; or*
- *can be judicially reviewed,*

are likely to be bodies carrying out functions of a public nature. They include bodies such as government agencies, other councils, health bodies, council owned companies, ALMOs, school governing bodies.

4.5 LBL requires all members to ensure that their entries on the Register of Members' Interests are kept up to date annually and that they notify the Monitoring Officer of any change to their interests within 28 days of the change arising

5. **Declaration of interests**

Disclosable pecuniary interest

5.1 By law, Members with a disclosable pecuniary interest may not participate in any discussion of, vote on, or discharge any function relating to any matter in which the member has such an interest, unless a dispensation has been granted under Section 33 Localism Act 2011.

5. **Declaration of Interests**

Disclosable pecuniary interest

5.1 By law, Members with a disclosable pecuniary interest may not participate in any discussion of, vote on, or discharge any function relating to any matter in which the member has such an interest, unless a dispensation has been granted under Section 33 Localism Act 2011.

5.2 In Lewisham decisions relating to dispensation may only be taken by the Standards Committee which will decide each case on its merits.

5.3 The law requires that if a member has a disclosable pecuniary interest which is not entered on the Register of Members' Interests, then the member must disclose the interest to any meeting of the Council at which they are present where they have a disclosable interest in any matter being considered at that meeting. However this shall not apply if the interest is a 'sensitive interest' (see para 5.4 below.) Following any such disclosure the law requires that members update their entry in the Register of Members' Interests within 28 days of the date of disclosure. In this context the law defines a meeting as a meeting of the Council, or any committee, sub-committee or joint committee of it.

5.4 A 'sensitive interest' is an interest the disclosure of which the member and Monitoring Officer have agreed could lead to the member or a person connected with them being subject to violence or intimidation

Other registerable interests

5.5 Members must also comply with such other provisions as the Council may require in relation to declarations of interest. The provisions which the Council has decided to include in this Code in relation to the declaration of interests are set out in paragraphs 5.6 to 5.11 below.

5.6 LBL requires that whenever a member has a registerable interest (pecuniary or otherwise) in any 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 no part in consideration of the matter and withdraw from the room before it is considered. They must not improperly seek to influence the decision in any way.

5.7 Where the member has a registerable interest which falls short of a disclosable pecuniary interest, the member must still declare the nature of that interest to the meeting at the earliest opportunity and in any event before the matter is considered, but unless paragraph 5.8 below applies, provided the member does so, they may stay in the room and participate in consideration of the matter and vote on it.

5.8 Where a member has an interest which under this Code would not be a disclosable pecuniary interest but would be registerable (and therefore would not generally by law prevent participation in consideration of a matter in which the member has that interest,) the member must consider whether a reasonable member of the public in possession of all 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.

Non-registerable interests

5.9 Occasions may arise where a matter under consideration would, or would be likely to, affect the wellbeing of the member, their family, friend or close associate(s) more than it would affect those in the local area generally, but which is not required to be included in the Register of Members' Interests (for example, a decision in relation to a school closure, where a member has a child at the school). In such matters, members must comply with paragraph 5 in its entirety as if the interest were a registerable one.

5.10 Decisions in relation to the declaration of interests are for the member's personal judgement. However members must consider not only whether they have an actual interest in a matter under discussion but should at all times seek to avoid the impression being created that their judgement of the public interest is or is likely to be impaired by their personal interests.

5.11 The provisions of this paragraph 5 apply not only to meetings but to circumstances where a member makes a decision alone.

6. ACCESS TO INFORMATION

6.1 Members must not disclose confidential information given to them in the course of their duties without the consent of the person entitled to give it unless:-

(a) there is a legal requirement to disclose the information, or

(b) the disclosure is to a third person for the purpose of obtaining professional advice and the third party agrees not to disclose it, or

(c) the disclosure is reasonable, in the public interest, made in good faith and made in accordance with the Council's reasonable requirements.

6.2 Conversely, members must not prevent access to information to which another is entitled by law.

7. GIFTS AND HOSPITALITY

The Council maintains a Register of Gifts and Hospitality in which all members must register gifts and hospitality received from any party of £25 or over. Members must also register the identity of the party whom they believe to be the source of the hospitality or gift. Members must also record in this register any gift or hospitality offered to them but not accepted if it exceeds £25. This register will be publicly available on the Council's website.

8 PROTOCOLS

From time to time, the Council may put in place protocols which clarify this Code of Conduct and will be used to interpret it. Members must comply with any such protocols in place from time to time. There are attached to this Code 5 such protocols:-

(1) Member and Officer relations
(2) Member Use of IT
(3) Planning and Lobbying
(4 Local Authority Code on Publicity
(5) Guidance Code for Members on Outside Bodies

9 UNDERTAKING TO COMPLY

LBL requires that all members sign an undertaking within two months of being elected to abide by this Code of Conduct. Failure to do so will itself amount to a breach.

10 SANCTIONS

Members are reminded that breach of any of the statutory requirements relating to the registration and declaration of interests may result in prosecution. Breach of the provisions introduced locally by the Council will be dealt with in accordance with the Council's procedure for handling allegations of breach of this Code

Members in need of advice about the application of this Code should contact the Head of Law and Monitoring Officer, Kath Nicholson on extension 47648

HEALTH AND WELLBEING BOARD				
Report Title	Health and Wellbeing Board – supporting groups			
Contributors	Service Manager, Strategy – Community Services Directorate		Item No.	5
Class	Part 1	Date:	30 May 2013	

1. Purpose

1.1 This report provides detailed information on the supporting groups that will complement the Board and support the delivery of its strategic intentions.

2. Recommendations

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

- note the supporting groups and their relationship with the Health and Wellbeing Board and its agenda going forward.

3. Policy context

3.1 The activity of the Health and Wellbeing Board 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*.

4. Supporting structures

4.1 To help deliver the Borough's Health and Wellbeing strategy, its vision and its key objectives, four supporting groups have been established. Between them these groups will help the Board and its constituent partner organisations to understand public and patient needs, to commission appropriate interventions and to monitor delivery of the priorities of the Health and Wellbeing Strategy.

Joint Public Engagement Group

4.2 The Lewisham Public Engagement Group brings together key stakeholders from across Lewisham's public, voluntary and community

sectors to ensure that communities and individuals across Lewisham are able to influence the design and delivery of health and social care services. In doing so, the Group will identify activities and interventions that support communities to be involved in managing their health and wellbeing, their health and care services and to exercise choice and to achieve positive outcomes.

4.3 The Group's key functions are to:

- Provide the strategic direction for engagement and community development work around the priorities of the Health and Wellbeing Strategy and the Clinical Commissioning Group's Commissioning Strategy.

- Provide oversight of the engagement and community development activity of Lewisham's key partner agencies, including Healthwatch Lewisham, the Clinical Commissioning Group, Lewisham Council, South London and Maudsley NHS Trust and Lewisham Healthcare NHS Trust.

- Ensure that information arising from engagement and equalities activity informs and influences the commissioning, delivery and direction of services and interventions.

- Support partners in fulfilling the Public Sector Equalities Duty.

- Actively identify how resources and expertise can be shared to build the overall capacity of the health and wellbeing system.

- Develop appropriate interventions to measure the value of engagement and community development activity, including the cost-effectiveness of interventions.

- Lead on the development and evaluation of new methods of engagement in Lewisham.

Health and Wellbeing Delivery Group

4.4 The Lewisham Health and Wellbeing Delivery Group brings together key stakeholders from across Lewisham's health and social care organisations to help drive, coordinate and monitor progress against and achievement of improved health and wellbeing outcomes in Lewisham.

4.5 The Delivery Group's key functions are to:

- Work collaboratively with existing boards and groups to identify the best means of delivering improvements against the health and wellbeing objectives identified in Lewisham's Health and Wellbeing Strategy and Health and Wellbeing Action Plan

- Ensure collaboration and join-up between activities and interventions and reduce duplication

- Develop a performance monitoring and reporting framework and use this information to inform the activity of the Health and Wellbeing Board and wider stakeholders

- Identify gaps/limitations in delivery structures and develop feasibility studies and business cases for consideration by commissioners and service providers

Adult Joint Strategic Commissioning Group

4.6 The Adult Joint Strategic Commissioning Group is an existing group, originally established to co-ordinate the production of commissioning intentions across the Council and Lewisham PCT.

4.7 This group's Terms of Reference and membership are currently under review and will be updated to reflect the new commissioning landscape and the most recent announcements regarding the integration of health and social care services.

4.8 It is intended that this group, in addition to its existing responsibilities to oversee commissioning activity, will also programme-manage the move towards more integrated services between the local authority and the NHS. It will also work closely with the Children and Young People Joint Commissioning Group, so that activity is coordinated and delivered by the most appropriate means.

4.9 Once the review is complete, the updated Terms of Reference will be presented to the Health and Wellbeing Board.

Health and Wellbeing Agenda Planning Group

4.10 The Health and Wellbeing Agenda Planning Group brings together appropriate officers from across Health and Social Care organisations in Lewisham to support the activity of the Health and Wellbeing Board and to coordinate the delivery of the Health and Wellbeing Strategy.

4.11 The group's key functions are to:

- Forward plan meetings of the Health and Wellbeing Board and coordinate the necessary papers, information and interventions to allow the Board to conduct its business.

- Identify how the actions agreed by the Health and Wellbeing Board are taken forward and resourced.

- Maintain an overview of the activity of the Health and Wellbeing Board's supporting groups so that their activity is coordinated and helps deliver the objectives identified in the Health and Wellbeing Strategy.

- Coordinate activity around the production/updating of Lewisham's Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

- Commission, monitor and evaluate task and finish groups to take forward specific areas of activity.

- Ensure that supporting groups and lower-tier boards are effectively reporting to one another, particularly where reporting channels are informal.

5. Relationship with the Health and Wellbeing Board and other groups

5.1 The supporting groups will report on their activity to the Health and Wellbeing Board. The regularity of these reports will be determined by the Board.

5.2 The supporting groups may also need to report on their activity to other organisations and to other strategic partnership boards, including the Children and Young People Strategic Partnership Board.

5.3 The functions, membership and performance of each of these supporting groups will be reviewed by the members of the Health and Wellbeing Agenda Planning Group on an annual basis and a report presented to the Health and Wellbeing Board.

5.4 A chart showing the Health and Wellbeing Board, the supporting groups and its key connections with other strategic groups and partnerships is included as Appendix 1.

6. Financial implications

6.1 There are no direct financial implications arising from this report or its recommendations. The clerking and administration of the sub-groups will be met from existing budgets within the Council and from contributions to costs from other partner agencies.

7. Legal implications

7.1 The functions of the Health and Wellbeing Board are broadly to conduct the Joint Strategic Needs Assessment and to agree the joint health and wellbeing strategy.

7.2 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.

7.3 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.

7.4 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.

7.5 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/equality-act/equality-act-codes-of-practice-and-technical-guidance/

7.6 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

7.7 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/public-sector-equality-duty/guidance-on-the-equality-duty/

7.8 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. The importance of ensuring that the Health and Wellbeing Board and its supporting groups recognise equalities will be made clear within their terms of reference. In addition, the Joint Public Engagement Group will have a specific role to play in ensuring that the activity of the Health and Wellbeing Board takes into account the views of those communities and groups that are harder to reach.

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

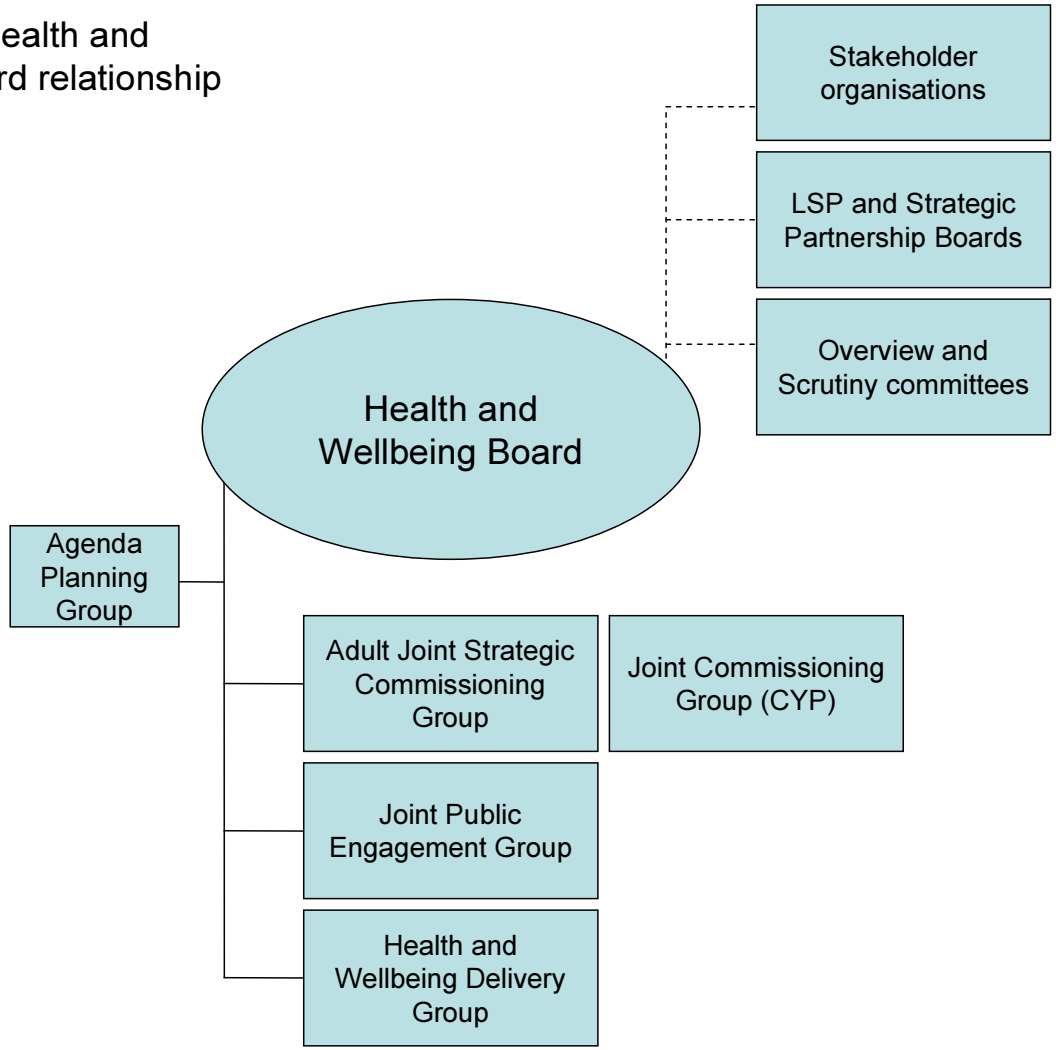
10.1 There are no specific environmental implications arising from this report or its recommendations.

Background documents

None

If there are any queries on this report please contact Edward Knowles, Service Manager – Strategy, Community Services, London Borough of Lewisham on 0208 314 9579 or by e-mail at edward.knowles@lewisham.gov.uk

Appendix 1 - Health and Wellbeing Board relationship map



HEALTH AND WELLBEING BOARD				
Report Title	Lewisham's Health and Wellbeing Strategy			
Contributors	Head of Strategy and Performance, Community Services Directorate Director of Public Health, London Borough of Lewisham		Item No.	6
Class	Part 1	Date:	30 May 2013	

1. Purpose

1.1 This report presents the Health and Wellbeing Board with a draft of Lewisham's Health and Wellbeing Strategy. The draft strategy is based upon the information and the areas of need identified through Lewisham's Joint Strategic Needs Assessment.

1.2 The report outlines the statutory requirements associated with Health and Wellbeing strategies, the process through which Lewisham's strategy and its key areas of focus have been developed and the extensive engagement activity that has been undertaken with residents and stakeholders to ensure that the strategy reflects the experiences and needs of local people.

1.3 The report also sets out the next steps that will be taken to ensure the strategy fully aligns with the Government's vision for person-centred coordinated care and support and that partners' planned activity underpins the health and wellbeing priorities.

2. Recommendations

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

- note the key principles of the Health and Wellbeing Strategy, its key aims and the nine key objectives;
- note the engagement activity that has taken place, the messages arising from this activity and how this information has been incorporated into the Health and Wellbeing Strategy;
- agree the arrangements by which progress towards achieving Lewisham's Health and Wellbeing Strategy will be monitored and reported upon;
- agree the remaining activity that will take place to finalise the strategy.

3. Policy context

3.1 The Local Government and Public Involvement in Health Act (2007) originally established a duty on local authorities and Primary Care Trusts to prepare and publish a Joint Strategic Needs Assessment (JSNA). JSNAs are assessments of the current and future health and social care needs of the local community.

3.2 Local Health and Wellbeing strategies were first proposed in the Government's Public Health White Paper, *Healthy Lives, Healthy People: our strategy for public health in England*. The strategies would be *"based on the assessment of need outlined in [the] JSNA"* and would *"provide the overarching framework within which more detailed and specific commissioning plans for the NHS, social care, public health and other services that the health and wellbeing board agrees to consider, are developed"*.

3.3 *Liberating the NHS – Legislative Framework and Next Steps*; *Healthy Lives, Healthy People* and *Capable Communities and Active Citizens* set out the Government's ambition for an enhanced role for JSNAs. JSNAs will be the means by which local leaders work together to understand and agree the needs of all local people. Health and Wellbeing strategies establish the priorities for collective action in light of this analysis.

3.4 In its Statutory Guidance on JSNAs and Joint Health and Wellbeing Strategies, the Government notes that the purpose of producing these documents *"is to improve the health and wellbeing of the local community and reduce inequalities for all ages. They are not an end in themselves, but a continuous process of strategic assessment and planning – the core aim is to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities."*

3.5 The Council is committed to improving the health and wellbeing of citizens in Lewisham. In *Shaping our future – Lewisham's Sustainable Community Strategy,* one of the priority objectives that all partners will work towards is that the borough and its communities should be *Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and wellbeing*.

3.6 The Council's Corporate Strategy identifies specific priorities related to the health and wellbeing of its citizens, specifically *Caring for adults and older people* and *Active, healthy citizens*. The Council is also meeting its commitment to deliver Community leadership and empowerment.

3.7 On 14 May, the Government and key partners across health and social care announced their vision for person-centred coordinated care and support and stated their ambition to make joined-up and coordinated health and care the norm by 2018.

3.8 The Government and its partners have invited local areas to become integration 'pioneers' working across the whole of their local health, public

health and social care systems and alongside other local authority departments and voluntary organisations as necessary to achieve integrated services.

4. Requirements for the Health and Wellbeing Strategy

4.1 The Health and Social Care Act 2012 places a duty on local authorities and their partner clinical commissioning groups to prepare and publish joint health and wellbeing strategies to meet the needs identified in their Joint Strategic Needs Assessments.

4.2 In preparing the strategy, the local authority and its partner clinical commissioning group must consider the extent to which the needs could be met more effectively by the making of arrangements under section 75 of the National Health Service Act 2006.

4.3 In preparing a strategy, the local authority must involve the local HealthWatch organisation and the people who live or work in the local area.

4.4 The local authority, its partner clinical commissioning group and where relevant the NHS National Commissioning Board must have regard to the JSNA and the joint health and wellbeing strategy in the exercise of their relevant functions.

4.5 The Act specifies that each clinical commissioning group must prepare a plan setting out how it proposes to exercise its functions. In preparing the plan, the clinical commissioning group must consult the relevant Health and Wellbeing Board about its views on whether the plan takes proper account of the most recent joint health and wellbeing strategy published by the Health and Wellbeing Board. Clinical Commissioning Groups' annual plans will have to include a review of how they have contributed to the delivery of the Health and Wellbeing Strategy.

5. Development through the Shadow Health and Wellbeing Board

5.1 Lewisham produced its first Joint Strategic Needs Assessment, *Health, Well-being and Care* in 2010. It has subsequently produced an online version, accessible at www.lewishamjsna.org.uk. As an online "live" document, additional and more detailed assessments can be incorporated so that the document reflects the latest information available on a range of local health and social care issues. The draft Health and Wellbeing Strategy is based upon the analysis and information contained in the Joint Strategic Needs Assessment.

5.2 Since May 2011, Lewisham's Shadow Health and Wellbeing Board have overseen the transitional arrangements necessary to have in place all the required elements specified by the Health and Social Care Act.

5.3 The Shadow Health and Wellbeing Board undertook a prioritisation exercise to identify the most pressing health and social care issues for Lewisham and those issues where concerted partnership work could result in improved outcomes.

5.4 At its meeting in May 2011 the Shadow Health and Wellbeing Board agreed upon the following nine key objectives which would achieve its aim to improve health, improve care and improve efficiency:

- Increase the uptake of immunisation
- Prevent the uptake of smoking among children and young people and reduce the numbers of people smoking
- Reduce the harm caused by alcohol misuse
- Promote healthy weight
- Improve mental health and wellbeing
- Improve sexual health
- Delay and reduce the need for long-term care and support
- Reduce the number of emergency admissions for people with chronic long-term conditions
- Increase the number of people who survive colorectal, breast and lung cancers for 1 and 5 years

5.5 The nine key objectives have been incorporated into the draft Health and Wellbeing Strategy. In addition, the Strategy identifies the need for concerted partnership activity around the preventative agenda and need to address the wider determinants of health including housing, the local environment and the impact of deprivation on health and wellbeing outcomes.

6. Strategic alignment

6.1 Lewisham's Health and Wellbeing Strategy aligns with the Borough's strategic intentions as defined by *Shaping our future – Lewisham's Sustainable Community Strategy* and with the same strategy's key principles *Reducing inequality – narrowing the gap in outcomes for citizens* and *Delivering together efficiently, effectively and equitably*.

6.2 In the context of health and wellbeing, narrowing the gap in outcomes will mean a focus on tackling the health inequalities that exist within Lewisham, whereby some communities and residents face worse health outcomes depending on where they live, their age, ethnicity or personal situation.

6.3 Delivering together in the context of health and wellbeing will mean not only better integration between statutory partners so that the health and social care system is more comprehensible to service users and more easily navigated, but also that services will more effectively work with individuals to better meet their needs and allow them to exercise choice as to how best to receive and access services.

6.4 As part of its process of becoming an authorised body, Lewisham's Clinical Commissioning Group has developed its strategic ambitions and clinical priorities.

6.5 The Clinical Commissioning Group has looked to align its priorities with the key areas of focus identified by the Shadow Health and Wellbeing Board. The table below details how each of the nine areas of focus align with the Clinical Commissioning Group's three clinical priorities.

Health and Wellbeing Board	LCCG Clinical Priorities
Increase the uptake of immunisation	Healthy living
Prevent the uptake of smoking among Children and Young People and reduce the number of people smoking	
Reduced the harm caused by alcohol misuse	
Promote health weight	
Improve mental health and wellbeing	
Improve sexual health	
Increase the number of people who survive colorectal, breast and lung cancer	
Delay and reduce the need for long term care and support	Frail, vulnerable people and long term conditions
Reduce number of emergency admissions with long term conditions	

7. Engagement activity

7.1 A series of engagement activities has taken place to inform the Health and Wellbeing Strategy. The activities have been designed to allow a broad range of stakeholders to contribute to the strategy's development and specifically to identify the role that non-statutory organisations and individuals will need to play to achieve improved outcomes locally.

7.2 Each engagement exercise adopted an assets approach, whereby participants were given information on Lewisham's most pressing needs and then challenged to think about what already exists in terms of local capacity that could help meet these needs. This has allowed participants to draw upon their local knowledge and experience to explore practical methods of improving people's health and to provide a more detailed picture as to the opportunities and barriers that local people experience.

7.3 This assets approach, by focusing first on capacity and what good activity is already in place, allowed gaps in provision and other areas of inequality to be more easily identified.

7.4 A number of the engagement exercises also introduced participants to the key principles of health promotion as outlined in the Ottawa Charter. These participants were then asked to consider how their work and other areas of good practice aligned with these principles and whether there were certain elements of health promotion which required further investment or focus in the future.

7.5 The table below summarises the activities held to date:

Group/Organisation	**Date**	**Venue**	**Attendees**
Voluntary Action Lewisham (VAL) Health & Social Care Forum (H&SCF)	10/12/12	Civic Suite Catford	60
Joint Children and Young People and H&SCF	23/1/13	Horniman Museum Forest Hill	60
Public Health event - all	7/2/13	Albany Deptford	100
Positive Ageing Council	21/2/13	Civic Suite, Catford	50
Young Advisors	25/2/13	Civic Suite, Catford	25
Carers Group	5/3/13	Carers Lewisham Forest Hill	30
Faith groups and Arts/Leisure sector	18/3/13	Civic Suite, Catford	70
LEWHAG	9/4/13	Civic Suite Catford	30
Young people	21/4/13	Millwall Football Club New Cross	87

7.6 Key messages arising from the engagement activity include:

- The impact of social isolation on people's physical and mental health and wellbeing
- The numerous barriers that hinder people from pursuing a healthy lifestyle, from cost and access to a lack of confidence to turn up and engage with existing activities.

- The existence of a range of opportunities and activities, already provided within the community, that could support people to feel healthier and maintain their independence.
- The significant role played by Voluntary and Community organisations and Faith organisations in supporting people's engagement with their local community but also in acting as a trusted source of information.
- The importance of being able to easily access a wide range of cultural and leisure activities so that people could feel empowered and stimulated
- Some of the key barriers to improving health and wellbeing: lack of organisational join-up, a lack of continuity between services, knowing what opportunities are available and having the time and space to consider which opportunities to access.

7.7 The Healthier Communities Select Committee has considered drafts of the Health and Wellbeing Strategy at meetings in October 2012 and April 2013.

7.8 The outcomes and the key messages of this engagement have fed directly into the Health and Wellbeing Strategy, in the consideration which the strategy gives to some of the wider determinants of health and wellbeing. Some of these issues, while not prioritised as one of the nine key objectives, are nonetheless crucial to maintaining individual and community health and wellbeing.

8. Delivery and Performance

8.1 Lewisham's Health and Wellbeing Strategy will be accompanied by an annual delivery plan. This delivery plan will be monitored by the Health and Wellbeing Board's delivery group which brings together key stakeholders from across Lewisham's health and social care organisations to help drive, coordinate and monitor progress against and achievement of improved health and wellbeing outcomes in Lewisham. The group will also develop a performance monitoring and reporting framework to report to the Health and Wellbeing Board and wider stakeholders on progress and performance.

9. Next steps and sign off

9.1 Officers will now develop the delivery model and identify the specific interventions and underpinning mechanisms to achieve the desired outcomes.

9.2 In addition, officers across the CCG, local authority and public health will complete the Equalities Analysis Assessment on the strategy.

9.3 The Strategy will be presented formally to the Clinical Commissioning Group Executive, the Children and Young People Strategic Partnership Board and Healthwatch. Comments from these groups will be reflected in

the final draft which will be presented to the Health and Wellbeing Board for sign off.

10. Financial implications

10.1 There are no financial implications arising from this report or its recommendations. Resources to meet the Health and Wellbeing Strategy are included within the Council's existing budgets as well as those of partner organisations.

11. Legal implications

11.1 As stated in the body of this report, the Health and Social Care Act (2012) places a duty on local authorities and their partner clinical commissioning groups to prepare and publish a joint health and wellbeing strategy to meet the needs identified in the Joint Strategic Needs Assessment.

11.2 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.

11.3 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.

11.4 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.

11.5 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

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11.6 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
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3. Engagement and the equality duty
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11.7 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/public-sector-equality-duty/guidance-on-the-equality-duty/

11.8 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.

12. Equalities implications

12.1 An Equalities Analysis Assessment (EAA) of the Health and Wellbeing Strategy is being undertaken and will be presented to the Board alongside the final draft of the strategy.

13. Crime and disorder implications

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

14. Environmental implications

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

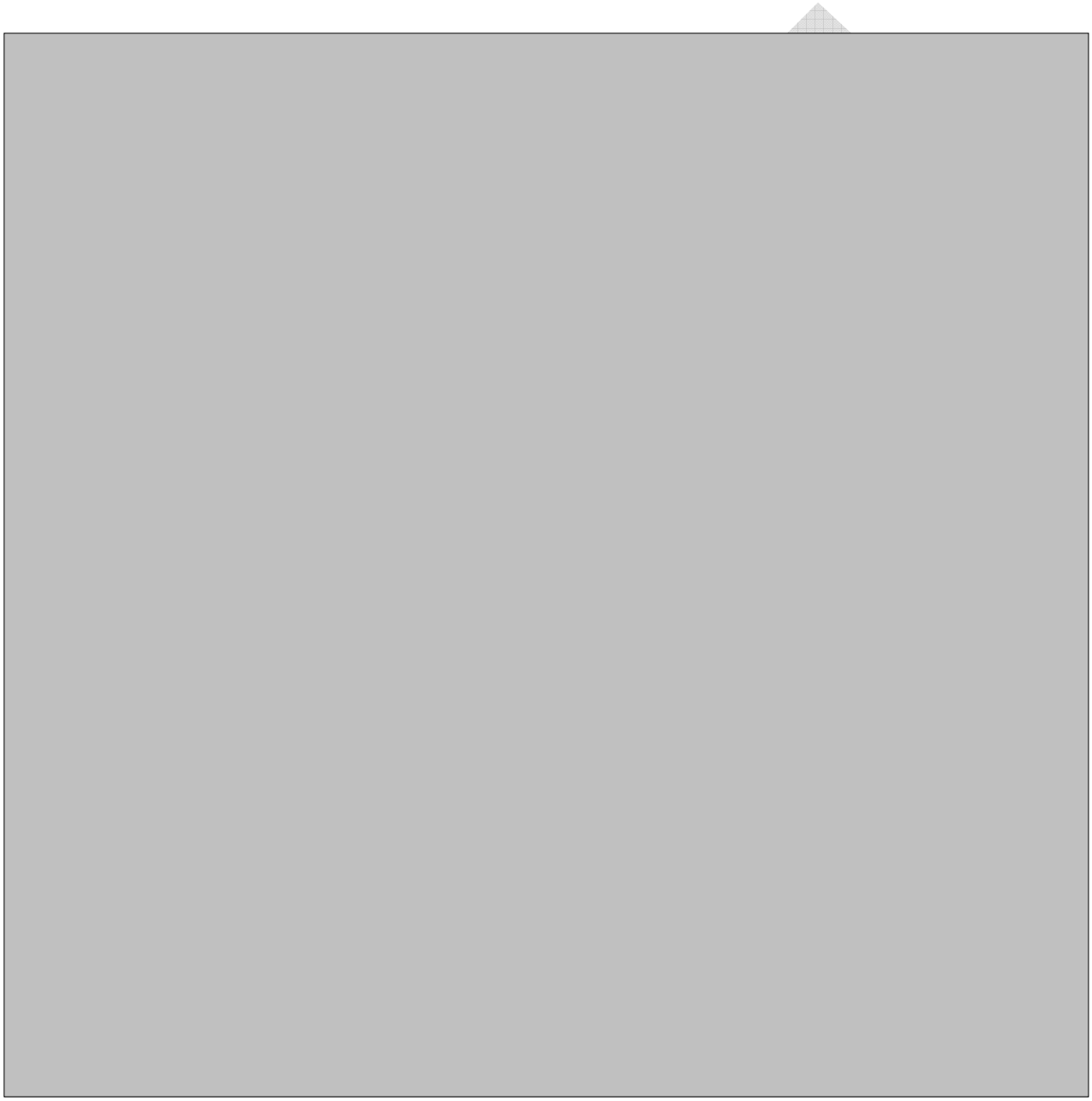
Background documents

- *Healthy Lives, Healthy People: our strategy for public health in England*
- *Liberating the NHS – Legislative Framework and Next Steps*
- *Capable Communities and Active Citizens*
- Statutory Guidance on JSNAs and Joint Health and Wellbeing Strategies

If there are any queries on this report please contact Edward Knowles, Service Manager – Strategy, Community Services, London Borough of Lewisham on 0208 314 9579 or by e-mail at edward.knowles@lewisham.gov.uk

LEWISHAM'S HEALTH AND WELLBEING STRATEGY: HEALTH AND WELLBEING FOR ALL BY 2023

Foreword from the Chair of the Health and Wellbeing Board



Introduction

Welcome to Lewisham's ten year strategy for improving the health and wellbeing of local people. This strategy looks ahead to 2023 and explores how Lewisham and its residents will change and develop over this period. It identifies the key health and well-being challenges that people will face, as well as the assets, skills and services that are available locally which can support people to maintain and improve their health and wellbeing.

Working together to achieve our vision

This strategy is an ambitious one – it sets out a strategic commitment for the next 10 years focused on achieving our vision of:

"Health and wellbeing for all Lewisham residents by 2023"

We can't expect everybody in Lewisham to be equally healthy and happy, but we believe that it is possible for individuals, communities and organisations to work together to significantly improve people's health and wellbeing and to reduce the inequalities in health and wellbeing that exist between different sections of our community and between Lewisham and the rest of the country.

What do we mean by 'health and wellbeing'?

Good health and wellbeing mean different things to different people. Any definition needs to reflect the fact that health isn't just about being free from illness or disease. It also needs to encompass how people feel in themselves and in the communities in which they live. And wellbeing means not only extending people's lives but also improving the quality of their lives. So for the purposes of this strategy, we have used the World Health Organisation's (WHO) definition and have defined health as '*a state of complete physical, mental and social wellbeing'* and wellbeing as having *" the capability to do and be what you want in your life'* .

Tackling health inequalities in Lewisham

Achieving our goal of Health and Wellbeing for All by 2023 will require us to think differently about the root causes of health inequalities. We recognise that health and wellbeing is affected by social factors as well by the choices and actions taken by individuals. Such factors determine the quality and length of a person's life. Some directly impact on health, and others shape behaviours and thought processes that in turn may affect physical and mental health and wellbeing.

The following diagram summarises these multiple determinants of health:

In order to tackle health inequalities in Lewisham, we recognise:

- the importance of empowering individuals to take action by themselves, and also within their families and communities;
- the need to create physical and social environments that encourage healthy habits, choices and actions;
- that every aspect of people's lives, their work, their housing, their finances and their relationships can have an impact on their health and wellbeing.
- the roles that organisations across all sectors must play in order to achieve improvements in the borough.

Our local area

Lewisham is a part of London, the largest, most culturally diverse and vibrant city in the European Union and home to over 7.5 million people. Lewisham's future is shaped by the growth and success of London.

Lewisham covers an area of 13.4 square miles stretching from the Thames at its most northerly point to Bromley in the south. There are good transport links to the rest of London and the wider region. The West End, Canary Wharf, London City Airport and the new international rail terminal at Stratford are all within easy reach. Lewisham citizens can take full advantage of the opportunities available in London, one of the few world cities with strong global connections.

Some 275,000 people live in Lewisham. The borough has a young population, with a quarter of residents aged between 0 – 19. By contrast, just under 10% of the population is aged over 65. By 2021, Lewisham's population is expected to increase to 321,121, an increase of over 44,000 residents in a 10 year period. The number of residents aged over 65 is projected to be 9%.

There is no common definition of disability, but 14% of residents identify themselves as being limited in carrying out day-to-day activities. Just over 8% of residents identified themselves as providing unpaid care to a friend or relative. This percentage has remained the same since the 2001 Census.

As a locality, Lewisham is the 15th most ethnically diverse local authority in England. Two out of every five Lewisham residents are from a black or minority ethnic background. There are over 170 languages spoken in the borough.

Lewisham is the 31st most deprived local authority in England, and relative to the rest of the country its levels of deprivation are increasing.

The health and wellbeing of people in Lewisham

In order to obtain information on the health and wellbeing of the people of Lewisham, we have referred to Lewisham's Joint Strategic Needs Assessment (JSNA).

The JSNA brings together in one place a wealth of information on the health and social care needs of Lewisham's citizens, complemented by information on the social, environmental and population trends that are likely to impact on people's health and well-being. The JSNA also includes the community and patient perspective.

From this information, we know that, in general, people in Lewisham feel healthy. 83% of residents identify themselves as having good health or fairly good health. However, 5% identify themselves as having bad health or very bad health.[1]

We know that Lewisham residents are not as healthy as they could be:

- Men and women in Lewisham have a relatively low life expectancy compared with the England average.

- The three most important causes of this gap between Lewisham and the rest of the country are premature deaths below the age of 75, from circulatory diseases (mainly heart attacks and stroke), cancer (mainly lung, breast and bowel), and respiratory diseases.

[1] Census 2011

- More people smoke than the national average and reducing the number of people in Lewisham who smoke would make a major impact on all three causes of premature death.

- Lewisham's black and minority ethnic communities are at greater risk from health conditions such as diabetes, hypertension and stroke.

- There are high rates of teenage conceptions, sexually transmitted infections and obesity compared with England.

- Medical advances are helping people to live longer but, in line with this, more people can expect to live for some time with a care and support need.

We also know that people in Lewisham have different life expectancy depending on where they live. Men living in the most deprived wards in the borough live on average 6.5 years less than men in the least deprived wards. Women in the most deprived wards live 3.3 years less than women in the least deprived wards. In the last five years, the gap has closed by about a year for both men and women but there is more work to do. Cancer mortality rates for example are much higher in Bellingham and New Cross.

There are also significant ethnic health inequalities in Lewisham. Diagnosis of breast cancer is delayed in black women, whilst late diagnosis of HIV infection is more common in black African heterosexual men. Black teenage girls are 74% more likely to get pregnant than white teenage girls. White men and women have higher rates of admission for alcohol related problems.

In summary, health outcomes vary across the borough. While some parts of the borough experience relatively good health, others experience high levels of health deprivation and disability.

This is illustrated on the map below.

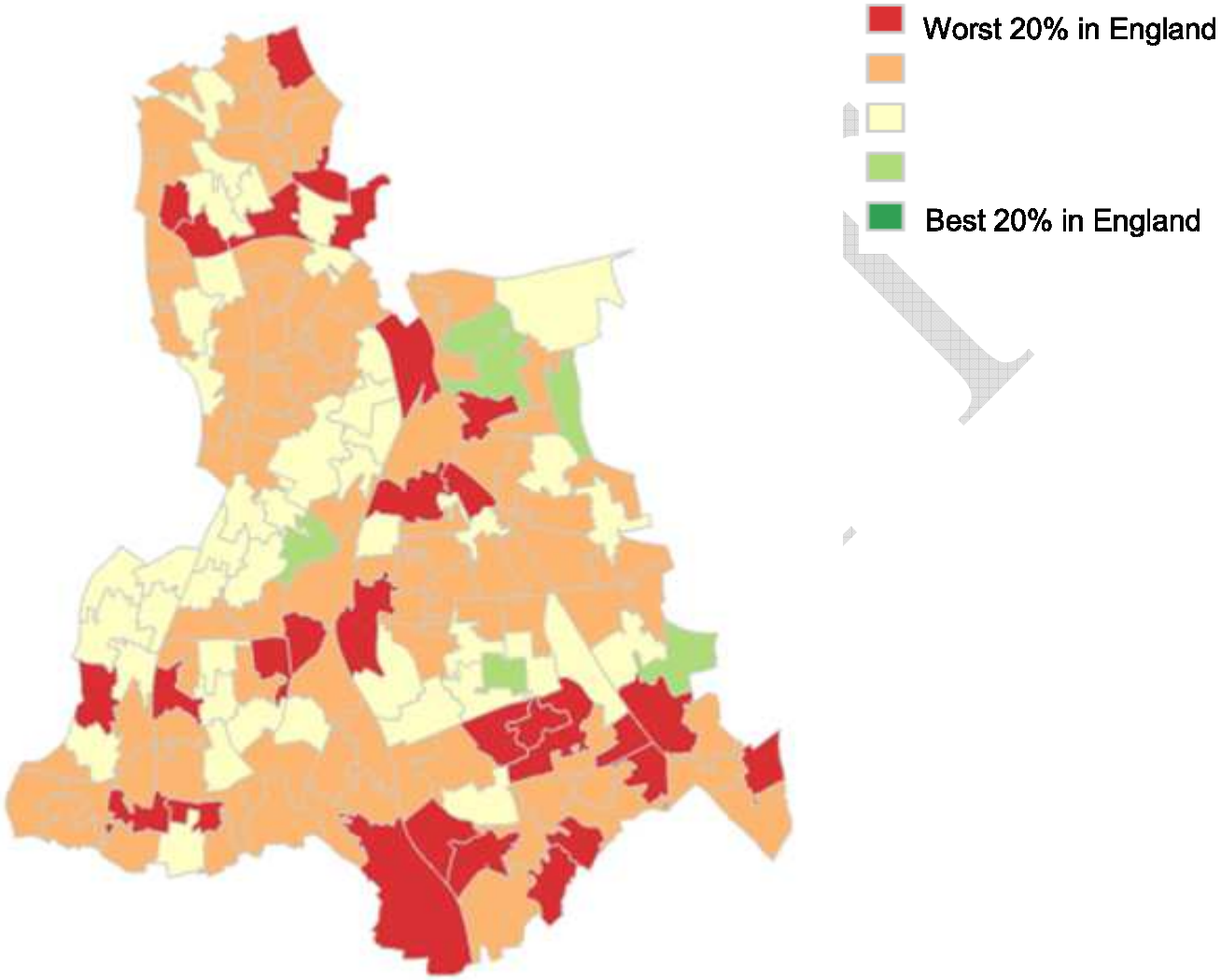


Fig 1. Indices of Multiple Deprivation 2010 – Health deprivation and disability

Lewisham's voluntary and community sector

The vision for Lewisham will only be achieved with the involvement and support of Lewisham's diverse and vibrant voluntary and community sector. The sector plays a vital role in improving the health and wellbeing of Lewisham's residents; by representing users, by providing a wide range of services and support, and by reviewing the commissioning plans of statutory partners to ensure they meet the needs of local people.

The sector is uniquely placed to complement statutory services. Voluntary and community organisations and groups across the borough can provide extensive depth and reach into our communities. Through their work they can provide intelligence on community needs, input their knowledge about issues that affect health and wellbeing, represent the voice of our communities, and input their expertise into service design and delivery.

In giving feedback on the activity required to achieve the vision, the voluntary and community sector has highlighted:

- The impact of social isolation on people's physical and mental health and wellbeing
- The barriers that hinder people from pursuing a healthy lifestyle, from cost and access to a lack of confidence to turn up and engage with existing activities.
- The existence of a range of opportunities and activities, already provided within the community, that could support people to feel healthier and maintain their independence.
- The significant role played by Voluntary and Community organisations and Faith organisations in supporting people's engagement with their local community but also in acting as a trusted source of information.
- The importance of being able to easily access a wide range of cultural and leisure activities so that people could feel empowered and stimulated
- The value of combining traditional medical interventions with 'social' prescribing i.e. doctors and other health and social care professionals supporting people to access cultural, social and leisure opportunities in their local area
- How some groups are more at risk of poor health outcomes than others, for example carers, young carers and older people who do not have English as their first language
- Some of the key barriers to improving health and wellbeing: lack of organisational join-up, a lack of continuity between services, knowing what opportunities are available and having the time and space to consider which opportunities to access.

Our Assets and Opportunities

Although we face significant challenges in improving health and wellbeing, we are able to call upon the many resources and attributes that exist within our local communities and across the borough. To note a few:

- Lewisham has the highest proportion of green space in London
- Lewisham has strong and active communities, able to mobilise their efforts and support each other to make changes
- Lewisham has a vibrant voluntary and community sector which provides tailored support and assistance to people
- Lewisham can build from an existing strong base of partnership working which has already established joint commissioning arrangements and integrated services
- The borough is home to 7 sports and leisure centres, 12 libraries and 21 children's centres. There are also 89 primary and secondary schools in Lewisham.

Working in Partnership

Health and wellbeing services and support are not provided from one single agency Just as people's health is unique so each person will interact with a variety of services and organisations at different times. Across the borough, a significant number of partners are working together to improve the health and wellbeing of Lewisham's adults and children.

Existing partners within the borough are committed to joining up services wherever possible and making the very best use of resources. Collectively, Lewisham achieved improved health outcomes in a number of key areas in the last few years, including:

- Almost 7,000 people aged 40-74 had a health check in the past year
- Lewisham is now in the top ten boroughs in the country for breastfeeding
- The immunisation rate for children at 2 years of age for mumps, measles and rubella has increased significantly
- Lewisham is amongst the best performers in London for increasing access to psychological therapies

The Health and Wellbeing Board

Lewisham's Health and Wellbeing Board will be responsible for developing and delivering the actions that underpin this strategy and for making sure that objectives are met. The Board brings together individuals from the key organisations that deliver health and care services as well as representation from the borough's voluntary and community sector. The perspective of citizens and patients is provided by Healthwatch Lewisham.

The Board comprises:

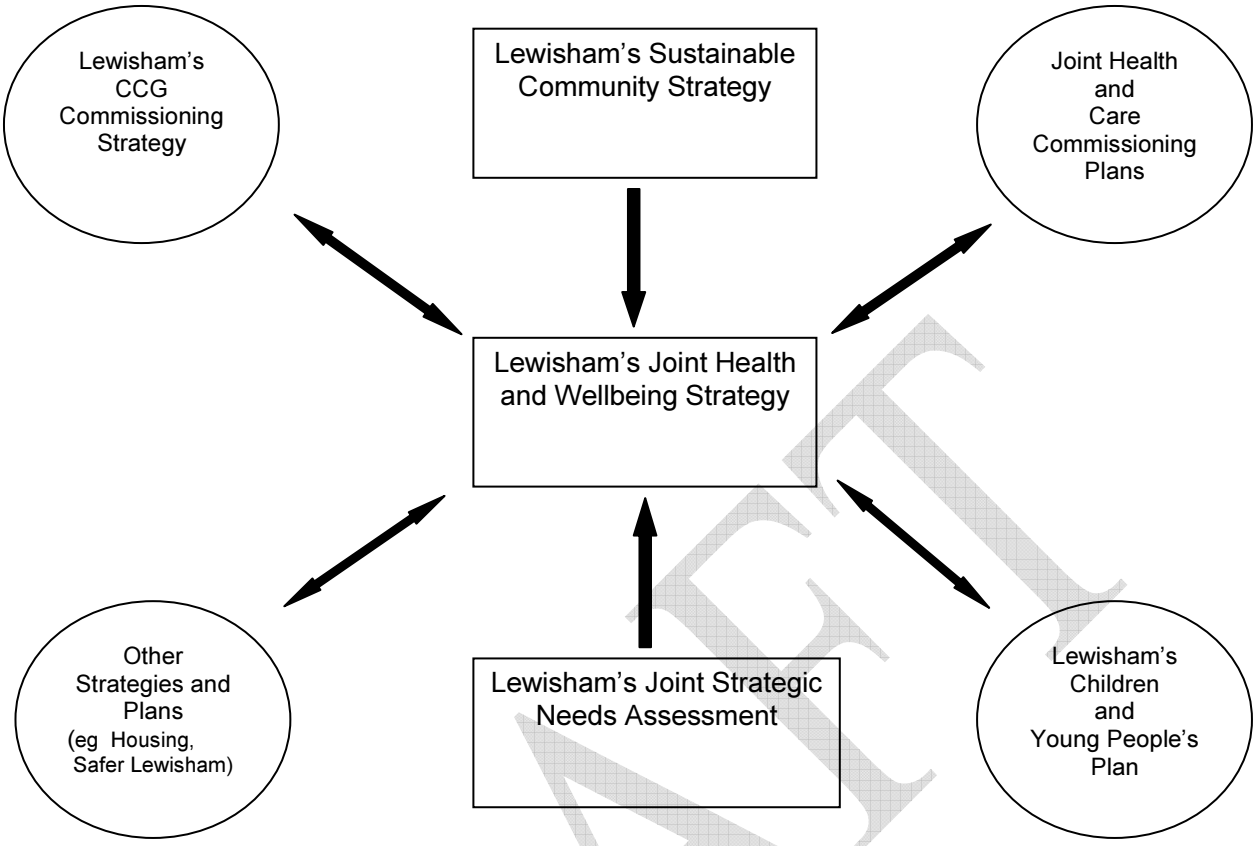
- The Directly Elected Mayor of Lewisham
- The Cabinet Member for Community Services
- The Director of Adult Services
- The Director of Children's services
- A representative of the Lewisham Clinical Commissioning Group
- The Director of Public Health
- A representative of Healthwatch Lewisham

Supporting the Health and Wellbeing Board, the Children and Young People's Strategic Partnership will ensure that there is clear leadership and specific engagement in relation to tackling health inequalities experienced by children and young people.

Furthermore, Lewisham's Healthier Communities Select Committee and the Children and Young People's Select Committee will continue to take a major interest in the work of the board and in the activity and progress in relation to this strategy.

Relationship to other strategies

The Joint Health and Wellbeing Strategy does not sit alone and needs to be seen within a wider set of strategies that aims to improve the lives of Lewisham's residents as shown below. This strategy alongside others aims to achieve the overarching and ambitious vision *"Together, we will make Lewisham the best place in London to live, work and learn"* that has been set by Shaping our future – Lewisham's Sustainable Community Strategy.



Our principles

In line with 'Shaping our future', the activity of the Health and Wellbeing Board is based on two key principles.

Reducing inequality – narrowing the gap in outcomes for citizens.

Beneath Lewisham's overall picture of health exist specific inequalities that need to be addressed. Improvements need to happen so that Lewisham performs as well or better than other boroughs with similar levels of deprivation, but also so that all parts of Lewisham and its diverse communities enjoy the same quality of services and similar outcomes.

Delivering together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high-quality local services.

To achieve long-term improvements in Lewisham's health and wellbeing, individuals, communities and organisations will need to work collaboratively. This collaboration starts with a recognition that people should be at the heart of their care, that they are able to make choices over the care and support they receive and that there should be 'no decision about me, without me.'

Our approach – how will we work to deliver improved outcomes for Lewisham

In taking forward our work, as partners we are committed to an approach that:

Empowers local people and communities to take control over their health and wellbeing

This involves:

- Supporting community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health.

- Establishing neighbourhood-based delivery models bringing together local communities, agencies and GPs to identify and help address local health priorities.

- Providing support for people to make healthier lifestyles choices and look after their health.

Creates supportive environments that help people to make positive changes

This involves:

- Maximising the use and accessibility of green spaces for physical activity, food growing etc.

- Ensuring that new developments and new housing are designed and built to promote healthier lifestyles and good mental health.

- Providing information and education to enhance life skills and to support personal and social development.

Puts the patient at the heart of their care

This involves:

- Patients and users taking the lead in how services are designed and being more involved in deciding the care and support they require;

- Rearranging services in a way that provides the care and support people need, at the right time in the right place.

- Providing the timely information and advice so that people can make informed choices about the care and support they need.

Recognises the health implications in everything we do
This involves

- Putting health on the agenda of policy makers in all sectors and at all levels.

Key aims and priority objectives

To achieve our vision, we will focus on three key aims :

Aim one - To improve health – by providing a wide range of support and opportunities to help adults and children to keep fit and healthy and reduce preventable ill health.

Aim two - To improve care - ensuring that services and support are available to all those who need them so that they can regain their best health and wellbeing and maintain their independence for as long as possible.

Aim three - To improve efficiency - improving access and delivery, streamlining pathways and ensuring services provide good quality and value for money.

These aims will drive the work across nine priority objectives. These nine objectives have been selected because our JSNA evidence indicates that continued focus on these particular areas will give us the best chance of achieving these three overarching aims, and ultimately of realising our goal of health for all Lewisham residents by 2023.

Priority Objective 1: Achieving a Healthy Weight

Why is this a key area of focus?

This has been identified as a priority because the prevalence of adult obesity is around 33% in Lewisham compared to 24.2% in England. Lewisham has a high prevalence of childhood obesity: 13.6% of reception children were obese as were 24.4% of children in year 6, significantly higher than the England average for the past three years. Over 40% of 10-11 year olds and over a quarter of 4-5 year olds were overweight or obese in 2009/10.

The action we will take

Where will we be in 3 years, 5 years and 10 years?

In three years' time, there will be a significant increase in the number of residents who take up opportunities to be physically active. There will have been a fundamental shift in the numbers of children engaging in regular physical activity.

In five years' time, there will be a significant reduction in the percentage of children and adults who are obese. Everybody who could benefit from weight management will be offered help. Healthier food options will be available in the majority of fast food outlets.

In ten years' time, children in Lewisham will have the same weight distribution as children living in England in 1990. The prevalence of type 2 diabetes and coronary heart disease will have reduced significantly.

Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years

Why is this a key area of focus

Cancer survival rates in England are significantly poorer than in comparable countries. It has been estimated that if England was to achieve similar cancer survival rates to the European average, then 5,000 lives would be saved every year. If England were to achieve cancer survival rates at the European best, then 10,000 lives would be saved every year. Research suggests that a major explanation for poorer outcomes in England is that cancers are diagnosed at a later stage. It is known that there is greater delayed diagnosis for breast cancer amongst some groups such as older people and certain BME groups.

Lewisham does not reach the national coverage targets for the cancer screening programmes for Breast, Cervical and Bowel cancer. In Lewisham approximately 1000 Lewisham residents are diagnosed with cancer each year. In 2011 there were 518 deaths from cancer in Lewisham.

The action we will take

Where we will be in 3 years, 5 years and 10 years?

In three years' time, men and women in Lewisham will be much more aware of signs and symptoms of key cancer types and feel comfortable to visit primary care with their concerns.

In five years' time, survival rates for cancer will be similar to the average survival rates in Europe.

In ten years' time, survival rates for cancer will be similar to the best survival rates in Europe.

Priority Objective 3: Improving Immunisation Uptake

Why is this a key area of focus?

Immunisation is one of the most cost-effective health interventions available, saving millions of people from illness, disability and death each year. Effective and safe vaccines that protect against more than 20 serious diseases are available. Uptake of immunisation has been a problem in Lewisham for some time. Recorded uptake of indicator vaccines has been below target, and as a result, significant numbers of children in Lewisham have not been protected against potentially serious infections. Due to the low uptake of MMR vaccine, there was an outbreak of measles in Lewisham in 2008 with a total of 275 confirmed or suspected cases.

Uptake of many vaccines in adults is also short of achieving national targets. For example, though increasing numbers of the elderly are protected against influenza, and Lewisham achieved national targets for this group in the past two years, uptake of influenza vaccine in other groups remains an issue.

The action we will take

Where will we be in 3 years, 5 years and 10 years?

In three years' time, there will be a significant increase in the uptake of all vaccines in Lewisham.

In five years' time, herd immunity will have been achieved for all of the vaccine preventable diseases of childhood in Lewisham.

In ten years' time, there will only be sporadic cases of vaccine preventable disease in Lewisham. The incidence of all these diseases will have declined significantly.

Priority Objective 4: Reducing Alcohol Harm

Why is this a key area of focus?

This has been identified as a priority because alcohol use has a major impact on health, anti-social behaviour, crime and other important social issues, including the wellbeing and development of children. Deaths from liver disease have been increasing during the past 20 years, largely as a result of alcohol-related liver disease. In Lewisham over 11,000 drinkers are considered to be at at high risk, and over 31,000 drinkers are at increasing risk, of harm. Alcohol-related hospital admissions are high in Lewisham and are rising.

The action we will take

Where we will be in 3 years, 5 years and 10 years?

In three years' time, most practitioners will be skilled in identifying those at risk from alcohol harm and in delivering brief interventions. There will be fewer high risk and increasing risk drinkers. The number of people accessing and completing treatment services will have increased. The number of young people exiting treatment in a planned way being maintained at 90% or better each year up to 2016 and a decrease in the number of alcohol related admissions.

In five years' time, there will be a decrease of alcohol use by young people across the borough. Fewer drinkers will be at increased or higher risk of harm from alcohol. There will be a continuing decrease in the number of alcohol-related hospital admissions.

In ten years' time, early deaths from liver disease in Lewisham will no longer be increasing and will be at the same level as England.

Priority Objective 5 : Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking

Why is this a key area of focus:

Tobacco use is the biggest single factor contributing to the gap in healthy life expectancy between Lewisham and England. There are still between 40-50,000 smokers in Lewisham. Over 700 11-15 year olds take up smoking each year and nearly half of Lewisham children say that someone smokes in their home on most days.

The action we will take

Where we will be in 3 years, 5 years and 10 years?

In three years' time, there will be a reduction in the numbers of children and young people taking up smoking by 10%, more children living in smoke free homes, and a reduction in the use of illicit tobacco.

In five years' time, the number of adults smoking will drop to less than 15%, and the numbers of children and young people taking up smoking will be reduced by 20%.

In ten years' time, there will be very few smokers and very few children will live with smokers. It will be socially unacceptable to smoke indoors or in cars and very few young people will start smoking.

Priority Objective 6: Improving mental health and wellbeing

Why is this a key area of focus?

Common mental illnesses such as anxiety and depression affect nearly 1 in 5 (19.8%) people in the Lewisham population. This is higher than London (18.2%) and England (16.6%). Seventy-five percent of people with common mental illnesses go undiagnosed. Rates of severe mental illness such as schizophrenia and bipolar disorders are also higher than the national average. Around 50% of mental disorders occur by the age of 14 years and 75% by the mid 20s. Identifying risk factors and early presentation of mental health problems can prevent escalation and help recovery.

The action we will take

Where we will be in 3 years, 5 years and 10 years?

In three years' time, BME representation in IAPT service will be representative of the local population. Families currently unable to access CAMHS services will receive alternative support to prevent the escalation of mental health issues.

In five years' time, significantly more children and families will have been supported to prevent more severe mental health problems. Children who will benefit from support to protect their mental health will be identified at a younger age. Mental wellbeing will be recognised as a key component of good health.

In ten years' time, we will see improvements in the physical health of people with mental illness through better access to screening and support for behavior change in relation to smoking, physical activity and healthy weight management. Suicide rates will remain below the national average and under 75 mortality for those with mental illness will improve.

Priority Objective 7: Improving sexual health

Why is this a key area of focus:

Sexual health is a local priority due to high rates of teenage pregnancy, abortion, sexually transmitted infections and HIV. Although the teenage conception rate has fallen significantly in Lewisham it remains amongst the highest nationally. One in 10 young people aged 15-24 have chlamydia infection, a further 1 in 50 have gonorrhea and HIV prevalence is amongst the highest in the UK.

The action we will take

Where we will be in 3 years, 5 years and 10 years?

In three years' time, we will see the teenage pregnancy rate fall at the same or greater rate than the London average. All schools will have been offered SRE support. All young people will know where and how to access free condoms and emergency contraception. All GPs will routinely offer HIV testing.

In five years' time, LARC will widely available in most GP practices and at weekends. All pharmacies in the borough will offer free emergency contraception. The late diagnosis rate of HIV will have fallen to less than 30%. There will be a rise in the number of males screening for chlamydia.

In ten years' time, rates of chlamydia infection will have fallen. The repeat abortion rate will be reduced by 30%. LARC will become the preferred method of contraception for women over 20 years old. Access to routine (where there are no symptoms) STI screening will be done online. Teenage pregnancy rates will be at the lowest level ever. Late diagnosis of HIV will be a rare event. CCard will be an established brand across London.

Priority Objective 8 – Delaying and reducing the need for long term care and support.

Why is this a key area of focus:

Research suggests the provision of intensive short term interventions (enablement), at times of crisis, can reduce the demand for institutional and long term care and improve outcomes for service users. In addition, evidence suggests that people's need for ongoing social care support is reduced by 60 per cent compared to those who used conventional home care provision. Furthermore over 60 per cent of people who receive enablement services required no more than six weeks of intervention and support.

The action we will take

Where we will be in 3 years, 5 years and 10 years?

In three years' time, any resident who is discharged from hospital and identified as needing health and social care support will receive enablement services to regain their independent living skills.

In five years' time, more people with complex health and social care needs will be supported to live at home where they will receive integrated care and support from multi-agency teams working closely with GPs.

In ten years' time, there will be a substantial increase in the number of people able to manage effectively their own conditions at home.

Priority Objective 9: Reducing the number of emergency admissions for people with long term conditions

Why is this a key area of focus?

Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of disease burden in Lewisham. Only 40% of expected cases in Lewisham are recorded on GP registers. Lewisham residents are more than twice as likely as residents in the local authority with the lowest admission rate to be admitted to hospital for COPD. The prevalence of diabetes is expected to rise by 23% over 10 years. It is estimated that in Lewisham in 2009 there were 14,124 people aged 16 years or older who have diabetes (diagnosed and undiagnosed).

In 2009/10, heart failure admissions in Lewisham were significantly higher than the London and England average. There are high levels of avoidable emergency admissions, and readmissions are common (about 1 in 4 patients are readmitted in three months).There were 1442 patients recorded on Heart Failure Registers in Primary Care in Lewisham 2008/9.It is estimated that there are twice that many.

The action we will take

Where will we be in 3 years, 5 years and 10 years?

In three years' time, systematic identification, diagnosis and risk profiling of COPD, diabetes and heart failure will be implemented across all GP practices. All patients will be managed within care pathways that meet NICE quality standards. Admission rates to hospital will be amongst the lowest in London.

In five years' time, the majority of patients with LTCs will be actively engaged in self care, and will have good co-ordination of all aspects of their care by a key worker. Over 90% of patients will be effectively managed in the community at any one time.

In ten years' time, Lewisham will have amongst the lowest rate of admissions for LTCs in England, and premature mortality rates below the age of 75 years for Lewisham residents will be amongst the lowest in the country.

Governance and delivery

Lewisham's progress towards improving the health and wellbeing of its residents will be monitored by the Health and Wellbeing Board.

To complement this strategy, the Board will produce an action plan, which will identify the specific activity needed to achieve the nine priority objectives. The action plan will identify the activity required from the different agencies on the Health and Wellbeing Board, as well as the contributions and support that will be required from local communities. The Health and Wellbeing Board will continually review the activity to achieve the priority objectives and will consider any additional steps that need to be taken to ensure effective progress.

Lewisham Healthcare NHS
NHS Trust

Update for Health and Wellbeing Board

30th May 2013

Joy Ellery
Director of Knowledge, Governance and Communications

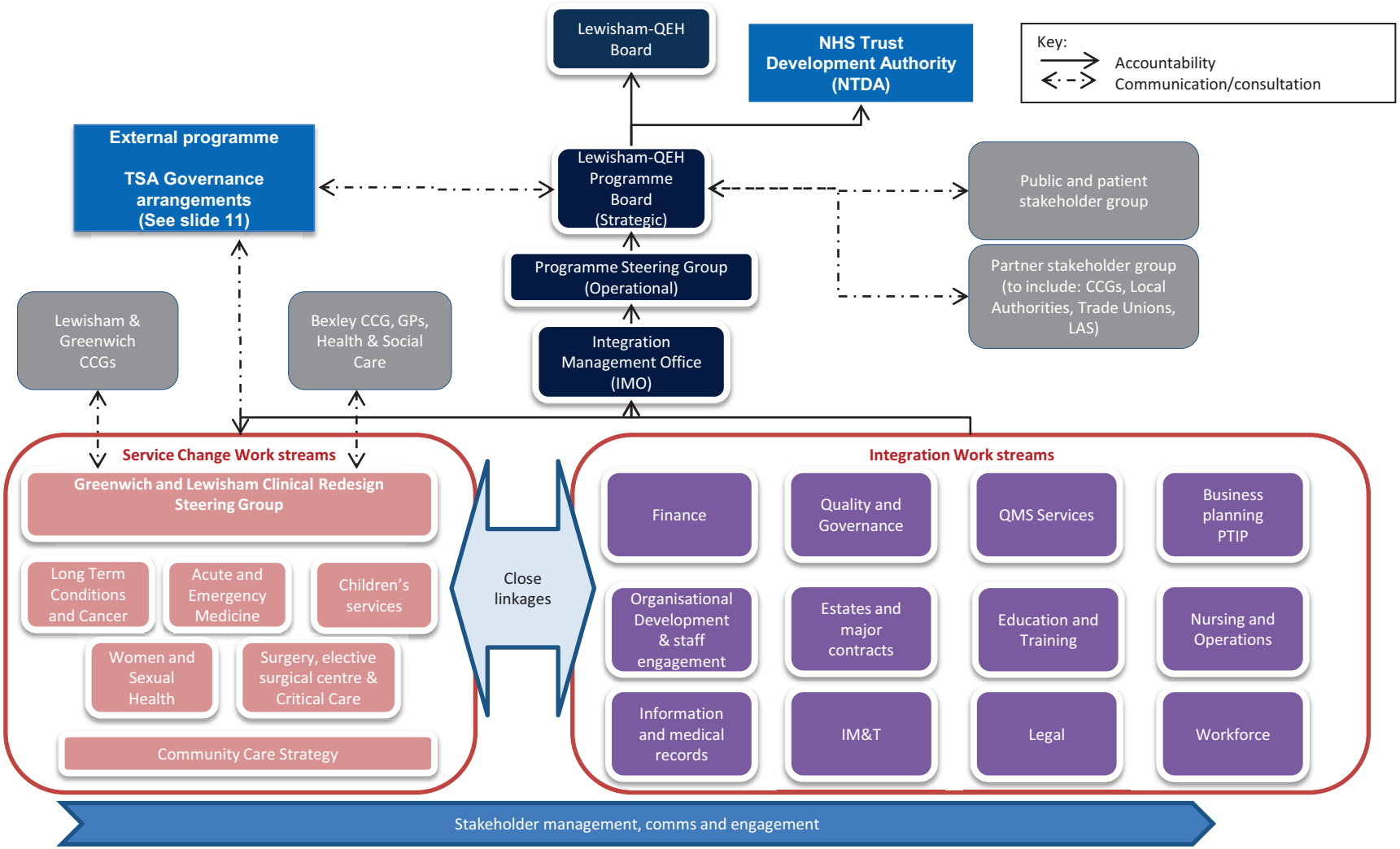
Lewisham Healthcare NHS
NHS Trust

Following publication of the Secretary of State's Decision:

- The Trust is working to understand the full implications of the decisions, which differ from the Trust Special Administrator's (TSA) proposals
- Clinicians are leading a review of the Trust's clinical strategy
- The ongoing Judicial Reviews mean that nothing can be implemented that is not reversible
- The Trust did express an interest in working with the Queen Elizabeth Hospital during the TSA review process
- The Trust is preparing the way for a safe and sustainable organisation to be formed from the integration of Lewisham Healthcare and Queen Elizabeth Hospital, particularly in light of the Francis report
- The Lewisham Board will become the Trust Board for the merged organisation ~ Lewisham and Greenwich NHS Trust

Lewisham-QEH Integration Planning: Governance Structure

Lewisham Healthcare NHS
NHS Trust



This governance structure will be kept under constant review to ensure fitness-for purpose for both business planning as well as integration

Progress to date (1)

Lewisham Healthcare NHS
NHS Trust

- Integration governance arrangements are now mobilised
- The Integration Programme Board has commenced
- A Programme Initiation Document (PID) has been drafted which defines the programme of work required to ensure a 'safe merger' on Day 1 and the delivery of clinical service redesign through business planning activities
- Work has commenced to produce a Business Plan (Integration Plan) for merger – to be reviewed by the Trust Development Authority by the end of May
- A Post Integration Implementation Plan (PTIP) is also in development , which focuses on activities required to support a safe 'day one' transaction
- The provisional transaction date is likely to be 1st October but has not been confirmed. The TDA has appointed a Programme Director for Transactions who is currently reviewing the timetable

Lewisham Healthcare NHS
NHS Trust

Progress to date (2)

- The Programme Plan is in draft form and Day 1 critical milestones are being identified
- A Due Diligence questionnaire has been developed with legal advice, and submitted to SLHT, providing a comprehensive information request. SLHT are trying to address the information still required
- An Integration risk log has been established, which identifies risks associated with the transaction and also risks identified for the new organisation post merger
- The proposed clinical management structure has been developed for the new organisation and shared across LHT and QEH for comment. Appointments to key roles have commenced

Lewisham Healthcare NHS
NHS Trust

Progress to date (3): Workforce

- Staff consultation process (90 days) has commenced within SLHT, led by SLHT with the involvement of LHT and KCH HR Directors
- SLHT site based staff have been advised that they are to be 'lifted and shifted' to one of the new organisations. Staff working across sites or working for corporate teams have been advised that they are at risk and will be involved in a pre-transfer selection process
- The pre-transfer selection process includes matching using job descriptions and 'slotting in' where appropriate, followed by a competitive appointments process
- Our proposed structure and job descriptions for available posts have been shared with SLHT staff. The 'matching' process is in progress
- Corporate directors and teams have held open meetings in SLHT to share information about our structures and posts available

Lewisham Healthcare NHS
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Other Issues:

- There are two Judicial Reviews that have been lodged, one by the Council and one by the Save Lewisham Hospital Campaign. These will be heard from the 2 – 5th July
- The Foundation Trust application has been paused until integration is complete
- The Trust has instigated a "Business as Usual" Campaign
- In the most recent staff survey, Lewisham is in the top 20% of like organisations for the staff recommendation of the trust as a place to work or receive treatment

HEALTH AND WELLBEING BOARD				
Report Title	Integrated Care and Support – the way forward for adult health and social care services in Lewisham			
Contributors	Corporate Director, Lewisham Clinical Commissioning Group Head of Strategy and Performance, Community Services, Lewisham Council		Item No.	8
Class	Part 1	Date:	30 May 2013	

1. **Purpose**

1.1 This report summarises the recent national guidance on Integrated Care (May 2013) and asks the Board to agree that further work be undertaken on an integrated service delivery model for adult social care and health across the borough. It also seeks agreement from the Board to submit an Expression of Interest in becoming an Integrated Pioneer site.

2. **Recommendations**

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

- agree that further joint work be undertaken to explore the feasibility and benefits of an integrated service delivery model for adult health and social care services across Lewisham;

- agree that an Expression of Interest be submitted on behalf of the Health and Wellbeing Board to become an Integrated Pioneer site by 28 June 2013.

3. **Policy Context**

3.1 <u>The Health and Social Care Act 2012</u>

3.1.1 The Health and Social Care Act 2012 established Health and Wellbeing boards as a forum where key partners from the health and care system could work together to improve the health and wellbeing of their local population and reduce health inequalities.

3.1.2 The Act requires Health and Wellbeing Board 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.

- provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.

3.1.3 The recent Health Select Report (March 2013) also acknowledged that the Health and Wellbeing Board is the ideal platform to provide the leadership and vision to ensure that commissioned services meet the needs of their local population, including through integrated care and support.

3.2 Everyone counts: planning for patients 2013/14

3.2.1 NHS England's planning guidance to Clinical Commissioning Groups (CCG) also highlights the unique role of the new Health and Wellbeing Boards to bring a new local accountability to assessing health and care needs and for determining local priorities and providing oversight on their delivery.

3.2.2 This planning guidance states that *'At a time of economic challenge it is vital that all organisations can understand their contribution to joined up working. Making the best use of resources through integration of provision around the needs of the service user should drive local priorities. Health and wellbeing partners have a key role in developing and supporting reconfiguration to ensure safe and sustainable services for patients'*.

3.3 Recent National Guidance on Integrated Care

3.3.1 Earlier this month, the Government and other key national players launched *'Integrated Care and Support: our shared commitment' (May 2013).* This is a framework document on integration. It states that '*Our system of heath and care is under more pressure than ever before. People may be living longer, but often they are living with several complex conditions that need constant care and attention ….. All these people need continuous care and support and the right systems and resources to enable that……We need major change and we are determined to act. This means building a system of integrated care for every person in England. It means care and support built around the needs of the individual, their carers and family and that gets the most out of every penny we spend*.'

3.3.2 The announcement included:

- An ambition to make joined up and coordinated health and social care the norm by 2018.

- The development of the first ever agreed definition of good integrated care and support –developed by the National Voices (see Appendix A).
- The identification of ten new 'pioneer' areas around the country which will be looking for the innovative practical approaches needed to achieve changes as quickly as possible.
- The development of new measures of peoples' experience of joined up care and support, so change can be evaluated.

4. Background

4.1 Current Health and Social Care Service Provision

4.1.1 Currently health and social care services are mainly commissioned by Lewisham Council and Lewisham Clinical Commissioning Group (LCCG). These services are procured from a variety of organisations across the public, voluntary and the private sector. Local care and support is also provided to individuals by their carers, volunteers and faith and community groups. A number of services are not commissioned by LCCG and include primary care services (GPs, pharmacists, opticians and dentists) and very specialised services, which are commissioned by NHS England.

4.1.2 Although local partners strive to provide person-centred co-ordinated care and support to individuals, the feedback from local people is that health and care services are often fragmented, communication between different agencies is poor, staff from different disciplines do not operate as a team and provision is not focused on the individual.

4.2 The Strategic Challenge

4.2.1 The challenge facing Lewisham Council and the local NHS stems from unprecedented service and financial pressures. The demand for services is expected to grow as people live longer, often living with several complex conditions, like diabetes, respiratory problems or heart disease, who need continuous care and support.

4.2.2 At the same time there is a toughening financial climate placing increased pressure on budgets. This means that the current way of delivering health and social care services is recognised to be unsustainable.

4.2.3 The significant financial and service pressures facing health and social care cannot be tackled by incremental adjustments to existing services and ways of working. A step change is needed and we need to identify new ways of doing more for the patients

and people who use our services. Commissioning budgets must be used more effectively to continue to improve outcomes for individuals and our local communities.

4.2.4 Such change will require a commitment to whole system working involving not only health and social care but also other services that influence the health and wellbeing of communities.

5. Integration of Adult Health and Social Care Services

5.1 What is Integration?

5.1.1 Integrated care and support is the means by which services can be delivered in a different way to achieve high quality, compassionate care resulting in better health and wellbeing and a better experience for patients and service users, their carers and families. It is about:

- Supporting people to stay healthy and well through social networks, activities and providing protection from preventable ill health;
- Intervening early to avoid an individual's health deteriorating or unnecessary 'crisis' happening by supporting the individual with their carers and family to manage and control their own care;
- Providing a seamless range of health and social services focused on the individual, so that they are at the heart of the tailored integrated advice, support and care they receive;
- Co-ordinating complex care packages across agencies so that people can say 'I tell my story once'.

5.1.2 Some powerful narrative has been developed by *National Voices* describing what integrated care and support looks like from an individual perspective. This is attached at Appendix A.

5.2 Integration in Lewisham

5.2.1 Lewisham has a strong history of working in partnership and delivering successful outcomes. For example increasing the number of health checks, improving the care for people with COPD and better access to psychological therapies.

5.2.2 Since October 2011, Adult Social Care and Lewisham Healthcare NHS Trust have been working together to improve joint working between community and acute health, GPs and Adult Social Care. Work is in progress to deliver a single point of access for community nursing and adult social care referrals. In addition, there are four neighbourhood multi-disciplinary teams being established that are coterminous with GP practice neighbourhood areas.

5.2.3 The neighbourhood teams will provide access to services to prevent hospital admission and reduce dependency on long term care packages. A case management/key worker approach is being used to ensure the best use of resources when supporting individuals.

5.2.4 This work is being implemented initially in one of the four neighbourhood areas and this has demonstrated that there are potentially significant benefits in integrating the delivery of health and social care services in terms of better co-ordinated person centred care, delivering improved outcomes and increased efficiencies.

5.3 <u>The Proposed Integrated Delivery Model</u>

5.3.1 The proposed integrated delivery model for Lewisham is based on the best available evidence on how we can transform the way health and social care services are delivered to have a positive impact on an individual's experience, achieving better outcomes, including reducing inequalities and providing best value. The proposed integrated delivery model is based on the following principles:

- **It centres on the person as a whole**, rather than on specific conditions – co-ordinated around the needs, convenience and choice of the individual and families, rather than the interests of the organisation that provides care;

- **It is a whole system approach** – encompassing health and social care, public health, community and voluntary sector;

- **It is a population-based approach to commissioning,** covering all adults – including the frail and vulnerable, the elderly, people with Long Term Conditions, people with learning disabilities and mental health problems - in one of the four neighbourhood areas. Resources will be directed to the individuals with greatest need based on a joint risk stratification approach. This will require a greater shift in focus from those that present most frequently to services to the wider population;

- **It facilitates the empowerment of patients** – the active engagement of local people to shape the services they receive and to challenge the system if it fails to deliver and to empower service users so that they are better equipped to manage their own care, as far as they want and are able to;

- **It improves patient experience** – by ensuring smooth transitions between care settings and organisations, including between primary and secondary care, mental and physical health services, children's and adult services, and health and social care, thereby helping to reduce health inequalities;

- **It is an outcomes based approach to commissioning** working with health, public health, primary, community, social care and the voluntary and community sector using the NHS, Public Health and Local Authorities outcomes frameworks.

5.3.2 The proposed integrated delivery model is based on four different levels of advice, support and care an individual may receive. It is recognised that each person's health is unique and dynamic, so each individual will need different advice, support and care from a variety of different services and agencies during their life time:

1) **Healthy Living for All** - supporting individuals, families and communities to take action to reduce the incidence of disease and health problems by making healthy lifestyle choices. Our key Health and Wellbeing priorities are to reduce the numbers of people affected by smoking and alcohol related harm and support people to achieve or maintain a healthy weight. The key interventions are either through universal measures that reduce lifestyle risks and their causes or by targeting high-risk groups.

2) **Early Intervention** - identifying at an early stage when more support is required. In social care terms it is when an individual or family is finding it less easy to manage alone without additional assistance, such that appropriate support at an early stage will prevent the need to rely on more costly interventions later. In health terms this means systematically detecting the early stages of disease and intervening before full symptoms develop – for example, prescribing statins to reduce cholesterol and taking measures to reduce high blood pressure.

3) **Targeted Intervention** - identifying those specific high risk individuals who would benefit from additional advice and support to avoid a potential crisis and/or inappropriate admission and re-admissions to hospital through active intervention management, such as better support to self-managed proactive disease management or case management.

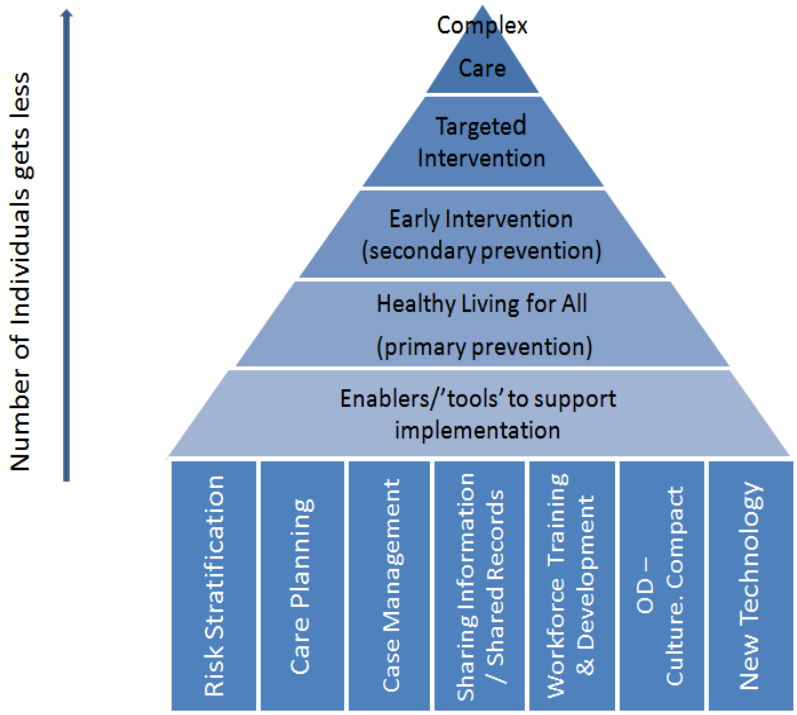
4) **Complex Care –** coordination of a complex health and social care package by a key worker, which is tailored around the needs of the individual, carer and the family with the individual at its centre and still in control - 'nothing about me, without me'. For example a care package to support a person choosing to die at home.

The proposed Integrated Delivery Model is supported by a number of 'tools'/'enablers' which will support its implementation:

- **Risk stratification** – a joint approach to risk stratification is required;
- **Care planning** - a single care plan which is holistic, meeting the whole individual's needs, that is discussed and owned by the individual, in a format that is clear to understand by the individual and supported by multi-disciplinary care;
- **Case management** – used for individuals with complex needs who require a multi-disciplinary team and a key worker to support them;
- **Sharing information and shared records** – appropriate protocols and governance arrangements in place to enable data sharing about individuals' risk factors, identified needs, care plans and status and electronic records systems;
- **Workforce training and development –** to ensure that the workforce has a specific skill set to work in multi-disciplinary teams and across traditional boundaries with confidence to use innovation, creativity and flexibility to develop tailored care packages for Individuals. Also to ensure that all staff have the necessary capability to work in a fundamentally different way with people - in a collaborative partnership.
- **Organisational Development (OD) of the whole system** – to change the attitudes and behaviours, not only of health and social care professionals, but the individual, the carers and the community. A new compact of commitment, co-operation and innovation between professional groups. Also a compact with the public and local communities recognising their individual and collective responsibilities for their health and wellbeing;
- **Technology** – greater utilisation of new technology such as telehealth and telemedicines to enable self-management of long term conditions.

5.3.3 The diagram below attempts to capture the essence of the proposed Integrated Delivery Model.

Lewisham's Integrated Delivery Model



6. Next Steps

6.1 Taking Forward the Integrated Delivery Model

6.1.1 We propose that we explore in more detail the feasibility of an integrated service delivery model for Lewisham. This work will include an evaluation of the initial neighbourhood model and of the benefits of such a model in terms of users' experiences, outcomes and efficiencies.

6.1.2 This work will include:

- confirming the evidence base for integration;
- developing a joint outcomes framework to measure success;
- assessing the costs and benefits by undertaking joint economic modelling and evaluation;
- engaging the new joint Public Engagement Group to advise us how best we engage local people;
- considering the appropriate Governance structures required to take such an Integrated approach forward.
- co-ordination of an independent evaluation of the approach.

6.1.3 The above work will be drawn together into a Project Initiation Document (PID) to assess the feasibility of implementing a fully integrated delivery model for adult health and social care across Lewisham. The intention is to complete the draft PID by the end of June.

6.2 Expression of Interest in becoming an Integrated Pioneer

6.2.1 Alongside their publication, *Integrated care and support: Our shared commitment*, national partner organisations invited expressions from local areas interested in becoming pioneers.

6.2.2 The benefits of being an Integrated Pioneer site is that there will be additional national support and advice to facilitate rapid learning and information sharing between Pioneers and across the whole system. The Pioneer sites will have access to specialist expertise, advice and support in such areas as information governance, workforce development and the potential contractual solutions, as well specific advice to help to overcome barriers to integrated care.

6.2.3 There is no additional funding provided to the Pioneer sites. The Pioneer sites are required to commit energetically to sharing any lessons on integrated care and support via peer to peer dissemination, workshops and learning sets.

6.2.4 In light of the support on offer, it is proposed that Lewisham submits an Expression of Interest to the national partnership in becoming an Integrated Pioneer site.

7. Financial implications

7.1 Initial work on the project initiation document and the Expression of Interest will be met from existing resources. The financial implications of a proposed integrated model have not been assessed at this stage and will be considered as part of the development of the PID.

8. Legal implications

8.1 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.

8.1.1 Further legal implications of a proposed integrated model will be considered as part of the development of the PID.

9. Crime and Disorder Implications

9.1 None.

10. Equalities Implications

10.1 The equalities implications of an integrated delivery model will be considered as part of the PID and a full Equalities Analysis Assessment (EAA) of any agreed model will be carried out before implementation.

11. Environmental Implications

11.1 None

12. Conclusions

12.1 The Health and Wellbeing Board is well placed to lead on the integration of care and support across different services. Members can enable local implementation at scale and pace and ensure delivery of high quality care, better experience for the service user and their family and improved outcomes.

Background Documents

Health Select Report (March 2013)
http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/651/65102.htm

Everyone counts – planning for patients 2013/14
http://www.england.nhs.uk/wp-ontent/uploads/2012/12/everyonecounts-planning.pdf
.
Integrated care and support: Our shared commitment (May 2013)
www.gov.uk/government/news/national-partners-make-commitment-to-join-up-health-and-social-care

If there are any queries on this report please contact Susanna Masters, Corporate Director, Lewisham Clinical Commissioning Group on 020 3049 3216 or by email on susanna.masters@nhs.net or Sarah Wainer, Head of Strategy and Performance on 020 8314 9611 or by e-mail at sarah.Wainer@lewisham.gov.uk

Appendix A

Box 8 . What integrated care and support looks like from an individual's perspective.

My goals/outcomes

- All my needs as a person are assessed and taken into account.
- My carer/family have their needs recognised and are given support to care for me.
- I am supported to understand my choices and to set and achieve my goals.
- Taken together, my care and support help me live the life I want to the best of my ability.

Communication

- I tell my story once.
- I am listened to about what works for me, in my life.
- I am always kept informed about what the next steps will be.
- The professionals involved with my care talk to each other. We all work as a team.
- I always know who is coordinating my care.
- I have one first point of contact. They understand both me and my condition(s). I can go to them with questions at any time.

Information

- I have the information, and support to use it, that I need to make decisions and choices about my care and support.
- I have information, and support to use it, that helps me manage my condition(s).
- I can see my health and care records at any time. I can decide who to share them with. I can correct any mistakes in the information.
- Information is given to me at the right times. It is appropriate to my condition and circumstances. It is provided in a way that I can understand.
- I am told about the other services that are available to someone in my circumstances, including support organisations.
- I am not left alone to make sense of information. I can meet/phone/email a professional when I need to ask more questions or discuss the options.

Decision making including budgets

- I am as involved in discussions and decisions about my care, support and treatment as I want to be.
- My family or carer is also involved in these decisions as much as I want them to be.
- I have help to make informed choices if I need and want it.
- I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it's my own money, direct payment, or a 'personal budget' from the council or NHS).
- I am able to get skilled advice to understand costs and make the best use of my budget.
- I can get access to the money quickly without over-complicated procedures.

Care planning

- I work with my team to agree a care and support plan.
- I know what is in my care and support plan. I know what to do if things change or go wrong.
- I have as much control of planning my care and support as I want.
- I can decide the kind of support I need and how to receive it.
- My care plan is clearly entered on my record.
- I have regular reviews of my care and treatment, and of my care and support plan.
- I have regular, comprehensive reviews of my medicines.
- When something is planned, it happens.
- I can plan ahead and stay in control in emergencies.
- I have systems in place to get help at an early stage to avoid a crisis.

Transitions

- When I use a new service, my care plan is known in advance and respected.
- When I move between services or settings, there is a plan in place for what happens next.
- I know in advance where I am going, what I will be provided with, and who will be my main point of professional contact.
- I am given information about any medicines I take with me – their purpose, how to take them, potential side effects.
- If I still need contact with previous services/professionals, this is made possible.
- If I move across geographical boundaries I do not lose my entitlements to care and support.

"I statements"
The Person Narrative by National Voices

HEALTH AND WELLBEING BOARD				
Report Title	Health and Wellbeing Board work programme			
Contributors	Service Manager, Strategy – Community Services Directorate		Item No.	9
Class	Part 1	Date:	30 May 2013	

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.

2. Recommendations

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

- note the current draft of the work programme and consider whether amends or additions are necessary;
- approve the work programme;
- agree that the work programme will be considered as a standing item at each meeting of the Health and Wellbeing Board.

3. Policy context

3.1 The activity of the Health and Wellbeing Board 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*.

4. Work programme

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

4.2 The draft work programme (see Appendix 1), includes some of the key items which the Board will need to consider over the course of 2013/14. This includes the Board's statutory functions in regard to the Joint Strategic Needs Assessment, the Pharmaceutical Needs Assessment and the Health and Wellbeing Strategy.

4.3 It is proposed that the work programme is reviewed as a standing item at each meeting of the Board. This will allow members of the Board to add, amend or reschedule items as necessary.

4.4 In adding items to the work programme, the Board should specify the information and analysis required in the report, so that report authors are clear as to what is required. 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.

4.4 Upon agreement of the work programme, the Health and Wellbeing Agenda Planning group will commission the necessary reports and activities.

5. Financial implications

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

6. Legal implications

6.1 The Board's statutory functions are broadly set out in paragraph 4.2.

6.2 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.

6.3 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.

6.4 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.

6.5 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/equality-act/equality-act-codes-of-practice-and-technical-guidance/

6.6 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

6.7 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/public-sector-equality-duty/guidance-on-the-equality-duty/

6.8 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.

7. Equalities implications

7.1 There are no specific equalities implications arising from this report or is recommendations.

8. Crime and disorder implications

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

9. Environmental implications

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

Background documents

None

If there are any queries on this report please contact Edward Knowles, Service Manager – Strategy, Community Services, London Borough of Lewisham on 0208 314 9579 or by e-mail at edward.knowles@lewisham.gov.uk

Health and Wellbeing Board – work programme

last updated @ 20-05-13

1	30 May 2013	Meeting	Agenda Planning	Report Deadline	Agenda Publication
		Health and Wellbeing Board	tbc	10 May 2013	21 May 2013

Report 1	Terms of Reference and Membership	Part 1	**Lead Partner**	LBL	**Author**	Edward Knowles
Report 2	Health and Wellbeing Board supporting structures	Part 1	**Lead Partner**	LBL	**Author**	Edward Knowles
Report 3	Update on the implications of the TSA's recommendations	Part 1	**Lead Partner**	Lewisham Healthcare NHS Trust	**Author**	Joy Ellery (TBC)
Report 4	Health and Wellbeing Strategy	Part 1	**Lead Partner**	LBL	**Author**	Edward Knowles
Report 5	Work programme	Part 1	**Lead Partner**	All	**Author**	Edward Knowles
Report 6	Integrated Care and Support – to consider the way forward for adult health and social care services	Part 1	**Lead Partner**	LBL	**Author**	Susanna Masters – Corporate Director, Lewisham CCG

Report 7	Healthier Communities Select Committee referral	Part 1	**Lead Partner**	LBL	**Author**	Salena Mulhere – Overview and Scrutiny Manager

2	**11 July 2013**	**Meeting**	**Agenda Planning**	**Report Deadline**	**Agenda Publication**
		Health and Wellbeing Board	**tbc**	**21 June 2013**	**3 July 2013**

Report 1	Workshop on Tobacco and smoking cessation	Part 1	**Lead Partner**	LBL	**Author**	Jane Miller (TBC)
Report 2	Public Health Budget update	Part 1	**Lead Partner**	LBL	**Author**	Danny Ruta (TBC)
Report 3	Disabled Children's Charter	Part 1	**Lead Partner**	LBL	**Author**	Ian Smith
Report 4	CCG Commissioning Strategy update	Part 1	**Lead Partner**	CCG	**Author**	Helen Tattersfield (TBC)
Report 5	Health and Wellbeing Strategy	Part 1	**Lead Partner**	LBL	**Author**	Danny Ruta (TBC)
Report 6		Part 1 or 2	**Lead Partner**		**Author**	

3	19 September 2013	Meeting	Agenda Planning	Report Deadline	Agenda Publication
		Health and Wellbeing Board	tbc	30 August 2013	11 September 2013

Report 1	Evaluation of the Warm Homes	Part 1	**Lead Partner**	LBL	**Author**	Martin O'Brien
Report 2	Pharmaceutical Needs Assessment	Part 1	**Lead Partner**	LBL	**Author**	TBC
Report 3	CCG Commissioning Strategy update	Part 1	**Lead Partner**	CCG	**Author**	Helen Tattersfield (TBC)
Report 4		Part 1 or 2	**Lead Partner**		**Author**	
Report 5		Part 1 or 2	**Lead Partner**		**Author**	
Report 6		Part 1 or 2	**Lead Partner**		**Author**	

4	21 November 2013	Meeting	Agenda Planning	Report Deadline	Agenda Publication
		Health and Wellbeing Board	tbc	1 November 2013	13 November 2013

Report 1		Part 1 or 2	**Lead Partner**		**Author**	
Report 2		Part 1 or 2	**Lead Partner**		**Author**	
Report 3		Part 1 or 2	**Lead Partner**		**Author**	
Report 4		Part 1 or 2	**Lead Partner**		**Author**	
Report 5		Part 1 or 2	**Lead Partner**		**Author**	
Report 6		Part 1 or 2	**Lead Partner**		**Author**	