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Health and Wellbeing Board
Agenda

Thursday, 11 July 2013
2.00 pm, Committee Room 1
Civic Suite
Lewisham Town Hall
London SE6 4RU

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

Part 1

Health and Wellbeing Board Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Thursday, 11 July 2013.

Barry Quirk, Chief Executive
Wednesday, 3 July 2013

Councillor Chris Best	Community Services, London Borough of Lewisham
Aileen Buckton	Directorate for Community Services, London Borough of Lewisham
Mayor Sir Steve Bullock	London Borough of Lewisham
Elizabeth Butler	Lewisham Healthcare NHS Trust
Tony Nickson	Voluntary Action Lewisham
Dr Simon Parton	Lewisham Local Medical Committee
Dr Danny Ruta	Public Health, London Borough of Lewisham
Elaine Sammarco	Lewisham HealthWatch
Frankie Sulke	Directorate for Children and Young People
Dr Helen Tattersfield	Lewisham Clinical Commissioning Group

MINUTES OF THE HEALTH AND WELLBEING BOARD

Thursday, 30 May 2013 at 1.00 pm

PRESENT: Sir Steve Bullock (Chair),Councillor Chris Best, Aileen Buckton, Tony Nickson, Danny Ruta, Elaine Sammarco, Frankie Sulke and Helen Tattersfield

ALSO PRESENT: Kalyan DasGupta, Joy Ellery (Lewisham Healthcare NHS Trust), Ed Knowles, Susanna Masters (Lewisham Clinical Commissioning Group), Katrina McCormick (Public Health Lewisham), Sarah Wainer and Martin Wilkinson (Lewisham CCG)

Apologies for absence were received from

1. Election of Chair and Vice Chair

Sarah welcomed everyone to the first meeting of Lewisham's statutory Health and Wellbeing Board.

Attendees introduced themselves. The Board welcomed Elaine Sammarco and congratulated her on her appointment as the representative of Healthwatch to the HWB.

As the first order of business, the Board was requested to ratify the appointment of the Chair and to nominate and approve a Vice Chair.

It was explained that, in line with the Council's Constitution, the Board would be chaired by the Mayor, Sir Steve Bullock.

Councillor Best moved to approve the formal appointment of the Mayor as Chair of the HWB and nominated Dr Helen Tattersfield as Vice Chair.

Cllr Best's recommendations were **agreed**.

RESOLVED that, for the municipal year 2013-14,

(i) the Mayor, Sir Steve Bullock, be confirmed as Chair of the Health and Wellbeing Board and

(ii) Dr Helen Tattersfield be confirmed as Vice Chair of the Health and Wellbeing Board.

2. Declarations of Interest

For the benefit of the Board, the Chair explained the considerations governing any declarations of interest.

There were no declarations of interest.

A packet containing forms for new members to complete, relating to various declarations and undertakings, was also distributed to all the members.

3. Comments of the Healthier Communities Select Committee on the Health and Wellbeing Strategy

Sarah Wainer informed the Board of the comments and views of the Healthier Communities Select Committee on the development of the Health and Wellbeing Strategy, which it considered at its meeting on the 16 April 2013.

The Committee recommended that the Health and Wellbeing Board specifically address the issue of engagement with service users, through either

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

The Mayor noted the report and remarked that the current membership of the Board would likely grow in the course of the meeting.

It was noted that the issues raised within this referral would be covered as part of agenda items on the Terms of Reference and supporting structures.

RESOLVED That the report be received and the Board respond.

4. Terms of Reference and Membership

Ed Knowles introduced the report and summarised the key features of the Board's Terms of Reference (ToR), including the criteria for membership, as well as procedures for it to follow as a committee of the Council.

The report proposed additional members to join the Health and Wellbeing Board and included the Council's proposals for membership and voting rights for consideration by the Health and Wellbeing Board.

Ed explained that the scope of the HWB's ToR expressed the difference between the current Board and its predecessor, the Shadow HWB, in that the HWB needs to operate as a committee of the Council, whereas the shadow board had not operated as one.

Members of the Health and Wellbeing Board were 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;
- note the means by which membership of the Board may be amended or changed;
- consider the Council's proposals on membership and which members will have voting rights; and
- decide whether there are any other organisations or individuals

who ought to be included in the membership of the Health and Wellbeing Board.

The Health and Wellbeing Board agreed with the Council's proposals regarding membership and voting rights and with the particular provisions that apply to the Health and Wellbeing Board as set out in the Council's Constitution.

The Constitution establishes an expectation that the Council will appoint two members to the Board, representing Voluntary and Community organisations. Accordingly the Board invited Tony Nickson, Director of Voluntary Action Lewisham to join the Board. The Board also asked Tony to develop a process to identify another representative of the sector. Tony and this additional representative will then be appointed to the Board by the Council.

The Chair noted that NHS England had expressed interest in applying for membership of the Board, with the understanding that it would be for the Board to decide the applicant's status and role, should membership be granted.

The Chair notes that a number of organisations have expressed interest in the work of the Board and how best to be involved. In discussion, it was noted that the sub-groups of the Health and Wellbeing Board would provide a number of opportunities whereby different organisations might be able to contribute their skills and expertise

In view of the above discussion, the Board

RESOLVED

(i) letters will be sent to the Lewisham Local Medical Committee and the Lewisham Healthcare NHS Trust inviting them to nominate a representative to be a member of the Health and Wellbeing Board.

(ii) that the proposal to accept an NHS England representative to the HWB be accepted, and that the delegated position be accorded a non-voting role.

(iii) that Tony Nickson will develop a process to help the Board select an additional representative from the voluntary and community sector.

(iv) that the agreement of the Board with proposals regarding membership and voting rights be reported to Council along with a recommendation that Tony Nickson be appointed as one of the two representatives of the Voluntary and Community Sector,

The Board **agreed** that the HWB will meet every eight (8) weeks, with a large recess in the summer.

5. Health and Wellbeing Board - supporting groups

Ed Knowles introduced the report detailing information on the supporting groups that will complement the Board and support the delivery of its strategic intentions.

The Board was invited to note each proposed supporting group and its relationship with the HWB, as well as its relationship with the HWB's agenda going forward. In particular, Ed highlighted the multi-agency range and depth of the collective resources involved, drawing special attention in this regard to the map of the architecture included in the papers.

It was stressed that the map's indicated groups by no means exhaust the groups or issues relevant or available to the HWB: the map is merely a useful working model for the Board to start its work with.

The discussion highlighted the following points:

- The Engagement Group will need to address the HCSC's requirement for engagement (please see Item 3, above) by adapting the CCG's existing Public Engagement Group for broader application.
- In order to avoid duplication of resources, clear relationships should be established with other relevant boards already monitoring HWB outcomes, e.g. the Joint Commissioning Group which monitors issues such as obesity, smoking and sexual health for children and young people.

The report was noted.

6. Health and Wellbeing Strategy

Sarah Wainer, with Danny Ruta, presented the Board with a draft of Lewisham's Health and Wellbeing Strategy, highlighting the key actions that need to be populated and published.

The draft strategy is based upon the information and the areas of need identified through Lewisham's Joint Strategic Needs Assessment.

The report outlined 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. The report also set 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.

Members of the Health and Wellbeing Board were invited to:

- note the key principles of the Health and Wellbeing Strategy, its key aims and the nine areas of focus as proposed by the Shadow Health and Wellbeing Board;
- 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; and

- agree the remaining activity that will take place to finalise the strategy.

The discussion highlighted the following points:

- The Key Actions should be high-level actions leading to a more detailed, 1-year Action Plan, to be presented to a near-future Board and subsequently monitored, including for costs.
- Given the crucial importance of joined-up working, all the priorities should be approached in the context of the Integrated Care Model.

In light of the report, recommendations, and discussion, the Board

RESOLVED that a 1-year Action Plan showing high-level actions for implementing Lewisham's Health and Wellbeing Strategy be presented to the Board before year's end. **HWB-APG**

7. Update on the TSA

Joy Ellery presented the update following the Secretary of State's decision to proceed with the closure of Lewisham Hospital's Accident and Emergency department and to merge that hospital with Queen Elizabeth Hospital in Greenwich.

It was pointed out that Lewisham Healthcare Trust (LHT) had already expressed an interest in becoming a Foundation Trust before the Trust Special Administrator T(SA)'s report on Lewisham Hospital/LHT was published.

The following points were highlighted:

- The TSA's report targets the A&E department in the main.
- The likely outcome is integration between the Lewisham and Queen Elizabeth hospitals.
- The Trust has instigated—and is keen to promote—a "Business as Usual" campaign, and has kept "extremely busy" throughout this period of transition.
- Staff feel very much at risk; at the same time, preparations need to progress towards creating a safe new organisation.

The discussion highlighted the following points:

- The impending integration is not expected to affect the commissioning role of the CCG in any fundamental way, although it would be important to maximise people's access to local services. In general, however, CCG-related business can be expected to continue as before.
- Also, the same smooth transition is expected in the case of Community Services.

The report was noted.

8. Integrated Care and Support - to consider the way forward for adult health and social care services

Susanna Masters presented the report summarising the recent national guidance on Integrated Care (May 2013) and asked the Board to agree that further work be undertaken on an integrated service delivery model for adult social care and health across the borough.

Members were invited to

(i) 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; and
(ii) 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.

The discussion highlighted the following points:

- It is important for the Board to keep in mind that there is no funding attached to its becoming an Integrated Pioneer Site.
- Demand will soon outstrip resources.
- Attempts to address issues and problems in isolation from the broader issues and available resources are unlikely to succeed. In this respect, the Feasibility studies are crucial guides.
- While the Council has made considerable savings already, efficiencies can still be gained from Integration. However, all other possible means of gaining efficiencies through savings will now need to be considered, and “Pioneer” status will offer greater flexibility for these purposes.
- Some money from Public Health could also be contributed towards Integration.

In light of the above discussion, the Board

RESOLVED that

(i) 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; and
(ii) an Expression of Interest be submitted on behalf of the Health and Wellbeing Board to become an Integrated Pioneer site by 28 June 2013.
(iii) the 11 July board will submit a proposal regarding ways in which Public Health money could contribute to the Primary Prevention agenda in Lewisham.

9. Health and Wellbeing Board work programme

Sarah Wainer presented the Board with a draft work programme for discussion and approval.

Members of the HWB were invited to

(i) note the current draft of the work programme and consider whether changes or additions were necessary;
(ii) approve the work programme; and

(iii) agree that the work programme would be considered as a standing item at each meeting of the Health and Wellbeing Board.

Following input from various members, the work programme, as updated, was **agreed**.

RESOLVED that

the work programme would be considered as a standing item at each meeting of the Health and Wellbeing Board.	**HWB**

HEALTH AND WELLBEING BOARD				
Report Title	Declarations of interest			
Contributors	Chief Executive – London Borough of Lewisham		Item No.	2
Class	Part 1	Date:	11 July 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)

HEALTH AND WELLBEING BOARD				
Report Title	Disabled Children's Charter for Health and Wellbeing Boards			
Contributors	Catherine Bunten, Commissioning Manager, Performance and Strategy, Directorate for Children & Young People, LBL		Item No.	4
Class	Part 1	Date:11 July 2013		

1. Purpose of Report

1.1 The purpose of this paper is to provide a summary of the key points in the Disabled Children's Charter for Health and Wellbeing Boards and to recommend that the Health and Wellbeing board agree to sign up to the Charter, delegating responsibility as appropriate to the Children and Young People's Strategic Partnership Board (CYPSPB). The Disabled Children's Charter is provided in appendix 1.

1.2 This paper considers the key commitments within the Charter, the actions that need to be addressed to deliver on the commitments in Lewisham, and progress already made.

2. Background

2.1 The original Local Authority Every Disabled Child Maters (EDCM) Charter was launched in 2008 and renewed in 2011. Since then 99 local authorities (over half of all local authorities in England) including Lewisham, have signed up to the Charter and recent years saw a move towards PCTs and local authorities signing up to the Charter together. This was recognised as a powerful display of joined up working for disabled children's services.

2.2 In April 2013, the Charter was replaced with the Disabled Children's Charter for Health and Wellbeing Boards. The Disabled Children's Charter for Health and Wellbeing Boards was developed by EDCM and Tadworth to support Health and Wellbeing Boards meet their responsibilities towards children and young people who have disabilities, special educational needs (SEN), health conditions, and their families.

2.3 EDCM is asking all Health and Wellbeing Boards to sign up to the Charter, demonstrating a commitment to improve the quality of life and outcomes experienced by disabled children. Health and Wellbeing Boards who sign the Charter will agree to meet its seven commitments focusing on improving health outcomes for disabled children, young people and their families, and to provide evidence after one year on how they have met each one.

3. The Disabled Children's Charter

3.1 The Charter has seven key commitments that Health and Wellbeing Boards will sign up to:

- We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs.

- We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board.
- We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board.
- We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account.
- We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
- We work with key partners to **strengthen integration** between health, social are and education services, and with services provided by wider partners.
- We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners.

3.2 A full list of the commitments, including statutory drivers together with information and resources on how to meet them needed is provided in appendix 2.

3.3 A draft implementation plan has been produced, provided in appendix 3, which will support the Health and Wellbeing Board to be transparent about timescales and plans for delivering each commitment and enables parents and disabled young people to hold us to account.

4. Why sign the Disabled Children's Charter

4.1 Benefits to Health and Wellbeing Boards of signing the Charter and meeting its commitments include:

- Publicly articulate a vision for improving the quality of life and outcomes for disabled children, young people and their families
- Understand the true needs of disabled children, young people and their families in your local area and how to meet them
- Have greater confidence in targeting integrated commissioning on the needs of disabled children, young people and their families
- Support a local focus on cost-effective and child-centred interventions to deliver long-term impacts
- Build on local partnerships to deliver improvements to the quality of life and outcomes for disabled children, young people and their families
- Develop a shared local focus on measuring and improving the outcomes experienced by disabled children, young people and their families
- Demonstrate how your area will deliver the shared ambitions of the health system set out by the Government in 'Better Health Outcomes For Children and Young People: Our Pledge' for a key group of children and young people

5. Local and National Context

5.1 Whilst the Charter itself makes specific reference to the Health and Wellbeing Board, Lewisham recognises that many of these commitments will be met though the work of the CYPSPB.

5.2 There are a number of local and national policies and agendas that align with the commitments in the Charter, and mean that Lewisham can be confident that all commitments will be evidenced within 12 months. These are summarised below, along with a draft implementation plan provided in appendix 3.

5.3 On 4th February 2013 the Government introduced the Children and Families Bill to Parliament including clauses which reform the system of support for children with special educational needs.

5.4 As a Pathfinder Authority, Lewisham is already working with Health partners to develop the main elements of the Bill for children with special educational needs and disabilities, and to ensure that children with SEN and/or disabilities and their families are at the heart of the assessment and planning process and the services they receive. It has also provided Lewisham Council with an opportunity to develop a single joined up, integrated approach to assess and respond to children and young people's needs across education, health and social care. Key elements of the Pathfinder programme, and Bill are:

- Replacing Special Educational Needs (SEN) statements and Learning Disability Assessments (for 16-25 year olds) with a single, simpler 0-25 assessment process and Education, Health and Care Plan from 2014;
- Providing statutory protections comparable to those currently associated with a statement of SEN to up to 25 in further education;
- Requiring that local authorities and health services jointly plan and commission services that children, young people and their families need;
- Developing a 'local offer' to provide clear information to children and young people, and parents and carers about the services available; and
- Giving parents or young people the right to a personal budget for their support.

5.5 Lewisham's fourth Children and Young People's Plan 2012-2015 (CYPP) sets out the strategic aims and priorities for improving outcomes for all children across the Children and Young People's Strategic Partnership. Each of the outcomes and actions outlined in the plan are underpinned by a detailed analysis of need which informs the steps we are taking to improve outcomes for children and young people. Meeting the needs of children with complex needs and disabilities is a key priority in the CYP Plan, and the CYPSPB jointly monitors progress against our targets and holds each other to account.

5.6 In 2011, the Children and Young People's Directorate implemented the first phase of the Children with Complex Needs review, bringing together services for children with disabilities and health needs, and SEN, under one service manager. In 2013/14, phase two of this review – our 'New Direction' will be implemented. The Children with Complex Needs Service would like to use this opportunity to build on this work to create a more joined up, integrated approach for all services that work with children and young people with SEN and disabilities.

6. Recommendations

6.1 The HWB is recommended to:

- agree to sign the Disabled Children's Charter;
- delegate the production and sign off of the implementation plan to the CYPSPB.

Appendix 3: Draft implementation plan

Commitment	Evidence Required	Action	Deadline	Owner	Evidence produced
We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs.	• The full range of sources of information collected on disabled children, young people and their families which will be used to inform the JSNA process • The quality assurance process used to ensure that information and data on disabled children, young people and their families used to inform commissioning is sufficiently detailed and accurate • The way in which the JSNA will be used to assess the needs of local disabled children, young people and their families • The way in which information on any hard to reach groups is sourced, and action taken to address any gaps of information with regard to local disabled children, young people and their families • The way in which disabled children, young people and their families are strategically involved in identifying need, and evidence and feedback on their experiences is used to inform the JSNA process • Public information on how the HWB will support partners to commission appropriately to meet the needs of local disabled children, young people and their families	Resource (via Invest) in Children with Complex Needs service to collate and QA all information on disabled children , young people and their families in Lewisham, including information sourced from disabled children and young people and their families directly and production of the disabled children's register. Review of CYPSPB and HWB published information to ensure public information meets requirements.	April 2014	LBL, Children with Complex Needs Service & Public Health	• Disabled Children's Register • JSNA • CYPP- needs analysis and priorities • HWB Commissioning Needs Analyses

Commitment	Evidence Required	Action	Deadline	Owner	Evidence produced
We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board.	• Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the JSNA process, and next steps for JSNA engagement • Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the preparation and delivery of the Joint Health and Wellbeing Strategy (JHWS), and next steps for JHWS engagement • Evidence of partnership working with any local groups of disabled children and young people	To document the engagement processes used in the production of the CYPP, and JSNA. Second phase of the Children with Complex Needs review, and participation in the SEND pathfinder will look in more depth at our engagement with disabled children and young people, including: • Development of existing strategies for CYP involvement in their care plans • Disabled CYP involvement in Healthwatch and production of the JHWS	October 2013	CYPSPB/ HWB	Clear examples of engagement with disabled children and young people in JSNA, strategies, and service delivery.
We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board.	• Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the JSNA process, and next steps for JSNA engagement • Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the preparation and delivery of the JHWS, and next steps for JHWS engagement • Evidence of partnership working with local parent groups, including the local Parent Carer Forum(s)	To document the engagement processes used in the production of the CYPP, and JSNA. Second phase of the Children with Complex Needs review, and participation in the SEND pathfinder will look in more depth at our engagement with families, and will work with the HWB to ensure that parent carers involvement is embedded in our work.	April 2014	CYPSPB – resourced in LBL, Children with Complex Needs Service	Clear examples of engagement with families, including the Parents' Forum in JSNA, strategies, and service delivery.

Commitment	Evidence Required	Action	Deadline	Owner	Evidence produced
We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account.	• Public information on the status of outcomes for local disabled children and young people based on indicators such as the NHS Outcomes Framework, the Public Health Outcomes Framework, etc. • Public information on the strategic direction the HWB has set to support key partners to improve outcomes for disabled children and young people. This may be encompassed by the JHWS, but would need to be sufficiently delineated to demonstrate specific objectives and action for disabled children and young people.	MET: CYPP 2012-2015 provides strategic leadership and priorities across the disabled children and young people's agenda, based on needs analysis as provided in the JSNA – CYPP is aligned with the JHWS. Progress against targets and performance indicators is monitored by the CYPSPB and subgroups. Review of CYPP by end of September 2013.	Ongoing Review of CYPP by September 2013	CYPSPB	Publication of the 2013 CYPP Review
We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people	• The way in which the activities of the HWB help local partners to understand the value of early intervention • The way in which the activities of the HWB ensure integration between children and adult services, and prioritise ensuring a positive experience of transition for disabled young people	MET: Early Intervention is a fundamental approach across all partners working with, and for children and young people in Lewisham. This is continually reinforced to local partners through our partnerships, with value measured through impact. Transition is a key element of the SEND pathfinder, and our programme will improve and prioritise work to ensure that transitions is a focus from the point of referral, and in all reviews – ensuring that children, young people and their families have an improved, and positive experience of transition.	April 2014	CYPSPB SEND Programme Board	Agendas & papers of partnerships. Improved experience for families measured through feedback and outcomes. EHC plan pathway for transition to adult services

Commitment	Evidence Required	Action	Deadline	Owner	Evidence produced
We work with key partners to **strengthen integration** between health, social are and education services, and with services provided by wider partners.	• Details of the way in which the HWB is informed by those with expertise in education, and children's health and social care • Details of the way the HWB engages with wider partners such as housing, transport, safeguarding and the youth justice system • Details of steps taken to encourage integrated working between health, social care, education and wider partners in order to improve the services accessed by disabled children, young people and their families.	Participation in the SEND pathfinder to: • Embed the EHC plan aligning assessment and planning for children with disabilities and SEN across Health, Education and Social Care by September 2013 • Development of Local Offer	April 2014	HWB SEND programme board	• HWB terms of reference, including interfaces with other partnerships and wider partners. • Local Offer • Education, Health and Care Plan – procedures and protocols • Short Breaks Service
We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners.	• Information on links to other local integration forums which set strategic direction for disabled children's services, e.g. the local children's trust arrangements, the local safeguarding board, the learning disability partnership board, the school forum, etc. • Evidence of how the JSNA and JHWS is aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block; safeguarding arrangements; child poverty strategies, etc.	MET: Clear governance arrangements across Lewisham's partnerships are in place. CYPP 2012-2015 provides strategic leadership and priorities across the disabled children and young people's agenda, based on needs analysis as provided in the JSNA – CYPP is aligned with the JHWS. SEND Pathfinder Programme Board provides governance and direction in meeting the requirements of the Children and Families Bill.	Ongoing	HWB/CYPP	

Why sign the Disabled Children's Charter for Health and Wellbeing Boards?

Benefits to Health and Wellbeing Boards of signing the Charter and meeting its commitments:

- Publicly articulate a vision for improving the quality of life and outcomes for disabled children, young people and their families
- Understand the true needs of disabled children, young people and their families in your local area and how to meet them
- Have greater confidence in targeting integrated commissioning on the needs of disabled children, young people and their families
- Support a local focus on cost-effective and child-centred interventions to deliver long-term impacts
- Build on local partnerships to deliver improvements to the quality of life and outcomes for disabled children, young people and their families
- Develop a shared local focus on measuring and improving the outcomes experienced by disabled children, young people and their families
- Demonstrate how your area will deliver the shared ambitions of the health system set out by the Government in 'Better Health Outcomes For Children and Young People: Our Pledge' for a key group of children and young people[1]

Who are we talking about?

The Disabled Children's Charter for Health and Wellbeing Boards and this accompanying document have been developed to support Health and Wellbeing Boards (HWBs) meet the needs of all children and young people who have disabilities, special educational needs (SEN), health conditions, and their families. In this document, when we talk about disabled children and young people we are referring to all the children and young people in this group.

1 Department of Health (2013), Better Health Outcomes for Children and Young People: Our Pledge

Commitment 1: We have detailed and accurate information on the disabled children, young people and their families living in our area, and provide public information on how we plan to meet their needs

Statutory drivers

Health and Social Care Act 2012

Duty to prepare assessment of needs (JSNA) in relation to local authority area and have regard to guidance from Secretary of State

Information

The quality of data and information used to underpin the planning, commissioning and delivery of services for children and young people with very complex needs is often poor. The difficulty of developing accurate, robust data in a standard format about disabled children and young people is an enduring issue for local areas and for national agencies. Reliable performance information about the use and value of services is critical to commissioning decisions. The Children and Young People's Health Outcomes Forum identified the lack of accurate data as the single biggest challenge in relation to the development of outcomes for children with long-term health conditions, disabilities and life limiting conditions[2].

In March 2012, the CQC released a report entitled 'Healthcare for disabled children and young people'[3]. This report gave details of primary care trust (PCT) replies to a self assessment questionnaire on services for disabled children.

PCTs demonstrated an extremely worrying lack of awareness of the needs of local disabled children:

- **Five PCTs** claimed that **no disabled children and young people lived in their area**
- **Fifty five** PCTs **did not monitor whether services allocated as a result of Common Assessment Framework were delivered**
- **Sixty three** PCTs **didn't know how many children were referred for manual wheelchairs** and **nine said children were waiting over 51 weeks for wheelchairs**
- **Fifteen** PCTs said they **didn't provide short breaks services**

Due to the lack of reliable data on disabled children and young people, their strategic involvement and that of their parents is essential to gain a good understanding of the profile of this group

2 Children and Young People's Health Outcomes Forum (2012), Report of the long term conditions, disability and palliative care subgroup p.2

3 Care Quality Commission (2012), Healthcare for Disabled Children and Young People

and the particular challenges and experiences they face. Their views remain underrepresented in surveys and public and patient involvement in the health service.

Meeting Needs

One of the primary tools Health and Wellbeing Boards have to drive strategic commissioning in their areas is the Joint Strategic Needs Assessment (JSNA). The JSNA will assess the current and future health and care needs and assets of a local population and will underpin a Joint Health and Wellbeing Strategy (JHWS). It will interpret available data to develop an understanding of the causes of health inequalities and a narrative of the evidence.

The JSNA can only be an effective tool for evidence-based decision making if it is based on accurate and meaningful data. The bodies Health and Wellbeing Boards delegate collecting data to as part of the JSNA process, must focus on improving the quality and scope of information on disabled children and young people which they use, including: available national data sets; local information sources such as data from Common Assessment Frameworks; qualitative information from direct engagement with service users.

The JSNA process must develop an understanding of the local population which is sufficiently differentiated to understand the needs of all groups of children, particularly those who face the greatest inequalities or experience multiple disadvantages.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- The full range of sources of information collected on disabled children, young people and their families which will be used to inform the JSNA process
- The quality assurance process used to ensure that information and data on disabled children, young people and their families used to inform commissioning is sufficiently detailed and accurate
- The way in which the JSNA will be used to assess the needs of local disabled children, young people and their families
- The way in which information on any hard to reach groups is sourced, and action taken to address any gaps of information with regard to local disabled children, young people and their families
- The way in which disabled children, young people and their families are strategically involved in identifying need, and evidence and feedback on their experiences is used to inform the JSNA process
- Public information on how the HWB will support partners to commission appropriately to meet the needs of local disabled children, young people and their families

Key resources for meeting this Charter commitment

Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Statutory guidance to support Health and Wellbeing Boards and their partners in understanding the duties and powers in relation to Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

NHS Confederation, Operating principles for Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

Paper designed to support areas to develop successful Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

Child and Maternity Health Observatory: support for commissioners

Help to find the right tools, data and evidence to review, plan and improve services in your local area.

Child and Maternity Health Observatory: tools and data

ChiMat provides easy access to a wealth of data, information and intelligence through a range of online tools designed to support decision-making.

Rightcare (2012), NHS Atlas of Variation in Healthcare for Children and Young Adults

Variations across the breadth of child health services provided by NHS England are presented together to allow clinicians, commissioners and service users to identify priority areas for improving outcome, quality and productivity.

LGA (2011), Joint Strategic Needs Assessment: Data Inventory

Offers practical help to councils, clinical commissioning groups and other members of health and wellbeing boards.

Children and Young People's Health Outcomes Forum (2012), Making data and information work for children and young people

Factsheet on making data and information work for children and young people, including resources.

Contact A Family (2012), Health and Wellbeing Boards: making the case to target disabled children services

Briefing for Parent Carer Forums on the reasons why the Health and Wellbeing board in their area should target disabled children in their Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing strategy (JHWS).

Commitment 2: We engage directly with disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board

Statutory drivers

Health and Social Care Act 2012

Duty to involve third parties in preparation of the JSNA:

- Local Healthwatch
- people living or working in the area
- for County Councils – each relevant DC

Duty to involve third parties in preparation of the JHWS:

- Local Healthwatch
- people living or working in the area

Article 12 of the United Nations Convention on the Rights of the Child (UNCRC)

- The child has the right to express his or her opinion freely and to have that opinion taken into account in any matter or procedure affecting the child.

Article 7 of the UN Convention on the Rights of Persons with Disabilities (UNCRPD)

- Children with disabilities have the right to express their views freely on all matters affecting them, their views being given due weight in accordance with their age and maturity, on an equal basis with other children, and to be provided with disability and age-appropriate assistance to realise that right.

Health and Wellbeing Boards should ensure that the voice of disabled children and young people is always heard when decisions are being made that affect them. Health and Wellbeing Board members should use their influence to embed engagement with disabled children and young people throughout the health and care system and in the context of a continuous and current partnership.

The benefits of embedding participation of disabled children and young people are huge: better services will be developed driven by feedback from the people who know and use them; resources are not wasted on services that are not taken up or valued; services will be more child and young person friendly and accessible; disabled children and young people will have insight into the diverse needs and barriers faced by marginalised and vulnerable groups; improved accountability to children and young people as stakeholders; and direct benefits to disabled children and young people themselves such as increased knowledge of services,

confidence, and skills[4].

It should be recognised that many disabled children and young people may face significant barriers to their involvement, particularly in mainstream settings. Recent research from the VIPER project found that young disabled people's participation is still not embedded at a strategic, service level or individual decision-making. It found barriers to participation including a lack of understanding of what participation is and how you make it happen, lack of funding, inclusive practice, resources, time and training, and lack of consistent systems and structures[5].

All disabled children and young people communicate and have a right to have their views heard and this may require targeted approaches and the involvement of Voluntary Sector Organisations (VSOs).

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the JSNA process, and next steps for JSNA engagement
- Evidence of the way in which the HWB or its sub groups have worked with disabled children and young people in the preparation and delivery of the Joint Health and Wellbeing Strategy (JHWS), and next steps for JHWS engagement
- Evidence of partnership working with any local groups of disabled children and young people

Key resources for meeting this Charter commitment

The NHS Confederation, Royal College of Paediatrics and Child Health and Office for Public Management (2011), Involving children and young people in health services

This report highlights the key findings and recommendations from an event held in September 2011 to discuss the key priorities for child health.

VIPER (Voice.Inclusion.Participation.Empowerment.Research)

VIPER is a three-year project funded by the Big Lottery Fund, to research young disabled people's participation in decisions about services. It began in Summer 2010.

VIPER (2012), The Viper project: what we found

Findings and key messages arising from the research activities of the VIPER project.

VIPER (2012), The Viper project: what we found from the survey

Summary of the findings and key messages from the research activities. The research summarised in this report was carried out between 2010 and 2012.

4 Participation Works (2008), How to involve children and young people in commissioning, p.6.

5 VIPER (Voice, Inclusion, Participation, Empowerment and Research) (2013), Hear Us Out, p.23.

Participation Works

Enables organisations to effectively involve children and young people in the development, delivery and evaluation of services that affect their lives.

Participation Works (2008), How to involve children and young people in commissioning

An introduction to commissioning from a variety of perspectives. It describes the different parts of the process and ways to support children and young people to participate in all aspects of commissioning.

Participation Works (2008), How to build a culture of participation

Information and practical ideas about how to embed participation throughout your organisation in a way that brings about change.

Participation Works (2010), Listen and Change - a guide to children and young people's participation rights

Aims to increase understanding of children and young people's participation rights and how they can be realised in local authority and third sector settings.

Making Ourselves Heard (MOH)

MOH is a national project to ensure disabled children's right to be heard becomes a reality.

Council for Disabled Children (2009), Making Ourselves Heard

Based on a series of eight seminars with local authorities this book sets out the current policy context for disabled children and young people's participation, outlines the barriers and challenges to effective participation and highlights what is working well.

Franklin, A. and Sloper, P. (2009) Supporting the participation of disabled children and young people in decision-making

Presents research exploring factors to support good practice in participation and discusses policy and practice implications.

DfEs (2003), Building a culture of participation: research report

Many of the case studies in this research are attempting to make participation more integral to their organisation.

Commitment 3: We engage directly with parent carers and their participation is embedded in the work of our Health and Wellbeing Board

Statutory drivers

Health and Social Care Act 2012

Duty to involve third parties in preparation of the JSNA:

- Local Healthwatch
- people living or working in the area
- for County Councils – each relevant DC

Duty to involve third parties in preparation of the JHWS:

- Local Healthwatch
- people living or working in the area

The purpose of parent participation is to ensure that parents can influence service planning and decision making so that services meet the needs of families with disabled children. Effective parent participation happens when parents have conversations with and work alongside professionals, in order to design, develop and improve services[6].

The benefits of effective parent participation are well established: resources are not wasted on services that are not taken up or valued; parent carers' insight can help develop cost-effective solutions to local problems; a shared view can be developed between parents and professionals of how to support families within funding limitations; more costly interventions can be avoided in the future; and complaints can be reduced by Parent Carer Forums monitoring services and alerting commissioners and managers if problems occur. The Contact A Family resources below contain a wealth of evidence and case studies into how effective parent participation has benefited the local areas where it has been implemented.

Health and Wellbeing Boards should ensure that parent carers are involved in decisions that affect them at a strategic and service level. Health and Wellbeing Board members should use their influence to embed engagement with parent carers throughout the health and care system and in the context of a continuous and current partnership.

It should be recognised that parent carers may face significant barriers to their participation in mainstream settings but that this should not prevent their involvement in decision-making.

6 Definition from Together for Disabled Children (2010), How to guide to parent carer participation: Section 1 – parent participation as a process.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the JSNA process, and next steps for JSNA engagement
- Evidence of the way in which the HWB or its sub groups have worked with parent carers of disabled children in the preparation and delivery of the JHWS, and next steps for JHWS engagement
- Evidence of partnership working with local parent groups, including the local Parent Carer Forum(s)

Key resources for meeting this Charter commitment

Together for Disabled Children (v2.0 2010), Parent carer participation: How to guide.

A guide to support parent carer forums, commissioners and managers to develop parent carer participation. It can be downloaded in the following separate sections:

Section 1 - The Process

Section 2 - producing information

Section 3 - consultation

Section 5a - successful meetings Together for Disabled Children

Section 5b - how to reach and engage parents

Section 5c - supporting parent representatives

Section 6b- for strategic leaders

How parent participation and parent carer forums leads to better outcomes for disabled children, young people and their families 2011

Contact A Family (2012), Parent Carer Participation: An overview

This short guide provides examples of successful parent carer participation

Contact A Family, Improving Health Services

Resources to support the commissioning and management of health services.

Contact A Family, Resources

Resources, case studies and information for professionals to help them improve how services are delivered, so they better meet families' needs.

Contact A Family (2013), Parent carer forum involvement in shaping health services - second report

Report into Parent Carer Forum involvement with the health service in the lead up to the new health system coming into effect.

Commitment 4: We set clear strategic outcomes for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account

Statutory drivers

Health and Social Care Act 2012

Duty to prepare a JHWS for meeting needs included in JSNA in relation to LA area and to have regard to guidance from Secretary of State

Power of the HWB to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNA and JHWS

CCG is under a duty to involve HWB in preparing or significantly revising the commissioning plan – including consulting it on whether the plan has taken proper account of the relevant JHWS

Duty to provide opinion on whether the CCG commissioning plan has taken proper account of the JHWS. Power to also write to NHS England (formerly the NHS Commissioning Board) with that opinion on the commissioning plan (copy must also be supplied to the relevant CCG). Duty to review how far the CCG has contributed to the delivery of any JHWS to which it was required to have regard and to consult HWB on this

Duty in conducting the performance assessment, to assess how well CCG has discharged duty to have regard to JSNA and JHWS and to consult HWB on its view on CCGs' contribution to delivery of any JHWS to which it was required to have regard (when conducting its annual performance assessment of the CCG)

In response to the report of the Children and Young People's Health Outcomes Forum, the Government set out its ambitions for improving health outcomes for children and young people by launching 'Better Health Outcomes For Children And Young People: Our Pledge'[7]. Health and Wellbeing Boards will play a key role in delivering on these ambitions.

Disabled children and young people will provide a crucial test of the effectiveness of the new health system and improving the outcomes they experience, including those in the NHS and Public Health Outcomes frameworks, will require concerted strategic leadership. However, if a Health and Wellbeing Board can improve integration for local disabled children and young people, who frequently test the interface between multiple services and agencies, it can deliver for all children and young people.

For the JSNA and JHWS process to make a positive impact on the outcomes faced by disabled children, young people and their families, it is essential that the evidence collected through the JSNA process reflects the outcomes that are most meaningful to them. Health and Wellbeing Boards should use the JSNA process to develop a shared understanding of the needs of disabled children, young people and their families, and the causes of the poor outcomes and inequalities

7 Department of Health (2013), Better Health Outcomes for Children and Young People: Our Pledge

they experience. They should set clear strategic outcomes for partners to meet and ensure that mechanisms are in place to measure and monitor progress towards achieving them.

The JHWS should address how the needs of disabled children, young people and their families should be met and make recommendations on cost-effective approaches to reducing the health inequalities they experience. However, if this group is not identified as a priority in the JHWS, the Health and Wellbeing Board should demonstrate how it is providing strategic direction for partners to meet the needs of disabled children and young people.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Public information on the status of outcomes for local disabled children and young people based on indicators such as the NHS Outcomes Framework, the Public Health Outcomes Framework, etc.
- Public information on the strategic direction the HWB has set to support key partners to improve outcomes for disabled children and young people. This may be encompassed by the JHWS, but would need to be sufficiently delineated to demonstrate specific objectives and action for disabled children and young people.

Key resources for meeting this Charter commitment

NHS Confederation (2012), Children and young people's health and wellbeing in changing times

> The purpose of this report is to support implementation of the health reforms to improve children and young people's health and wellbeing.

Report of the Children and Young People's Health Outcomes Forum (2012)

> The Children and Young People's Health Outcomes Forum was established by the Secretary of State for Health and tasked with responding to the challenges set out in Sir Ian Kennedy's report published in 2010 'Getting it right for children and young people'.

Report of the Children and Young People's Health Outcomes Forum - report of the long-term conditions, disability and palliative care sub-group (2012)

> Report discussing the challenges around improving outcomes for this group of children.

Report of the Children and Young People's Health Outcomes Forum - inequalities in health outcomes and how they might be addressed (2012)

> Report commissioned by the co-chairs of the Children and Young People's Health Outcomes Forum from Maggie Atkinson, Children's Commissioner for England.

Children and Young People's Health Outcomes Forum (2012), Health and wellbeing boards and children, young people and families

> Poster produced in June 2012 by the health and wellbeing board learning set for children and young people.

Children and Young People's Health Outcomes Forum (2012), Commissioning in the new NHS for children, young people and their families

Poster setting out the Children and Young People's Health Outcomes Forum's vision for successful commissioning for children, young people and their families in the new NHS.

Department of Health (2013), Improving Children and Young People's Health Outcomes: a system wide response

The Children and Young People's Health Outcomes Forum report made recommendations, aimed at DH, DfE and a wide range of health system organisations, to improve health outcomes for children and young people. This document contains the system-wide response setting out the action already undertaken, in progress and planned in response to the recommendations.

Department of Health (2013), Better health outcomes for children and young people: Our Pledge

Government response to the report of the Children and Young People's Health Outcomes Forum, setting out shared ambitions across the NHS to improve outcomes and services for children and young people.

Contact A family and Strategic Network for Child Health and Wellbeing in the East of England (2012), Principles for commissioning and delivering better health outcomes and experiences for children and young people so that they are comparable with the best in the world

Poster showing 6 principles for commissioning and delivering better health outcomes and experiences for children and young people, developed by the Strategic Network for Child Health and Wellbeing in the East of England.

Department of Health (2010), The NHS Outcomes Framework 2011/12

The outcomes and indicators which make up the first NHS Outcomes Framework, following the consultation Transparency in outcomes – a framework for the NHS.

Commitment 5: We promote early intervention and support smooth transitions between children and adult services for disabled children and young people

The report of the Children and Young People's Health Outcomes Forum emphasised the importance of early intervention and transitions within a life-course approach to reducing health inequalities[8]. This is particularly significant for disabled children and young people and their families, who often struggle to obtain a diagnosis and access appropriate support at an early age and when transitioning to adult services, which affects their outcomes throughout their lives.

It should be emphasised that disabled children and young people may transition to adult services up to the age of 25. Health and Wellbeing Boards should consider the needs of disabled children and young people from 0-25 as well as ensuring smooth transitions to adult services.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- The way in which the activities of the HWB help local partners to understand the value of early intervention
- The way in which the activities of the HWB ensure integration between children and adult services, and prioritise ensuring a positive experience of transition for disabled young people

Key resources for meeting this Charter commitment

Graham Allen MP (2011), Early Intervention: The Next Steps

An independent report to Government, which argues that many of the costly and damaging social problems for individuals can be eliminated or reduced by giving children and parents the right type of evidence based programmes between 0-18 and especially in their earliest years.

Graham Allen MP (2011), Early Intervention: Smart Investment, Massive Savings

Graham Allen MP's second independent report to the Government sets out how early intervention programmes can be paid for within existing resources and by attracting new non-government money.

Child and Maternity Health Observatory, Knowledge Hub: Transitions

The transitions to adulthood hub brings together a range of resources and evidence relating to young people's transition process into the adult world. It is constantly updated with new resources.

8 Report of the Children and Young People's Health Outcomes Forum (2012), p.38

Early Support

A way of working, underpinned by 10 principles that aim to improve the delivery ofservices for disabled children, young people and their families. It enables services to coordinate their activity better and provide families with a single point of contact and continuity through key working.

Early Support (2012), Key working: improving outcomes for all - Evidence, provision, systems and structures

A summary of the key evidence and consistent elements of a key working approach. It presents an analysis of the implications of key working that cuts across health, social care and education.

Ofsted (2013), Good practice resource - Early intervention through a multi-agency approach: Sheffield City Council

Sheffield City Council has developed a creative and innovative approach across the children's workforce by introducing a multi-agency perspective in providing preventative services to children and families.

C4E0, Improving the wellbeing of disabled children through early years interventions (age 0–8)

This section contains the following resources in support of improving the wellbeing of disabled children through early years interventions (age 0–8) priority: links to online tools; key online publications from C4EO partners and other organisations.

Institute of Public Care (2012), Early Intervention and Prevention with Children and Families: Getting the Most from Team around the Family Systems

Briefing paper arguing that effective local systems to identify families who would benefit from additional support and to coordinate support from a range of agencies is as important as delivering effective services.

Transition Information Network (TIN)

An alliance of organisations and individuals who come together to improve the experience of disabled young people's transition to adulthood. TIN is a source of information and good practice standards for disabled young people, families and professionals.

TIN Resource Library

You can use the search form to find a range of resources that can help you to improve your provision for disabled young people in transition to adulthood.

Preparing for Adulthood (PfA)

A 2 year programme funded by the Department for Education as part of the delivery support for 'Support and aspiration: A new approach to special educational needs and disability' green paper. It provides knowledge and support to all local authorities and their partners, including families and young people, so they can ensure young people with SEN and disabilities achieve paid work, independent living, good health and community inclusion as they move into adulthood.

Preparing for Adulthood (2012), PfA resource list

Created for the PfA 'How are you doing?' events which took place in June and July, 2012. Resources are listed under: Paid employment; Independent living; Good health; Community inclusion.

Sloper, P., Beecham, J., Clarke, S., Franklin, A., Moran, N. and Cusworth, L. (2011) Transition to adult services for disabled young people and those with complex health needs, Research Works, 2011-02, Social Policy Research Unit, University of York, York

This research aimed to provide evidence of what works well in developing and implementing multi-agency coordinated transition services for disabled children and those with complex health needs and their families. It also assessed the costs of the services.

Commitment 6: We work with key partners to strengthen integration between health, social care and education services, and with services provided by wider partners

Statutory drivers

Health and Social Care Act 2012

Duty to encourage integrated working:

- between commissioners of health services and commissioners of social care services
- in particular to provide advice, assistance or other support for the purpose of encouraging use of flexibilities under NHS Act 2006

Power to include in the JHWS a statement of views on how the commissioning of health and social care services, and wider health-related services, could be more closely integrated – i.e. the ability for the JHWS to look more broadly than health and social care in relation to closer integration of commissioning

Disabled children and young people access services across multiple agencies, and therefore are disproportionately affected by poor integration between health and social care services and a lack of coordinated commissioning. Health and Wellbeing Boards must work with key partners to meet the needs of disabled children and young people, including: education providers and schools; safeguarding boards, local children's trust arrangements; learning disability partnership boards; and others. Health and Wellbeing Boards should make recommendations to ensure that disabled children and young people experience seamless integration between the services they access.

In particular, Health and Wellbeing Boards should consider how they engage with education services, including schools and colleges, because of the significance of joined up-working between health, education and social care to disabled children and young people's outcomes.

To promote integrated commissioning Health and Wellbeing Boards will also need to consider how specialised health services commissioned by NHS England are joined up with locally commissioned services and ensure they are taken into account by their JSNA and JHWS.

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Details of the way in which the HWB is informed by those with expertise in education, and children's health and social care
- Details of the way the HWB engages with wider partners such as housing, transport, safeguarding and the youth justice system
- Details of steps taken to encourage integrated working between health, social care, education and wider partners in order to improve the services accessed by disabled children, young people and their families

Key resources for meeting this Charter commitment

Together for disabled children (2009), Facilitating integrated practice between children's services and health

> This report contains examples of innovative working practice where services are integrated with health.

Council for Disabled Children (2006), Pathways to success: Good practice guide for children's services in the development of services for disabled children - evidence from the pathfinder children's trusts

> This project ran from April 2004 to March 2006 and set out to work alongside the pathfinder children's trusts in developing new ways of working and to capture the learning from their work. The work covered: stratgeic planning; commissioning services, pooling budgets; joint working and co-location; assessment process and information sharing.

East Midlands, Everybody's learning (2012), Assured safeguarding: GP and Health Leader edition

> Resource to help commissioners and health providers reassure themselves they are doing everything possible to ensure that children within the services for which they are responsible are as safe as possible.

Ofsted (2012), Improving outcomes for disabled children by integrating early support and prevention services: Luton Borough Council

> Luton's services for disabled children and their families bring together practice across health, social care and education services, alongside innovative short break and early support provision. The development of an extensive range of integrated early support and prevention services is improving outcomes for disabled children and preventing situations deteriorating so that child protection or looked after services become necessary.

Commitment 7: We provide cohesive governance and leadership across the disabled children and young people's agenda by linking effectively with key partners

Statutory drivers

Health and Social Care Act 2012

Power to encourage close working (in relation to wider determinants of health):

- between itself and commissioners of health-related services
- between commissioners of health services or social care services and commissioners of health-related services

Power to appoint additional members to the board as deemed appropriate

Power for HWB to request information for the purposes of enabling or assisting its performance of functions from:

- the local authority
- certain members or those they represent with a duty to provide

Children Act 2004

Requirement for each local authority to have a children's trust board which must include representatives of the local authority and each of the children's trust 'relevant partners'

Local safeguarding children's boards put on statutory footing

Children and Families Bill 2012-13 (currently in Parliament)

(Clause 25) Local authorities must promote the integration of special education, health and care provision.

(Clause 26) Local authorities and their partner CCGs must make arrangements for the joint commissioning of education, health and care provision for children and young people with SEN.

(Clause 27) Local authorities must keep under review special education provision and social care provision for children and young people with SEN and consider the extent that it is sufficient to meet their needs.

(Clause 30) Local authorities must publish a Local Offer containing information about services available for children and young people with SEN, including education, health and care provision.

The role of the Health and Wellbeing Board must be understood in relation to new and existing partnerships, including: local children's trust arrangements; local safeguarding children's boards; learning disability partnership boards; and others. A clear local framework on how these partnerships interact needs to be established to avoid the duplication of effort or even

competing for resources.

The JSNAs and JHWS need to be aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block[9]; safeguarding arrangements; child poverty strategies; and children and young people's plans if they are still used.

Additionally, the Children and Families Bill currently in Parliament contains clauses for promoting integration between special educational provision, health and social care provision (25), making joint-commissioning arrangements (26), keeping education and care provision under review (27), and producing a local offer (30), for children and young people with SEN. These new duties on local authorities all have a clear relevance to the functions of the Health and Wellbeing Board to encourage integrated working, promote close working and undertake a JSNA and JHWS. This is particularly important as CCGs will be under a new duty to secure specific services in education, health and care plans for children and young people with SEN[10]. Indicative regulations also make clear that local authorities must consult Health and Wellbeing Boards when preparing and reviewing its Local Offer[11].

How to meet your Charter commitments

In order to fulfil this commitment, we would expect a HWB to be able to provide the following evidence:

- Information on links to other local integration forums which set strategic direction for disabled children's services, e.g. the local children's trust arrangements, the local safeguarding board, the learning disability partnership board, the school forum, etc.
- Evidence of how the JSNA and JHWS is aligned with other arrangements, such as: reviewing and commissioning of SEN services via the High Needs Block; safeguarding arrangements; child poverty strategies, etc.

Key resources for meeting this Charter commitment

NHS Confederation (2012), Children and young people and health and wellbeing boards: putting policies into practice

Developed by the health and wellbeing board learning set for children and young people, part of the National Learning Network for health and wellbeing boards, to give HWB members some ideas of how other boards are organising themselves to deliver coordinated services for children and young people.

9 See Department for Education (2012), School funding reform 2013-14, pp. 16-20

10 See Department for Education website (2013), Children and young people with special educational needs to benefit from new legal health duty

11 The Special Educational Needs (Local Offer) (England) Regulations 2014: http://media.education.gov.uk/assets/files/pdf/c/clause%2030%20draft%20regulations%20sen%20local%20offer.pdf

Children and Young People's Health Outcomes Forum (2012), Health and wellbeing boards and children, young people and families

Poster produced in June 2012 by the health and wellbeing board learning set for children and young people.

Easton, C.; Hetherington, M., Smith, R., Wade, P., Aston, H. and Gee, G. (2012). Local Authorities' Approaches to Children's Trust Arrangements (LGA Research Report)

The Local Government Association commissioned the National Foundation for Educational Research (NFER) to investigate local authorities' approaches to their children's trust arrangements and how they are fulfilling their duty to promote cooperation with partners to improve children and young people's health and wellbeing.

General resources

The Marmot Review (February 2010), Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010

Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England.

Kennedy, Prof Sir Ian (September 2010) Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs

An independent review of services provided by the NHS to children and young people, concentrating on understanding the role of culture in the NHS. It focuses on areas where there are cultural barriers to change and improvement and makes recommendations.

NHS Confederation - Resources for Health and Wellbeing Boards

The NHS Confederation has been working with each health and wellbeing board learning set in collaboration with the NHS Institute for Innovation and Improvement, Department of Health and Local Government Association to produce publications which summarise their key points of learning and which will be shared with other shadow health and wellbeing boards.

NHS Confederation (2012), Children and young people's health and wellbeing review of documents

Briefing summarising the key policy documents on children and young people's health and wellbeing that have been published over the last two years."

NHS Confederation (2012), Support and resources for health and wellbeing boards

Summary of the support available to spread networking and learning opportunities for Health and Wellbeing Boards

NHS Confederation (2012), National learning network for health and wellbeing board publications 2012

A list of publications produced by The National Learning Network for health and wellbeing boards to share learning and support the establishment of well functioning boards.

Local Government Associaton - Resources for Health and Wellbeing Boards focusing on children, young people and family issues

The Health and Wellbeing Board learning set for children and young people looked at the issues important to the development of Health and Wellbeing Boards. The learning sets are a part of the Department of Health's development and support programme for Health and Wellbeing Boards which is supported by the LGA, NHS Confederation and NHS Institute. Nine learning sets focused on a number of themes including governance, resources and public engagement.

Getting the Best Out of Your Health and Wellbeing Board Leadership Development Offer - Health and Wellbeing Board Information Resource

This document brings together information about publications and websites which should be of value to Health and Wellbeing Boards.

Child and Maternity Health Observatory

ChiMat was established in 2008 as a national public health observatory to provide wide-ranging, authoritative data, evidence and practice related to children's, young people's and maternal health.

National Voices

The national coalition of health and social care charities in England. They work together to strengthen the voice of patients, service users, carers, their families and the voluntary organisations that work for them.

Regional Voices

Supports the voluntary sector to successfully influence local strategic decision making in health and social care. This group of pages links to a variety of resources to support you develop strategies to influence in your local area.

About Us

Every Disabled Child Matters is the national campaign to get rights and justice for every disabled child. It is run by four leading organisations working with disabled children and their families: Contact a Family, Council for Disabled Children, Mencap and the Special Educational Consortium.

The Children's Trust, Tadworth is the leading UK charity for children with acquired brain injury, multiple disabilities and complex health needs. The Trust's services include the UK's largest rehabilitation centre for children and young people with acquired brain injury, nursing care for technology-dependent children, and education for children and young people with profound and multiple learning difficulties and complex health needs

Disabled Children's Charter for Health and Wellbeing Boards

The ..... **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by ..... **Date** ..... .
Position: Chair of Health and Wellbeing Board.

For guidance on meeting these commitments, please read the accompanying document: Why sign the Charter?

every disabled child matters

Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk

The Children's Trust Tadworth
For children with multiple disabilities

HEALTH AND WELLBEING BOARD				
Report Title	Lewisham CCG Strategy Update			
Contributors	Head of Strategy & Organisational Development, NHS Lewisham Clinical Commissioning Group		Item No.	5
Class	Part 1	Date: 11th July 2013		

1. Purpose

1.1 The purpose of the report is to provide an update on the development of Lewisham CCG's five year commissioning strategy and to confirm that it is aligned with the Health and Wellbeing Strategy.

2. Recommendation/s

Members of the Health and Wellbeing Board are invited to:

2.1 Note the summary conclusions from the analysis of population needs, health outcomes, finance and benchmarking that will inform the strategy priorities.

2.2 Note the strategy development that has been undertaken on the themes of healthy living for all, frail and vulnerable people, and long-term conditions, including options for delivery models, and alignment with the Health and Wellbeing Strategy priorities.

2.3 Note the plans for further development of the strategy and engagement with the public and stakeholders.

3. Policy Context

3.1 The development of the CCG's strategy has included a 'case for change' exercise encompassing population health needs, health outcomes, public engagement feedback, financial analysis and benchmarking.

3.2 The population health needs analysis was carried out by Lewisham Public Health based on the Joint Strategic Needs Assessment (JSNA).

3.3 One of the statutory responsibilities of the CCG is to ensure that health outcomes are improving for local people. This is a key element of the NHS Mandate and will be part of the national assurance process for

CCGs. The NHS Health Outcomes Framework includes indicators covering five domains through which outcomes improvements can be assessed.

3.4 At its meeting in May 2011 the Shadow Health and Wellbeing Board agreed the following nine key objectives which would achieve its aim to improve health, improve care and improve efficiency. They were also presented to the Health and Wellbeing Board in its draft strategy on 30th May 2013.

- 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

4. Background

4.1 Lewisham CCG is developing a new 5 year commissioning strategy to reflect its establishment as a new organisation and responsibilities for commissioning services for its population. The strategy will seek to address the health needs in Lewisham, financial challenges, the potential changes in the local provider landscape and will provide direction for service developments and action plans, informing the commissioning cycle and contracting processes.

4.2 The development timetable includes a number of phases to ensure that a comprehensive, agreed strategy is in place for October 2013 for the start of the next contracting cycle for 2013/14.

5. Population Health Needs Analysis

5.1 The purpose of this analysis by Public Health is to provide an overview of those population-level factors impacting or likely to impact on the CCG strategy. There are some particular challenges.

5.2 While there are improvements in population health, there are still differences between different parts of the borough, for instance life expectancy at birth is rising (now on average 76.6 years for men and 81.3 years for women) but for men in Lewisham Central and for women in Telegraph Hill it is significantly lower than the average. The same is true for all cause mortality rates which have been falling in Lewisham

but in Lewisham Central is significantly higher than the Lewisham average.

5.3 The Lewisham population is projected to grow across all age groups over the next five years. For this period the largest percentage growth rate is in the 20-64 year old age group, and for the period 2013-28 the largest growth will be in the 65-90+ age group. The increasing number of births expected to plateau towards the end of the decade.

5.4 Cancer is now the main cause of death in Lewisham (33% of deaths), followed by circulatory disease (26%), respiratory disease (13%) and dementia (10%).

5.5 With the increasing age of the population the number of dementia cases will rise; prevalence increases particularly in the population older than 65.

5.6 The percentage of low birthweight babies has been falling but is still a significantly higher rate than the England average, but is now comparable to London as a whole.

5.7 Prevalence of mental illness is high in Lewisham and there are inequalities within the borough: southern wards such as Downham, Bellingham and Whitefoot have higher needs for services than some other areas.

6. Health Outcomes

6.1 Health outcomes in Lewisham are generally improving and the assessment of outcomes indicators will help to determine the priorities for the CCG's strategy and be used to monitor progress.

6.2 Lewisham is worse than the England average for Potential Years of Life Lost, that is deaths from causes considered 'amenable' to health care are premature deaths that should not occur in the presence of timely and effective health care. (NHS Commissioning Board Outcomes Benchmarking Support Packs: CCG Level 2012)

6.3 For Premature (under 75) mortality rates in cardiovascular disease, respiratory disease and cancer, Lewisham is worse than the England average. For cancer Lewisham is also worse than other CCGs in its ONS Cluster. (NHS Commissioning Board Outcomes Benchmarking Support Packs: CCG Level 2012)

6.4 Infant mortality measured infant deaths per 1,000 births shows that Lewisham is worse than the average for England. (Lewisham Health Profile 2012 English Public Health Observatories)

6.5 There is not currently a satisfactory indicator to measure success in mental health. This will be a necessary consideration at the next stages of the strategy development. Inequalities considerations should

run all the way through the CCG's strategic plans though, again, there is no single measure that would capture improvements in all priority strategic areas.

7. Financial Analysis & Benchmarking

7.1 Financial scenario modelling has identified different savings requirements for the Quality Innovation Prevention and Productivity (QIPP) programme annually and over a five year period.

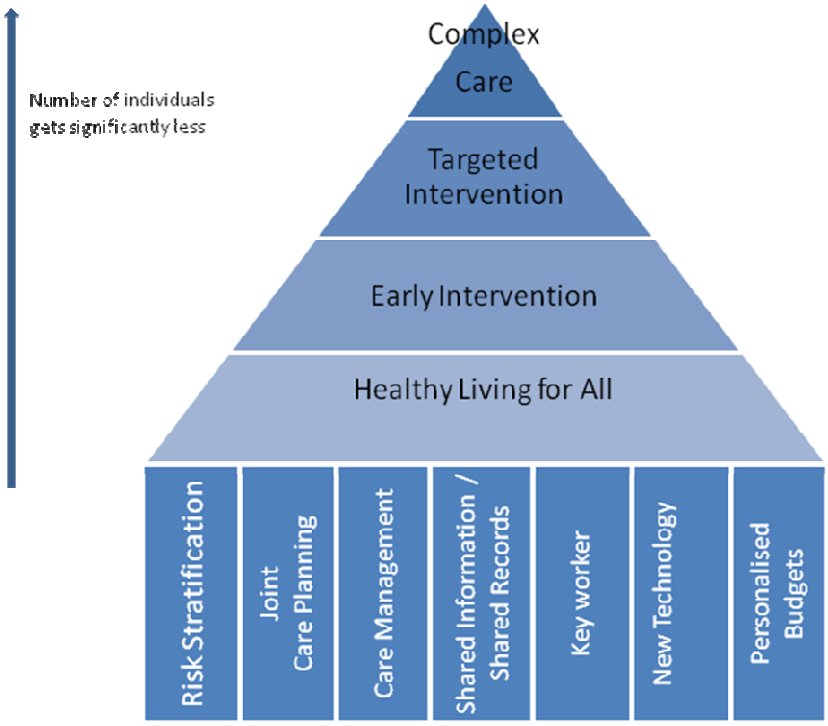
7.2 The NHS programme budgeting benchmarking tool is a source of comparative information on NHS expenditure by healthcare condition. This data shows that compared to other CCGs in England Lewisham spends more on mental health, maternity, infectious diseases, and neonates. Further analysis will be undertaken to explore the reasons for this.

8. Strategic Themes

8.1 The strategy will be developed further following the strategic themes of healthy living for all, frail and vulnerable people, and long-term conditions, taking into account and addressing the challenges identified under the case for change.

8.2 A seminar for the CCG's governing body on 6th June enabled discussion of particular elements of the strategic themes: through unplanned care, integrated care for people with complex needs and/or long term conditions, mental health, and maternity services. Across all these areas, health outcomes, care (including quality and patient experience) and value will be improved where there is a proactive approach and early intervention, care is delivered in the most appropriate setting, and where there is closer and collaborative working between providers. These principles will be carried forward into the next stage of the strategy's development.

8.3 Alignment with the Health & Wellbeing Strategy priorities will be supported through application in the integrated care delivery model below, potentially encompassing prevention and early intervention, a single point of access to services, a lifestyle hub resource for healthy living, and admission avoidance (stepped up care) and discharge planning reducing unnecessary delay and effective rehabilitation (stepped down care).



8.4 Implementing systems to act early via planned care so avoiding unplanned care would improve care and outcomes for people with long-term conditions and the frail and vulnerable:

Prevention	**Management**	**Emergency**
e.g. immunisation, proactive primary care	e.g. care plans (LTCs), integration, medical assessment unit, planned acute	e.g A&E
Planned Care		**Unplanned care**

8.5 For mental health a proposed model of delivery would include interventions that would see a proactive approach in patient care, particularly for repeat attenders, use of non-medical interventions supported by the voluntary sector and of in-reach work at acute beds, through health trainers, as an opportunity to engage with patients.

8.6 Maternity services could see a 'team around the mother', comprising a whole, integrated team, including midwifery, primary care, health visiting, children's centres and hospital services.

9. Next Steps

9.1 The next stage in strategy development will consider further development of its aims and vision, and the interventions needed to transform local health care delivery. These will focus on maternity for

the theme of healthy living for all, older people and end of life care for frail and vulnerable people, and on diabetes, respiratory/COPD, dementia, mental health (anxiety and depression) for long-term conditions.

9.2 Engagement with CCG members, the public and stakeholders will be carried out during July and August.

10. Financial implications

10.1 A financial analysis has been included in the development of the strategy to date and will be incorporated into service planning and commissioning in line with CCG and joint budgets.

11. Legal implications

11.1 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. This is recognised in the strategic priorities identified in the development process.

12. Crime and Disorder Implications

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

13. Equalities Implications

13.1 An Equality Analysis Assessment (EAA) will be carried out on the draft strategy, scheduled for August 2013. This will identify the impact of the proposed strategic priorities and interventions on different sections of the community.

14. Environmental Implications

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

Background Documents

NHS Commissioning Board Outcomes Benchmarking Support Packs: CCG Level 2012
http://www.england.nhs.uk/wp-content/uploads/2012/12/ccg-pack-08l.pdf

Lewisham Health Profile 2012 English Public Health Observatories
http://www.apho.org.uk/resource/item.aspx?RID=117235

If there are any queries on this report please contact Charles Malcolm-Smith, Head of Strategy & Organisational Development, NHS Lewisham Clinical Commissioning Group, on 020-7206-3246, or by email at: charles.malcolm-smith@nhs.net

Health and Wellbeing Board				
Title:	An overview of Health Protection in Lewisham and proposed future arrangements			
Contributors:	Dr Donal O Sullivan, Consultant in Public Health Medicine Brid Nicholson, Health Protection Programme Manager		Item No	6
Class:	Part 1	**Date:**	16th June 2013	

1. Purpose

1.1 In April 2013, the London Borough of Lewisham acquired additional mandated duties with respect to the control of infectious diseases (including healthcare associated infections) in the population.

1.2 The purpose of this paper is to brief the Health and Wellbeing Board on key health protection issues and to advise on the most appropriate arrangements for health protection in Lewisham. The Board is asked to support the recommendations for action listed below.

2. Recommendations

The Health and Wellbeing Board is asked to:

- Agree to the establishment of a Lewisham Health Protection Strategy Group, reporting to the Health and Wellbeing Board. The terms of reference should be consistent with the outline provided in appendix A and agreed by the group
- Request that the first key task of the new group is to review health protection plans already in place locally and identify any additional plans needed.
- Organise a workshop in September 2013 for stakeholders involved in health protection in Lewisham to ensure all understand their roles and responsibilities within the new arrangements. Membership of the Health Protection Strategy group can be finalised at the workshop.
- Support the development of a TB action plan for Lewisham based on recommendations in the TB JSNA (Autumn 2013).

3. Policy context

New health protection duties for local authorities

3.1.Recently mandated health protection responsibilities for preventing, planning and responding to incidents require the local authority to oversee local issues and ensure arrangements are fit for purpose.

3.2These are in addition to long standing health protection statutory functions largely centred around environmental health.

3.3 Several organisations have a role to play, in particular Public Health England, Environmental Health Services and the local Public Health Department. The roles and responsibilities of these agencies are complex and sometimes overlap.

3.4 Department of Health recommend that local authorities set up a health protection forum, chaired by the Director of Public Health, to provide an overview of health protection issues and ensure co-ordinated, close working arrangements between key agencies[1,2].

4. Background

4.1 Health protection is a specialist area of public health consisting of 2 main elements – infectious disease (including healthcare associated infections) and non-infectious environmental hazards.

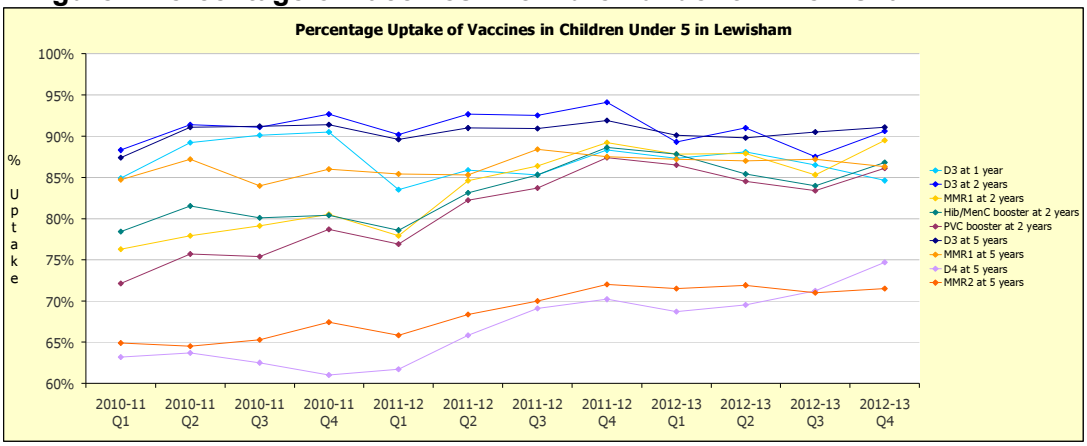
4.2 Lewisham faces some considerable health protection issues. This report briefly describes some of the key challenges in the borough and current plans to tackle them.

Immunisations and vaccine preventable disease

4.3 Uptake of childhood immunisations has been below the national target for some time and as a result, significant numbers of children have not been protected against potentially serious infections.

4.4 However, over the past four years, the borough has seen a broadly sustained upward trend in the proportion of children immunised at all ages (figure 1).

Figure 1 Percentage of vaccines in children under 5 in Lewisham



4.5 Uptake of influenza immunisation also falls short of national targets. Although Lewisham achieved national targets for influenza uptake in the elderly, uptake of influenza vaccine in other groups remains an issue.

4.6 The Director of Public health chairs a bi-monthly immunisation strategy group meeting which provides a forum to develop local strategies and monitor progress.

4.7 Monthly immunisation working group meetings are held to review work streams and check progress against the local action plan.

4.8 High numbers of confirmed measles cases in England were reported in the first 3 months of 2013, reaching 587 by end of March, following a record annual high of almost 2,000 cases in 2012.

4.9 Experts believe the rise in measles cases can be mostly attributed to the proportion of unprotected 10-16 year-olds who missed out on vaccination in the late 1990s and early 2000s when concern around the discredited link between autism and the vaccine was widespread.

4.10 As part of Department of Health measles catch-up programme, Lewisham is working in collaboration with other local authorities in South London to develop a programme to deliver immunisations to 10-16 year olds during August 2013.

Sexually transmitted infections (including HIV)

4.11 Sexual health is a local priority due to high rates of teenage pregnancy, abortion, sexually transmitted infections and HIV.

4.12 One in 10 young people aged 15-24 have chlamydia infection, a further 1 in 50 have gonorrhoea.

4.16 The rate of HIV infection in Lewisham is 7.8 per 1,000 population with the average for London at 5.2 per 1,000. This is the 8th highest prevalence in the UK. In Lewisham around 60% of HIV infection is acquired through sex between men and women.

4.17 HIV infection in Lewisham mainly affects the Black African community and men who have sex with men. Late diagnosis is more common in Black Africans and in particular Black African heterosexual men.

4.18 In 2009 a London target was introduced to reduce very late diagnosis of HIV infection by 15% by 2010/11. At baseline 31% of infections were diagnosed very late. In 2011, 35% of HIV infections were diagnosed very late, although the proportion that were 'late' had reduced. Lewisham is rated 'red' against this target.

4.19 A roll out of HIV testing in primary care is planned from 2013 onwards. Opportunities to increase HIV testing in other settings such as hospitals and in primary care is also a priority.

Tuberculosis in Lewisham

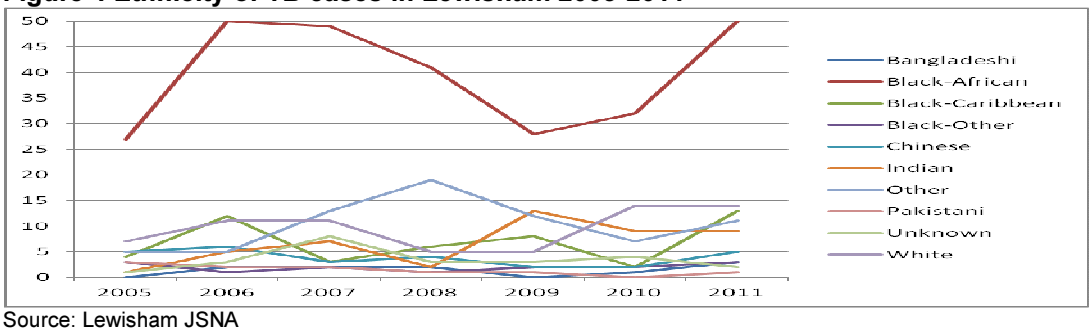
4.20 TB notification rates in South East London have remained fairly steady at around 30 annual notifications per 100,000 (the UK average at around 13 per 100,000).

4.21 However, notified cases increased in Lewisham in 2011 to 111 cases (40.5 per 100,000), an increase on 73 cases in 2010 (27.4 per 100,000) and on the 85 case-per-annum average for 2002-2010 (33.3 per 100,000).

4.22 The majority of cases occur in people of Black-African origin, more than double any other ethnic group, partly because people of Black-African origin make up a significant minority of the Lewisham population.

4.23 Therefore although the largest numbers of TB registrations are in this group, the rate of TB cases is similarly high in people of Bangladeshi, Indian and Chinese origin (figure 4).

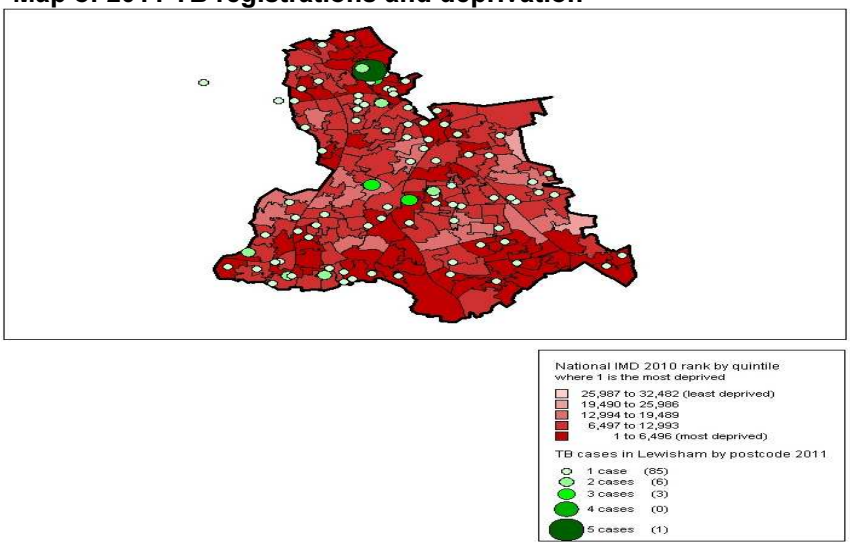
Figure 4 Ethnicity of TB cases in Lewisham 2005-2011



Source: Lewisham JSNA

4.24 TB is closely associated with deprivation. The majority of cases are in more deprived areas, with a concentration of cases in 2011 in the north of the borough (figure 5).

Figure 5 – Map of 2011 TB registrations and deprivation



4.25 The Public Health Department is currently undertaking a TB JSNA to measure current need, map service provision and identify any gaps. A TB action plan, based on the recommendations in the JSNA will be developed by autumn 2013.

5. Financial implications

None

6. Legal implications

National policy recommends formation of local health protection forums as best practice[1,2].

7. Crime and disorder implications
None

8. Equalities
Health protection is an issue relevant to all working and living in the borough of Lewisham. Issues such as TB and abortion disproportionately effect some of our minority groups and has higher rates in areas of higher deprivation.

9. Environmental implications
None

10. Conclusion

10.1 This report summarises the key health protection challenges in Lewisham, particularly in relation to vaccine preventable diseases, sexual health (including HIV) and tuberculosis and the work underway to tackle these issues.

10.2 The board is asked to support the formation of a local health protection group, chaired by the Director of Public Health, to provide an overview of health protection issues and ensure co-ordinated, close working arrangements between key agencies are developed and maintained.

Background documents

[1]Department of Health (2012) Health protection and local government @ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

[2]Health protection and local government @ http://www.local.gov.uk/c/document_library/get_file?uuid=123d1fe3-eb7a-44a0-9083-3aa481c6cb5b&groupId=10171

If there are any queries on this report, please contact

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Appendix 1

LEWISHAM HEALTH PROTECTION COMMITTEE
Terms of Reference

1.0 INTRODUCTION

Aim

Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation.

The Health Protection Committee will provide a forum to assess health protection risks to the local population. Chaired by the Director of Public Health, the committee will act as the central group to view and monitor health protection activity. It will provide a forum to discuss, prioritise and monitor issues and manage them where possible. Issues will be escalated to the Health and Wellbeing Board as appropriate.

The Health Protection Committee will provide assurance to the Health and Wellbeing Board in Lewisham about the adequacy of prevention, surveillance, planning and response with regard to health protection issues.

The committee will work closely with other partners including the local Clinical Commissioning Group and environmental health colleagues to draw on existing experience and statutory powers.

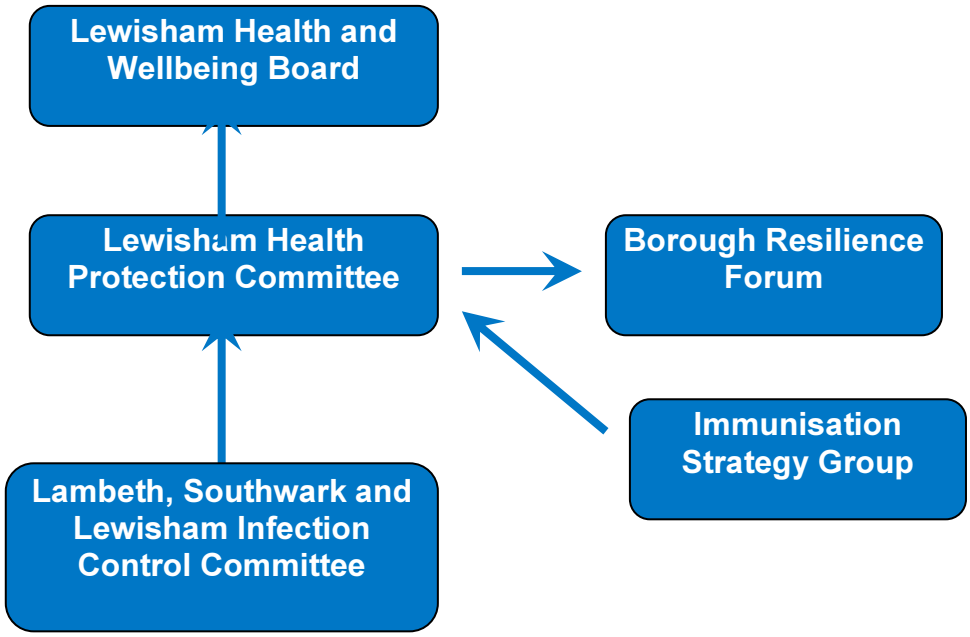
2.0 DUTIES

1.	Working with the London Borough of Lewisham and its NHS partners, monitor planning and co-ordinate activities to prevent, reduce or manage health protection risks to the local population
2.	Oversee the continual improvement and development of health protection in Lewisham
3.	Working with Public Health England and NHS England, act as the principle group convened in Lewisham to provide support in response to local health protection issues
4.	Receive regular reports from Lambeth, Southwark and Lewisham's Infection Control Committee
5.	Report regularly to the Lewisham Health and Wellbeing board
6.	Ensure Health Protection issues are raised in the appropriate internal and external forums
7.	Ensure clear lines of communication in planning and response with multi-agency partners in relation to health protection
8.	Ensure appropriate communication with all staff and the local population as necessary
9.	Report regularly to the local resilience forum
10.	Present annual report to the Health and Wellbeing Board

3.0 ACCOUNTABILITY

The Health Protection Committee will act as a sub-committee of the Health and Wellbeing Board (see figure 1 below). The chair of the Health Protection Committee will raise issues with to the Board as appropriate. The Committee will present an annual report to the Health and Wellbeing Board.

Figure 1



4.0 KEY RELATIONSHIPS

Chair – Director of Public Health, Lewisham

Members – Consultant in Public Health Medicine, Public Health, Lewisham
Health Protection Programme Lead, Lewisham
Consultant in Communicable Disease Control, Public Health England, South East London
Lead Environmental Health Officer, Lewisham
Sexual Health Commissioner, Lewisham
Quality Lead, Clinical Commissioning Group, Lewisham
Primary Care Commissioner, NHS England
Lewisham Lead, Sector Resilience Forum
Communications Team, London Borough of Lewisham
Strategy and Policy Unit, London Borough of Lewisham

Other members will be co-opted to advise on different areas of work as appropriate.

5.0 REQUIRED FREQUENCY OF ATTENDANCE (BY MEMBERS)

Members who are unable to attend meetings are required to nominate a representative to attend in their absence.

6.0 REPORTING ARRANGEMENTS INTO THE COMMITTEE (FROM A SUBCOMMITTEE)

1. To receive, on a quarterly basis, minutes and actions from the Lambeth, Southwark and Lewisham Infection Control Committee.
2. Sign-off relevant actions from the LSL Infection Control Committee as appropriate.
3. To receive, by exception, update reports on Health Protection issues.

7.0 QUORUM RULES (REQUIREMENT FOR A QUORUM)

50% of current membership. Vacant posts to be noted and excluded from quorum.

8.0 FREQUENCY OF MEETINGS

Quarterly

9.0 PROCESS FOR MONITORING THE ADHERENCE TO THE RULES SET OUT IN THESE TERMS OF REFERENCE

Monitoring adherence to the rules set out in the terms of reference will be carried out periodically by the Chair of the Committee.

10.0 REVIEW

The terms of reference (including membership) of this committee will be reviewed on a yearly basis

HEALTH AND WELLBEING BOARD				
Report Title	Health and Wellbeing Board Work Programme			
Contributors	Service Manager – Strategy, Directorate for Community Services		Item No.	7
Class	Part 1	Date: 11th July 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.

4.5 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/equalityact/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/publicsector-

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 - Agenda Planning

last updated @ 03-07-13

	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 or 2	**Lead Partner**		**Author**	Mike Salter
Report 3	Draft CCG Commissioning Strategy	Part 1 or 2	**Lead Partner**		**Author**	
Report 4	TSA Update	Part 1 or 2	**Lead Partner**		**Author**	
Report 5	Integrated Health & Care	Part 1 or 2	**Lead Partner**		**Author**	
Report 6	Health & Wellbeing Strategy and Delivery Plan	Part 1 or 2	**Lead Partner**	PH/LBL	**Author**	
Report 7	Area-based health initiatives: Evaluation of North Lewisham Health Improvement Programme and Bellingham Well London update		**Lead Partner**	PH		Jane Miller
Report 8	Public Health Budget update					Danny Ruta

Report 9	Winterbourne Stock Take					

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

Report 1	Reducing alcohol harm: update on progress	Part 1 or 2	**Lead Partner**	PH	**Author**	
Report 2	Annual Public Health Report	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**	

	?January 2014	**Meeting**	**Agenda Planning**	**Report Deadline**	**Agenda Publication**
		Health and Wellbeing Board	**tbc**	**? November/December 2013**	**? November/December 2013**

Report 1	Overview of achievement on 3 public health priorities (smoking, alcohol and obesity)	Part 1 or 2	**Lead Partner**	PH	**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**	