

Public Document Pack

Health and Wellbeing Board Agenda

Tuesday, 24 March 2015

3.00 pm,

Committee Room 1 - Civic Suite

Lewisham Town Hall

London SE6 4RU

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

This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

Part 1

Item	Pages
1. Minutes of last meeting and matters arising	1 - 10
2. Declarations of Interest	11 - 14
3. Revised Joint Strategic Needs Assessment process	15 - 20
4. Lewisham's Pharmaceutical Needs Assessment	21 - 23
5. St Mungo's Broadway's Charter for Homeless Health	24 - 33
6. Health and Wellbeing Board Work Programme	34 - 41
7. Information items	42 - 86
A: Progress Update: Early Intervention and Targeted Support and Transfer of 0-5 Children's Commissioning to Local Authorities	
B: Developing an Integrated Approach to Public Health in South East London: Establishing an Institute of Urban Public Health	
C: Reconfiguring Community Based Healthy Eating and Physical Activity Initiatives	
D: 2014/15 Dementia Action plan update	
E: Adult Integrated Care Programme, Better Care Fund and Draft Joint Commissioning Intentions	
8. Any other business	

Health and Wellbeing Board Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 24 March 2015.

Barry Quirk, Chief Executive
Monday, 16 March 2015

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

MINUTES OF THE HEALTH AND WELLBEING BOARD

Tuesday, 20 January 2015 at 3.00 pm

ATTENDANCE

PRESENT: Mayor Sir Steve Bullock (Chair), Cllr Chris Best (Cabinet Member for Community Services), Aileen Buckton (Executive Director for Community Services, LBL), Elizabeth Butler (Chair, Lewisham and Greenwich Healthcare Trust), Dr Danny Ruta (Director of Public Health, LBL), Tony Nickson (Director, Voluntary Action Lewisham), Dr Simon Parton (Chair of Lewisham Local Medical Committee), Peter Ramrayka (Voluntary and Community Sector), Rosemarie Ramsay (Healthwatch Lewisham), Dr Marc Rowland (Chair of Lewisham Clinical Commissioning Group and Vice-Chair of the Health and Wellbeing Board), Brendan Sarsfield (Family Mosaic).

IN ATTENDANCE: Mark Edginton (representing Jane Clegg), Ian Fair (Lewisham Pensioners Forum), Jemma Gilbert (Programme Director, Primary Care, NHS England), Ruth Hutt (Consultant in Public Health, Public Health, LBL), Carmel Langstaff (Service Manager, Strategy and Policy, Community Services, LBL), Genevieve Macklin (Head of Strategic Housing, Customer Services, LBL), Jane Miller (Deputy Director, Public Health, LBL), Tim Miller (Care Act Project Lead, Community Services, LBL), Warwick Tomsett (Head of Commissioning Strategy and Performance Resources, Children and Young People, LBL, representing Frankie Sulke), Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group), Kalyan DasGupta (Clerk to the Board, LBL).

APOLOGIES: Apologies were received from Frankie Sulke (Executive Director for Children and Young People, LBL) and Jane Clegg (Delivery, NHS SE England – South London Area, London Region).

1. Welcome and Introductions

The Chair welcomed everyone and announced that a note and a request to speak under Information Item 9C (Healthwatch Performance Review) had been received from Ian Fair (Pensioners Forum).

The Chair explained that it would not be possible to comment on the procurement process as this was currently ongoing. The Chair also explained that as a number of Health and Wellbeing Board members would be involved in the decision on the award of the Healthwatch contract, these members would be required to leave the room during any discussion regarding this. The Mayor asked Ian Fair to consider whether he still wished to speak before the relevant agenda item.

2. Minutes of the last meeting and matters arising

- 2.1 The minutes of the last meeting (25 November 2014) were agreed as an accurate record.
- 2.2 There were no matters arising.

3. Declarations of Interest

- 3.1 The Mayor and Chair Sir Steve Bullock, Cllr Chris Best, and Aileen Buckton each declared an interest in the Healthwatch procurement process currently underway, with respect to Information Item 9 C (Healthwatch Performance Review).
- 3.2 Vice-Chair Dr Marc Rowland declared an interest under Item 3 (Primary Care Development Strategy). Dr Rowland is a member of a clinical partnership/practice.

4. Primary Care Development Strategy (Martin Wilkinson/Jemma Gilbert)

- 4.1 Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group) and Jemma Gilbert (Programme Director, Primary Care, NHS England) provided the Board with an overview of developments taking place both nationally and locally with regard to Primary Care. It focused specifically on Lewisham Clinical Commissioning Group's (LCCG) Primary Care Development Strategy and progress made towards implementation.

Martin Wilkinson explained that the two key developments that will determine how local primary care services are commissioned, delivered and improved to meet the needs of the local population are:

- Primary Care Co-commissioning
- Strategic Commissioning Framework for Primary Care Transformation in London.

- 4.2 The following issues were raised or highlighted in the discussion:

- It will be necessary to consider the development of the neighbourhood model within the context of a new regime of Primary Care. A maximum of one Neighbourhood could possibly be covered by the new system of Primary Care provision in the next 6-9 months.
- Easily accessible and co-ordinated (as distinct from simply physically co-located) Primary Care could enable a more effective and timely response to sudden patient need.

- Many variables, including the flexibility and co-operation of local GPs, will determine the shape of future Primary Care provision. The general direction of travel for GPs, however, continues to point away from smaller practices towards larger ones.
- The Board should encourage GPs to support the Primary Care Development Strategy.
- Evidence e.g. as in Rotherham Accident and Emergency, indicated that a pilot that effectively engaged the community was likely to be more successful.

4.3 The Board:

1. Noted the recommendations and endorsed the report.
2. Agreed that the Chair, on behalf of the Board, would write to GPs in support of the proposed model for Primary Care.
3. Agreed to develop a vision / blueprint for Lewisham's health and care system.

5. **Lewisham's Housing Strategy 2015-2020** (Genevieve Macklin)

5.1 Genevieve Macklin (Head of Strategic Housing, Customer Services, LBL) introduced the Council's draft Housing Strategy, highlighting the following points:

- Public consultation on the draft Housing Strategy commenced on 1 December 2014 and was due to close on 19 January 2015. However, any comments from the Board and input from a planned public event on 21 January 2015 were also expected to feed into the Strategy.
- The revised draft Housing Strategy would be scrutinised by the Housing Select Committee before being submitted to Mayor and Cabinet in March, with a view to being published also in March 2015.

5.2 The draft Strategy proposes 4 key objectives:

- Helping residents at times of severe and urgent housing need;
- Building the homes Lewisham's residents need;

- Greater security and quality for private renters;
 - Promoting health and wellbeing by improving residents' homes.
- 5.3 Health and wellbeing is explicitly referred to in one of these objectives but is likely to be relevant to all four objectives, as well as to many of the priorities proposed underneath those objectives.
- 5.4 Danny Ruta indicated that he had already shared detailed feedback with Genevieve in writing, and Brendan Sarsfield advised that he would feed his comments into the upcoming engagement event.
- 5.5 In the discussion, it was suggested that the Strategy should
- Address reasons for homelessness more, as in the previous Public Health report;
 - Ensure appropriate accommodation for lifetime use;
 - Factor in opportunities for health funding when appropriate.
- 5.6 The Board agreed that members would submit comments and suggestions from a Health and Wellbeing Board perspective on areas not covered by the existing feedback.
- 6. Public Health budgets and Savings Proposals (Danny Ruta)**
- 6.1 Dr Danny Ruta (Director of Public Health, LBL) summarised the report, highlighting the following points:
- The purpose of the report was to to update the Health and Wellbeing Board on the Public Health Budget and the Public Health Savings Proposals to the Mayor & Cabinet for the 2015/2016 financial year.
 - Lewisham CCG had responded to the consultation on the Public Health savings proposals on 29 December 2014.
 - The Public Health team will continue to seek to mitigate the impact of the proposals on public health outcomes.
- 6.2 The following issues were raised or highlighted in the discussion:
- Tony Nickson asked what the HWB's response should be in light of the proposed reduction in funding to Mental Health services, a strategic goal for the Board.

- Members commented that further information on the context for the savings and their effect on Public Health outcomes was required before any meaningful comments can be offered.
- Dr Ruta responded that Public Health resources would be allocated to support those areas affected by reductions in Council spend that are expected to have an adverse impact on public health outcomes.
- There is already a strong voluntary and community sector in the borough that presents opportunities to deliver public health outcomes in different ways.

6.3 The Board noted the report.

7. **Health and Wellbeing Board Strategy Progress Update** (Ruth Hutt/Jane Miller)

7.1 Ruth Hutt (Consultant in Public Health, LBL) and Jane Miller (Deputy Director of Public Health, LBL) introduced the reports on Mental Health and Cardiovascular Diseases respectively.

7.2 6a: Mental Health Promotion (Ruth Hutt)

Ruth Hutt provided an overview of public mental health and an update on the Health and Wellbeing Strategy actions and performance, highlighting the following points.

- Mental health remains a priority for Lewisham.
- The Health and Wellbeing Board should focus on ensuring that all partners work together to improve mental wellbeing for their staff and service users.
- Lewisham should aspire to close the gap in physical health outcomes among those experiencing mental illness.

7.3 6b: Reducing Cardiovascular Disease (CVD) (Jane Miller)

Jane Miller updated members on progress in reducing cardiovascular disease and highlighted areas for increased focus, such as improving prevention and risk management and improving and enhancing the identification of cases in primary care.

7.4 Jane explained that plans to commission services, including health checks and lifestyle services aligned to the neighbourhood model, as part of the Adult Integrated Care Programme, are likely to improve the prevention, early diagnosis and risk management of cardiovascular disease, as long as there is

a continued focus on brief interventions, increased uptake of health checks, and decreased variation in primary care.

7.5 The following points were raised or highlighted in the discussion:

- Headstart represents an opportunity to secure additional funding to support this area of work.
- The CYP Select Committee will also consider Mental Health and CVD.
- The Improving Access to Psychological Therapies (IAPT) programme has carried out targeted work with community groups and individuals. IAPT has also worked with and through faith leaders and BME mental health groups and provided information on accessing services.
- Jane Miller suggested that it might be helpful to re-visit the “Every Contact Counts” recommendation of the Shadow Health and Wellbeing Board, for ideas on community and workplace engagement to promote health and wellbeing among the public at large.
- It was suggested that Public Health continue to develop the Health Checks programme.

7.6 The Board noted the reports and agreed the recommendations.

8. Update on Implementation of the Care Act in Lewisham (Tim Miller)

8.1 Tim Miller (Care Act Project Lead, Community Services, LBL) updated the Board on the current position with regard to implementing the first part of the Care Act 2014 in Lewisham, highlighting the following points:

- The Care Act sets out the new statutory framework for adult social care, preventative support and related functions including adult safeguarding. It consolidates, modernises and replaces the existing laws relating to adult social care and establishes a range of new provisions.
- Lewisham is both well placed for the strategic direction of the Act and is progressing well with local implementation to achieve compliance, through its Adult Integrated Care Programme.
- The Adult Safeguarding Board will become statutory in April 2015.

8.2 The following points were raised or highlighted in the discussion:

- The results of the May 2015 General Elections are not expected to affect the Care Act.

- The action to implement the Act builds on the existing prevention and integration activity in Lewisham.
- Councils must set up and update a care account for all people with a personal or independent budget, setting out the accrued costs of meeting their eligible needs. Draft guidance on this requirement is expected soon from the Department of Health, but the impact of any resulting changes on adult social care is expected to be relatively small in Lewisham.

8.3 The Board noted the contents of the report.

9. Health and Wellbeing Board Work Programme Report

9.1 Carmel Langstaff (Service Manager, Strategy and Policy, Community Services, LBL) updated the Board on the Health and Wellbeing Board draft work programme.

9.2 The Board was informed that officers are working on improvements to the agenda planning process.

9.3 In addition to the items in the draft Work Programme and those requested in the course of the meeting, Carmel highlighted that the following items had been proposed:

1. The development of brief interventions.
2. The development of the health checks programme.
3. Blueprint for whole system approach to health and care in Lewisham

9.4 The Board agreed the amended Work Programme.

10. Information items

10.1 C: Healthwatch Performance Review

Ian Fair (Lewisham Pensioners Forum) indicated that he would be happy to elaborate his points regarding the Healthwatch re-commissioning process and its timetable in writing and hoped that the process would be a fair one.

The meeting ended at 16:45 hrs.

#	MEETING REF	ACTION	LEAD/OWNER	ASSIGNED TO	DUE DATE	STATUS
1	3 July 2014	<p><u>Housing and Health in Lewisham</u></p> <p>Martin Wilkinson to explore the case for investment further with Genevieve Macklin. It is suggested that the recommendations should be considered as part of the Adult Integrated Care Programme and the allocation of Winter Pressures resources.</p>	Martin Wilkinson	Martin Wilkinson / Genevieve Macklin	TBC	Awaiting update.
2	3 July 2014	<p><u>Voluntary and Community Sector Response to Poverty, with a Focus on Food Poverty</u></p> <p>A discussion, to be initiated by VAL and partners, with all key stakeholders, including food bank users, to discuss approaches towards solutions to food poverty and to further investigate why people are increasingly accessing food banks and other food distribution points, with the aim of improving co-ordination and effective support for voluntary action locally in addressing food poverty in the Borough.</p>	Tony Nickson	Voluntary Action Lewisham	The 'food summit' will be re-scheduled. Date TBC.	An update on a possible 'food summit' is scheduled for the September HWB.
3	23 September 2014	<p><u>Update on Revision of Lewisham Pharmaceutical Needs Assessment</u></p> <p>The timetable should include an optional visit for Board members to a community pharmacy.</p>	Danny Ruta	Mike Salter	March 2015	An update on Lewisham's Pharmaceutical Needs Assessment is on the agenda for the March HWB.

4	25 November 2015	<p><u>Adult Integrated Care Programme, Better Care Fund and Draft Joint Commissioning Intentions</u></p> <p>Any significant potential changes to the Joint Commissioning Intentions, as it is 'translated' to the CCG's Operating Plan as a result of national guidance, to be e-mailed to the Board before 20 January 2015.</p>	Susanna Masters		20 January 2015	The preliminary themes identified from the Joint Commissioning Intentions have been identified in the Adult Integrated Programme report to the Health and Wellbeing Board in March 2015
5	25 November 2015	<p><u>Adult Integrated Care Programme, Better Care Fund and Draft Joint Commissioning Intentions</u></p> <p>The Board will consider the implications of national guidance on the development of the CCG Operating Plan in early 2015.</p>	Susanna Masters		TBC	The CCG Operating Plan is on the agenda for the May HWB.
6	25 November 2014	<p><u>Health and Wellbeing Board Strategy Progress update: HWB Strategy Performance Dashboard</u></p> <p>A more refined monitoring schedule will be produced to explain the overall direction of travel.</p>	Danny Ruta		19 May 2015	A Performance Dashboard Update has been scheduled for the July Health and Wellbeing Board meeting.
7	25 November 2014	<p><u>Lambeth Southwark and Lewisham Sexual Health Strategy</u></p> <p>In order to provide a broader context, figures for Birmingham and Manchester comparable to the ones provided in sections 1.5 and 1.6 of the submitted report to be provided in the next report to the Board.</p>	Ruth Hutt		November 2015	The next Sexual Health Strategy report has been scheduled for November 2015 in the HWB work programme.

8	20 January 2015	<u>Primary Care Development Strategy</u> The Chair, on behalf of the Board, to write to GPs in support of the proposed model for Primary Care.	The Chair	TBC	TBC	Awaiting update.
9	20 January 2015	<u>Primary Care Development Strategy</u> The Board to develop a vision / blueprint for the whole health and care system.	TBC	TBC	TBC	To be included in the Work Programme.
10	20 January 2015	<u>Lewisham's Housing Strategy 2015-20</u> Board members to submit comments and suggestions from a HWB perspective on areas not covered by the existing feedback.	All HWB members	All HWB members	22 Jan 15	The consultation has now ended.

HEALTH AND WELLBEING BOARD			
Report Title	Declarations of interest		
Contributors	Chief Executive – London Borough of Lewisham	Item No.	2
Class	Part 1	Date:	24 March 2015

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	Revised Joint Strategic Needs Assessment process		
Contributors	Director of Public Health, London Borough of Lewisham	Item No.	3
Class	Part 1	Date:	24 March 2015

1. Purpose

- 1.1 The purpose of this report is to inform the Health and Wellbeing Board of the revised process to oversee the development of the JSNA and to propose that the Health and Wellbeing Strategy Implementation Group takes responsibility for reviewing and assessing recommendations from completed JSNA topics.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Note the revised process for the development of the Joint Strategic Needs Assessment (JSNA)
- 2.2 Agree that the Health and Wellbeing Strategy Implementation Group takes responsibility for reviewing and assessing recommendations from completed JSNA topics and proposing priorities to the Health and Wellbeing Board.

3. Policy Context

- 3.1 The production of a JSNA became a statutory duty on PCTs and upper tier local authorities in 2007. The Health and Social Care Act 2012 placed a new statutory obligation on Clinical Commissioning Groups, the Local Authority and the NHS England to jointly produce and to commission with regard to the JSNA. The Act placed an additional duty on the Local Authority and CCGs to develop a joint Health and Wellbeing Strategy for meeting the needs identified in the local JSNA
- 3.2 Lewisham's Joint Strategic Needs Assessment provides access to a profile of Lewisham's population, including demographic, social and environmental information. It also provides access to in-depth needs assessments which address specific gaps in knowledge or identify issues associated with particular populations/services. These in-depth

assessments vary in scope from a focus on a condition, geographical area, or a segment of the population, to a combination of these. Needs assessments in Lewisham are carried out to an agreed standard as outlined in the joint Community Services/Public Health guide. The overall aim of each needs assessment is to translate robust qualitative and quantitative data analysis into key messages for commissioners, service providers and partners.

The JSNA is the means by which local leaders can better understand the needs of all local people. This in turn helps to shape the Health and Wellbeing Strategy and inform the decisions about the priorities for local action.

3.3 The priorities of The Health and Wellbeing Strategy 2013-2023 were informed by the JSNA.

3.4 The current JSNA can be found here:

www.lewishamsna.org.uk

4. Background

4.1 A JSNA process was implemented in 2011. This included a standardised process for prioritising the topics on which needs assessments should be undertaken. There has been no systematic approach since 2012/13 to identify priorities for JSNA topics due to scarcity of resource to complete JSNAs topics, however topics have been completed when resources have become available.

4.2 Individual JSNA topics provide in-depth analysis and recommendations for that specific service/population group. Currently these are viewed only by the interested individual/group that has requested the JSNA topic to inform their specific commissioning decisions. This process does not allow for discussion by the Health and Wellbeing Board to prioritise commissioning decisions.

4.3 A Revised Process is illustrated in Appendix 1. It proposes a greater involvement of the Health and Wellbeing Implementation Group. The Health and Wellbeing Implementation Group was established to oversee the delivery of the Health and Wellbeing Action plan in 2014. It is proposed that this group now takes on the responsibility to oversee the prioritisation and final sign off of completed JSNA topics and presents the priorities for JSNA topics to be undertaken, and the conclusions from completed JSNA topics to the Health and Wellbeing Board (See Appendix 1 and 2).

4.4 It should be noted that key to this revised process is the involvement of the Children and Young People's JCG, Adult JCG, CCG Strategy Development Committee and the third sector, in proposing JSNA topics

and subsequently approving them when completed before final sign off by the Health and Wellbeing Implementation Group.

- 4.5 The current terms of reference of the Health and Wellbeing Implementation Group require amending to reflect the new responsibility to oversee the JSNA process .

5. Financial implications

- 5.1 There are no specific financial implications. The Public Health team will have to allocate the appropriate human resources to manage and coordinate the JSNA process. Relevant commissioners will also be required to allocate appropriate human resources to the relevant JSNA Topic Expert Group.
- 5.2 Both the development of the JSNA and any expenditure proposed as a result of it will be met either from existing budgets or from new external funding.

6. Legal implications

- 6.1 The requirement to produce a JSNA is set out above.
- 6.2 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 their area.

7. Crime and Disorder Implications

- 7.1 There are no Crime and Disorder Implications

8. Equalities Implications

- 8.1 JSNAs are a continuous process of strategic assessment and planning – core aim to develop local evidence –based priorities for commissioning which will improve health and reduce inequalities.

9. Environmental Implications

- 9.1 There are no environmental implications.

10. Conclusion

- 10.1 The proposed revised process for the JSNA will ensure that the process is systematic and improved and overseen by the Health And

Wellbeing Implementation Group which is accountable to the Health and Wellbeing Board.

Background Documents

Appendix 1 and 2: Draft Revised JSNA Process

If there are any queries on this report please contact **Danny Ruta, Director of Public Health** danny.ruta@lewisham.gov.uk

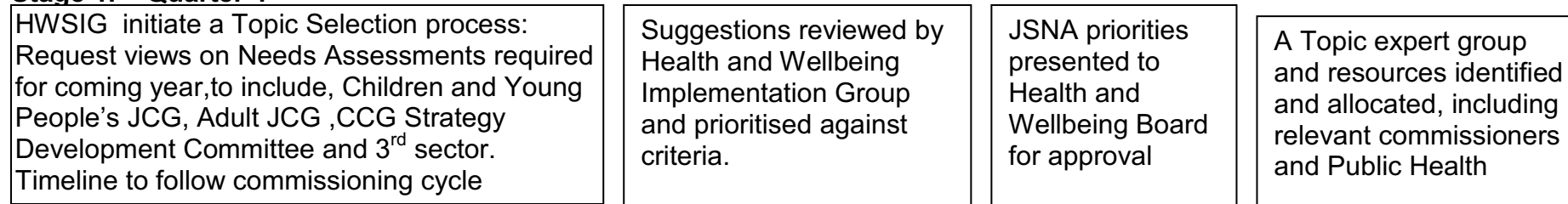
If you have problems opening or printing any embedded links in this document, please contact the above named officers or kalyan.dasgupta@lewisham.gov.uk (Phone: 020 8314 8378)

Appendix 1

Revised JSNA Process

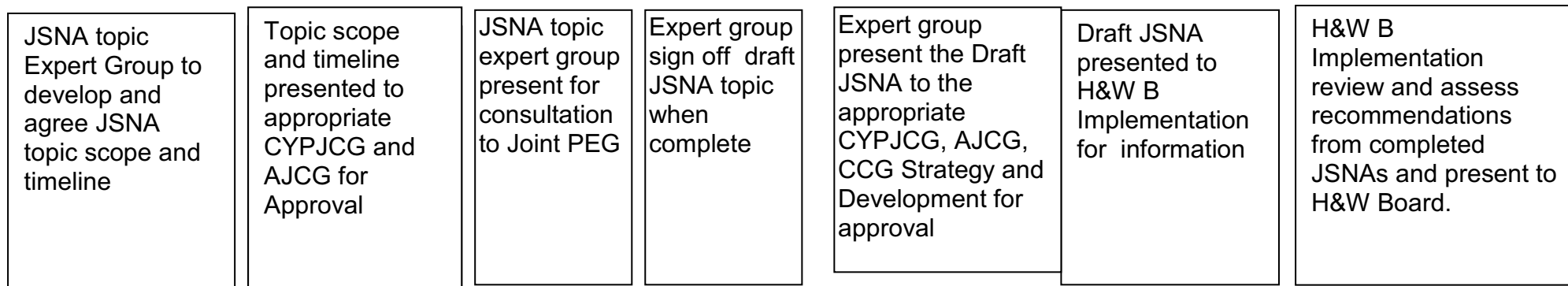
Lewisham Health and Wellbeing Board
 Lewisham Health and Wellbeing Strategy Implementation Group (HWSIG)

Stage 1. – Quarter 4

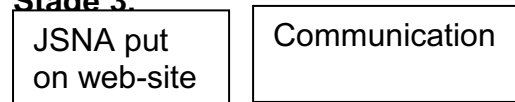


Stage 2.

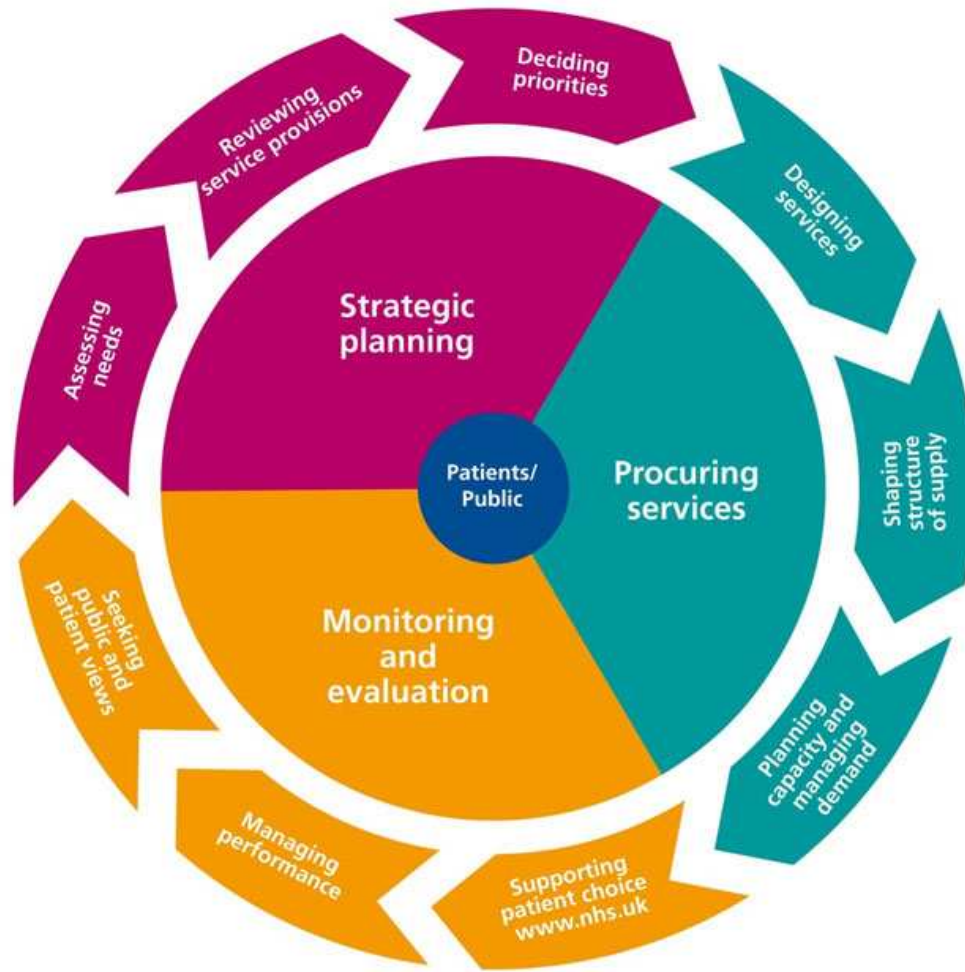
Beginning of Quarter 3



Stage 3.



Appendix 2
The Commissioning Cycle



HEALTH AND WELLBEING BOARD			
Report Title	Lewisham Pharmaceutical Needs Assessment		
Contributors	Director of Public Health	Item no	4
		Date	24 March 2015
Strategic Context	The Health and Wellbeing Board has a statutory responsibility to produce a Pharmaceutical Needs Assessment (PNA). Aligns with health and social care integration and delivery of Health and Wellbeing Board strategic priorities around smoking, sexual health and reducing admissions for people with long term conditions		
Pathway	Update on previous report to the Health and Wellbeing Board. Draft revision of PNA should be considered by Healthier Communities Select Committee before final approval by Health and Wellbeing Board in March 2015.		

1. Purpose

- 1.1 The purpose of this report is for the Health and Wellbeing board to agree the revised Lewisham Pharmaceutical Needs Assessment (PNA).

2. Recommendation

The Board is recommended to approve the revised Lewisham PNA.

3. Policy Context

- 3.1 From 1st April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

4. Background

- 4.1 PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies.
- 4.2 Applications are keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly. "Healthy lives, healthy people", the public health strategy for England (2010) says: "Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real

potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.”

- 4.3 Community pharmacy is an important investor in local communities. As local small businesses they provide employment and support neighbourhood and high street economies.
- 4.4 A 60 day consultation period was concluded on 8th March 2015 on the revised Lewisham PNA. The comments arising from this consultation have been addressed in the final report. The report can be found at <http://lewishamjsna.org.uk>
- 4.5 The revised PNA has been completed, fulfilling The Director of Public Health’s statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services in Lewisham.
- 4.6 The process for undertaking this included a PNA steering group with representation from the CCG and the Local Pharmaceutical Committee (LPC); a review of recent policy guidance and evidence and a visioning/stakeholder event after which priorities for the future development of pharmacy services was generated. There was also a 60 day consultation between January 8 to March 8 2015.

5. The Current Lewisham PNA

- 5.1 Lewisham Primary Care Trust undertook the first PNA in 2005. This original PNA was reviewed, and after consultation, a revised PNA was published in 2011. The regulations required the PCT to consider the need for pharmaceutical services in terms of:
 - Services currently commissioned that are necessary to meet a current demand.
 - Services that are currently commissioned which are relevant but do not constitute a “necessary service”.
 - Services not currently commissioned that may be necessary in specified future circumstance.
 - Services not currently commissioned that would secure improvements or better access to pharmaceutical services.
- 5.2 The 2011 PNA concluded that all existing national and locally commissioned services were necessary and relevant, and made the following recommendations regarding the future development of pharmacy services in Lewisham:
 - Further extension of sexual health services considering
 - Chlamydia screening
 - Extension to the current range of oral contraceptives
 - Administration of longer acting contraceptives

- Support of the current chronic obstructive pulmonary disease (COPD) pathway
 - Screening to allow earlier intervention
 - Improvement in concordance with current therapy
 - Support of influenza vaccination for at risk groups where current provision is limited
 - Support through raising awareness and where relevant screening, for the range of public health issues including obesity, alcohol use etc.
 - Support for the pathway redesign process which will allow patients to access relevant therapies, services or equipment from appropriately trained healthcare professionals more locally.
- 5.3 All of these recommendations have been implemented to a greater or lesser extent. In addition to these services, the Local Authority and CCG have jointly commissioned the Healthy Start Vitamin D scheme for mothers and babies from community pharmacies. Another development has been the establishment of the Healthy Living Pharmacy Programme, which develops the pharmacy workforce around health improvement and making every contact count. Lewisham is at the forefront of this initiative nationally.

6. Financial implications

- 6.1 It is not possible to assess the financial implications at this point.

7. Legal implications

- 7.1 It is not possible to assess the legal implications at this point.

8. Equalities Implications

- 8.1 The access provided by community pharmacy help to address health inequalities.

9. Conclusion

- 9.1 As described above the publication of a PNA is statutory responsibility for the London borough of Lewisham by 1st April 2015. The revised PNA will meet this responsibility and further inform priorities for the future.

If there are any queries on this report please contact Dr Danny Ruta, Director of Public Health, 020 8314 9094.

If you have problems opening or printing any embedded links in this document, please contact the above named officers or kalyan.dasgupta@lewisham.gov.uk (Phone: 020 8314 8378)

Agenda Item 5

HEALTH AND WELLBEING BOARD			
Report Title	St. Mungo's Broadway's Charter for Homeless Health and Lewisham's work on Homeless Health Issues		
Contributors	James Lee, Prevention and Inclusion Service Manager, LBL John Barker, Housing Options Assessment Manager, Rehousing, LBL	Item No.	5
Class	Part 1	Date:	24 March 2015

1. Purpose

- 1.1 This report provides members of the Health and Wellbeing Board with details of the current activity designed to address the health needs of homeless people in Lewisham.
- 1.2 This update also services as an introduction on St. Mungo's Broadway's Charter for Homeless Health and seeks agreement for Board to become signatories.

2. Recommendation

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Note and comment on the current activity to address homeless health needs in Lewisham.
- 2.2 Agree to become signatories to the St. Mungo's Broadway's *Charter for Homeless Health*.

3. Policy Context

- 3.1 Services for homeless people are predominately commissioned via the council's Prevention and Inclusion Team and help deliver many government priorities. This includes 'Valuing People' and 'Independence, Well Being and Choice' and the National Service Frameworks for mental health, older people and people with long-term conditions. These service play a key role in delivering national strategies such as the Reducing Reoffending National Plan, Tackling Drugs to Build a Better Britain and 'Sustainable Communities: Settled Homes Changing Lives'.

3.2 These preventative support services meet the following Council priorities:

- Safety, security and a visible presence, partnership working with the police and others and using the Council's powers to combat anti-social behaviour;
- Caring for adults and older people: working with health services to support older people and adults in need of care;
- Inspiring efficiency, effectiveness and equity: ensuring efficiency, effectiveness and equity in the delivery of excellent services to meet the needs of the community.

3.3 Lewisham's Sustainable Community Strategy (SCS), Shaping Our Future (2008- 2020), provides the key strategic driver for the Preventative Support Services. The Sustainable Community Strategy has two cross-cutting key principles; "Reducing Inequality" and "Delivering Services Together, efficiently, effectively and equitably" under which sit six priority outcomes:

- Ambitious and achieving – encourage and facilitate access to education, training and employment opportunities for all citizens
- Empowered and responsible – empower citizens to be involved in their local area and responsive to the needs of those who live there.
- Empowered and responsible – champion diversity and the contribution everyone makes to the borough's quality of life.
- Healthy, active and enjoyable – improve the well-being of our citizens by increasing participation in healthy and active lifestyles.
- Healthy, active and enjoyable – improve health outcomes and tackle the specific conditions which affect our citizens.
- Healthy, active and enjoyable – support people with long term conditions to live in their communities and maintain their independence.

4. Background

4.1 It is generally accepted that homeless people suffer from poor health outcomes. Research undertaken by Homeless Link in 2014, *The Unhealthy State of Homelessness*, found that homeless people experience widespread ill-health and that this is significantly worse than the general population. The headline figures show:

- Widespread ill health
 - 73% of homeless people reported physical health problems. 41% said this was a long term problem
 - 80% of respondents reported some form of mental health issue, 45% had been diagnosed with a mental health issue

- 39% said they take drugs or are recovering from a drug problem, while 27% have or are recovering from an alcohol problem
 - 35% had been to A&E and 26% had been admitted to hospital over the past six months
 - Worse than the general public
 - 41% of homeless people reported a long-term physical health problem (compared to just 28% of the general population)
 - 45% had been diagnosed with a mental health problem (25%)
 - 36% had taken drugs in the past six months (5%)
- 4.2 The full Homeless Link report is available via the link at the end of this report.
- 4.3 In Lewisham, the council and the CCG undertake significant activity to meet these needs and reduce health inequalities – see section 5 below.
- 4.4 More broadly, as a response to the Homeless Link findings, amongst others, St. Mungo's Broadway¹, have produced The *Charter for Homeless Health* (attached as Appendix 1) which forms a core part of their wider campaign: *A Future Now: Homeless Health Matters*.
- 4.5 St. Mungo's Broadway are asking all 152 Health and Wellbeing Boards to sign the Charter as part of their campaign to highlight the health issues faced by homeless people as close the outcomes gap for this group.
- 4.6 The Charter has already been signed by the Health and Wellbeing Boards in Camden, Islington, Haringey and Lambeth with a further seven, including Lewisham, considering their support for it.

5. Current activity in Lewisham

- 5.1 Homelessness is a significant problem across London. Rough sleeping, the most visible of all types of homelessness, is lower in Lewisham than in neighbouring boroughs with 11 rough sleepers identified on a night in November 2014 used by boroughs as a snapshot of the current situation. The numbers on the streets of Southwark and Greenwich that night were 22 and 16 respectively. Nevertheless, 11 rough sleepers remains 11 too many with others forms of homelessness also contributing to a high demand for services.
- 5.2 In response to this demand, and the well recognised needs of homeless people, including their health needs, LB Lewisham and

¹ St Mungo's Broadway are a homelessness charity that provides a large number of services across London and the South East

Lewisham CCG undertake a range of activity to provide specifically tailored accommodation and health services.

- 5.3 As highlighted in paragraph 3.1 services for homeless people are predominately commissioned via the council's Prevention and Inclusion Team.
- 5.4 The specifications for all services for homeless people commissioned by the Prevention and Inclusion Team include detailed requirements for meeting the health needs of all service users. This includes hostels, supported housing and floating support services.
- 5.5 The Team is currently in the process of procuring a new Supported Housing services via a joint Framework Agreement with LB Southwark requiring that providers ensure that service users are supported to achieve and maintain healthy lifestyles and that they experience an improvement in health, well being and quality of life.
- 5.6 Specific outcome measurements in the core specification for all services include:
 - Service Users are aware and confident enough to access appropriate health services
 - Service Users adopt healthy lifestyles
 - Inappropriate use of emergency health services is reduced
 - Service Users with identified substance misuse needs are effectively engaged in treatment
 - Service Users show an improvement in mental well-being
 - Service Users are able to increase or maintain good levels of physical health and well-being
 - Service Users receive continued support following any referral made to health care services, minimising incidences of non-compliance with follow-up medical treatment
 - Service Users have improved access to health screening such as cancer screening and hepatitis C test and NHS health checks (Blood Borne Virus testing and vaccination)
 - Service Users are supported to access appropriate specialist health support services to prevent moves to residential and hospital settings
 - Service Users are safe from abuse
- 5.7 The supplementary elements of the specifications detail with particular areas of need that are likely to be prevalent amongst the target group. For example, services that are commissioned to work with rough sleepers and other vulnerable adults have specific requirements relating to drug and alcohol use including:
 - Service Users are assisted to minimise substance misuse and implement harm reduction strategies

- The Provider has a specific strategy detailing how substance misuse will be addressed with Service Users and its ethos therein
 - Substance misuse needs are addressed as part of a multi disciplinary approach to achieve positive outcomes for Service Users
 - Service Users are supported to engage with appropriate specialist services and maintain contact
 - Service Users are supported to engage with health services and access health checks
 - Enable Service Users to make informed choices regarding their substance use
 - Ensure that hidden and marginalised groups are identified and assisted to access services
- 5.8 In addition to the requirements of the providers to meet the health needs of the clients Lewisham CCG commissions specialist health services for homeless people via 2 GP practices who support individuals in two of the borough's highest need hostels – Pagnell Street and Spring Gardens – both run by St Mungo's Broadway.
- 5.9 A further peripatetic team, which is jointly commissioned across Lambeth, Southwark and Lewisham, provides a range of primary care and nursing services to homeless services based on need.
- 5.10 The CCG and the Council will be working together to review the efficacy and targeting of these services from April 2015.
- 5.11 Until recently the council supported a specialist Department of Health funded unit at Pagnell Street with dedicated health staff to enable rapid hospital discharge for homeless patients. However, the demand for this service was low and it has now been converted to provide dedicated support for those preparing for residential detoxification and/or rehabilitation services.
- 5.12 A full evaluation of the discharge scheme is being undertaken by St. Mungo's Broadway but it is hoped that the lack of demand demonstrates that the current pathways out of the secondary care system are effective and efficient. To further enhance these Pathways a member of the three borough team highlighted at paragraph 5.9 is providing training to hospital staff on the particular needs of homeless people with a regular forum to discuss difficult cases planned.
- 5.13 The council also supports a range of providers and initiatives that meet the needs of homeless people that are not directly commissioned.
- 5.14 The GLA funded *No Second Night Out* hub is based at the Spring Gardens site. This service provides an emergency resource to the whole of south east London that allows street outreach teams to bring rough sleepers to a place of safety and warmth where they can stay

until they can be reconnected with their borough of origin. This ensures that the health needs of rough sleepers can be addressed in a secure atmosphere and bureaucratic delays do not keep people on the street for longer than necessary.

- 5.15 Local projects that are supported include Bench Outreach, Deptford Reach, the Jericho Road Project and the 999 Club. The link between these services and statutory partners have been improving steadily over the past few years and with support from the council Bench Outreach have recently opened their first supported housing project (5 beds) and the Jericho Road Project have increased their cohort of properties.
- 5.16 Bench run a Housing First service which enables vulnerable rough sleepers to access independent accommodation while still requiring significant support rather than the traditional model which requires a period of stability in hostels and supported housing before a tenancy is granted. This allows vulnerable people who may struggle to deal with traditional settings to achieve sufficient stability to have their health needs met immediately rather than them remaining on the streets. Housing First is in operation as a pilot this year but has now secured funding until 2017. The council's SHIP (housing) service has been closely working with them and they have secured accommodation through Lewisham Homes and St Mungo's Broadway as well as directly through SHIP.
- 5.17 Bench, Deptford Reach and the 999 Club also work shifts with London Street Rescue to provide outreach to rough sleepers as well as providing their own drop in and meal every Wednesday Night (The Feast) which enables intelligence gathering on Rough Sleeping and acts as a conduit for getting rough sleepers into services.
- 5.18 In addition to this, the 999 Winter Night Shelter has been almost wholly targeted at Lewisham Clients for the first time ever this year. Interestingly, organisations such as Bench have stated that they feel December, January and February have been noticeably quieter because of this which suggests that the increased partnership working is helping to more effectively meet the needs of this group.
- 5.19 All of the work detailed above means that the health needs of rough sleepers can be identified and met at an early stage and that services can be designed to meet emerging needs. Targeted health services are provided at the 999 Club and the council and CCG will continue to work with these services as well as commissioned providers to meet the health needs of vulnerable people.
- 5.20 The majority of the interventions described above relate to single homeless people. There are also a wide range of services available for homeless families and those at risk of homelessness but these were

covered in detail in report received by the Board on 3 July 2014 so are not repeated here in detail but include:

- Preventing homelessness by carrying out more home visits, mediation, providing rent deposit incentive scheme for people to access the private rented sector
- Tackling overcrowding and under-occupation in housing to free up greatly needed family accommodation
- Helping residents find 'in-situ' solutions to maintain independent living - Disabled Facilities Grants to provide aids and adaptations, the Handyperson Service, and other loans to deal with disrepair and alterations
- Providing a flexible and broad range of housing options including the private rented sector, intermediate rent and shared ownership opportunities
- Exploring sub-regional opportunities to provide greater housing choice and availability

6. The Charter

6.1 The Charter is a very short document that would commit the Board to three high level actions – identifying need, providing leadership and commissioning for inclusion.

6.2 The full details of the commitments as described within the Charter are:

- **Identify need:** We will include the health needs of people who are homeless in our Joint Strategic Needs Assessment. This will include people who are sleeping rough, people living in supported accommodation and people who are hidden homeless. We will work with homelessness services and homeless people to achieve this.
- **Provide leadership:** We will provide leadership on addressing homeless health. Our Director of Public Health has a key leadership role to play in tackling health inequalities and will lead in promoting integrated responses and identifying opportunities for cross boundary working.
- **Commission for inclusion:** We will work with the local authority and clinical commissioning groups to ensure that local health services meet the needs of people who are homeless, and that they are welcoming and easily accessible.

5.3 As outlined above the needs of homeless people are already considered by the local authority and the CCG as part of their commissioning cycles and these commitments simply recognise that good practice.

5.4 Lewisham's Director of Public Health, Dr. Danny Ruta, is a leading advocate for reducing health inequalities and has given his backing to the Charter.

5.5 As such it is considered a positive endorsement of ongoing work for the Board to become signatories of the Charter.

6. Financial implications

6.1 There are no specific financial implications to the report.

6.2 Any work to fulfil the commitments described in paragraph 5 will be funded from existing budgets.

7. Legal implications

7.1 There are no specific legal implications arising from this report.

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

8. Crime and Disorder Implications

8.1 There are no direct Crime and Disorder implications to this report.

9. Equalities Implications

9.1 Homelessness is both a symptom and a cause of significant health inequalities across individuals with all protected characteristic. By better understanding and addressing these needs commissioners are better placed to reduce inequalities.

10. Environmental Implications

10.1 There are no direct Environment implications to this report.

11. Conclusion

11.1 The St. Mungo’s Broadway *Charter for Homeless Health* commits Health and Wellbeing Boards to addressing health inequalities for homeless people. As such it fits with the core aims of the Lewisham Board and it recommended that the Board become a signatory.

Appendices

Appendix 1: The St. Mungo’s Broadway Charter for Homeless Health

Background Documents

Homeless Link, *The Unhealthy State of Homelessness*, 2014

<http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

If you have any difficulty in opening the links above or those within the body of the report, please contact Kalyan DasGupta (kalyan.dasgupta@lewisham.gov.uk; 020 8314 8378), who will assist.

If there are any queries on this report please contact James Lee, Prevention and Inclusion Service Manager, London Borough of Lewisham, on 020 8314 6548, or by email at: james.lee@lewisham.gov.uk.



St Mungo's
Broadway
Rebuilding lives, day by day

Charter for homeless health

People who are homeless face some of the worst health inequalities in society. They are at much greater risk of mental and physical health problems than the general population and their experiences of homelessness often make it more difficult to access the healthcare they need.

The **Health and Wellbeing Board** is committed to changing this. We therefore commit to:

Identify need: We will include the health needs of people who are homeless in our Joint Strategic Needs Assessment. This will include people who are sleeping rough, people living in supported accommodation and people who are hidden homeless. We will work with homelessness services and homeless people to achieve this.

Provide leadership: We will provide leadership on addressing homeless health. Our Director of Public Health has a key leadership role to play in tackling health inequalities and will lead in promoting integrated responses and identifying opportunities for cross boundary working.

Commission for inclusion: We will work with the local authority and clinical commissioning groups to ensure that local health services meet the needs of people who are homeless, and that they are welcoming and easily accessible.

Signed:

Chair:

Health and Wellbeing Board

Date:

Agenda Item 6

HEALTH AND WELLBEING BOARD			
Report Title	Health and Wellbeing Board Work Programme		
Contributors	Service Manager, Strategy and Policy (Community Services, London Borough of Lewisham).	Item No.	6
Class	Part 1	Date:	24 March 2015

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:

- Approve the draft work programme
- Agree the frequency of Health and Wellbeing Board meetings for the forthcoming year
- Propose items to be scheduled for the forthcoming year
- Agree the proposed process for agenda planning and the distribution of reports.

3. Strategic Context

- 3.1 The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in *Shaping our Future – Lewisham’s Sustainable Community Strategy* and in Lewisham’s Health and Wellbeing Strategy.
- 3.2 The work of the Board directly contributes to *Shaping our Future’s* priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.
- 3.3 There are a number of core duties defined in the Health and Social Care Act 2012 which underpin the work of Health and Wellbeing Boards. These include:
- To encourage the integration of health and social care commissioning and provision;
 - To undertake a Joint Strategic Needs Assessment (JSNA) to identify the health and wellbeing priorities of the local population;

- To develop a joint Health and Wellbeing Strategy outlining how the board intends to achieve improvements to local health outcomes.

4. Background

- 4.1 The work programme is a key document for the Health and Wellbeing Board. It allows the Board to schedule activity, reports and presentations across the year. It also provides members of the public and wider stakeholders with a clear picture of the Board's planned activity.
- 4.2 The HWB has agreed that the work programme would include the following standing items:
- progress in relation to the Health and Wellbeing Strategy
 - progress in relation to the Adult Integrated Care Programme
- 4.3 The HWB is also required to consider the Joint Strategic Needs Assessment. It has been proposed that the Health and Wellbeing Strategy Implementation Group takes responsibility for reviewing and assessing recommendations from completed JSNA topics and proposing priorities to the Health and Wellbeing Board.
- 4.3 The HWB has agreed to consider and approve the work programme at every meeting. In adding items to the work programme, the Board has agreed to specify the information and analysis required in the report, so that report authors are clear as to what is required.
- 4.4 The Health and Wellbeing Board Agenda Planning Group may also propose items for inclusion on the work programme, and will seek approval for their inclusion from the Board.

5. Work programme

- 5.1 The draft work programme (see Appendix 1), includes key items which the Board will need to consider over the course of 2015/16.
- 5.2 As agreed by the HWB at its meeting on 3 July 2014, the work programme has been amended to include an update on the Autism Strategy and an update on progress in relation to a Food Summit. The items have been scheduled for January and March 2015 respectively.
- 5.3 The following items have been deferred from the March meeting:
- Children and Young People's Plan (deferred to May 2015)
 - Autism Strategy (deferred to May 2015)
 - Integrated Inspections and Joint Inspections of the Local Safeguarding Children Board (deferred to May 2015)
 - Food Summit Findings (deferred to September 2015)

- 5.4 The Performance Dashboard Update has been deferred from the May and November 2015 meetings to the July 2015 and January 2016 meetings. The timing will enable the Public Health team to provide up to date performance information on a wider range of indicators.
- 5.5 The following items have been proposed by the Agenda Planning Group:
- Health and Wellbeing Strategy Implementation Group: Action Plan – end of year report and proposed actions for 2015-2018 (May 2015 HWB meeting)
 - CCG Operating Plan 2015/16 (May 2015 HWB meeting)
 - Healthwatch Annual Report (July 2015 HWB meeting)
 - Annual Public Health Report (September 2015 HWB meeting)
 - Sexual Health Strategy (November 2015 HWB meeting)
- 5.6 The following items have been requested by the HWB but are yet to be scheduled:
- Blueprint for the health and care system
 - Brief interventions update
 - Health Checks programme progress update
- 5.7 As outlined in 5.1, the draft work programme includes the key areas that the Board is required to consider. HWB members are asked to propose additional items for the work programme for 2015/16 to reflect the Board's priorities.
- 5.8 In considering the work programme, the Board may wish to consider the frequency of meetings. An increasingly effective agenda planning process may enable the Board to meet less frequently in future.

6. Agenda Planning

- 6.1 Following the HWB Away Day in July 2014, a new process for submitting reports and approving the agenda was implemented, providing HWB members with an opportunity to shape the agenda. In response to the limited feedback on the proposed agenda, the Agenda Planning Group has developed a process of agreeing which papers will be for discussion and information in advance. It is proposed that this process continue but that papers are distributed to HWB members 5 days before the public despatch rather than 2 weeks before. This will reduce the burden on HWB members but ensure members retain an opportunity to influence the agenda.
- 6.2 The Agenda Planning Group has broadened its membership to include representatives from Voluntary Action Lewisham and Lewisham and Greenwich Healthcare Trust. The Group will continue to review its membership to ensure that partners across the health and care sector can effectively contribute to the HWB agenda.

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

7. Financial implications

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

8. Legal implications

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

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

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

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

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

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

1. The essential guide to the public sector equality duty

2. Meeting the equality duty in policy and decision-making
 3. Engagement and the equality duty
 4. Equality objectives and the equality duty
 5. Equality information and the equality duty
- 8.6 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty, including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at:
<http://www.equalityhumanrights.com/advice-and-guidance/publicsector-equality-duty/guidance-on-the-equality-duty/>
- 8.7 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.
- 9. Equalities implications**
- 9.1 There are no specific equalities implications arising from this report or its recommendations.
- 10. Crime and disorder implications**
- 10.1 There are no specific crime and disorder implications arising from this report or its recommendations.
- 11. Environmental implications**
- 11.1 There are no specific environmental implications arising from this report or its recommendations.

If there are any queries on this report please contact Carmel Langstaff, Service Manager – Strategy and Policy, Community Services, London Borough of Lewisham on 0208 314 9579 or by e-mail at carmel.langstaff@lewisham.gov.uk

If you have problems opening or printing any embedded links in this document, please contact the above named officer or kalyan.dasgupta@lewisham.gov.uk (Phone: 020 8314 8378)

Health and Wellbeing Board – Work Programme

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
19 May 2015	W/C 7 April 2015	16 April 2015		11 May 2015
Agenda item	Report Title	Deferred	Information / Agreement	Lead Organisation(s)
1	Adult Integrated Care Programme Update		TBC	LBL/CCG
2	Health and Wellbeing Strategy Implementation Group: Action Plan - End of year report and actions proposed for 2015 -2018		Agreement	LBL
3	Autism Strategy: Update	Deferred: from March 15	Information	LBL
4	Integrated Inspections (services for children in need of help and protection, children looked after and care leavers) and Joint Inspections of the Local Safeguarding Children Board	Deferred: from March 15	Information	LBL
5	Children and Young People’s Plan 2015-18: Engagement Process Progress Update	Deferred: from January 15	Information	LBL
6	CCG Operating Plan 2015/16		Information	CCG
7	Health and Wellbeing Board Work Programme		Agreement	LBL

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
7 Jul 2015	W/C 1 June 2015	4 June 2015		29 June 2015
Agenda item	Report Title	Deferred	Information / Agreement	Lead Organisation(s)
1	Adult Integrated Care Programme Update		TBC	LBL/CCG
2	Community Connections Evaluation		Information	Age UK / VCL
3	Performance Dashboard Update	Deferred: from May 2015	Information	LBL
4	Healthwatch Annual report		Information	Healthwatch
5	Health and Wellbeing Board Work Programme		Agreement	LBL

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
22 Sept 2015	W/C 20 July 2015	20 August 2015		14 September 2015
Agenda item	Report Title	Deferred	Information / Agreement	Lead Organisation(s)
1	Adult Integrated Care Programme Update		TBC	LBL/CCG
2	Annual Public Health Report		Information	LBL
3	Findings from 2015 Food Summit	Deferred from March and May 2015 agendas.	Agreement	VAL/LBL
4	Health and Wellbeing Board Work Programme		Agreement	LBL

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
24 Nov 2015	W/C 5 October 2015	22 October 2015		16 Nov 2015
Agenda item	Report Title	Deferred	Information / Agreement	Lead Organisation(s)
1	Adult Integrated Care Programme Update		TBC	LBL/CCG
2	LSL Sexual Health Strategy		TBC	LBL
3	Health and Wellbeing Board Work Programme		Agreement	LBL

Page 4

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
Jan 2016 (Date TBC)	W/C TBC	TBC		TBC
Agenda item	Report Title	Deferred	Information / Agreement	Lead Organisation(s)
1	Adult Integrated Care Programme Update		TBC	LBL/CCG
2	Performance Dashboard Update	Deferred: from Nov 15 HWB	TBC	LBL
3	Health and Wellbeing Board Work Programme		Agreement	LBL

Agenda Item 7

HEALTH AND WELLBEING BOARD		
Report Title	Progress Update: Early Intervention and Targeted Support and Transfer of 0-5 Children's Commissioning to Local Authorities	
Contributors	Warwick Tomsett, Head of Targeted Services and Joint Commissioning	Information Item No. 7A
Class	Part 1	Date: 24 March 2015

1. Purpose of the report

- 1.1 The purpose of this paper is to update the Health and Wellbeing Board on the position of the transfer of commissioning of children's 0-5 public health services and developing further integration between Health Visiting and Children's Centres. It provides:
- an update on the position of the transfer
 - Lewisham's readiness for the transfer
 - an overview of the model for Health Visiting in Lewisham
 - next steps

2. Recommendation

- 2.1 The Board is asked to note the contents of the report.

3. Background

- 3.1 The Health Visiting Service leads on the delivery of the National Healthy Child Programme, delivering a home visiting service to all families from pregnancy up until the child is 5 years old. Through health assessments, the service delivers targeted interventions to families to ensure the continued development of the child physically and emotionally. Additional support is offered to more vulnerable families, though provision is based on overall need to ensure that all children are given the opportunity to be at the utmost level of school readiness by age 5. As leaders of the Healthy Child Programme, health visitors are vital to identifying needs and working with other services to ensure prompt preventative care is provided.
- 3.2 The Health Visiting programme defines the universal offer as including the following areas:
- Health & Development reviews (including mental health assessments, immunisation, screening and physical examinations)
 - Promotion of health and wellbeing (including stop smoking,

improved diet, increased physical activity, breastfeeding, keeping safe, prevention of sudden infant death, maintaining infant health, improved dental health)

- Promotion of sensitive parenting and child development
- Involvement of fathers
- Preparation and support with transition to parenthood and family relationships
- Signposting to information and services

4. Transfer of commissioning of children's 0-5 public health services

4.1 Detail and Timescales for the Transfer

As part of the government's vision of 'improving the health outcomes of our children and young people so that they become amongst the best in the world', responsibility for commissioning 0-5 children's public health services is transferring from NHS England to Local Government on 1 October 2015. For Lewisham this will be the commissioning of the Health Visiting service as well as the Family Nurse Partnership programme. This final transfer joins up the commissioning for children under 5 with the commissioning for 5-19 year olds and other public health functions.

It should however be noted that the commissioning responsibilities of the Child Health Information Systems and the 6-8 week GP check (also known as the Child Health Surveillance) will be retained by NHS England.

4.2 Health Visiting arrangement in Lewisham

Lewisham has had an integrated governance arrangement with NHSE since 2011 and have retained a large amount of influence of Health Visiting, such that whilst the contract has been issued by NHSE, the joint commissioning team maintained responsibility for joint commissioning, including development of specification and contract and performance monitoring.

This, together with our strong partnership with LGT, puts us in a strong stage of readiness for the transfer in October 2015. Lewisham Health Visitors will continue to be employed by LGT and we don't anticipate any change in level and standard of service for service users.

In line with the transfer, our Children’s Centres services will be re-commissioned in the summer of 2014, to become operational in October 2015. The development of service specifications and quality and contract monitoring arrangements for both Children’s Centres and Health Visiting are being aligned to promote partnership working and integrated service delivery.

4.3 Governance

A Lewisham Health Visitor Expansion Board has been in place since 2012. The board has representation from Joint Commissioning, Early Intervention, Lewisham & Greenwich NHS Trust, Public Health and Children’s Centres. The board has led on the expansion programme, service development, and ensuring integration with Children’s Centres. The board collectively monitors the Health Visitor Outcomes Framework as well as reviewing and inputting into relevant strategies, including the Children and Young People’s Plan and aligning to the Government’s Troubled Families programme.

4.4 Health Visiting Service Model

In Lewisham the Health Visitor service model is Area based, (having moved from a corporate caseload) and each team aligns with one of the borough’s 17 Children’s Centres and nearby GP practices. The Children’s Centres model will be changing to a designated Children’s Centre in each of the four Areas from October 2015, and recommissioning of Children’s Centres, together with contract negotiations with LGT for 2015/16 will build on the quality and consistency of Health Visiting services in partnership with Children’s Centres. Good practice of integrated work with Children’s Centres includes staff going to health centres during Health Visitor Baby Clinics and engaging with parents and the running of Child Health Clinics from Children’s Centres. Further strengthening of this practice will enhance the understanding of Health Visiting as a core part of the Children Centre offer. There is also potential for Children Centres staff to aid in the required skills mix required in Health Visiting. Table 1 below describes the different level of Health Visitor service in Lewisham.

Table 1: Health Visiting Service Description

Levels of HV service	What families can expect	Commissioners / provider / professional
-----------------------------	---------------------------------	--

responsibilities		
Community	<ul style="list-style-type: none"> ▪ Range of services including the Children's Centre service offer and the services families and communities provide for themselves. ▪ Health visitors work to develop these and make sure families know about them. 	<ul style="list-style-type: none"> ▪ Building capacity and using that capacity to improve health outcomes and lead the HCP for a population
Universal services	<ul style="list-style-type: none"> ▪ Health visitors provide the Healthy Child Programme to ensure a healthy start for children and families (e.g. immunisations, health and development checks), support for parents and access to a range of community services/resources. 	<ul style="list-style-type: none"> ▪ Working with midwives, building strong relationships in pregnancy and early weeks and increasing future contacts with families. ▪ Leading the HCP for families with children under 5
Universal plus	<ul style="list-style-type: none"> ▪ Rapid response from the HV team when specific expert help is needed, e.g. with postnatal depression, a sleepless baby, weaning or answering any concerns about parenting. 	<ul style="list-style-type: none"> ▪ Additional services that any family may need some of the time – packages for maternal mental health, parenting support, sleep problems – where the HV may provide, delegate or refer. ▪ Intervening early to prevent escalation of need.
Universal partnership plus	<ul style="list-style-type: none"> ▪ Ongoing support from the HV team plus a range of local services working together and with families, to deal with more complex issues over a period of time. ▪ These include services from Children's Centres, other community services including charities and, where appropriate, the Family Nurse 	<ul style="list-style-type: none"> ▪ Additional services for vulnerable families requiring ongoing additional support for a range of special needs – e.g. families at social disadvantage, families with a disabled child, teenage mothers, adult mental health problems or substance misuse.

	Partnership.	<ul style="list-style-type: none"> ▪ Making sure HV services form part of the high intensity multi agency services for families where there are SG and CP concerns
Targeted	<ul style="list-style-type: none"> ▪ More frequent visits, depending on the identified need of the individual. ▪ Assessments are carried out to not only determine whether families should receive a targeted service, but also specifically which areas families are in need of support. 	<ul style="list-style-type: none"> ▪ Assessment and subsequent interventions are based around the Vulnerability Assessment Criteria of: <i>Parenting Capacity; Family & Environmental Factors and Child Development Needs</i>
MESCH	<ul style="list-style-type: none"> ▪ The Maternal Early Childhood Sustained Home-visiting (MECSH) program is a structured programme of sustained nurse home visiting for families at risk of poorer maternal and child health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers living in areas of socio-economic disadvantage. 	<ul style="list-style-type: none"> ▪ To ensure the programme's intended outcomes for children are achieved, better health, being breastfeed for longer, improved cognitive development and improved engagement

4.5 Family Nurse Partnership

In addition Lewisham has a well established, high performing Family Nurse Partnership Service. The service consists of seven Family Nurses who work with teenage, vulnerable first time mothers until their child turns two. Upon graduation from the service, clients are automatically transferred to the Targeted HV caseload.

5. Health Visitor Expansion

5.1 The Health Visitor Implementation Plan 2011-2015: A Call to Action was published by the Department of Health in February 2011. The Plan

set out a new health visiting service that all families could expect to access and mandatory requirements on providers to deliver to local targets. Lewisham was set the ambitious target of having 72.4 WTE (Band 6/7) Health Visitors by March 2015. As of December 2014 there were 52.4 WTE in the service, with further Health Visitor students currently in training due to complete before the end of March 2015. Providers across London are experiencing difficulty meeting their expansion and retention targets.

- 5.2 Lewisham's strategy to reach the target number of WTE has included recruiting the maximum number of student health visitors, who could, upon qualification can become permanent members of staff and introducing compressed/flexible working hours and flexible retirement. The service is currently in the process of recruiting to specialist Band 7 posts in order to aid retention. As the only London Borough to be rolling out the MESCH training programme, it is hoped that this will have a positive impact on both recruitment and retention in Lewisham.

6. Future Commissioning Intentions

- 6.1 The current Health Visiting Service Specification is being agreed for 2015/16. The specification sets out the emphasis and requirement for stronger partnership working between Health Visiting and Children's Centres as well a focus on the 2 year developmental checks. With the roll-out of MESCH occurring with this financial year the service will also work towards embedding this programme. The specification will also include the mandated elements of the universal elements of the 0-5 Healthy Child Programme as required by the Department of Health:

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2-2½ review

- 6.2 Specific intentions that the Lewisham service will strive to achieve are summarised below:

- Improved positive parenting skills in the communities to raise children that are healthy, safe, have the ability to enjoy, achieve, make positive contributions and achieve economic wellbeing.

- Increased access to evidence-based interventions through the Healthy Child Programme to children and families, tailored to specific need.
- Reduced numbers of children requiring formal safeguarding arrangements – achieved through early identification and intervention.
- Achieve herd immunity through the increased uptake of immunisations.
- Reduced incidences of obesity through increased breastfeeding, appropriate infant nutrition and lifestyle changes.
- Increased public health work to promote healthy lifestyles and social cohesion.
- Families report a high level of satisfaction with health visiting service provided.
- Improved maternal mental health and wellbeing.

7. Next Steps

7.1 Service development

The joint commissioning team is currently finalising the service specification and contract monitoring arrangements with LGT, for sign off by April 2015.

The outcomes framework for Health Visiting is extensive with some data currently not available to be reported. The ultimate aim is to move towards a common under-5s outcomes framework in which Health Visiting will play a major role. Along with the service specification this framework is currently under review to ensure it remains valuable and effective in monitoring performance and impact of the service in a timely manner. The framework is built upon and complements the Children and Young People's Plan outcomes; Early Intervention and Children's Centres outcomes; and the Healthy Child Programme.

8. Financial implications

8.1 Funding

In 2014/15 the Lewisham Health Visiting Service cost £5,904k; this was the budget established in March 2014 for 49.27 WTE. This includes both employee and non-employee costs. Expected funding for 2015/16 will be £5,904,000, plus £1748k to cover the expansion to 72.4 FTE. In addition, there is a further £395k for the FNP.

9. Legal implications

9.1 Contract arrangements for 2015/16

NHSE have given two options regarding contracting from April 2015/16, the first option would put in place a single contract for 2015/16 with a deed of novation being approved by the local authority at the same time as the contract is signed to confirm the contract will transfer to the council on 1 October 2015. The second option consists of a 6 month NHS England contract for the period between April and September 2015 and helps the local authority put in place a similar, but separate, contract with the provider for the period between October 2015 and March 2016. Joint Commissioning is currently taking legal advice on what should be its preferred option.

10. Environmental implications

10.1 There are no direct environmental implications associated with this report.

11. Crime and disorder implications

11.1 There are no direct crime and disorder implications associated with this report.

If there are any queries on this report please contact:

Warwick Tomsett, Head of Targeted Services and Joint Commissioning,
Children and Young People's Directorate, Lewisham Council, on 020 8314
8362 or by email warwick.tomsett@lewisham.gov.uk

Health and Wellbeing Board			
Report Title	Developing an Integrated Approach to Public Health in South East London: Establishing an Institute of Urban Public Health		
Key Decision	No	Information Item No.	7B
Ward	All		
Contributors	Executive Director for Community Services (Director of Public Health)		
Class	Part 1	Date:	24 March 2015

1. Purpose

The purpose of the paper is to update the committee on the progress made in establishing a public health collaborative across Lambeth, Southwark and Lewisham involving all key partners, and proposals to establish an Institute of Urban Public Health.

2. Recommendation/s

The committee is recommended to:

- Note the progress made in the initial two year programme;
- Support the grant application to establish an Institute of Urban Public Health.

3. Policy Context

- 3.1 There are profound Public Health challenges facing the local population served by the London Boroughs of Lambeth, Southwark and Lewisham, by King's Health Partners (KHP), Lewisham & Greenwich NHS Trust, Primary Care providers, Clinical Commissioners and other stakeholders. There are also tremendous opportunities for these organisations to work with the local population in South East London to develop and deliver innovative interventions to reduce inequalities and improve the quality of care.
- 3.2 The South East London Collaborative is committed to co-designing, co-evaluating and co-implementing public health interventions specifically aimed delivering the Health and Wellbeing Strategies of Lambeth, Southwark and Lewisham Health & Wellbeing Boards.

4. Background

- 4.1 The current UK health system is unsustainable and it is now accepted that the emphasis has to be on prevention in the population. The recent transfer of public health (PH) responsibility to Local Authorities provides a rare opportunity to harness our relationships, commitment, skills and structures in the south London health and social care sector to develop innovative methods and ways of working in order to enable public health service practitioners and academics to improve health outcomes. Over the past two years we have established an Urban Public Health Collaborative in Lambeth, Southwark and Lewisham that has engaged with local residents, local health care providers, King's College London academics, Borough senior leaders and PH departments, PH England and international collaborators.
- 4.2 To make a really significant impact in reducing premature mortality and health inequalities in urban populations will require PH academics, practitioners, clinicians, clinical researchers, public servants, policy makers and local communities to work together to co-design, co-evaluate and co-implement cost-effective complex public health interventions that are innovative and sustainable to scale.

5. **Application to the Guy's & St Thomas' Charity to establish an Institute of Urban Public Health**

- 5.1 The Collaborative was launched in April 2013 with representation from all three Boroughs (Leaders of the Boroughs, and Chairs of Clinical Commissioning Groups and Health & Wellbeing Boards), KHP and its Clinical Academic Groups (CAGs) as well as Public Health England (PHE). Working relationships with the local partners were agreed which included informal regular updates with the Chairs of the CCGs and Health & Wellbeing Boards as well as formal presentations at the meetings to the Boards.
- 5.2 We aim to build on these unique collaborative foundations and develop new ways of working using co-production and the innovations in our organisations to develop and evaluate PH interventions in local communities that will also have international relevance. The vehicle for this will be an **Institute for Urban Public Health (IUPH)**.

The Objectives of the proposed Institute are to:

1. Develop health needs assessment tools to target inequalities in priority areas (obesity/exercise, alcohol, long term conditions, child health, domestic violence).
2. Develop and evaluate innovative cost-effective prevention strategies and systems service transformations required to deliver them.
3. Develop and deliver training and education programmes to increase capacity in the health and social care system to facilitate this service transformation.

- 5.3 The new Health & Social Care Act places much greater emphasis on preventing disease and improving population health & wellbeing. However, these changes come at a time when the NHS is being asked to generate £30bn of efficiency savings. In Lambeth, Southwark and Lewisham this equates to a £192m funding gap by 2018/19.

At the same time our respective local authorities are expected to save over 30% of their current expenditure over the next 3-4 years. Whilst major transformation programmes are in place locally to deliver more cost effective, integrated health and social care they remain untested and have been set up with traditional governance arrangements between providers, yet not citizen led or academically underpinned.

Integration and transformation of our public health system is needed in order to improve prevention strategies and thereby reduce the demand on care and achieve the scale of savings that will require robust innovative academically driven approaches to ways of working and design and evaluation of PH programmes that we have methodological skills in developing (e.g. systems change; complex interventions in obesity, smoking, alcohol, long term conditions and child health).

- 5.4 If for example south east London reduced premature deaths, that are substantially lifestyle driven, from cardiovascular disease, cancer, and Chronic Obstructive Pulmonary Disease to the levels of the best quartile boroughs in England would lead to an annual reduction of 245, 164 and 211 premature deaths respectively.
- 5.5 Although research suggests that such reductions could be achievable through lifestyle and behaviour change, making this happen in practice has proved challenging to implement in different population settings and more evidence about the most cost-effective approaches to achieving behaviour change are required, building on our developments over the last 2 years in the South London Public Health Collaborative. Even where such evidence exists, we lack innovative sustainable approaches to initiate successful implementation of public health interventions on a large scale.
- 5.6 To make a significant impact in reducing premature mortality and health inequalities within our communities will require us to build upon the collaborations and development and evaluation of complex PH interventions established in the last 2 years with further funding from the Guy's & St Thomas' funding. This will require academics, public health practitioners, clinicians in primary and secondary care, researchers, public servants, policy makers and local communities to develop new ways of working and learning together. Central to this approach will be the integration of the various local and national information systems that collect data on health and social service and patient characteristics in order to better target and personalise prevention and treatment programmes in priority areas for the three Local Authorities' Health & Wellbeing Strategies.

5.7 The proposed Institute will have three overarching programme objectives that are distinctively different from current PH practice in the three boroughs:

1. Develop and undertake targeted local needs assessments in priority areas in order to design and develop a range of responses to the health challenge.

This approach will involve harnessing the power of local and national information sources and state of the art intelligence and analysis to target inequalities in health and to undertake refined needs assessments (e.g targeting at risk groups) and develop measures of health outcomes. This will involve liaising closely with local NHS primary and secondary care information projects (eg Lambeth DataNet) and similar patient-level primary care databases (for which the infrastructure exists in Southwark and Lewisham) and current initiatives e.g. alcohol activities within the Collaboration for Leadership in Health Research and Care (CLAHRC), Health Innovation Network (HIN) and Centre for Implementation Science (CIS).

2. Develop new methods and approaches to co-design, co-evaluate and co-implement innovative complex public health interventions.

This will be an underpinning theme to the innovations required to improve prevention interventions and sector wide approaches to service transformation more generally. Work in South London has already begun using such an approach in obesity, exercise, child health and integrated care. We will take a Medical Research Council approach to developing complex interventions that will require the data from Objective 1, ethnographic work with the local population and group engagement that require targeting, testing the feasibility of the intervention and piloting them in different settings.

It will also be important to the credibility of the Programme and Institute's brand as well as the evidence used for future commissioning that we ensure such developments are externally funded and the results published in peer reviewed journals and contribute to NICE Public Health guidance. This model has been successful locally in the areas of bariatric surgery, health checks and smoking cessation and alcohol (funding from NIHR, Wellcome and MRC).

3. Develop and provide public health and health improvement education and training opportunities to front line staff across the south east London health and social care economy to ensure everyone has the knowledge and skills to participate.

As part of the current Collaborative funded by the Charity we have designed an education programme based on the requirements of local public health and clinical professionals and their daily challenges using distance learning, peer support and project supervision approaches. Service organisations will sponsor local staff to work together with academic staff to address local problems as part of their education.

The first course is currently running with 20 professionals involved and web based materials available.

- 5.8 A gap in the Collaborative model to date has been the lack of academic and local authority capacity to respond to issues raised by the commissioning requirements of the boroughs and Clinical Commissioning. Hence, we propose funding evaluation capacity to support service redesign and transformation of local service organisational structures. This will take the form of dedicated qualitative and quantitative researchers and analysts based at KCL, and secondment and back fill of local authority public health staff to collaborate on the co-production of intervention design and evaluation.

6. Financial implications

- 6.1 It is proposed to submit a grant application in early 2015 to the Guy's & St Thomas' Charity for £1.7m for three years to establish the Institute.
- 6.2 It is anticipated that if the Institute demonstrates value in achieving public health outcomes for the populations of Lambeth, Southwark and Lewisham, that local authority, CCG and the University partners will continue to provide core funding for the Institute, with additional funding obtained from research grants. Any ongoing funding from the Council will be from base budgets.

7. Legal implications

- 7.1 There are no legal implications

8. Equalities Implications

- 8.1 All public health interventions will be designed specifically to reduce health inequalities. A co-production / community development approach will underpin all the Institute's work; this will ensure a focus on addressing the needs of the most disadvantaged in our communities.

9. Conclusion

It is hoped that a successful bid to the Guy's & St Thomas' charity will allow us to establish a collaborative Institute of Urban Public Health in South East London would allow us to:

- Build world class research capacity to develop and evaluate complex public health interventions;
- Provide the education and training opportunities necessary to equip all our local stakeholders with skills to engage in the design, evaluation and implementation of complex public health interventions;

- Provide a forum and resources for partners across Lambeth, Southwark and Lewisham to work together to design, evaluate and then implement large scale complex public health interventions across the populations and communities of South East London;
- Create the world's first Institute of Urban Public Health founded on the principles of co-production.

If there are any queries on this report please contact **Dr Danny Ruta**,
Director of Public Health, 020 8314 9094.

Health and Wellbeing Board			
Report Title	Reconfiguring Community Based Healthy Eating and Physical Activity Initiatives		
Contributors	Director of Public Health	Information Item No.	7C
Class	Part 1	Date:	24 March 2015
Strategic Context	Achieving a healthy weight in children and adults is a priority in Lewisham's Health and Wellbeing Strategy and the Children and Young People's plan. Promoting the uptake of physical activity is one of the key actions in the Lewisham Health and Wellbeing Delivery Plan.		

1. Purpose

- 1.1 To inform the Board about a report discussed and agreed by Mayor and Cabinet to change the model of delivery and contracts for the provision of community-based healthy eating and physical activity initiatives from mainly designated local services in specific wards to a single contract and provision that is available more widely in the borough.

2. Recommendation/s

- 2.1. Board is recommended to note:
- a) The plan to reconfigure the delivery of community based healthy eating and physical activity initiatives.
 - b) The proposal to tender the delivery of borough-wide healthy eating and physical activity initiatives to a suitable provider.

3. Policy Context

- 3.1 The Health and Social Care Act (2012) places a statutory obligation on the Council, Clinical Commissioning Group (CCG) and the NHS Commissioning Board to develop a Joint Strategic Needs Assessment to produce a joint Health & Wellbeing Strategy to meet identified needs.
- 3.2 Achieving a healthy weight in children and adults is a priority in Lewisham's Health and Wellbeing Strategy and the Children and Young People's plan. Promotion of nutrition and healthy eating are key actions in delivering this priority.
- 3.3 Promoting the uptake of physical activity is one of the key actions in the Lewisham Health and Wellbeing Delivery Plan.
- 3.4 Achieving a healthy weight and promoting the uptake of physical activity also support the Sustainable Communities priority of healthy, active and enjoyable-where people can actively participate in maintaining and improving their health and well-being.

3.5 Healthy eating and physical activity interventions contribute to the preventative and health behaviour change aspects of Lewisham's Adult Integrated Care Programme.

3.6 The mayor's manifesto commitments include developing comprehensive local food and nutrition policies to tackle food poverty.

4. Background

4.1 The Public Health Service currently fund a number of community-based healthy eating/nutrition and physical activity initiatives delivered mainly in specific localities in the borough. These are outlined in section 4.1 of the appended report.

4.2 There are currently separate contracts amounting in total to £109,200 for the lifestyle initiatives and these are delivered by four different providers.

5. Proposed changes

5.1 Options for the proposed changes:

- a) Continue with the current model of delivery reaching only some sectors of the community or;
- b) Deliver an alternative model so that the healthy eating/nutrition and physical activity initiatives would be more widely available in the borough.

5.3 It is felt that this second option b) is preferable so that more communities will benefit from lifestyle changes leading to greater health equality opportunities.

5.4 The Mayor and Cabinet, at its meeting of the 11th February 2015, approved the proposals to reconfigure the delivery of community-based healthy eating and physical activity initiatives and also to tender the delivery of borough-wide healthy eating and physical activity initiatives to a suitable provider, but asked for the detail on the procurement process as they were concerned that existing local community organisations involved in promoting healthy eating and physical activity are included. A response is currently being prepared.

7. Financial Implications

7.1 This report proposes a reconfiguration of nutrition and physical activity initiatives in 2015/16. The funding for these activities is the ring fenced Public Health Grant.

7.2 The annual total funding available for 2015/16 is £124,000. This is derived from the budgets for the schemes described above less savings included in the 2015/16 Community Services savings proposals. Full details in section 7.1 of the appended report.

8. Legal Implications

8.1 The Council has responsibility for the public health of its residents and as set out in the Financial Implications received central government funding for

this function. It is required to obtain efficiencies and value for money in all of its tendering and contracting activities.

9. Crime and Disorder Implications

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

10. Equality Implications

10.1 An Equality Analysis Assessment (EAA) was undertaken on the options. It was concluded that the recommended option, whereby healthy eating/nutrition and physical activity initiatives would be more widely available in the borough will lead to greater health equality opportunities.

10.2 An Equality Analysis Assessment (EAA) has also been carried out on the Lewisham Health and Wellbeing Strategy. The Lewisham Health and Wellbeing Strategy, which promotes healthy eating and physical activity, is underpinned by the principle of reducing inequalities.

11. Environmental Implications

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

If there are any queries on this report please contact **Danny Ruta** on 020 8314 8637.

Mayor and Cabinet			
Report Title	Proposal to re-configure the delivery of community-based healthy eating and physical activity initiatives		
Key decisions	Yes		
Wards	all		
Contributors	Executive Director for Community Services	Item No.	
Class	Part 1	Date:	11 February 2015

Appendix:

1 Purpose

- 1.2 The purpose of this report is to inform Mayor and Cabinet and to seek their approval to change the model of delivery and contracts for the provision of healthy eating and physical activity initiatives from mainly designated local services in specific wards to a single contract and provision that is available more widely in the borough.

2 Recommendation/s

- 2.1 Mayor and Cabinet are recommended to:

- c) Agree the plan to reconfigure the delivery of community based healthy eating and physical activity initiatives.
- d) Agree the proposal to tender the delivery of borough-wide healthy eating and physical activity initiatives to a suitable provider.

3. Policy Context

- 3.1 The Health and Social Care Act (2012) places a statutory obligation on the Council, Clinical Commissioning Group (CCG) and the NHS Commissioning Board to develop a Joint Strategic Needs Assessment to produce a joint Health & Wellbeing Strategy to meet identified needs.
- 3.2 Achieving a healthy weight in children and adults is a priority in Lewisham's Health and Wellbeing Strategy and the Children and Young People's plan. Promotion of nutrition and healthy eating are key actions in delivering this priority.

- 3.3 Promoting the uptake of physical activity is one of the key actions in the Lewisham Health and Wellbeing Delivery Plan.
- 3.4 Achieving a healthy weight and promoting the uptake of physical activity also support the Sustainable Communities priority of healthy, active and enjoyable-where people can actively participate in maintaining and improving their health and well-being.
- 3.5 Healthy eating and physical activity interventions contribute to the preventative and health behaviour change aspects of Lewisham's Adult Integrated Care Programme.
- 3.6 The mayor's manifesto commitments include developing comprehensive local food and nutrition policies to tackle food poverty.

4. Background

- 4.1 The Public Health Service currently fund a number of healthy eating/nutrition and physical activity initiatives delivered mainly in specific localities in the borough. These are:
 - i. The Downham Nutrition Partnership covering Downham, Whitefoot, Catford South and Grove Park wards. The current contract is with Downham Nutrition Partnership. It supports over 30 organisations and approximately 1000 people per year.
 - ii. The Community Development and Nutrition Project in New Cross and Evelyn wards. The current contract is with Greenwich Cooperative Development Agency. It reaches approximately 120 beneficiaries per year through a Community Development for Health post that supports local groups.
 - iii. The Food Co-operative in the north of the Borough promotes healthy eating through the provision of affordable and accessible food to those in the local community who may not have had access to healthy foods both due to location and cost. The Food Co-op reaches on average 900 people per year.
 - iv. The Community Cookery programme is delivered in different parts of the borough to enable people to learn the skills of cooking healthily on a limited budget. The current contract is with Greenwich Cooperative Development Agency. The programme reaches approximately 120 beneficiaries per year.
 - v. The Healthier Catering Commitment scheme that supports businesses to provide healthier food options while helping the business itself save money. The current contract is with Lewisham Environmental Services. The scheme supports 40 businesses per year
 - vi. The Gateway Physical Activity Project to promote physical activity opportunities to local adult residents who are sedentary or active at low levels in the North Lewisham area (Evelyn and New Cross) and Catford South and Well London Bellingham. The project supports on average 100 people per year on long term behavioural change engagement.

4.2 Current contract values

Initiative	Contract value per annum
Downham Nutrition Partnership	£34,000
Community Development and Nutrition Project	£14,500
Food Cooperative	£10,200
Community Cookery Programme	£14,500
Healthier Catering Commitment	£12,000
The Gateway Physical Activity Project	£24,000
Total	£109,200

4.3 There are currently separate contracts for the above lifestyle initiatives and these are delivered by four different providers. This report seeks agreement to reconfigure the delivery of community based healthy eating and physical activity initiatives and to tender the delivery of borough-wide healthy eating and physical activity initiatives to a suitable provider.

5. Proposed changes

5.1 The community-based initiatives described in the previous section have engaged individuals, agencies and communities in their respective geographical areas in health improvement activities and projects. The self-reported outcomes indicate that participation in activities that promote healthy eating and physical activity resulted in positive behaviour lifestyle changes. Details were presented in a report to the Health and Wellbeing Board (19th September 2013): 'An Evaluation of the North Lewisham Health Improvement Programme and the Transfer of Learning'. A further report was presented to the Healthier Communities Select Committee (2nd December 2014): 'Sustainability of Community Health Initiatives'. Public Health England have also recognised the value of Lewisham's community cookery initiative and have stated that they intend to use the outcomes as a case study to support healthy eating in communities.

5.2 Options for the proposed changes:

- b) Continue with the current model of delivery reaching only some sectors of the community or;
- b) Deliver an alternative model so that the healthy eating/nutrition and physical activity initiatives would be more widely available in the borough.

5.3 It is felt that this second option b) is preferable so that more communities will benefit from lifestyle changes leading to greater health equality opportunities.

- 5.4 It is proposed that the learning from the programmes described in the previous section will be used as a basis for transferring the community-based initiatives from a localised model to a borough-wide approach.
- 5.5 The borough-wide approach aligns with plans at Neighbourhood level including the integration of health and social care. The healthy eating and physical activity initiatives will complement and enhance the existing North Lewisham Health Improvement programme in Neighbourhood 1, Bellingham Well London in Neighbourhood 4 and planned health improvement programmes in Downham (Neighbourhood 3) and Central Lewisham (Neighbourhood 2).
- 5.6 The initiatives delivered to improve the skills and resilience of local residents around food and healthy eating will form an integral component of the council's local food and nutrition policy to tackle food poverty.
- 5.6 An aspect of the long term plan is to enable some of the existing work to become self-sustaining. For example the running and management of the Food Co-operative in the north of the borough will be taken over by the community steering group allowing funds to be reallocated to support borough-wide initiatives.
- 5.7 A Train the Trainer approach will be used to enable local people to lead the planning and delivery of cook and eat sessions in their setting. This will provide sustainable local support for ongoing and future initiatives.
- 5.8 Commissioning the delivery of borough-wide healthy eating and physical activity from one provider will provide the following benefits;
- i. ensure a co-ordinated service operating via separate but linked programmes
 - ii. improved opportunity to share good practice and learning
 - iii. single procurement process
 - iv. cost-savings on management and overheads.

6. The new service model

- 6.1 The new service model will take a community development approach to delivery, supporting individuals, groups and organisations to promote healthy lifestyles with a focus on healthy eating and physical activity. The proposal is to tender the delivery of the borough-wide healthy eating and physical activity to a suitable provider. This will be undertaken through an open tender process using either a prime provider model or collaborative partnership model approach.
- 6.2 It is expected that the new model will include the appointment of a community development nutritionist, a community development physical activity specialist and a community development food worker. These posts will work to enhance the existing programmes in the Neighbourhoods and increase synergy between the varied initiatives in the community.

6.3 The objectives of these posts will be to:

- i. Promote healthy eating through the provision of appropriate information and training to develop people's knowledge and skills on healthy recipes and food choices.
- ii. Deliver nutrition sessions and workshops.
- iii. Increase local people's consumption of fruit and vegetables.
- iv. Increase the number of people who have the knowledge and interest in growing food.
- v. To promote active lifestyle for local residents.
- vi. Deliver physical activity sessions and workshops.
- vii. Increase the number of people who are active.
- viii. Increase the number of community development practitioners promoting healthy lifestyle messages.
- ix. Develop and maintain relationship with key community leaders and organizations to enhance opportunities for promoting healthy lifestyles
- x. Provide one to one support sessions to groups and individuals.
- xi. Facilitate the development and sustainability of partnerships to ensure engagement in activities and share learning.
- xii. Increase community engagement through partnership links between local volunteers and other agencies in order to improve health through promotion of healthy eating and active lifestyles.
- xiii. Increase local knowledge and skills for developing social enterprise to enable the long term sustainability of the project.

6.4 The service will also deliver the following borough-wide activities:

a) Community cookery programmes

6.5 The objectives are:

- i. To improve healthy eating behaviours amongst beneficiaries through cooking healthy meals.
- ii. To increase beneficiaries confidence to prepare healthy meals from fresh ingredients on a budget.
- iii. To improve knowledge and understanding of healthy eating to achieve a healthy lifestyle.
- iv. To evaluate behaviour change at end of course and at 6 months after completion of course.

Target: to reach approximately 120 beneficiaries per year.

b) Healthier Catering Commitment (HCC)

6.6 The scheme works with catering businesses to help them change to providing healthier food options while at the same time saving money. The four main strands of work undertaken by the provider are:

- i. Development and promoting the uptake of the HCC scheme by catering businesses in Lewisham.
- ii. Provision of expertise to manage and run the scheme.
- iii. Provision of reports on outcome of the scheme.
- iv. Provision of advice, training and to implement the scheme.

Target: To support 40 businesses per year.

e) The Gateway Physical Activity Project

6.7 The objectives are:

- i. To promote active lifestyle for local residents
- ii. Identify and recruit inactive/sedentary adults and young people from specified areas
- iii. Follow up 25% of those recruited and increase their physical activity levels from baseline over a 12 week period
- iv. Record number of residents engaged and signposted to activity opportunities over the specified period

Target: To support 100 people per year on long term behaviour change.

f) Universal Vitamin D Scheme

6.8 The service will support the implementation of the universal Vitamin D scheme in the borough through facilitating training sessions, promotion and raising awareness of the scheme.

e) Community Development approach to healthy eating and physical activity

6.9 The model will in addition support community development approach with funds for participatory budgeting in Neighbourhoods 2 and 3 (similar to the approach in the North Lewisham Health Improvement programme and Bellingham Well London). This will enable delivery of lifestyle activities aimed at promoting healthy eating and physical activity.

7. Financial Implications

7.1 This report proposes a reconfiguration of nutrition and physical activity initiatives in 2015/16. The funding for these activities is the ring fenced Public Health Grant.

- a. The annual total funding available for 2015/16 is £124,000. This is derived from the budgets for the schemes described above less savings included in the 2015/16 Community Services savings proposals.

	£
Community cookery	19,600
Downham nutrition partnership	34,000
Healthier Catering Commitment	12,000
Community Development Nutrition Project	48,000
Food co-op	10,200
Gateway Physical Activity Coop	24,000
Community physical activity	<u>6,200</u>
	154,000
Less : proposed saving	<u>30,000</u>
Available:	<u><u>124,000</u></u>

8. Legal Implications

- 8.1 The Council has responsibility for the public health of its residents and as set out in the Financial Implications received central government funding for this function. It is required to obtain efficiencies and value for money in all of its tendering and contracting activities.

12. Crime and Disorder Implications

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

13. Equality Implications

- 10.1 An Equality Analysis Assessment (EAA) was undertaken on the options. It was concluded that the recommended option, whereby healthy eating/nutrition and physical activity initiatives would be more widely available in the borough will lead to greater health equality opportunities.
- 10.2 An Equality Analysis Assessment (EAA) has also been carried out on the Lewisham Health and Wellbeing Strategy. The Lewisham Health and Wellbeing Strategy, which promotes healthy eating and physical activity, is underpinned by the principle of reducing inequalities.

14. Environmental Implications

- 11.1 There are no specific environmental implications arising from this report.

Background Documents

Report to the Health and Wellbeing Board on (19th September 2013): An Evaluation of the North Lewisham Health Improvement Programme and the Transfer of Learning:

<http://councilmeetings.lewisham.gov.uk/documents/s24587/190913%20HWB%20Evaluation%20of%20North%20Lewisham%20HIP%20and%20Bellingham%20Well%20London%20update.pdf>

Report to the Healthier Communities Select Committee on the Sustainability of Community Health Initiatives (2nd December 2014):

<http://councilmeetings.lewisham.gov.uk/documents/s32344/07%20Sustainability%20of%20community%20health%20initiatives%20021214.pdf>

Lewisham Together Towards a better Future:

http://d3n8a8pro7vhm.cloudfront.net/stevebullock/pages/15/attachments/original/1396979527/Lewisham_Labour_Manifesto_2014_FINAL.pdf?1396979527

If there are any queries on this report please contact **Danny Ruta** on 020 8314 8637.

HEALTH AND WELLBEING BOARD			
Report Title	2014/15 Dementia Action plan update		
Contributors	Kenneth Gregory – Joint Commissioning Lead – Adult Mental Health	Information Item No.	7D
Class	Part 1	Date:	24 March 2015
Strategic Context	Please see body of the report		

1. Purpose

- 1.1 This report provides members of the Health and Wellbeing Board with an update on Lewisham’s 2014/15 Dementia Action Plan. The report also seeks agreement to support the further development of 2015/16 Dementia Action Plan and subsequent initiatives that are intended to improve experience, outcomes and quality of life for Lewisham residents and patients.

2. Recommendations

Members of the Health and Wellbeing Board are recommended to:

- 2.1 **Note the content of this update on the 2014/15 Dementia Action Plan;**

3. Policy Context

- 3.1 Over the last few years the overall development and delivery of dementia services in Lewisham has been informed by national policies such as the National Dementia Strategy, Prime Minister’s Dementia Challenge, Improving Care for People with Dementia and the local London Strategic Clinical Networks Commissioners’ Checklist for Dementia.
- 3.2 The primary national policy for dementia is now the Prime Minister’s Dementia Challenge which aims to deliver major improvements on dementia care and research by 2015. The Dementia Challenge addresses the issue of better information for people with dementia and their carers through Key Commitment 5: “Promoting local information on dementia services.” As the challenge explains, “This uses the NICE quality standards and other evidence to provide information on the support people with dementia should expect to receive.” This

commitment addresses what services are available, how they can be accessed, and the quality of care people should be experiencing.

3.3 The Improving Care for Dementia Patients policy outlines that around 800,000 people live with Dementia in the UK at an overall cost of £23 billion to the economy. The policy established a series of actions to improve the quality of care most notably the implementation of GP incentive schemes to increase the rate of early dementia diagnosis in primary care, requesting that all hospitals in England become dementia friendly and asking trusts to appoint a clinical lead for dementia who will be responsible for ensuring that staff are trained in dementia care.

3.4 In London, the Strategic Clinical Network has recently released a Dementia Commissioners' Checklist to be used when commissioning services at the local level. In section 3, the key issues around Living Well with Dementia are addressed.

3. Living well with dementia				
	Aim	Detail	Measurement /Outcome	Evidence base/Resources
3.1	Best practice immediate post diagnosis support	<p>Support tailored to the individual's needs and wishes.</p> <p>Services work together towards equity of access to diagnosis</p> <p>See also London Dementia SCN: Immediate post diagnosis support</p>	<p>Evidence of comprehensive discussion including diagnosis, prognosis, treatment and support, carer support, keeping well and planning for the future.</p> <p>For the full checklist see also London Dementia SCN immediate diagnosis support</p>	<p>NDS Objective 3: Good-quality information for those with diagnosed dementia and their carers.</p> <p>London Dementia SCN: Immediate post diagnosis support</p>
3.2	Activities in all settings suitable for people with dementia and appropriate to their needs	<p>There is a range of meaningful activities appropriate to the severity of their dementia (including late stage)</p>	<p>Evidence of range of activities that are based on ability and likes of the person with dementia</p> <p>Evidence of regular review of whether current activities meet the needs of the individual</p>	<p>NICE QS50:Quality statement 1: Participation in meaningful activity NHS OF: Domain 2 – Enhancing quality of life for people with long-term conditions</p> <p>SCIE 47: Private sector providers NICE QS30 - Leisure activities of interest and choice</p>

3.5 In Lewisham, the Sustainable Community Strategy sets out 6 priority outcomes for the future of the borough. The "Health Active and

Enjoyable” priority will inform the development of all commissioned dementia services. This priority aims to get people actively participating in maintaining and improving their health and well-being in the following three ways:

- Improve the well-being of our citizens by increasing participation in healthy and active lifestyles.
- Improve health outcomes and tackle the specific conditions that affect our citizens.
- Support people with long term conditions to live in their communities and maintain their independence.

3.6 The Health and Wellbeing Board supports the delivery of the strategic vision for Lewisham as established in Shaping our Future – Lewisham’s Sustainable Community Strategy and in Lewisham’s Health and Wellbeing Strategy.

4. Background

4.1 Dementia is a progressive and largely irreversible clinical syndrome that is characterised by a widespread impairment of mental function. Dementia is associated with complex needs and, especially in the later stages, high levels of dependency and morbidity. Dementia care needs often challenge the skills and capacity of carers and services. Dementia mainly affects older people, although there is a growing awareness of cases that start before the age of 65. After age 65, the likelihood of developing dementia roughly doubles every five years.

4.2 The Lewisham 2010-11 JSNA highlighted that London currently has a relatively young population compared to the country as a whole, with only 11.5% in the 65 and over age group. Lewisham has an even smaller proportion of over 65s, at 9.5% of the total population. Population structures vary substantially across London which explains some of the variation in the number of people with dementia across London

4.3 Lewisham has a stable older adult population with dementia up until 2021. This consists of an estimated 1,781 people with dementia in 2007 and 1,657 people in 2021.

4.4 In Lewisham there will be an increase of BME elders requiring dementia services. The general rise of 33.3% in the Lewisham BME population over 20 years implies an additional 350 additional BME clients will require dementia services.

4.5 Estimates suggest that approximately 580 BME clients will require dementia services by 2021. Lewisham has lower levels of dementia (1.2% of the population over 30 years old or 1,781 people) than the London average, with very small numbers of early on-set dementia (48) for over 30’s.

4.6 Based on our understanding of the locally assessed need the following principles have been applied to the development of local care pathways.

- **Encourage help-seeking and help-offering (referral for diagnosis) by changing public and professional attitudes, understanding and behaviour.**
- **Make early diagnosis and treatment the rule rather than the exception; and achieve this by:**
- **Enabling people with dementia and their carers to live well with dementia by the provision of good-quality care.**
- **Establishing a single care pathway (2010-11 JSNA).**

5. Progress Update

5.1 Local commissioning of dementia services has been led by the Joint Commissioning team comprised of Lewisham Council and Lewisham Clinical Commissioning Group (CCG) staff. A partnership approach has been adopted to support the on-going development and improvement of dementia care pathways. Through the implementation of a service improvement and re-design process with the voluntary sector, South London and Maudsley Mental Health Trust, Primary Care and Lewisham & Greenwich Health Trust an integrated care pathway for dementia incorporating diagnosis, treatment and social support has been created.

5.2 From 2013 there has been increased focus on the national dementia diagnosis rate of “67% of people estimated to have dementia being diagnosed”. In Lewisham, at January 2015, the current performance against this target is 53%. Performance across London is at 60.33% (January 2015) requiring considerable progress to be made across the region.

5.3 The Dementia Diagnosis Rate is part of the Clinical Commissioning Groups Assurance Framework and a series of actions are being undertaken by the Joint and Primary Care Commissioning teams to increase performance by the end of March 2015. These actions are incorporated into 2014/15 Dementia Action Plan that is intended to improve the experience and quality of life for all Lewisham residents that have dementia or are affected by loved ones with dementia.

5.4 The Lewisham 2014/15 Dementia Action Plan is comprised of several main themes and key actions and milestones related to each theme.

- Improving the Dementia Diagnosis rate
- Forming the Dementia Action Alliance
- Improving dementia awareness
- Dementia Friends

- Presentations to GP Neighbourhoods
- Care pathway improvements
- Presentations to professional groups

5.5 The 2014/15 Dementia Action Plan supports the delivery of the national policies and development principles from the 2010-11 JSNA.

5.6 Increased local awareness in the public domain regarding the impact of dementia on local residents is a central component of the Action Plan. The creation of dementia friendly environments requires local authorities, health authorities, health providers and business to commit to improving awareness via Dementia Friends training or joining the Dementia Action Alliance.

5.7 The Joint Commissioning team has supported the development of the local Dementia Action Alliance on behalf of the Lewisham Council and Lewisham CCG and will support the formal launch in May 2015. In addition to the support provided the Dementia Acton Alliance the Joint Commissioning team have and continue to co-ordinate Dementia Friends training for Lewisham Council and Lewisham CCG staff members.

5.8 Further initiatives are being developed by the Joint Commissioning Team in conjunction with providers and partners and will be incorporated into the 2015/16 Dementia Action Plan.

6. Financial implications

6.1 The dementia services that are incorporated in the 2014/15 Dementia Action Plan are funded by the dementia budget held by the CCG but managed via the Joint Commissioning Team.

6.2 There are no direct financial implications for the Lewisham Council as a result of the delivery of the 2014/15 Dementia Action Plan.

7. Legal implications

7.1 There are no specific implications

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

8. Crime and Disorder Implications

8.1 There are no specific implications

9. Equalities Implications

- 9.1 No new services have been created as a result of the 2014/15 Dementia Action Plan. Any potential service development or significant service change will require Equality Analysis Assessment to be undertaken by the service providers and/or commissioning lead.
- 9.2 The improvements of the Dementia Diagnosis Rate is intended to increase the numbers of patients in treatment and support, all services will need to consider the increase in service access by those with protected characteristics to ensure that services are suited to meet their needs.

10. Environmental Implications

- 10.1 There are no specific implications

11. Conclusion

- 11.1 The Dementia Action Plan pools a series projects and initiatives into a single programme of work focused on improving the experience of service provision and the quality of life of Lewisham residents with dementia.
- 11.2 There is a considerable amount of work to complete to increase the rate of early diagnosis and patient progression from the point of assessment to treatment and support. Further resources are being made available via the CCG to improve early diagnosis and the Joint Commissioning team will continue to work with providers, service users, carers and partners to enhance and improve service pathways.
- 11.3. It is proposed that an update on the progress against the 2015/16 Dementia Action Plan be submitted to the Health and Wellbeing Board in October 2015.

Background Documents

[Prime Minister's Dementia Challenge](#)

[London Strategic Clinical Network Dementia Commissioners' Checklist.](#)

[The National Dementia Strategy](#)

[Improving care for people with dementia](#)

2014/15 Lewisham Dementia Action Plan (Appendix 1)

If you would like further information on this report, please contact Kenneth Gregory,
Joint Commissioning Lead – Adult Mental Health, Tel. 020 8314 9860,
kennethgregory@nhs.net

Appendix 1

Dementia Action Plan 2014/15

Themes	Tasks	Delivery Lead/Support	Strategic Relevance/Intended Outcome	Completion/review Date	Progress Update
Dementia Diagnosis Rates	Coding exercise letter including individual surgery rates and targets	Joint Commissioning Manager/GP Dementia Lead	Encourage all GP practices to check that dementia coding is accurate and hopefully increase rates by correcting coding errors	Letter beginning of December, returns expected 31 January	Task Completed
	Target surgeries with large care home population to look at diagnoses	Joint Commissioning Manager/GP Dementia Lead	Potential for finding unregistered dementia diagnosis is high in GP surgeries with a high care home population.	Returns expected 28 February 2015	In progress
	Dementia Friends training of all primary care practice staff (GPs, Admin, managers, etc)	Joint Commissioning Manager/GP Dementia Lead	All front-line/public facing staff is a dementia friend. Staff better equipped for helping patients who have dementia.	31 March 2015	Training scheduled to be developed
	Support struggling surgeries with screening	Joint Commissioning Manager/GP Dementia Lead	Identify reasons why rates are low and develop strategies for increasing screening and referrals to Memory Service	31 March 2015	A engagement schedule has been drafted targeting all practices with large populations and low diagnosis rates
	Support Dementia DES	Joint Commissioning Manager/AD Primary care Commissioning	Identify which surgeries are using DES and determine where additional support may be necessary	To begin Early 2015	CCG Commissioning Leads for Mental Health and Primary Care have written to all GP surgeries encouraging participation

	Supply training to primary care nurses doing home visits, Parkinson's disease nurses and nurses doing influenza vaccines to recognise signs of dementia and how to do basic screening and refer to GPs and/or the Memory Service for further assessment	Joint Commissioning Manager/Memory Service Manager	Professionals doing home visits may notice signs of dementia that have been previously missed. Home visits also allow more access to carers, who may express concern about the patient's memory. Potential to increase new referrals for assessment or identify patients who may be "known" to have dementia but have never been given a diagnosis.	Training courses planned by 15 January 2015. Dates offered for registration by 31 January	Training dates to be revised action not completed.
	Offer training to care home staff to recognise signs of dementia and how to do basic screening and refer to GPs and/or the Memory Service for further assessment	Memory Service Manager	Enable care home staff to recognise when a patient should be referred to their GP for an assessment of memory problems, just as they would be for a physical ailment. Potential to increase diagnoses of new cases.	Training courses planned by 15 January 2015. Dates offered for registration by 31 January	Training dates to be revised action not completed.
Forming a Dementia Action Alliance (DAA) in Lewisham	Lewisham DAA Introductory text to be written for national website	Training dates to be revised action not completed.	Described in the Prime Minister's Dementia Challenge. Publishing text on national website indicates activity started in the borough	12 December 2014	Action completed
	Joint Action Plan to be produced for LBL/CCG	Training dates to be revised action	Outlines steps Lewisham is taking to be more dementia	12 December 2014	Action completed

		not completed.	friendly.		
	Local DAA group to be launched	LBL/CCG MindCare Sydenham Garden Age Exchange Carers Lewisham	Collaboration between local dementia providers to raise public and professional awareness	31 December 2014 (Web) End of May 2015 (event)	DDA launched on the national website and first initial full meeting to held on 26 th February
	Start process for Dementia Friendly communities	DAA group	Described in the Prime Minister's Dementia Challenge. The DAA forms part of this process, which is separate and may require funding to get off the ground	On-going throughout 2015	In progress
	Increase local membership in DAA and expand group	DAA Group (potentially through Awareness Day)	As awareness spreads, the DAA should become more independent and move away from LBL/CCG guidance and become a community run body.	On-going throughout 2015	In progress
Improving Dementia Awareness	DAA plan day and workshops	DAA membership	Plan a full day at the Civic Suite to raise awareness of diagnosis, the Memory Service and voluntary sector opportunities for Lewisham residents with dementia and their carers, as well as medics and other professionals working locally	May 2015	In progress LBL Mayor to be invited to formally launch the DAA
	Include dementia friends Sessions	Joint Commissioning Manager to	Described in the Prime Minister's Dementia Challenge. Increasing	May 2015	In Progress

		contact Alzheimer's Society	Dementia Friend numbers also works towards Dementia Friendly Community designation		
	Include "help" sessions signing up local businesses/organisations to DAA	Joint Commissioning Manager to contact Alzheimer's Society	Increase local membership of the DAA to raise awareness and move group from commissioning supported to community supported	May 2015	In progress
Dementia Friends	Train all CCG staff to be a Dementia Friend	Joint Commissioning Manager	Described in the Prime Minister's Dementia Challenge. Show CCG's commitment to the issue	December 2014	Task completed
	Identify and train key staff at LBL	Joint Commissioning Manager to identify LBL contact	Described in the Prime Minister's Dementia Challenge. Show CCG's commitment to the issue, particularly in public-facing roles.	31 March 2015	In Progress
	Incorporate Dementia friends programme into corporate induction and/or mandatory training at LBL/CCG	Joint Commissioning Manager	Change organisational focus towards integrating dementia awareness with all staff groups and across the entire organisation.	Contact by 30 November, full implementation by end of 2015	Contact made at LBL, awaiting decision.
	Bring Dementia Friends training to key frontline staff in GP surgeries	Joint Commissioning Manager/GP Dementia Lead	Receptionists and practice managers often have a lot of contact with the public and may be able to assist diagnosed patients as well as	To begin December 2014	In Progress

			flag up convers to medical teams.		
	Facilitate Dementia Friends sessions in the community	Joint Commissioning Manager in conjunction with DAA	Described in the Prime Minister's Dementia Challenge. Also working towards Dementia friendly Community status.	2015	In progress
Presentations to GP neighbourhoods	Present prevalence, diagnosis rates, treatment and referral pathway at neighbourhood meetings	Joint Commissioning Manager/GP Dementia Lead	Aim towards improving diagnosis rates and reaching 67% target	To begin December 2014	Neighbourhood GP meetings have been attended by Dementia lead with a focus on completing the data cleansing exercise
	Present Dementia Friends programme	Joint Commissioning Manager/GP Dementia Lead	Get commitment from GPs to roll out programme to their surgeries.	To begin December 2014	In progress
	Develop presentation to put on GPI	GP Dementia Lead	Provide easy access for GPs to prevalence and diagnosis rates with suggestions for improving outcomes	To begin December 2014	In progress
Memory Service & care pathway referral improvements	Review of referral information for clarity and accuracy. (including GPI) Review of referral paperwork	GP Dementia Lead/Memory Service Manager	With awareness, referral rates may increase. Provide clear instructions and pathways, ensure referred patients have the diagnostics done. Avoid inappropriate referrals	To begin November 2014	In progress
Further presentations to professional groups	Present dementia action plan at Young	AW	Raise awareness of the dementia action plan with a	November 2014	Completed October 2014

	Practitioners' Meeting		network of younger GPs across Lewisham with the aim of them taking the information back to their practices		
--	------------------------	--	--	--	--

HEALTH AND WELLBEING BOARD			
Report Title	Adult Integrated Care Programme, Better Care Fund and Draft Joint Commissioning Intentions		
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Information Item No.	7E
Class	Part 1	Date:	24 March 2015
Strategic Context	Please see body of report		

1. Purpose

- 1.1 This information report provides Members of the Health and Wellbeing Board with an update on Lewisham's Adult Integrated Care Programme, the Better Care Fund and the Joint Commissioning Intentions for Integrated Care.

2. Recommendations

- 2.1 This report is for information only. Members of the Health and Wellbeing Board are asked to:
- Note the update provided on the Adult Integration Care Programme;
 - Note the establishment of pooled budget arrangements (section 75) for the Better Care Fund plan;
 - Note the preliminary findings of the joint public engagement exercise and potential impact on the joint commissioning plans for integrated care.

3. Strategic Context

- 3.1 The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Lewisham as established in Shaping our Future – Lewisham's Sustainable Community Strategy and in Lewisham's Health and Wellbeing Strategy.
- 3.2 The work of the Board directly contributes to Shaping our Future's priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.
- 3.3 The Health and Social Care Act 2012 placed a duty on Health and Wellbeing Boards to prepare and publish joint health and wellbeing strategies to meet the needs identified in their joint strategic needs assessments. Lewisham's Health and Wellbeing Strategy was published in 2013.

- 3.4 The Health and Social Care Act 2012 also places a specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of their commissioning plans and when making significant revisions to those plans. The Health and Wellbeing Board must be provided with a draft commissioning plan and the CCG must consult the Board as to whether it considers the plan takes proper account of the Health and Wellbeing Strategy. The Health and Wellbeing Board's opinion on the final plan must be published within the operating plan. Health and Wellbeing Boards can refer plans to NHS England if they do not think the joint Health and Wellbeing Strategy has been taken into proper account.
- 3.5 The Health and Social Care Act 2012 also requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- 3.6 In response to the Government's stated ambition to make joined up and coordinated health and social care the norm by 2018, the Health and Wellbeing Board agreed in 2013 to increase the scale and pace of integrated working across health and social care in Lewisham and established the adult integration care programme.

4. Adult Integrated Care Programme (AICP)

- 4.1 At its meeting on 6 February, the Adult Integrated Care Programme Board discussed the approach to programme engagement, received an update on the Neighbourhood Community Teams and discussed the requirements of the s75 for the Better Care Programme.
- 4.2 The Board also reviewed the current enhanced care and support services and received an update on the McKinsey review that is taking place at Lewisham and Greenwich Healthcare Trust of the main issues driving underperformance against the NHS Constitutional standards that 95% of A&E patients are seen and discharged within 4 hours.
- 4.2.1 Neighbourhood Community Teams
- a) Estates issues still require resolution in order to enable the co-location of key health and care staff, the originally identified sites being too small in their current configurations to accommodate relevant staff.
- b) Allocated space needs to be adequate for both the physical locations of the current teams, the growth of these teams in the medium term as care shifts from acute to community settings, and the successful realisation of shared values and co-ordinated working practices.

- c) A number of issues are being addressed to ensure a transfer of ICT to the agreed co-located sites that enables successful service continuity and integrated working/data sharing.

The Board agreed that co-location of teams could be phased but reiterated that the initial moves should take place by April 2015.

4.2.2 Approach to programme engagement

- a) The Board was provided with an overview of the proposed approach to engagement activity in support of the programme over the next year to 18 months. The Board agreed that it would retain overall assurance of engagement (including communications) in support of the programme.
- b) A dedicated resource is being considered to manage and monitor delivery of the programme objectives regarding engagement and communications. This post would also provide readily available support to Scheme Managers and Project Leads. The Communication and Engagement Working Group will continue to ensure that programme engagement and communication activities are consistent, coordinated and on-message.

4.2.3 Enhanced care and support services

- a) The Board was provided with a service map of intermediate care, rehabilitation, admissions avoidance and enablement for review and discussion. During the discussion, Board members discussed the use and impact of the additional Winter Funding for 2013/14 and 2015/16 and looked at the Business Cases that are being developed on the Virtual Ward (Hospital@home model) and the Ambulatory Care Unit. Following the discussion the Board agreed that a workshop should take place as soon as possible to progress this work.

4.2.4 Emergency Pathway Service Redesign:

- a) The Board was provided with the first draft of the review being undertaken by McKinseys into the main issues driving the under-performance at Lewisham and Greenwich Healthcare Trust against the NHS Constitutional standards that 95% of A&E patients are seen and discharged within 4 hours. Performance has been reviewed across the entire system (primary, inflows, hospital, outflows) in order to identify the root causes for the variation in performance. The aim of this review is to develop “one version of the truth” for commissioners, the hospital, community providers and social services. These insights will help to develop improvement initiatives and in determining how to prioritise the local health and social economy efforts and resources.
- b) The purpose of the discussion was to share and test emerging themes from the review with the Board, and to get their input and suggestions.

The draft report will be refined to incorporate additional insights over the next few weeks.

5. The Better Care Fund

5.1 Better Care Fund – Section 75 update

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

5.3 Lewisham's local agreement will be based on the template that has been suggested by the Department of Health. Officers are currently drawing up the draft agreement which will need to be signed off by the Mayor and Cabinet and by the LCCG Board.

6. Joint Commissioning Intentions for 2015/16-2016/17

6.1 The Joint Commissioning Intentions for Integrated Care's public engagement programme - 'Have your say' - ended on 23rd January 2015.

6.2 The preliminary analysis of the outcome of this public engagement exercise was considered by the Joint Public Engagement Group (JPEG) on 29th January 2015.

6.3 The preliminary themes identified from the responses received were:

- Support for a greater focus on prevention, self-management and creating community resilience, with better support to carers and wider access to information;
- Better access to GPs – improving the appointment system, greater access at weekends and evenings and more training of GP staff, for example, to engage with patients with mental health issues
- Support for Neighbourhood working, with specific focus on mental health access for children, young people and adults and the development of culturally sensitive services.
- Recognition that smarter ways of working are required by all staff using Information and Technology (IT) system, and sharing information;
- Ensure that the service user is at the heart of every decision.

6.4 The number of individual respondents was about 40-50 in total. Although various channels of engagement were utilised to seek as

many views as possible, the equality monitoring data suggested that more targeted work was needed to reach some communities. The overall view expressed by the public was to endorse the priorities identified within the Joint Commissioning Intentions.

- 6.5 A full analysis of the responses received is being undertaken and will be reviewed at Adult Joint Strategic Commissioning Group on 12th March 2015 and will be assured by JPEG on 30th April 2015.
- 6.6 The outcome of this public engagement exercise will then inform the 'translation' of the joint Commissioning Intentions into the CCG's Operating Plans and Communities Services plans and priorities for 2016/17.
- 6.7 The Health and Social Care Act 2012 requires the Health and Wellbeing Board to provide an opinion on whether the CCG's Operating Plan has taken proper account of the Health and Wellbeing Strategy. The Board's opinion on this issue is required to be published within the CCG's Operating Plan.
- 6.8 The Health and Wellbeing Board will be asked to review the CCG's Operating Plan for 2015/16 to consider whether the plans have taken proper account of the Health and Wellbeing Strategy at its next meeting in May 2015.

7. Financial Implications

- 7.1 There are no financial implications arising from this report. Any proposed activity or commitments arising from the Adult Integration Programme or the Joint Commissioning Intentions and Operating Plan will need to be agreed by the delivery organisation concerned and be subject to confirmation of resources. The funding available in future years will of course need to take account of any required savings or any other reduction in overall budgets and national NHS planning guidance which can be found at:

- 7.2 <http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf>

8. Legal implications

- 8.1 As part of their statutory functions, Members are required to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area, and to encourage persons who arrange for the provision of health-related services in its area to work closely with the Health and Wellbeing Board.
- 8.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under Section 75 NHS Act 2006

which sets out the governance arrangements for the delivery of services, and where relevant any delegation of functions from one party to another and the respective budget contributions of the local authority and the CCG in relation to the services.

- 8.3 The Health and Social Care Act 2012 places a specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of their commissioning plans and when making significant revisions to those plans. The Health and Wellbeing Board must be provided with a draft plan and consult the Board as to whether it considers the plan takes proper account of the Health and Wellbeing Strategy. The Health and Wellbeing Board's opinion on the final plan must be published within the commissioning plan. Health and Wellbeing Boards can refer plans to NHS England if they do not think the joint Health and Wellbeing Strategy is being taken into proper account.

9. Crime and Disorder Implications

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

10. Equalities Implications

- 10.1 Although there are no specific equalities implications arising from this report, an Equalities Analysis is being undertaken of the Joint Commissioning for Integrated Care to be considered by the Adult Joint Strategic Commissioning Group.

11. Environmental Implications

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

12. Conclusion

- 12.1 This information report provides an update on the adult integration care programme; the Better Care Fund and the draft joint Commissioning Intentions to date and invites members to note this information.
- 12.2 If you have problems opening or printing any embedded links in this document, please contact the above named officers or kalyan.dasgupta@lewisham.gov.uk (Phone: 020 8314 8378)
- 12.3 If there are any queries on this report please contact:
Sarah Wainer, Head of Strategy, Improvement and Partnerships,
Community Services Directorate, Lewisham Council, on 020 8314 9611
or by email sarah.wainer@lewisham.gov.uk
or

12.4 Susanna Masters, Corporate Director, NHS Lewisham Clinical Commissioning Group, on 020 3049 3216 or by email on susanna.masters@nhs.net