

# MINUTES OF THE HEALTH AND WELLBEING BOARD

Thursday, 1 March 2018 at 2.00 pm

PRESENT: Mayor Bullock (Chair), Marc Rowland (Vice-Chair), Cllr Chris Best, Alieen Buckton, Val Davison, Peter Ramrayka and Danny Ruta,

ALSO PRESENT: Donna Hayward-Sussex (South London and Maudsley NHS Foundation Trust), Trish Duffy, Councillor John Muldoon, Warwick Tomsett (representing Sara Williams) and Salena Mulhere.

Apologies for absence were received from Tony Nickson, Roger Paffard, Dr Simon Parton, Brendan Sarsfield and Folake Segun.

## 1. Minutes of last meeting

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

## 2. Declarations of Interest

2.1 There were no declarations of interest.

## 3. Referral from the Healthier Communities Select Committee: Social Prescribing Review - Final Report

3.1 Councillor Muldoon introduced the referral from the Healthier Communities Select Committee. The key points to note were:

- The concerns highlighted in the report about evidencing the effectiveness of Social Prescribing.
- A study of the scheme in Rotherham which was assessed by the Kings Fund and found reductions in A&E use, however there was not yet a great volume of evidence.
- Whilst it is reported as beneficial by those using it; in terms of proving wider outcomes outside of that it is challenging
- Perhaps social prescribing is prescribing for individuals in some cases in an attempt to address societal failings: should we not be doing more as a society to address those issues.

3.2 In the resulting discussion it was noted:

- That the review was a very thorough piece of work that raises some very interesting questions, delving below the surface of the evidence available.
- That the work of the scrutiny manager in organizing the review for the Committee and pulling together the final report was excellent.
- Whilst it was difficult to prove efficacy in pounds and pence, this could be addressed as an overall package rather than just one thing for one person.
- Lewisham CCG are very interested in this area.

- Not using the word “patient” as a matter of course could help as this assumes people are ill and need medicine and the health service, whereas some of the challenges could and should be met by wider society through some of the sorts of activities outlined in the report.
- More people should be able to self-refer or peer refer rather than have to go via a GP, to both make the activities more mainstream and less medicinal, and further reducing the burden on the health system.
- Self-referral had increased at the Rushey Green timebank since its inception at the GP Practice and more people stick with the activities if they self-refer – a large number of whom cited social isolation as a reason for referral.
- Ideally people should be able to be sign posted through community connections so they are supported to find the right level of support.
- The Health and Social Care directory online is useful for self-referral includes a wider range of activities (parks, classes) etc. It is constantly updated and is on the Healthcare Partners Website.
- Use of personal budgets for activities to reduce isolation and lift peoples mood could be more useful than medical prevention in some circumstances.
- Aileen is drafting a formal response via Mayor and Cabinet, which will also come back to the HWB in due course.

RESOLVED: To receive the response from officers in due course.

#### **4. Joint Strategic Needs Assessment (JSNA) Update**

4.1 Danny Ruta introduced the report. Key points to note were:

- In July last year the Board agreed a process for agreeing topics for JSNA and set up a steering group to manage suggestions and prioritise topics for JSNA.
- The steering group asked for any suggestions for JSNA and received 8 suggestions including mental health, health inequalities and respiratory long-term conditions.
- The steering group considered the suggestions and suggest to the HWB that there are 4 topics considered for JSNA this year: parenting, supported housing, mental health and respiratory long term conditions.
- Because the most common cause for admission after UTI is pneumonia (in Lewisham) there is also a submission from the Safer Stronger Communities Select Committee scrutiny review recommending that a needs assessment is undertaken. The JSNA steering group will receive that in September and will then decide if they want to recommend that is undertaken.

4.2 In the discussion the following key points were noted:

- The process of selection of topics was thorough and the prioritisation matrix helped
- The appended completed JSNA on Cancer was approved to be made public.

4.3 RESOLVED: To note the work of the steering group to date and agree the JSNA on Cancer be uploaded to the website.

## **5. Pharmaceutical Needs Assessment**

5.1 Danny Ruta introduced the report. The key points of note were:

- There is a statutory responsibility for HWB to produce one, although it is the responsibility of NHS England to commission these service, we do this assessment, give it to them and they make decisions about letting pharmacies open.
- NHS England have confirmed they are happy to receive it in the format presented.
- The assessment included a 60 day consultation and a mapping exercise of all pharmaceutical services in the borough.
- There were no negative responses, just suggestions to add in small items of detail which we did in all cases.
- There have been some gaps identified and some suggested improvements to NHS England.

5.2 In the following discussion the following key points were noted:

- Considerable amount of council resources goes into producing this with no real benefit to the Council, however there is some scope to, put some extra effort in to work on how local pharmacies can be of use to the health and wellbeing partnership, which Danny could pull out from the data his service holds.
- This work would be of benefit to the CCG too: - lots of services are delivered through pharmacies on behalf of the CCG in addition to NHS England. Public Health commission pharmacies to do emergency contraception, 17 pharmacies do health checks and they reach what we can't traditionally reach.
- Perhaps a Lewisham pharmacy sector representative should be invited to be on the HWB – they are a key part of a whole system model of care and are an excellent resource, along with opticians and dentists.
- Danny needs to put pressure on NHS England to deliver on the gaps identified within the next 3 years, and this needs to be managed across the STP area.
- This was produced in house by the Public Health Team with the support of the Corporate policy and performance team.

5.3 **RESOLVED:** To consider how local pharmacies can be involved appropriately in the work of/membership of the Board going forward.

## **6. Performance Dashboard Update - Exceptions Reporting**

6.1 Trish Duffy introduced the report. The key points to note were:

- The CCG are working to increase uptake on health checks.
- Low birth weight now in line with the rest of England, which is a good news story.
- Life expectancy has improved.
- There is additional information in relation to priority 8 and 9 that has not been included within this report which will be circulated to the Board after the meeting.

6.2 In the following discussion the following key points were noted:

- Drilling down into the data is important to make an impact, for example behind the headline figures around smoking cessation, differences in where in wards the services were offered impacted on take up. The service was reduced significantly as 95% of people who stop smoking don't use a smoking cessation service, so the smaller resources are targeted at people who have mental health problem who have a large prevalence of smoking. We no longer target specific geographical areas, we target high risk groups, mental health and pregnant mums online we can reach a wider number of the public.
- This illustrates the points that partners need to drill down in to the data and take targeted actions on these things where we really want to see a difference in Lewisham: overall level of deprivation has changed for better last 10 years, however the detail area by area within the borough tells a slightly different story to the headlines and this needs to be grasped by health and care providers.
- There are differences between groups in our growing population, and while there are more who self-care, there is also an impact of austerity and poverty on many communities in Lewisham.
- There is a need for PH to drill down into the data in the priority area in terms of different groups within Lewisham, particularly where there are fluctuations for different groups so we can do more to target services and improve outcomes.
- Intelligent data from Public Health needs to inform commissioning so we can all commission and deliver smartly and effectively – Lewisham detailed data should be driving what we do as a clinically led organisation.

6.3 RESOLVED: TO note the report

## **7. Health and Wellbeing Board Mental Health Workshop Update**

7.1 Catherine Mbema introduced the report. The key points to note were:

- Initial engagement and feedback has been very positive
- Thrive London advised the workshop is sold out with a waiting list.

7.2 RESOLVED: To note the progress in developing the Thrive approach in Lewisham as requested by the Board.

## **8. Adult Mental Health - Strategic Procurement Plan for Voluntary Sector Providers**

8.1 Kenny Gregory introduced the report. The key points to note were:

- Officers are reviewing the strategic position of commissioning for mental health.
- There are currently 9 contracts with 5 providers cover working age and older adults. Some are working well and some could provide more value.
- All are coming to an end on 31st of March so officers are about to embark on a new procurement process and have realised through reviews that more integrated service delivery would be beneficial with providers collaborating more with each other and primary care and the voluntary sector so that they are also more focused on outcomes for residents.
- The prevalence of mental health needs in Lewisham is high and is anticipated to increase over next 5 years – officers are looking to get more capacity in to increase the level of support and look to provide more prevention and early intervention.
- 3 of the contracts are about recovery and living well, one for dementia support and one for advocacy that picks up the Council's statutory duty around advice and advocacy.
- This work should result in more focused contracts with a greater focus on outcomes and prevention.
- Interim arrangements are in place with current providers, with the hope to conclude the procurement process and have the new contracts in place in September 2018.

8.2 RESOLVED: To note the report.

## **9. South East London Sustainability and Transformation Partnership including WSMC**

9.1 Martin Wilkinson introduced the report. The key points to note were:

- STP wave 2 applications have been submitted, not heard anything back yet and know that national planning guidance has been rebranded.
- Whatever the name is, in Lewisham we are pursuing integrated health care and support and we are working together to deliver health care and support.
- The STP framework recognizes the importance of interaction across the area, but also the sovereignty of the borough
- Commissioning have done work on frailty and transitions
- Care in people's homes should play to their strengths and provide care that has the persons whole needs at the heart of what we are doing. Lots of people visit and go in to deal with their particular area some NHS, some Council and some private (domiciliary care) providers and we are looking to see how this could be better joined up and managed.

- We are working through a pilot in Neighborhood 2 to see how it would work, including the financial challenges and pooling budgets. The Trust, Council and Dom Care providers, need some form of agreement and a governance between us to take that forward that we will consider separately and together as Lewisham partnership
- We have been starting to scope what we could do earlier across the partnership in relation to mental health
- The Population Health Management system should hopefully enable the partnership to use data to drive improvements. We need to make sure the ICT supports the transformation work we are doing, we have been using existing clinical groups to talk about how data could be used in each pathway to the best effect and support self-management where appropriate.

9.2 Resolved: To note the report

## **10. The Role of Technology in the Delivery of Health and Care**

10.1 Aileen Buckton delivered a presentation to the Board. In the following discussion, the following key points were noted:

- We want to work as a MDT in the community but we currently can't get technology to work that allows staff and partners to do that.
- There are lots of opportunities to explore, but we need to be careful of not going for the "shiny new toys" but to make sure we look for opportunities to improve things in practice and that will work. For example I pads on the stroke ward help when speech is an issue, and could be used more to support people and to enable them to access aftercare.
- Fiona Kirkman could be asked to identify potential technology enabled care options that could make a real difference to the population if we were to receive some further funding. This would need to cover the benefits and anticipated outcomes, things that could make a real difference to outcomes for the population.

10.2 RESOLVED: Fiona Kirkman to be asked to look into further technology enabled care options.

## **11. Health and Wellbeing Strategy Review**

11.1 Salena Mulhere introduced the report. The key points to note were:

- The steering group set up by the board has reviewed progress of delivery against the original HWB priorities, and the wider contextual changes to priorities and the health and care landscape since the adoption of the strategy in 2013 to identify for the Board if the HWB strategy is still appropriate and relevant as is.
- As already agreed by the Board in 2015; the majority of the original priorities are "business as usual" work that Public Health is responsible for

and not necessarily supporting a whole system approach which requires systems leadership for delivery.

- The wider context and drivers surrounding health and wellbeing have changed since 2013 nationally, regionally and locally, with the financial challenges ongoing, the introduction of a regional approach with STPs, and the local approach in Lewisham to integration. However, the Boards statutory responsibility for the development and oversight of the Health and Wellbeing Strategy, and ensuring that it remains fit for purpose, remains.
- The steering group therefore recommends that the Board review and revise the HWB strategy, and that its aims and priorities could be broadened and more holistic in approach.
- The steering group suggest that a revised HWB strategy should consider Quality of Life, Quality of Health, Care and Support and Sustainability.

11.2 In the following discussion, the following key points were noted:

- The Mayor noted his thanks to the members of the steering group for their efforts and a comprehensive report, and confirmed that it was an appropriate time to re-examine the priorities and board focus in the ways set out in the report. This was seconded by other board members.
- It was agreed there was a need for the Board to take system leadership action and to engage people in discussing the key challenges to develop a meaningful strategy, rather than noting reports on work already undertaken.

11.3 RESOLVED: That the HWB Strategy be revised by the Board in 2018/19.

RESOLVED: To thank the Mayor for his leadership of the Board at this his last meeting.

## **12. Health and Wellbeing Board Work Programme**

12.1 The work programme was noted.

## **13. Information Items**

13.1 There were no information items.