

Health and Wellbeing Board Agenda

Thursday, 19 September 2013
1.30 pm,
Committee Room 1 - Civic Suite
Civic Suite
Lewisham Town Hall
London SE6 4RU

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Part 1

Item	Pages
1.	Minutes of the 11 July 2013 meeting of the Health & Wellbeing Board The Chair welcomed everyone. Jane Clegg (NHS SE England, London Region) was welcomed to her first meeting. Best wishes for a speedy recovery were also expressed for Dr Danny Ruta (Director of Public Health, LBL), who could not attend due to illness. The Board agreed the minutes of the meeting of 11 July 2013 as an accurate record.
2.	Declarations of Interest With respect to Item 9 of the agenda (Integrated Health), Tony Nickson informed the Board that he was part of the Community That Cares grant consortium. With respect to the Board business in general and to a number of items on the agenda in particular, Marc Rowland informed the Board that he was Chair of the Lewisham Clinical Commissioning Group, a GP Partner at the Jenner Practice, Forest Hill, and also a Professional Advisor at the University of South Bank, London. With respect to Item 3 of the agenda (Protocols), Cllr Muldoon informed the Board that he was an elected governor of South London and Maudsley (SLaM) Trust and represented the constituency of Lambeth, Southwark and Lewisham. The Declarations of Interest were noted.
3.	Lewisham Health and Social Care Scrutiny Protocol (Revised)

Cllr Muldoon, Chair of the Healthier Communities Select Committee, presented the report and invited the Board to consider the Health and Social Care Scrutiny Protocol. The protocol sets out how the Healthier Communities Select Committee will exercise its scrutiny responsibilities, and also forms an agreement between the Committee and the Health and Wellbeing Board, healthcare commissioners and providers in Lewisham as to how they will relate to each other.

Cllr Muldoon drew particular attention to Sections 3.4 and 3.5 of the Draft Protocol, which state the following:

Neither the legislation nor the guidance defines what constitutes a substantial development or variation in service. NHS bodies and overview and scrutiny committees are advised to aim for a local understanding of the definition, taking into account:

- a) changes in accessibility
- b) the impact of the proposal on the wider community
- c) patients affected
- d) methods of service delivery
- e) evidence based best practice

The final decision as to what constitutes a substantial variation sits with the body exercising the Overview and Scrutiny functions, in this instance the Committee.

The Board was advised that the CCG, Healthwatch and others had already approved the protocol (Appendix A of the submitted report), though it might subsequently be subject to minor amendments by the Head of Law.

The Board:

1. Noted the role of the Healthier Communities Select Committee and
 2. Agreed to be a signatory of the Lewisham Health and Social Care Scrutiny Protocol.
4. Lewisham Hospital - Outcome of the Judicial Review and subsequent Government appeal
Aileen Buckton, Executive Director for Community Services, presented the report. She updated the Board on the outcome of the judicial review heard in the High Court on 2-4 July 2013 and of the subsequent appeal lodged by the Government.

Additionally, Aileen updated members on the proposed merger of Lewisham Healthcare with Queen Elizabeth Hospital and on the provision of services at Lewisham Hospital.

The Board was informed that the judge had upheld the *ultra vires* part of the submission by the London Borough of Lewisham, as well as the "4 tests". However, the Secretary of State had lodged an appeal to contest the ruling that the Trust Special Administrator (TSA) had acted outside of his powers.

The appeal hearing had now been scheduled for 28 October.

A second appeal is also being brought by the Save Lewisham Hospital Campaign.

The following points were highlighted in the discussion:

- Lewisham Healthcare Trust has been striving to maintain continuity for patients. Staff appreciated the actions taken by the Council. It was hoped that, should the merger be agreed, the transition would be smooth and that the patients would not experience any disruption or difference to the services they receive.
- In response to a query about recruitment, it was acknowledged that it had sometimes been difficult to convince staff that the Trust still had a viable future, but the Board were assured that most positions had now been filled. Additional staff would be recruited in the winter, increasing the hospital's capacity to cope with the anticipated seasonal pressures.

The Board:

1. Noted the outcome of the Judicial Review, which found that neither the recommendations of the TSA nor the decision of the Secretary of State to reduce the facilities at Lewisham Hospital fell within their powers;
2. Noted the appeal by the Secretary of State for Health which was lodged on 21 August against the decision;
3. Noted that the planned merger of Lewisham Healthcare with Queen Elizabeth Hospital is unaffected by the outcome of the judicial review or the appeal and is subject to approval from the Secretary of State; and
4. Note that there has been no change to current services at Lewisham Hospital and all services are running as normal.

5. Preventing the uptake of smoking among children and young people and reducing the number of people smoking
Jane Miller, Deputy Joint Director, (Public Health, LBL)) introduced the report and together with John Pye, Head of Trading Standards & Markets, LBL, Emma Wrafter (Cut Films), and Laura Beach (Peer Education Project in Schools) tabled two presentations: "Preventing the uptake of smoking and reducing the number of people smoking" and "Preventing the uptake of smoking in young people".

The report and presentations highlighted the high prevalence of smoking in Lewisham, especially among people on lower incomes and the importance of targeting young people, as most smokers start smoking before they are 18. The work underway to tackle illicit tobacco was described in addition to two projects using film and peer education with young people.

In addition, Jacob Sakil, ex-Young Mayor of Lewisham, who is currently supporting Cut Films and the Peer Education Project, spoke about his experience of working on this issue with young people. He highlighted the point that many young people, which the projects reach, are generally disengaged from mainstream, and their involvement has led to increases in self-esteem and aspirations. It is therefore important to involve young people in such endeavours beyond just a few schools, exploring broader horizons. The correct kind of support and resources are crucial to success in this project.

In the discussion, members highlighted the following points:

- There may be some merit in tailoring some of the types of warnings already used in relation to the dangers of tobacco, to other areas of concern, such as knives. Retailers are not always prosecuted, where they have sold tobacco irresponsibly, but receive training to improve practice.
- Young people often overestimate the number of smokers and were recognised as an important group to target.
- Stronger links among GPs' surgeries, clinics, neighbourhoods, and schools are crucial to preventing the uptake of smoking among children and young people and reducing the number of people smoking.

The Chair observed that smoking was becoming increasingly socially unacceptable and expressed his appreciation of the work undertaken to prevent young people from smoking.

The Board:

1. Considered the report on progress regarding this priority outcome;

2. Agreed to support officers to be trained to deliver brief interventions;
 3. Agreed that all partners would be represented on the Smoke Free Future Delivery Group, and
 4. Agreed to champion ongoing initiatives to tackle illicit tobacco, including enforcement and social marketing.
6. **Lewisham's Health and Wellbeing Strategy**
Katrina McCormick, Deputy Director of Public Health, LBL, presented the report, seeking approval of Lewisham's Health and Wellbeing Strategy and asking the Board to note the accompanying draft delivery plan that set out actions for addressing the nine priorities identified and confirmed in the strategy.

In the discussion, members highlighted the following points:

- The voluntary sector has played an important role in planning the development of the strategy, in organising and operating particular topic delivery groups and in the delivery of area-based projects (e.g. the North Lewisham project, rolled out to Bellingham).
- The strategy has actively engaged various voluntary and community groups. This approach, incidentally, also aligns very well with the Children & Young People's Action Plan (as well as with those of the CCG, LBL, and so on).
- Jane Clegg offered to take back to the NHS any emergent issues.

The Board thanked Katrina for the report and

1. Approved the final version of the Health and Wellbeing Strategy;
 2. Noted the current draft Delivery plan, and
 3. Agreed that the responsibility for further development of the plan and the monitoring of the plan would be undertaken by the Delivery Group, who would provide regular updates on progress to the Board.
7. **An Evaluation of the North Lewisham Health Improvement Programme and the Transfer of Learning**
Jane Miller, Deputy Director of Public Health, presented this report highlighting an evaluation undertaken of the North Lewisham Health Improvement Programme (NLHIP). She described the approach, the

methodology used to evaluate it, and the evaluation findings (with examples from individual projects). She concluded that the programme had been successful in raising awareness, changing behaviour and improving health outcomes for a proportion of the target population living in Evelyn and New Cross wards in a cost-effective way. It had also provided valuable learning, which could inform future activity, particularly in relation to the integrated prevention agenda.

Jane stressed that one of the strengths of the North Lewisham programme had been the contribution of the area's voluntary and community sector.

She outlined the potential for other projects to learn from the programme.

The evaluation report is on the Lewisham Joint Strategic Needs Assessment website, www.lewishamjsna.org.uk and hard copies are available from Public Health Lewisham.

In the discussion, the following points were highlighted:

- The impact of the programme on behaviour was striking and provided a model for achieving such change.
- The stakeholder group has always had a representative from Neighbourhood 1, and GPs were always involved in the stakeholder meetings. However, the links with GPs' practices can be strengthened further.
- A rich body of data exists for each of the projects that could suggest ways of measuring the impact of Participatory Budgeting on health improvement.
- A future analysis of the project might examine the crucial roles of physical activity, sense of security and income, and training in greater depth.
- Further consideration should be given to how to apply the lessons from this project more widely.

The Board:

1. Noted the health impact of the North Lewisham Health Improvement Programme and progress made in transferring the learning to Bellingham.
2. Endorsed the approach as a way of contributing to the implementation of the Lewisham health and wellbeing priorities at

a local level and as part of the integration of health and social care activity at a local level, and

3. Agreed that, as a next step, a report on Participatory Budgeting would come to a future meeting.

8. **The role and responsibility of the Health and Wellbeing Board for Pharmaceutical Needs Assessments**
Katrina McCormick, Deputy Director of Public Health, presented the report, outlining the requirements and responsibilities of the Health and Wellbeing Board for maintaining and publishing a Pharmaceutical Needs Assessment (PNA).

The report provided an update on the actions undertaken to date by the Council's Public Health Team and set out a proposed process for updating the existing PNA and for developing a plan to ensure that a revised PNA is presented for approval by the Health and Wellbeing Board before April 2015.

The report also proposed that the Director of Public Health is given responsibility for considering and commenting on any local pharmacy applications within the statutory consultation period.

In the discussion, it was suggested that the next step might be to further diversify the potential areas of intervention for pharmacists to consider.

The Board:

1. Noted that, from 1 April 2013, the Health and Wellbeing Board assumed responsibility for the existing Pharmaceutical Needs Assessment - previously published by Lewisham Primary Care Trust - and that the Board must publish its own Pharmaceutical Needs Assessment by April 2015.
2. Noted that, in 2012, NHS South East London assessed the inherited Pharmaceutical Needs Assessment and supplementary statements and concluded that the current Pharmaceutical Needs Assessment and the four supplementary statements are fit for purpose.
3. Noted that, as set out in paragraph 7.1 of the report, a working group would be set up to review and identify any changes needed in local pharmaceutical services and undertake the preparation of a revised PNA which would be presented for approval to the Health and Wellbeing Board in Autumn 2014.

4. Approved the proposed process for preparing any necessary supplementary statements to ensure the current PNA remained fit for purpose.
 5. Agreed that the Public Health Director be given responsibility to consider any forthcoming pharmacy applications within the 45-day prescribed time period and to make any written representations as necessary on behalf of the Board.
 6. Agreed to consider ways of co-opting pharmacists, opticians, dentists and other specialists relevant to the work of the HWB.
9. Integrated health and social care - an update
- Aileen Buckton, Executive Director for Community Services, updated the Board on the progress on Lewisham's Integration Programme, in particular on the Pioneer bid. She also asked members to note that proposals for current and future programme management support will be submitted as part of the plans for the funding to be transferred to local government from the NHS to support transformation in 2013-14 and 14-15. From March 2015, similar funding to support the integration of social care and health will be known as the joint health and social care Integration Transformation Fund.

Aileen highlighted that Lewisham's approach to integrated working would be whole-population based, with a strong emphasis on neighbourhood development.

An Adults Integration Programme Board (AIPB) was proposed to oversee the delivery and evaluation of the Adult Integrated Care programme.

In the discussion that followed, the following points were raised:

- In response to a query from the Chair, it was confirmed that the management of the financial resources would form a workstream under the Integration Programme.
- Cllr Best congratulated the officers concerned on organising the submission of the Pioneer bid. The project was recognised as an excellent opportunity for Lewisham to develop its work with a view to the future.

The Board:

1. Agreed the proposed governance arrangements and the role of the Health and Wellbeing Board in ensuring effective progress of the programme;

2. Agreed to keep the integration of health and social care as a standing item on the Board's agenda.

10. Report on membership issues

In view of the resignation of Dr Helen Tattersfield as Chair of the Lewisham Clinical Commissioning Group (and therefore also as the Vice-Chair of the Health & Wellbeing Board), and the transfer of her role on the LCCG to Dr Marc Rowland, the Chair proposed that the Item on Membership Issues (previously scheduled as Agenda Item 10) be taken up as the first item of Board business.

The Board:

1. Unanimously nominated Dr Rowland as the new LCCG representative to the Health and Wellbeing Board and as the new Vice-Chair of the Board.
2. Agreed that Brendan Sarsfield (of Family Focus) should be formally invited to join the Board as a representative from the social housing sector.
3. Approved the process through which an additional voluntary and community sector representative will be identified.

The Chair formally welcomed Dr Rowland as the new LCCG representative and the Board's new Vice-Chair.

11. Winterbourne View - Lewisham Health and Social Care Position Statement and Action Plan

Heather Hughes, Lewisham's Joint Commissioning Manager for Adults with Learning Disabilities, presented the Lewisham Action Plan to deliver recommendation 57 of the Department of Health's Final report, "Transforming Care: a national response to Winterbourne View Hospital" (2012), into the abuse exposed at Winterbourne View Hospital for adults with a learning disability. She also presented a summary of Lewisham's response to the recent Department of Health's 'Winterbourne Stock Take'.

Heather thanked everyone who had helped with the Winterbourne View Stock Take earlier.

The Chair thanked Heather for her report.

The Board:

1. Noted the Lewisham "Stock Take" summary position and
2. Agreed the action plan.

12. Lewisham Warm Homes Healthy People project 2012/13 evaluation Information Item

Martin O'Brien (Sustainable Resources Group Manager, LBL) summarised the evaluation of the 2012-13 Lewisham Warm Homes Healthy People project.

In particular, Martin drew members' attention to the case studies and comments reproduced on pp 185-86 of the submitted report as being the most telling testimony to the importance of warm homes to the health of the population and to the value of the project.

Martin stressed the importance of monitoring vulnerable people (through Community Nurses, GPs, etc).

Next steps included a bid for £75,000 that had already been put forward for Lewisham Public Health Funding in 2013/14, to enable the service to be maintained, this time with a greater emphasis on fuel switching and development of the befriending element. Funding for more than one year would allow a dedicated resource to support and develop the required service-delivery partnerships.

In the discussion, the following points were highlighted:

- It is important to issue reminders in good time for vulnerable people to ensure warm homes. For this purpose, neighbourhood meetings can be very useful.
- One important component of the project was an anti-poverty measure/proposal, designed to test if the tariff charged by providers could be reduced.

The Chair thanked Martin for his report.

The Board noted the contents of the report.

13. Health and Wellbeing Board Work Programme
Carmel Langstaff (Strategy & Policy Manager, Community Services, LBL) presented the Health and Wellbeing Board with a draft work programme (included as Appendix 1) for discussion and approval.

RESOLVED that the Board:

- Note the current draft of the work programme;
- Approve the work programme;
- Agree that the work programme will be considered as a standing

- item at each meeting of the Health and Wellbeing Board.
- Add the following items:
 1. The Big Lottery bid for the 19 November 2013 Board
 2. Food Poverty for a future meeting and
 3. Health Protection for the January 2014 Board

The Chair thanked everyone for attending.

The meeting ended at 3:30pm.

Health and Wellbeing Board Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Thursday, 19 September 2013.

Barry Quirk, Chief Executive
Wednesday, 11 September 2013

Councillor Chris Best	Community Services, London Borough of Lewisham
Aileen Buckton	Directorate for Community Services, London Borough of Lewisham
Mayor Sir Steve Bullock (Chair)	London Borough of Lewisham
Elizabeth Butler	Lewisham Healthcare NHS Trust
Jane Clegg	NHS England South London Area
Mark Drinkwater	Voluntary Action Lewisham
Tony Nickson	Voluntary Action Lewisham
Dr Simon Parton	Lewisham Local Medical Committee
Marc Rowland (Vice-Chair)	Lewisham Clinical Commissioning Group
Dr Danny Ruta	Public Health, London Borough of Lewisham
Elaine Sammarco	Lewisham HealthWatch
Frankie Sulke	Directorate for Children and Young People