

# MINUTES OF THE HEALTH AND WELLBEING BOARD

Tuesday, 28 January 2014 at 2.00 pm

PRESENT: Mayor Sir Steve Bullock (Chair), Cllr Chris Best (Cabinet Minister for Community Services), Aileen Buckton (Executive Director for Community Services, LBL), Dr Danny Ruta (Director of Public Health, LBL), Frankie Sulke (Executive Director for Children and Young People, LBL), Elizabeth Butler (Chair, Lewisham and Greenwich Healthcare Trust), Dr Simon Parton (Chair, Lewisham Local Medical Committee), Jane Clegg (Delivery, NHS SE England - South London Area, London Region), Tony Nickson (Director, Voluntary Action Lewisham), Peter Ramrayka (Voluntary and Community Sector), Val Fulcher (interim representative of Healthwatch Lewisham), Brendan Sarsfield (Family Mosaic).

IN ATTENDANCE: Heather Hughes (Joint Commissioner, Adults with Learning Disabilities), Ruth Hutt (Consultant in Public Health - Sexual Health and Mental Health, LBL), Carmel Langstaff (Manager, Strategy and Policy, Community Services, LBL), Sarah Wainer (Head of Strategy, Improvement and Partnership, Community Services, LBL), Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group), Kalyan DasGupta (Clerk to the Board, LBL).

## 1. Minutes of the last meeting and matters arising

The Chair welcomed Peter Ramrayka as a new member of the Board.

Apologies were received from Dr Marc Rowland.

The minutes of 19 November 2013 were agreed as an accurate record.

There were no matters arising.

## 2. Declarations of Interest

There were no Declarations of Interest.

## 3. South-East London Commissioning Strategy Programme

Martin Wilkinson, Chief Officer, Lewisham Clinical Commissioning Group (CCG) outlined the approach to the South-East London Commissioning Strategy Programme. Martin explained that the six CCGs in south-east London and NHS England will work collaboratively, and outlined the proposed governance arrangements. The process is clinically led and a draft strategy will be produced by April with a plan agreed by June 2014.

Members of the Health and Wellbeing Board (HWB) were invited to note the contents of the South East London Commissioning Strategy Programme and comment on the challenges identified.

The following issues were raised or highlighted in the discussion:

- The Chair asked for clarification on where decisions were made. Martin responded that where responsibility rests with the CCG, decisions will be taken by the governing body. NHS England will make decisions at a national level.
- Brendan Sarsfield asked how the Strategy was aligned to the HWB. Martin explained that the purpose of bringing the Strategy to the meeting was to ensure it was rooted in the HWB.
- Elizabeth Butler asked whether safeguards were in place as CCGs will potentially make decisions that don't affect them directly. Martin assured the board that a "bottom up", clinically-led approach had been agreed to ensure full engagement with the local community.
- Elizabeth asked for assurance on the quality of the data used to inform the Strategy. Martin responded that previous commissioning modelling would be considered but that further work on a modelling tool would be developed. A clinical group and a technical group, including representatives from providers, would be established to support the development of the tool.
- The Chair suggested that the local authorities in the 6 borough partnership did not currently meet in any other fora and needed to consider how they could come together to support the Strategy. Cllr Best added that London Councils provided an overarching group but that this was pan London.

The Board noted the report.

#### **4. Developing an Integrated Approach to Public Health in South East London: Establishing an Urban Public Health Collaborative - Update on first year**

Dr Danny Ruta, Director of Public Health, LBL, updated the Board on the progress made in establishing a public health collaborative across Lambeth, Southwark and Lewisham.

Dr Ruta explained that the Urban Public Health Collaborative had now reached the end of its first year. Four work streams have been established to:

- Build research capacity
- Design and evaluate public health interventions
- Establish a public health education and training programme
- Improve public health through community involvement.

Dr Ruta outlined the potential impact of brief interventions, citing the work of Professor Colin Drummond, a leading authority in this field. Dr Ruta demonstrated an app devised to support a brief intervention on alcohol. The app is based on a controlled, national randomised trial that reduced drinking by 15%. Dr Ruta asked the Board to consider how it could support rolling the brief intervention out more widely.

The following issues were raised or highlighted in the discussion:

- The Chair suggested that HR teams needed to have some involvement in developing the intervention within the context of other training currently being provided to staff.
- Elizabeth Butler suggested that staff would be more likely to engage with the app if they weren't required to complete onerous monitoring. Dr Simon Parton agreed that additional targets were off-putting within the context of an existing consultation. Jane Clegg argued that processes to measure the effectiveness of the intervention should be put in place.
- Frankie Sulke highlighted the need for a clear referral process for non-health staff and suggested that this should be built into the app.
- In response to a query from Peter Ramrayka about the availability of the app in non-English languages, Dr Ruta confirmed that plans were in place to add subtitles.
- Cllr Best, supported by Tony Nickson, suggested a phased approach to rolling the app out across the borough.
- Brendan Sarsfield asked how the report aligned to the HWB Strategy. Dr Ruta explained that reducing harm from alcohol is one of the 9 Health and Wellbeing Strategy priorities. The Chair noted that one of the challenges for the Board is to include high-level strategic work with detail on delivery plans. The Board agreed to a suggestion from Brendan Sarsfield that all future reports submitted to the Board should clearly state the strategic context.
- Aileen Buckton observed that the Board should consider how issues ought to be framed in the context of a wider and more complex agenda.

The Board:

- Noted the progress in the first year of the programme.
- Agreed that it should receive one or two progress reports from the Collaborative each year as required.

## **5. Integrated Health and Social Care - Better Care Fund**

Sarah Wainer, Head of Strategy, Improvement and Partnerships, Community Services, London Borough of Lewisham, presented the report.

Sarah outlined the background information on the Better Care Fund (previously known as the Integration Transformation Fund) and sought agreement on the proposed areas of spend.

Sarah highlighted the key areas for consideration, which were:

- The indicative allocation for Lewisham for 2014/15 (£6.1m) and 2015/16 (£19.7m). Sarah explained that most of the additional funding that has been

announced is not new money. The majority of funding to be transferred from the CCG to the Council is money that is already committed to existing services.

- The proposed areas of activity for 2014/15 2015/16
- The conditions for accessing the Fund
- The need to agree a local indicator.

The Board was informed that officers would continue to develop the BCF plan and submit a first draft to NHS England and the Local Government Association(LGA) by 14 February 2014. A further report and final draft of the BCF plan will be presented to the Health and Wellbeing Board for approval in March, prior to its submission on 4 April.

Sarah then invited comments from members, in particular on areas of concern.

The following issues were raised or highlighted in the discussion:

- Peter Ramrayka asked to what extent the community had been consulted on the use of the Fund. Martin Wilkinson responded that the Fund will support the CCG's priorities that have been informed by community consultation.
- Dr Simon Parton asked whether it would be better to invest in admission avoidance rather than early discharge. Aileen Buckton explained the need to save money across the whole system without it detrimentally affecting individual partners. Elizabeth Butler added that clarity about risk and who takes decisions would be key considerations for the Adult Integrated Care Programme.
- The Chair asked partners to raise any concerns with officers prior to the next meeting.

The Board:

- Noted the indicative BCF allocation for Lewisham
- Agreed the proposed areas of BCF spend to enable officers to complete the first draft of BCF template
- Noted the timetable for submission of the draft and final BCF plan
- Agreed that the Executive Director for Community Services, Lewisham Council and the Chief Officer, Lewisham Clinical Commissioning Group be asked to complete the BCF template and submit a first draft to NHS England and the LGA
- Recommended some further work on the performance data to enable a decision on the local indicator
- Noted that a final draft will be presented to the Health and Wellbeing Board for approval on 25 March 2014, prior to the BCF submission deadline of 4 April 2014.

## **6. Update on Public Health Budget spending plans**

Dr Danny Ruta, Director of Public Health, LBL, updated the Board on the Public Health budget allocation and proposed expenditure for 2014/15, and sought

support from the Board on proposed recommendations to the Mayor and Cabinet for the allocation on additional investment for 2014/15.

The report stressed that Public Health responsibilities had been successfully transferred to the Council in a way that had not destabilised existing services, had accommodated cost pressures, permitted some scope for reviewing contracts, and identified £400k for investment in key public health priority areas.

The following issues were raised or highlighted in the discussion:

- Aileen Buckton informed the Board that the recommendation to Mayor and Cabinet in relation to the Public Health budget may vary as it was not possible to identify all cost pressures at this stage.
- Jane Clegg and Frankie Sulke welcomed the proposal to invest in school nurses.

The Board

- Noted the successful transfer of a wide range of Public Health responsibilities to the Council, together with a ring-fenced budget.
- Noted the outcome of a review of contracts and cost pressures for 2014/15, and an intention to undertake a comprehensive contract review in the coming financial year.
- Agreed to support the proposed recommendations to Mayor and Cabinet for the allocation of £200k of additional investment in the school age nursing service in 2014-15, subject to confirmation of available funding.
- Agree to support the Council's continued funding of free swimming for children and for adults over 60.

## **7. Update on progress against Health and Wellbeing Strategy Delivery Plan**

Dr Danny Ruta, Director of Public Health, LBL, provided the Board with a short update on the progress against the priority outcomes of Lewisham's Health and Wellbeing Strategy.

Dr Ruta reported that good progress is being made in delivering the Strategy but stressed that a continued focus needs to be made by the Board, the Health and Wellbeing Strategy Delivery Group and its relevant sub-groups, to performance-manage and monitor delivery of the plan in 2014/15.

The Board

- Noted the progress to date.
- Agreed to receive further reports from the Health and Wellbeing Strategy Group following their detailed review of each area of activity.

## **8. Sexual Health Strategy and associated spend**

Ruth Hutt, Consultant in Public Health, LBL, presented an overview of sexual health in Lewisham, the current commissioning arrangements, and the development of the tri-borough (Lewisham, Lambeth and Southwark) Sexual Health Strategy.

Ruth highlighted the following:

- Sexual health remains a priority for Lewisham. The new Strategy will provide opportunities for innovation in service delivery and help redress the balance between prevention and sexual health services.
- More emphasis on healthy sexual relationships is required, particularly for young men, but also young women. Most of the emphasis to date has been on STI screening and treatment for males and more work on behaviour models would be useful to encourage a more healthy approach to sexual relationships.
- The completed Lewisham, Lambeth and Southwark Sexual Health Strategy will be presented to the Board in July 2014.

The following issues were raised or highlighted:

- Dr Simon Parton asked what proportion of women are prescribed a contraceptive following a visit to a Genito Urinary Medicine (GUM) clinic. Ruth Hutt confirmed this was 30%.
- Dr Parton then asked if there was any particular need for services to support men who have sex with men in Lewisham. Ruth responded that Lewisham does have higher rates of gonorrhoea than indicated in the GUM data, because the borough carries out tests more widely. She added that approximately 15-20% of Lewisham's young people (around 22 years of age) also have gonorrhoea.
- Peter Ramrayka asked to what extent Lewisham's Sexual Health Strategy was focusing on particular ethnic groups. He explained that this information could inform approaches to early intervention. Ruth agreed that such intelligence would be very useful.

The Board noted the contents of the report.

## **9. Joint Health and Social Care Self-Assessment Framework 2012/13 (Learning Disabilities)**

Heather Hughes, Joint Commissioner for Adults with Learning Disabilities, LCCG/LBL, presented the report, summarising the findings of the Lewisham Joint Health and Social Care Self-Assessment.

Heather highlighted the following:

- Despite some of the issues that have arisen with data collection across multiple sites, the Joint Health and Social Care Learning Disabilities Self-Assessment

Framework (LD SAF) serves as a reference point for the extent to which people with learning disabilities are able to benefit from services across health, social care and in the community as a whole.

- In Lewisham the Framework has highlighted good practice, both in specialist and universal services. These include safeguarding, employment and community inclusion. It has also highlighted aspects that require improvement. These include the consistent recording of Learning Disability status by healthcare professionals, an extension of Health Action Plans and Annual Health Checks to all and an improvement in the management of data relating the diagnosis and health conditions of people with learning disabilities for both adults and children.
- The anticipated outcome is that data management will improve for subsequent annual LD SAF exercises and that Lewisham will continue to be able to evidence the ways in which the health and life chances of people with learning disabilities continue to improve. These outcomes would be strengthened by the identification of a Learning Disability Champion who would promote the work required to strengthen these key areas.

The following issues were raised or highlighted in the discussion:

- Rita Craft of CLASH ([Campaign in Lewisham for Autism Spectrum Housing](#)) commented on the fact that there was no mention of Autism in the report. The Chair thanked Rita for her contribution and asked officers to consider ways to include the needs of adults on the Autistic spectrum in Lewisham within the self-assessment. Heather explained that categories are determined by Central Government.
- Martin Wilkinson pointed out that the CCG had carried out its own Autism Self-Assessment recently.
- Frankie Sulke informed the Board that Drumbeat is carrying out excellent work with autistic children.

The Board agreed the proposed Action Plan.

## 10. Healthwatch Performance Review

Carmel Langstaff, Service Manager Strategy and Policy, Community Services, LBL, updated the Board on the progress of Lewisham Healthwatch against agreed targets. Carmel highlighted the following:

- An improvement plan has been agreed. Over the next quarter, Lewisham Healthwatch will:
  - Address governance issues by appointing a Chair and establishing a reference group
  - Develop a strategic approach to marketing and communications
  - Develop clear priorities that reflect the role of Healthwatch in representing the consumer voice to influence service improvement and commissioning
  - Develop a volunteer action plan

- Plan its approach to implementing “enter and view” visits
  - Demonstrate a robust approach to reporting concerns based on sound evidence and research and use this to present reports to commissioners and influence change.
- Progress had already been made in key areas: a reference group had been established, new staff had been recruited and an advertisement for a new Chair had been circulated. Val Fulcher, Interim Healthwatch representative on the Board, confirmed that all issues highlighted were being addressed.
  - Further reports will be presented at appropriate intervals to the Health and Wellbeing Board.

The Board noted the progress against agreed targets and action taken to improve performance.

## **11. Health and Wellbeing Work Programme Report**

Carmel Langstaff highlighted key reports from the upcoming programme for 2014 for discussion and approval, noting that

- The report on Housing and Health was now scheduled for March (postponed to May after the meeting)
- The report on Autism was scheduled for May
- The 4 sub-groups (Adult Joint Strategic Commissioning Group, Joint Public Engagement Group, Health and Wellbeing Strategy Delivery Group and the Adult Integrated Care Programme Board) were now in operation.

Members of the Health and Wellbeing Board were invited to:

- Note and approve the proposed work programme.

The following issues were raised or highlighted in the discussion:

- Members clarified that a report on Food Poverty could be received at the March meeting.
- Peter Ramrayka requested a refreshed organogram of the various groups relating to the Board and its agenda.
- Peter Ramrayka suggested the Board consider an Away Day. The Chair suggested that further consideration be given to this proposal.
- The Adult Joint Strategic Commissioning Group and the Public Engagement Group do not currently have a mechanism for reporting up to the Board. It was suggested that these groups consider how frequently they would like to report to the Board.
- Tony Nickson suggested that the agenda could be widened to include voluntary sector activity. Members agreed.

- Brendan Sarsfield commented that the agenda seemed “silo-driven” and suggested that partners could align around a topic. He suggested that a standard Key Performance Indicators (KPI) pack would be useful alongside information on the financial context. The Chair explained that some areas of work, because of their complexity, fell outside the remit of the HWB. Elizabeth Butler suggested that the Better Care Fund could be used as a proxy for tracking the pathway and progress of themes.
- Frankie Sulke said that, as many of the CYP’s priorities go across Children and Adults--for example obesity and drugs--it would be important to factor children into all plans, overviews and mapping.

The Board:

- Approved the proposed work programme.
- Agreed to focus on high-level issues, undertaking more detailed reviews as and when necessary.

The meeting ended at 16:15 hrs.