

MINUTES OF THE HEALTH AND WELLBEING BOARD

Tuesday, 25 March 2014 at 2.00 pm

ATTENDANCE

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

IN ATTENDANCE: Cllr Alan Hall, Cllr John Muldoon, Jacky Bourke-White (Chief Executive, Age UK Lewisham and Southwark), Ed Knowles (Service Manager Commissioning and Strategy, CYP, LBL), Carmel Langstaff (Service Manager, Strategy and Policy, Community Services, LBL), Salena Mulhere (Overview and Scrutiny Manager), Sarah Wainer (Head of Strategy, Improvement and Partnerships, Community Services, LBL), Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group), Dr Donal O'Sullivan (Consultant in Public Health Medicine, LBL), Kalyan DasGupta (Clerk to the Board, LBL).

1. Minutes of the last meeting and matters arising

1.1 The Chair welcomed Chris Freed as the interim representative from Healthwatch Lewisham to the Board.

1.2 Apologies were received from Dr Simon Parton (Chair, Lewisham Local Medical Committee).

1.3 The minutes of 28 January 2014 were agreed as an accurate record.

1.4 Matters Arising

1.4.1 Integrated Health and Social Care – Better Care Fund

- Martin Wilkinson clarified that the funding had been transferred from the CCG to the Council in order to create a pooled fund.
- Brendan Sarsfield asked for a response to his request for a Key Performance Indicators (KPI) dashboard alongside information on the financial context.

The following points were raised or highlighted in the discussion:

- The Health and Wellbeing Strategy and Better Care Fund KPIs should be brought together to create a performance management framework. In addition, there are other relevant indicators that could be included, such as those related to Housing.

- Work is already proceeding on KPIs for the Health and Wellbeing Strategy Delivery Plan and twice-yearly routine updates have already been scheduled. Persistent underperformance will also be flagged up, on an exception basis.
- The Children and Young People's Plan has KPIs that are not included in the Health and Wellbeing Strategy and should be reflected in the performance management framework.
- The Board needs to consider all the areas within its remit, which extends beyond the Council. Each partner needs to monitor their own organisation's progress against a single set of indicators.

1.4.2 The Board:

1. Recommended that relevant officers gather and feed back financial information to the Board.
2. Agreed to receive a presentation on a proposal regarding a performance framework at the next meeting.
3. Noted that a draft organogram had been produced and that the final version would be circulated to members on completion.
4. Recommended that officers organise a half-day Away Day session for members to consider all the areas within the Board's remit.

2. **Declarations of Interest**

Under the item on Emergency Services Review, Cllr Alan Hall, introducing the report, declared an interest as Lewisham's only elected governor on South East London's King's Fund Trust, and Cllr John Muldoon, co-reporting, declared an interest as an elected governor of South London and Maudsley (SLaM) NHS Foundation Trust, representing the public constituency of Lambeth, Southwark, Lewisham and Croydon.

3. **Children and Young People's Health Commissioning Intentions**

3.1 Ed Knowles (Service Manager, Commissioning & Strategy, Children and Young People, LBL), presented the report to inform the Board of the health commissioning intentions for children and young people across 2014/15.

3.2 Ed highlighted the following points:

- The 2014/15 children's health commissioning intentions target specific areas of inequality in Lewisham to improve access for children and young people across the Borough.
- Quality and CQUIN schedules will form the backbone of effective performance management with Lewisham's main provider (Lewisham and Greenwich NHS

Trust) to highlight areas of success and where further improvements are needed.

- Partnership working and engagement with children and families will be vital to ensure that service redesign is in line with the needs of the Borough.

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

- The choice in relation to delivery would be shaped by what was appropriate. Quality and price are generally considered satisfactory at the moment. All services have performance indicators attached to them for monitoring quality.
- A clear overview and precise targets are essential for proper performance management. Additionally, an educational, preventative approach to acute conditions, such as diabetes, can often avoid the need for service provision altogether.

3.4 The Board thanked the reporter for the presentation and noted the commissioning intentions for children's community health services.

4. South East London Commissioning Strategy Programme Update

4.1 Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group) presented an update on progress on the five-year strategy, highlighting the overarching draft case for change, the emerging strategic opportunities and engagement on these and forthcoming key dates and milestones.

4.2 Martin informed the Board that the full draft case for change, the summary versions and factsheet would all be available via the CCG website for downloading and response and that the link would also be circulated to the Board.

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

- There are opportunities in relation to integrating further with community services as described by the vision of "shared standards, local delivery".
- A considerable amount of collaborative work is already underway across the full range of stakeholders. A technical reference group will follow up on how the CCG is working with providers and local authorities, as well as on the financial analyses.
- There should be flexibility when moving to a different model, to prevent standards slipping where performance is currently very good.
- Financial models are being reviewed across the whole of London, and not just in one or two boroughs.

4.4 The Board:

1. Noted the update on the development of the South East London Commissioning Strategy and
2. Noted that the full draft case for change, the summary versions and factsheet would all be available via the CCG website for downloading and response and that the link would also be circulated to the Board.

5. Integrated health and social care - Better Care Fund report

5.1 Sarah Wainer (Head of Strategy, Improvement and Partnership, Community Services, LBL) presented the update on the Better Care Fund (BCF) plan.

5.2 Sarah reported that some of the performance targets were being re-calculated because new technical guidance had been received from the Department of Health regarding the Performance Calculator since papers were despatched. Work would now proceed to assess whether the new targets were realistic, given the targets for efficiency savings.

5.3 Members were asked to note the comments received on the draft plan following its submission to NHS England on 14 February 2014. Sarah informed the Board that further work would be undertaken between the publication of this report and the final submission date to provide the required detail in the plan as suggested by the local area team in its feedback.

5.4 It was also noted that two out of a total of three tabs from the Better Care Fund template had not been successfully uploaded onto the website (nor been printed in the hard copies).

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

- Lewisham is already performing well in relation to several performance indicators makes it difficult to set targets. A whole-system approach is required in relation to the £10m available for 2015/16.
- The Better Care Fund is an opportunity to make better use of existing resources.
- The KPIs will be developed as part of the wider integration programme and its proxy indicators.
- In response to a request for clarification on the units of measurement and some of the metrics, it was explained that 5 of the 6 metrics have been set by Central Government. The 6th local indicator has been selected by Lewisham ("Proportion of people feeling supported to manage their (long term) condition").

Martin Wilkinson noted that officers would present a future Board with a less technical summary.

- The Board was also reminded that it had already agreed nine priorities, including Long-Term conditions, the key metric for which had already been provided, ensuring the Board was on track.

5.6 The Board:

1. Noted the report;
2. Agreed that the Chair and Vice Chair of the Health and Wellbeing Board be given responsibility on behalf of the Board for final sign-off of the plan prior to its submission on 4 April and requested that copies also be e-mailed to members in confidence.
3. Requested that the two missing tabs from the Better Care template be re-circulated and uploaded onto the website.
4. Agreed that officers would clarify and help explain both the Key Performance Indicators (KPIs) and the metrics by presenting a less technical summary to a future Board.
5. Recommended that every partner take up a Performance Indicator as a “topic” of work, such as “Housing and Mental Health or “Voluntary Services”.

6. Health and Social Care Integration - Co-ordinating the Voluntary and Community Sector response

6.1 Tony Nickson (Director, Voluntary Action Lewisham - VAL) presented the report, along with Jacky Bourke-White (Chief Executive, Age UK Lewisham and Southwark), focusing on some ways in which Lewisham’s Voluntary and Community Sector contributes to integrated health and social care in the borough.

6.2 The presentation highlighted the following points:

- Lewisham has about 800 voluntary and community sector organisations, mostly charities, facing increasing expectations.
- VAL has become increasingly involved in co-ordinating voluntary and community sector health and social care work.
- VAL and Age UK are part of a consortium of voluntary and community sector organisations managing the community connections initiative. This preventative project works with vulnerable adults to identify community solutions to their health and care needs..
- Volunteer Centre Lewisham promotes volunteering opportunities for Community Connections, and the Voluntary and Community Sector makes a valuable contribution to the strategic goals of the Health and Wellbeing Strategy and the integration of health and social care.
- New or different ways of doing the work more effectively through collaboration should be explored.

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

- Tony Nickson agreed to act as the link between the Health and Social Care Forum (HSCF) and the Health and Wellbeing Board.
- The HSCF has shown that communication is one of the key challenges faced by the sector.
- Aileen noted that 147 people had been supported to date from the Community Connections Project.
- Cllr Best suggested that the Community Connections Project could link Lewisham's Local Assembly programme.

6.4 The Board noted the report.

7. Health Protection Update

7.1 Dr Donal O'Sullivan (Consultant in Public Health Medicine, LBL) submitted the terms of reference for the Health Protection Committee for final approval and presented an update on arrangements and health protection work to date in Lewisham, as well as on key areas of local health protection work as they are included in the Committee's work plan.

7.2 Dr O'Sullivan highlighted the following points:

7.2.1 In June 2013, Lewisham's Health and Wellbeing Board approved a new local Health Protection Committee (HPC) to oversee the borough's additional mandated duties, with respect to the control of infectious diseases (including healthcare associated infections) in the population.

7.2.2 A Health Protection Committee has been set up in Lewisham in response to changes in the borough's mandated duties, with respect to the protection of the health of the population.

7.2.3 The Committee has developed a local workplan, which will be reviewed quarterly and amended in response to changing situations and new information.

7.2.4 The Health Protection group had already met twice as a committee, amended the Terms of Reference, and taken on board the Borough Resilience Forum recommendations.

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

- Peter Ramrayka thanked Donal for the report, and asked how the key information would be communicated to the public.

Donal responded that information was uploaded onto the JSNA website and also conveyed to patients and/or parents of patients with respiratory disease.

- In response to a question about the location of flu-related information, Donal explained that there is clear national and London-wide guidance on how to manage flu with the help of special incident groups. Any incident remains in an ad hoc arrangement till (or unless) it becomes a major incident. The Director of Public Health would always be a member of the major incident group, and the Health Protection Committee would supervise the process. It would therefore know about these incidents, including incidents of bird flu.

7.4 The Board:

1. Approved the amended terms of reference for the Health Protection Committee, noting in particular the changes to the Terms of Reference to take into account the requirement to link the work of the Borough Resilience Forum with the Health Protection Committee and the Health and Wellbeing Board.
2. Agreed the priorities for action, and subsequent timescales, as detailed in the Committee's local work plan.
3. Agreed the reporting arrangements from the Health Protection Committee to the Health and Wellbeing Board.
4. Agreed that the risks should be reflected in the form of Key Performance Indicators (KPIs) in the appropriate Risk Register.

8. Big Lottery Fulfilling Lives - A Better Start and HeadStart Funding Application

8.1 Ed Knowles (Service Manager Commissioning & Strategy, CYP, LBL) presented a summary of the recent funding application made to the Big Lottery "Fulfilling Lives: A Better Start" investment and the next steps, and also provided Board members with background information on the "Fulfilling Lives: HeadStart" investment. The aims, objectives budgets and milestones of these programmes were explained.

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

- Lewisham is the only local authority in the competition for both bids.
- The voluntary-sector organisation Children's Society was in the lead for "Better Start" and VAL has led on governance structures.
- Brendan Sarsfield highlighted the potential for housing associations to promote activity.
- Schools have put together a Transition Curriculum around themes in HeadStart.

8.3 The Board noted the submission of Lewisham's application.

9. Comments of the Children and Young People Select Committee on Early Intervention and Targeted Support

9.1 Frankie Sulke (Executive Director for Children and Young People, LBL) presented the referral, to inform the Board of the comments and views of the Children and Young People Select Committee, arising from discussions held on the officer report entitled Early Interventions and Targeted Support, considered at its meeting on 29 January 2014.

9.2 The following points were highlighted:

9.3 The Children and Young People Select Committee's remit covers all services provided to young people aged under 19, such as education and social services, and includes the provision of health related services for under 19s.

9.4 On 28 January 2014 the Children and Young People Select Committee visited Donderry Children's Centre in order to find out more about the work that Children's Centres carry out around early intervention. On 29 January 2014 the Committee then considered a report entitled Early Intervention and Targeted Support which provided information about changes in early intervention funding, the work of the Early Intervention and Access Service, the development of Payment by Results and the balance between targeted and non-targeted provision.

9.5 During the meeting the Committee noted the important role that Children's Centres play in early intervention and in providing links to public services operating throughout the borough. The Committee felt that there is considerable good work already between health agencies and the Children's Centres. They raised the possibility though for increased use of Children's Centres to deliver services associated with health.

9.6 The Committee particularly recommended that the Health and Wellbeing Board consider whether there is scope to increase the number of outreach immunisation programmes operating in the borough, specifically within Children's Centres, and to increase availability of immunisation for both MMR and MMR 2 in Children's Centres.

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

- The key issue is the co-ordination of the work of Early Intervention and Targeted Support.
- Discussions conducted with Children's Centre managers so far had been very encouraging and that GPs would be a logical next step.

9.8 The Board:

1. Noted the views of the Children and Young People Select Committee as set out above.
2. Agreed that GPs should be a logical next stop for progressing Early Intervention and Targeted Support.
3. Agreed to return to the subject for further consideration at a future meeting.

10. Emergency Services Review

10.1 Cllr Alan Hall, introducing the report, declared an interest as Lewisham's only elected governor on South East London's King's Fund Trust; Cllr John Muldoon, co-reporting, declared an interest as an elected governor of South London and Maudsley (SLaM) NHS Foundation Trust, representing the public constituency of Lambeth, Southwark, Lewisham and Croydon.

10.2 Cllr Hall thanked all those, including the Executive Directors, who had worked to help produce the report.

10.3 Cllr Hall then presented the report, highlighting the following points:

10.3.1 The Council's Overview and Scrutiny Committee had completed a review of emergency services in Lewisham in October 2013. The present report was intended to inform the Board of the recommendations and to detail the implications of those recommendations for the Health and Wellbeing Board work programme.

10.3.2 The HWB has established arrangements for reviewing performance against the Health and Wellbeing Strategy and Adult Integrated Care Programme. These include some of the recommendations of the Emergency Services Review. The inclusion of a review of performance against all the recommendations in the work programme was aimed at ensuring a consistent approach to this activity.

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

- In response to a query, Cllr Hall responded that the need for an emergency risk register was likely obviated by the fact that any emergency would be dealt with by all stakeholders and partners acting as one council. Cllr Muldoon added that it may be more useful to first subject the existing indicators to scrutiny, as opposed to necessarily creating new ones.
- Elizabeth Butler urged that, whenever feasible, embedded documents be circulated as attachments in future mailouts, because links are sometimes not capable of being opened by recipients outside of the Council system.

- In response to a query from Brendan Sarsfield about the specific role of Board members, Salena Mulhere (Overview and Scrutiny Manager) clarified the situation as follows:

The recommendation to the Board was that they agree to include a review of performance, against the relevant recommendations in the emergency services review, within their work programme. Salena highlighted that there are seven recommendations related to health, two related to all public sector organisations, and eight related to housing partners, which are the recommendations that the Board is recommended to monitor performance against. Salena added that relevant officers were aware of the appropriate recommendations for them to review.

- The Chair praised and thanked Overview and Scrutiny for its work and indicated that the next step would be to capture the performance indicators and present them to a future Board.

10.4 The Board

1. Noted the recommendations of the Emergency Services Review and agreed to include a review of performance against the recommendations in the work programme.
2. Agreed that, whenever feasible, embedded documents be circulated as attachments in future mailouts.
3. Recommended that the next step be to capture the Emergency Services performance indicators and present them to a future Board.

11. Health and Wellbeing Board Work Programme report

11.1 Carmel Langstaff (Manager, Strategy and Policy, Community Services, LBL) presented the report. Carmel explained the work that had already been implemented, including the establishment of the Work Groups and the appointment of Chris Freed as the chair of Voluntary Action Lewisham (VAL) and the interim representative of Healthwatch Lewisham.

11.2 Carmel then highlighted key reports from the upcoming programme for 2014 for discussion and approval, including items on poverty, mental health, violence (including against girls and women), and the health of those in the Criminal Justice System (including girls and women).

11.3 An item on Performance Management review was added. Other items then proposed included worklessness, housing, and mental health and housing.

The Chair proposed that a search first be carried out for any reports already submitted on the above subjects from the inception of the Shadow Health and Wellbeing Board to the present.

11.4 A suggestion was made about producing a Health and Social Care bulletin.

11.5 Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group) suggested The Independence of Primary Care (or the Critical Nature of Primary Care) as a topic for a future report.

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

- With regard to the proposed item on Violence (including against girls and women) above, Frankie Sulke informed the Board that the Children's Safeguarding Board has already been carrying out a considerable amount of work on Female Genital Mutilation (FGM) in Lewisham. Brendan Sarsfield proposed that, since the items for Board business need to adhere to the agreed nine priorities, discussion of Children and Young People and FGM be addressed in a different forum. This was agreed.
- It was stressed that mapping (currently being carried out by Children and Young People) would be an important factor in deciding the future direction of travel for the Board, and Dr Marc Rowland expressed interest in viewing the data already gathered by Dr Danny Ruta.
- The Chair confirmed the Board's request for an Away Day to be organised.

11.7 The Board:

1. Noted the current draft of the work programme;
2. Agreed the additions and amendments discussed, subject to checks;
3. Agreed that a search should first be carried out for any reports already submitted on mental health, worklessness, and housing, from the inception of the Shadow Health and Wellbeing Board to the present, before proceeding with new Board reports on those subjects.
4. Agreed to consider the production of a Health and Social Care bulletin;
5. Agreed that Dr Marc Rowland and Dr Danny Ruta should liaise on the data already gathered by Children and Young People, as part of their mapping exercise, in helping the Board decide the future direction of its travel.

The meeting ended at 4.15 pm.