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Health and Wellbeing Board Agenda

Tuesday, 25 March 2014
2.00 pm,
Committee Room 1 - Civic Suite
Civic Suite
Lewisham Town Hall
London SE6 4RU

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

Part 1

Health and Wellbeing Board Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 25 March 2014.

Barry Quirk, Chief Executive
Monday, 17 March 2014

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

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 organongram 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.

HEALTH AND WELLBEING BOARD				
Report Title	Declarations of interest			
Contributors	Chief Executive – London Borough of Lewisham		Item No.	2
Class	Part 1	Date:	25 March 2014	

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	Children & Young People's Health Commissioning Intentions			
Contributors	Warwick Tomsett, *Head of Targeted Services and Joint Commissioning* Edward Knowles, *Service Manager*		Item No.	3
Class	Part 1	Date: 25.03.2014		
Strategic Context	Sustainable Community Strategy Lewisham Children & Young People's Plan 2012-2015 Lewisham JSNA			

1. Purpose

1.1 This report is to inform the Health & Wellbeing Board of the health commissioning intentions for children and young people.

1.2 Under a Section 75 agreement, the Joint Commissioning team, based at Lewisham Council commissions children's services on behalf of both the London Borough of Lewisham and NHS Lewisham Clinical Commissioning Group.

1.3 The attached presentation highlights the intentions of Joint Commissioners for the commissioning of community health services for children across 2014/15.

2. Recommendation/s

2.1 The Health and Wellbeing Board is recommended to note the commissioning intentions as outlined in the attached presentation.

3. Policy Context

3.1 The commissioning intentions directly link to the priority objectives of *Shaping our future* – Lewisham's Sustainable Community Strategy, specifically '*Healthy, active and enjoyable – where people can actively participate in maintaining and improving their own health and wellbeing'* and *'Ambitious and achieving – where people are inspired and supported to fulfil their potential.*'

3.2 The commissioning intentions also align with the ambitions of the *Children & Young People's Plan 2012-2015*, specifically the areas of "Be Healthy" and "Stay Safe", as well as the priorities outlined in Lewisham's Health and Wellbeing Strategy to improve health, care and efficiency.

3.3 The 2014/15 health commissioning intentions are developed in line with the Lewisham JSNA.

4. Background

4.1 The CYP Joint Commissioning team work with all local partners to improve outcomes for children and young people. By commissioning jointly and by pooling and aligning resources effectively, the team is able to develop interventions that are high quality, good value-for-money and build upon our existing areas of high performance.

4.2 The main health provider of children's community health services in Lewisham is Lewisham & Greenwich NHS Trust, from which the following services are commissioned:

- Community Nursing - £402,957
- Community Paediatrics - £2,292,997
- Family Nurse Partnership - £400,853
- Health Visiting - £5,773,461
- Immunisations - £250,763
- Occupational Therapy - £625,618
- Physiotherapy - £964,945
- Safeguarding - £586,391
- School Nursing - £1,612,901
- Special Needs Nursing - £570,813
- Speech & Language Therapy - £1,727,279

5. Commissioning intentions

5.1 Through the Children & Young People's Plan and the Lewisham JSNA there are certain areas that have been highlighted to be of particular significance in Lewisham. This may be in terms of inequity across the Borough, value for money or quality of service, but result in the need for a review of care pathways and the ways in which service are commissioned and subsequently provided.

5.2 The commissioning intentions for health services target these specific areas in an attempt to commission services that are available to children and young people in the Borough at a low cost and that are provided at a high degree of quality. They are not an exhaustive list, but instead aim to identify the priority areas across the Joint Commissioning team at a time when there continues to be increased financial pressure on services and the level to which interventions can be delivered within the wider budget.

5.3 **School Nursing Strategy** - The Department of Health School Nursing Strategy released in March 2012 charted the importance of a school nursing workforce to delivering the outcomes of their Healthy Lives programme and it is the intention of Joint Commissioning to seek investment to implement the strategy locally, in particular:

- Access to youth centre based school aged nursing
- Outreach for young people at risk (youth offenders and children excluded from school), as well as children who are outside of statutory mainstream schooling
- A named school nurse acting as a co-ordinator of the Healthy Child Programme
- Targeted health promotion for children at risk of underachievement

We will provide a full-time nurse, or the equivalent, to every secondary school in Lewisham in the Borough as well as each of the primary school collaboratives and the Pupil Referral Unit. It should be noted that this development is proposed to take place in the context of a school aged population that has experienced a rapid increase over recent years, putting increased pressure on the existing service.

5.4 **Health Visiting Expansion** - The Health Visiting Expansion programme sets out a clear service development in which to increase and strengthen health visiting services across the country by 31st March 2015.

Reported and managed through the Health Visiting Commissioning Programme Board, LGT are tasked with increasing to a full team of 72.4 Health Visitors at band 6/7 in post by April 2015.

5.5 Children's Community Nursing Team Review

The CCNT is currently provided across Lambeth, Southwark & Lewisham with commissioning arrangements led by Lewisham. The service aims to:

- reduce hospital admissions through improved access to a community nursing service
- Reduce length of stay in hospital through acute paediatric nursing care provided at home
- Prevent re-admission to hospital through management of long-term conditions

Partnership working across the 3 commissioning Boroughs as well as the 3 provider trusts referring into the service (LGT, Guys & St Thomas's and Kings) will aim to produce clear recommendations for the service based on information surrounding the current caseloads, effectiveness of the service and areas of unmet need.

5.6 Therapies Review

Therapies services in Lewisham are currently in need of review to determine the most appropriate pathway and distribution of resources, especially with regards to speech and language therapy (SLT). Occupational therapy (OT) and physiotherapy are also of high

importance and therefore an exercise in which all 3 services are reviewed is essential.

5.7 **Review of other services** - The main focus for Commissioners for the beginning of the 2014/15 contract is the reviews of both the CCNT and Therapies services, however, it is also recognised that further work is required to ensure that the remaining services as part of the LGT contract are appropriate and in line with the needs of the Borough. It is anticipated that a review of each of the service lines will commence in 2014/15 with the following aims:

- Determine the outcomes of community services for children in Lewisham
- Evidence the most appropriate use of resources within each service line to improve ways of working
- Compare service delivery against clinical need, emphasising areas of unmet need
- Highlight alternative distribution of budgets for a wider target audience

6. Financial implications

6.1 It is recognised that the NHS QIPP requirements, Local Authority savings and the provider Cost Improvement Plans (CIPs) are likely to have an effect on children's services over the coming years and therefore these are considered as part of the wider commissioning intentions for children's health services.

7. Legal implications

7.1 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 arising from this report.

9. Equalities Implications

9.1 Certain areas of inequality across the Borough have been highlighted as significant and therefore the implications as a result of the commissioning intentions will in fact be positive as reviews of different care pathways will look to reduce inequity of provision.

10. Environmental Implications

10.1 There are no direct environmental implications arising from this report.

11. Conclusion

11.1 Members of the Health & Wellbeing Board are asked to note the commissioning intentions for children's community health services.

Background Documents

CYP Plan 2012-15
https://www.lewisham.gov.uk/myservices/socialcare/children/Documents/CYPP2012-15.pdf

If there are any queries on this report please contact ***Ed Knowles**, **Service Manager, London Borough of Lewisham on 020 8314 6968 or Edward.knowles@lewisham.gov.uk.***

HEALTH AND WELLBEING BOARD				
Report Title	South East London Commissioning Strategy Programme Update			
Contributors	Head of Strategy & Organisational Development, NHS Lewisham Clinical Commissioning Group		Item No.	4
Class	Part 1	Date: 25th March 2014		

1. Purpose

1.1 The six Clinical Commissioning Groups (CCGs) in south east London are working together to produce a five year strategy. A report to the Board in January presented an outline of the programme approach, strategic planning process, and governance arrangements. The strategy is still being developed and this report provides an update on progress with the overarching draft case for change, the emerging strategic opportunities and engagement on these; the establishment of the programme's Clinical Leadership Groups and forthcoming key dates and milestones.

2. Recommendation/s

Members of the Health and Wellbeing Board are invited to:

2.1 Note the update on the development of the South East London Commissioning Strategy.

3. Policy Context

3.1 The NHS England strategic and operational planning guidance. 'Everyone Counts: Planning for Patients: 2014/15-2018/19' sets out a framework within which commissioners will need to work with providers and partners in local government to develop strong, robust and ambitious five year plans to secure the continuity of sustainable high quality care for all.

3.2 While each CCG is accountable for developing a Strategic, Operational and Financial plan, they may also choose to join with neighbouring CCGs in a larger 'Unit of Planning' to aggregate plans, ensure that the strategies align in a holistic way and maximise the value for money from the planning resources and support at their disposal.

4. Draft Case for Change and Strategic Opportunities

4.1 The strategy's overarching draft case for change provides a south east London- level synthesis of the issues and challenges facing the six boroughs.

4.2 A plain English summary and a technical summary have been produced for further engagement with patients, local people, CCG membership, NHS and social care staff. These summaries are supported by a key facts and figures document.

4.3 Both summaries also feature the emerging collective strategic opportunities for the strategy, which represent early thinking by the Clinical Executive Group. The Clinical Executive Group believe the strategy should focus on these for any proposed future transformation of services across south east London.

4.4 During March 2014, CCGs will be undertaking further engagement with patients, local people and memberships on the draft case for change and emerging strategic opportunities via their existing local engagement mechanisms.

4.5 Other local clinical, NHS and social care staff will be engaged on these via NHS and local authority members of the Partnership Group.

4.6 Each CCG will have specific pages on their website introducing the strategy to the public. The full draft case for change, the summary versions and factsheet will be available via these pages for downloading and response.

5. Clinical Leadership Groups

5.1 Clinical Leadership Groups have been established as sub-groups of the Clinical Executive Group to ensure that this commissioning-led strategy remains clinically-driven and focused on addressing local health needs.

5.2 The Clinical Leadership Groups bring together medical, nursing, midwifery and social care leads from organisations across south east London to develop proposed new models of care based on the emerging strategic collective opportunities and to consider their impact across the south east London health and social care system. Any proposals will be subject to further stakeholder engagement.

6. Next Steps

6.1 The focus of the strategy work during March 2014 will be development of the draft strategy for submission to NHS England on 4th April 2014. This will be coordinated with the CCGs' two-year Operating Plans and the Better Care Fund plans which CCGs are developing jointly with local authorities.

6.2 During April and May, further development of the strategy will be taking place to prepare for submission of the final strategy to NHS England by 20th June 2014.

7 Financial implications

7.1 A financial analysis is being undertaken as part of the strategic case for change.

8. Legal implications

8.1 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. This is recognised in the strategic priorities identified in the development process.

9. Crime and Disorder Implications

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

10. Equalities Implications

10.1 The health needs analysis informing the development of the strategy is based on the local Joint Strategic Needs Analysis and CCG strategy which include the health inequalities implications for Lewisham's population.

11. Environmental Implications

11.1 There are no environmental implications arising from this report.

Background Documents

NHS England Strategic and Operational Planning 2014-19, 'Everyone Counts: Planning for Patients 2014/15-2018/19'
http://www.england.nhs.uk/ourwork/sop/

If there are any queries on this report please contact Charles Malcolm-Smith, Head of Strategy & Organisational Development, NHS Lewisham Clinical Commissioning Group, on 020-7206-3246, or by email at: charles.malcolm-smith@nhs.net

HEALTH AND WELLBEING BOARD			
Report Title	**Integrated health and social care – Better Care Fund**		
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Item No.	5
Class	Part 1	Date: 25 March 2014	
Strategic Context	See body of report		

1. Purpose

This report provides members of the Health and Wellbeing Board with an update on the Better Care Fund (BCF) plan and seeks their agreement to its submission on 4 April 2014. Members are asked to note the comments received on the draft plan following its submission to NHS England on 14 February 2014 and to agree that, subject to the inclusion of the additional information set out in this report, the final version be submitted on 4 April.

2. Recommendations

Members of the Health and Wellbeing Board are recommended to:

- note that the review of all BCF plans was carried out by a team consisting of representation from NHS England's local area teams, integrated care team, with local authority input provided by the London Social Care Partnership and London Councils.
- note the feedback received from the national health and social care team. The feedback is set out at paragraph 7.
- in response to the feedback received, note that additional work outlined in paragraph 7 is taking place to provide the detail requested, particularly on the plans for 7-day working and on the potential impact on providers.
- agree that the Chair and Vice Chair of the Health and Wellbeing be given responsibility on behalf of the Board for final sign off of the plan prior to its submission on 4 April.

3. Policy Context

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.

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*.

The Health and Social Care Act 2012 requires the Health and Wellbeing Board 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.

4. Strategic Context

The Better Care Fund (BCF) sits as part of a wider strategic approach and will be used to support the aims of the Adult Integrated Care Programme in particular the activity that seeks to provide the most effective personalised care and support where and when it is most needed and to achieve better outcomes for older and disabled people. The focus of this work is to establish better co-ordinated and planned care closer to home, thus reducing demand for emergency/crisis care in acute settings and preventing people from requiring mental health and social care services.

The Better Care Fund plan also aligns to Lewisham's Clinical Commissioning Group's Commissioning Strategy 2013 -18 which sets out the framework for how the CCG intend to commission local health services during the next two years. This will include working more effectively with GP practices and building on the strong local collaborative work that is taking place with local providers, and further strengthening partnership working with the public.

5. Background

The Better Care Fund was announced as part of the 2013 Spending Round. The national policy guidance stated that 'the Government will introduce a £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people', with the resultant reduction in unnecessary hospital admissions and in appropriate lengths of stay.

The Government also announced an extra £200m to be transferred from health to social care in 2014/15. The associated guidance states that Councils should use the additional £200m to prepare for the implementation of pooled budgets in April 2015 and to make early progress against the national conditions and the performance measures set out in the locally agreed plan.

The indicative allocations for Lewisham are £6.1m in 2014/15 and £19.74 in 2015/16 plus £1.374 from existing local authority capital.

It is important to note that the additional funding is not new money. The funding to be transferred from the CCG to the Council in 15/16 is money that is already committed to funding existing services.

6. Draft Better Care Fund Proposal – outcomes measures

The draft Better Care Fund proposal included the five national metrics with the additionally chosen local indicator on the quality of care for people with long term conditions – as shown below. In addition, to measure the success of the work being delivered by the Adult Integrated Care Programme a wider set of outcomes will be will measured. This wider set is drawn from the Public Health, NHS and Adult Social Care Outcomes Frameworks.

National Metrics

- patient / service user experience;
- admissions to residential and care homes;
- avoidable emergency admissions;
- effectiveness of reablement
- delayed transfers of care;

Local indicator

- Proportion of people feeling supported to manage their (long term) condition

7. Feedback from review of draft Better Care Fund plan

A review of all BCF plans was carried out by a team consisting of representation from NHS England's local area teams, the integrated care team, and with local authority input provided by the London Social Care Partnership and London Councils. The outcomes of this review were then fed into the overarching assurance process conducted by local area teams to align BCF and operating plans.

The feedback from the local area team on Lewisham's draft plan – attached as Annex A - on 26 February 2014 and further feedback given on 3 March was that it evidenced Lewisham's good governance arrangements for the integration of health and care and the team acknowledged the strategy that was in place for integration. However the feedback also identified the need for the plan to contain more concrete milestones and better descriptions of the specific activity that will take place to achieve the national outcomes.

Lewisham will therefore need to provide more detail in the plan, in particular on the overall impact on Lewisham's provider sector and on its plans for 7 day working.

In order to address the issues raised in the feedback, Council, CCG and Lewisham and Greenwich Healthcare Trust officers are working together to provide more detail on the proposed BCF spend and to agree appropriate milestones. In addition the plan will include more information on the plans for investment and disinvestment and confirm more clearly the benefits that will be realised as a result.

The additional narrative will include details specifically on how discharge planning and implementation will be improved on a 7 day basis and a more detailed assessment on the impact of the Plan on local acute providers' capacity plans to ensure that there is alignment between the commissioners and providers planning assumptions.

On 12 March, NHS England issued a further update of the BCF technical guidance and issued a revised Part 2 template. Officers are reviewing this latest guidance to ensure the final submission reflects the latest guidance.

Unfortunately it has not been possible to complete this work prior to despatch of this report. At the Health and Wellbeing Board meeting a verbal update on progress will be provided. Meanwhile the Board is asked to note the additional information that will be provided and to agree that the Chair and Vice Chair be given responsibility for final sign off of the plan.

8. Access to the Better Care Fund

Access to the Better Care Fund is dependent on the submission of a two year plan which outlines how Lewisham will use the fund to support integration and meet the national conditions. The latest draft of Lewisham's Better Care Fund Plan is attached as Annex A. The plan will be submitted as part of the CCG's draft submissions on their 2 year operating plans.

9. Financial implications

The attached plan sets out how the Better Care Fund will be used over the period 2014/15 and 2015/16.

The funding available through the Better Care Fund is the minimum for pooling but both the CCG and the Council can pool greater amounts if they choose.

The sum transferred from health is presented in the Council's financial settlement as new funding but members should note that the majority is not increased funding to the system; the transfer of funding from the CCG to the pooled funding is not additional funding as it is already committed to existing health services.

Given the requirement for adult social care to contribute to savings of £25m (to the Council's overall £95m savings target by 2017/18), and for the CCG to deliver savings of £25m by March 2016 and thereafter in the region of £10m per annum, the plans have been designed to support system change and to

realise associated benefits. The Better Care Fund can be used to maintain services that would otherwise need to be reduced or ended, and part will be used in this way. Further, part will be used to prepare for implementation of the Care Bill.

10. Legal implications

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.

The legal framework under which the NHS is transferring funds to the Authority is S256 of the National Health Service Act 2006 (the Act). The paying NHS body must be satisfied that the payment secures an effective use of public funds. This is usually managed through a Memorandum of Understanding which is likely to be agreed with the CCG.

Where there is an integration of services and or joint funding, then this is dealt with under an agreement under S 75 of the Act 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.

11. Crime and Disorder Implications

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

12. Equalities Implications

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

13. Environmental Implications

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

14. Conclusion

As highlighted above, further work will 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.

If there are any queries on this report please contact Sarah Wainer, Head or Strategy, Improvement and Partnerships, Community Services Directorate, Lewisham Council, on 020 8314 9611 or by email sarah.wainer@lewisham.gov.uk

ANNEX A

LEWISHAM ADULT INTEGRATED CARE PROGRAMME

Better Care Fund planning template – Part 1

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**LB Lewisham**
Clinical Commissioning Groups	**Lewisham Clinical Commissioning Group**
Boundary Differences	**Boundaries are coterminous**
Date agreed at Health and Well-Being Board:	**Proposed areas of spend/activity agreed by HWB on 28 January 2014 Final sign off by HWB scheduled for 25 March 2014**
Date submitted:	
Minimum required value of ITF pooled budget: 2014/15	**£1.140m**
2015/16	**£21.114m**
Total agreed value of pooled budget: 2014/15	**£7.159m**
2015/16	**£21.843m**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	**Lewisham CCG**
By	**Martin Wilkinson**
Position	**Chief Officer NHS Lewisham Clinical Commissioning Group**
Date	

Signed on behalf of the Council	**Lewisham**
By	**Aileen Buckton**
Position	**Executive Director for Community Services**
Date	

Signed on behalf of the Health and Wellbeing Board	**Lewisham Health and Wellbeing Board**
By Chair of Health and Wellbeing Board	**Sir Steve Bullock**
Date	

c) Service provider engagement

Lewisham's Adult Integrated Care Programme, to which BCF will align, builds on work undertaken within the borough since November 2011, when the Council, the CCG (in shadow form), the then PCT and Lewisham Healthcare Trust (the acute and community provider) agreed to develop and deliver an integrated health and social care model.

This work brought together teams of district nurses, all therapies, social workers and care workers, secured by a s75 agreement between the provider and the Council. Building on this, further integration took place through the establishment of multi-disciplinary teams to align with GP neighbourhood clusters.

Subsequently, members of the Health and Wellbeing Board, which includes provider membership, agreed to increase the scale and pace of integration - as set out in the Adult Integrated Care Programme Initiation Document and approved by the Board in November 2013 (see Annex A).

Lewisham and Greenwich NHS Trust and the South London and Maudsley NHS Foundation Trust sit on Lewisham's Adult Integrated Care Programme Board, which oversees the programme, and staff from each organisation contribute to the workstreams within the programme. Wider participation from health and care providers across Lewisham is taking place as detailed plans develop.

Community and voluntary sector providers have also been key to supporting Lewisham's community development plans and have benefited from £1m Council investment to support the development of new community based activities and opportunities to support residents across all four levels of Lewisham's integrated model.

d) Patient, service user and public engagement

In developing Lewisham's Health and Wellbeing Strategy, the CCG's Commissioning Strategy and Intentions, and the vision for the Adult Integrated Care Programme, we have been influenced by views expressed by local residents, including service users and their carers. The engagement has focused on gathering views to improve existing services and to identify key priorities and has taken place through workshops, a range of consultation meetings with service users and their carers, and through the Voluntary Sector's Health and Social Care Forum.

Two voluntary sector members sit on the Health and Wellbeing Board. To support the Board in its engagement and consultation activity, a Joint Public Engagement Group has been established which brings together representatives from the voluntary sector and Healthwatch, and officers from the CCG, Council and the acute trusts, to inform the

integrated care agenda.

Further engagement and consultation with patients, service users, the public and key stakeholders - such as the focus group with enablement service users scheduled for February - is taking place as plans develop.

In addition, workstreams will use a range of existing fora, such as Lewisham's Positive Ageing Council and Local Assemblies, to engage with the public more widely.

e) Related documentation

Document or information title	Synopsis and links
Lewisham Health and Wellbeing Strategy	Published in September 2013. Based on the JSNA evidence the board has identified nine priority outcomes for health & wellbeing in Lewisham, which highlights the commitment to integrated working. **http://www.lewisham.gov.uk/myservices/socialcare/health/improving-public-health/Pages/Health-and-wellbeing-strategy.aspx**
Pioneer Bid	Lewisham's expression of interest in becoming a Pioneer in health and social care integration outlining the history of integrated working in Lewisham and its plans to increase the scale and pace of integration.  Pioneerpaper - version final.doc
Programme Initiation Document	This document outlines the vision for integrated care, covering all adults in Lewisham. The PID provides more detail on the programme which seeks a step change in the way services are delivered, in patient experience and in performance and outcomes.
Joint Strategic Needs Assessment	An online information resource for everyone who commissions, provides or uses health, social or children's services in Lewisham. It also provides the evidence base for Lewisham's Joint Health & Wellbeing Strategy. **http://www.lewishamjsna.org.uk/**
A Local Health Plan for Lewisham - NHS Lewisham CCG's Commissioning Strategy 2013-18	The strategy sets out the purpose, vision, and understanding of the health needs of Lewisham residents and the plans to improve their health and wellbeing.

	http://www.lewishamccg.nhs.uk/about/Our-Plans/Documents/Lewisham%20CCG%20Strategy%202013-18%20v2.pdf
CCG Commissioning Intentions 2014/15 and 2015/16	The framework for commissioning local health services over the next two years. **http://www.lewishamccg.nhs.uk/about/Our-Plans/Documents/Enc%2010%20Lewisham%20CCG%20Commissioning%20Intentions%202014-2016.pdf**

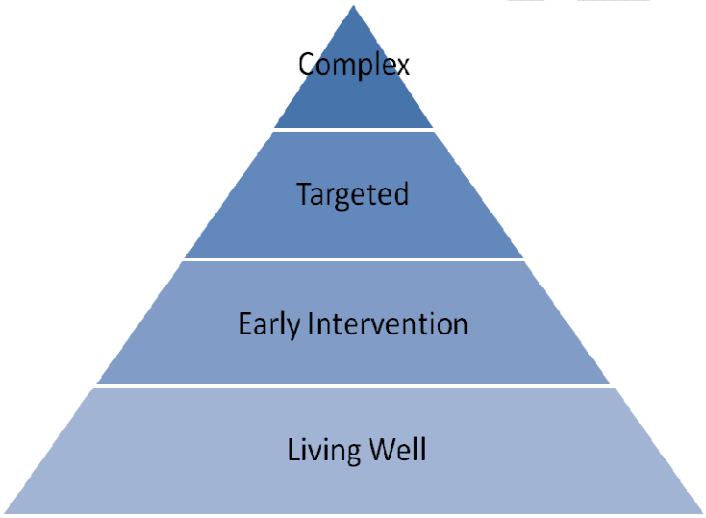
2) VISION AND SCHEMES

Vision for health and care services

Our vision " Better Health, Better Care, Stronger Communities" drives the pace and scale of the changes Lewisham wants to see in the way in which services are designed, commissioned and delivered to improve health and care and to reduce health inequalities.

Our integration work involves partners within Public Health, Adult Social Care, Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Trust, the voluntary and community sector and Housing, amongst others. As mentioned above, our plans for integration build on work which has already taken place in aligning professionals at the point of first contact, integrating the Council's reablement and Lewisham and Greenwich NHS Trust's intermediate care team to create a single enablement team focusing on both admission avoidance and effective discharges, and establishing multi-disciplinary teams within GP neighbourhood clusters focusing on early intervention and planned support for those with long term conditions.

Our vision is designed to improve outcomes for all adults across the four levels of need shown below.



By using integrated resources to their best effect and by reconfiguring and reshaping the advice, support and care services provided across health and social care, our vision is for all adults in Lewisham, including patients, users and carers to experience:

Better Health, that will be delivered through

- Access to clear and high quality, personalised information
- Receipt of consistent messages and integrated campaigns which raise awareness and encourage people to take action themselves
- Effective advice and support (including advice on benefits entitlement) that promotes healthy living
- Effective advice and support for self-care

- Proactive and consistent management of health and wellbeing by professionals and voluntary sector workers
- Promoting services that sustain active lifestyles and promote wellbeing

Better Care, that will be delivered through

- Professional support to individuals and carers to enable them to exercise choice and control in relation to their health and wellbeing.
- Key pathways coordinated across health and social care e.g. dementia, falls
- A continuum of co-ordinated, flexible, innovative community based care to effectively support and maintain independence and rehabilitation including:
    - Rapid delivery and installation of equipment, technology and housing adaptations
    - Effective support within appropriate settings to enable people to recover quickly
    - 24/7 services that are able to respond quickly to unexpected deterioration and other health or care emergencies or crises
    - Intermediate care services to support a short or long term 'step up' in the level of support at home
- Professionals and voluntary sector workers having the knowledge and confidence to empower and signpost effectively
- A shared approach to care management across health and social care including
    - Shared tools for risk stratification to identify those most at risk
    - Systems and processes which enable safe sharing of information on individuals, so that individuals tell their story only once, through co-produced and jointly agreed single assessments, jointly produced and jointly resourced, and fully implemented care plans, single co-produced health and social care records, and single reviews undertaken by trusted reviewers on behalf of health and social care whenever possible.

Stronger Communities, that will be delivered through:

- Stronger resilient community networks working effectively to support people to live well and stay healthy
- Strong community networks working effectively to identify and support individuals and carers that require additional help.
- Effective links to community and neighbourhood support e.g. social networks to maintain recovery and independence
- Activities and opportunities available locally to promote and support health and well being

a) Aims and objectives

Lewisham's Adult Integrated Care Programme has been established to deliver three key strategic objectives:

- Better Health - to make choosing healthy living easier;

- Better Care - to provide the most effective personalised care and support where

and when it is most needed;

- Stronger Communities - to build engaged, resilient and self-directing communities.

A robust Outcomes Framework of measures will be used to demonstrate the level of local ambition of the Adult Integrated Care Programme and to monitor our progress. This will be complemented by the wider Joint Strategic Needs Assessment (JSNA) and the monitoring of the Health and Wellbeing Strategy, which measure the overall health and wellbeing gains for Lewisham's population.

The programme's wider outcomes framework will include the BCF five national metrics and the local indicator on the quality of care for people with long term conditions.

National Metrics

- patient / service user experience;
- admissions to residential and care homes;
- avoidable emergency admissions;
- effectiveness of reablement
- delayed transfers of care;

Local Metric

- *Proportion of people feeling supported to manage their (long term) condition*

.

b) Description of planned changes

The Better Care Fund will be aligned with other resources that have been identified to support the transformation of health and social care across the borough as set out in Lewisham's Adult Integrated Care Programme.

The integrated programme adopts a **population-based approach**, covering all adults in Lewisham. It includes the frail and vulnerable, older people, people with long term conditions and /or mental health problems, people with learning disabilities, carers, as well as the wider adult community. It does not include the under 18 population of Lewisham.

It is also a **whole system approach** covering most services and activities across the health and care sector, including public health. It embraces opportunities and flexibility that can be delivered through the voluntary, community and private sectors. It aligns with universal services such as Supporting People, housing, employment, adult education, culture and leisure.

Given the scale of the programme, a number of workstreams, each overseeing individual projects, have been established to take this work forward.

I. Providing high quality information and advice – involving the co-ordination of health and wellbeing campaigns; health promotion and self- help initiatives; and access to

information and signposting about services;

II. Supporting independence - the development of effective systems and processes for the identification of need and support, diagnosis and management, including enablement, telecare, and equipment, with a specific focus to support admission avoidance and hospital discharge;

III. Transforming care planning – the development of single assessments, including risk profiling, joint care plans, joint reviews, direct payments, personal budgets, personalised health budgets and the development of a single health and care record;

IV. Streamlining care pathways – the streamlining of key pathways across health and social care from initial contact to ongoing care eg dementia, falls, COPD, Heart Failure and Diabetes;

V. Inspiring the workforce – working with patients and local providers to develop new ways of working and culture and behaviour changes to proactively manage health and wellbeing;

VI. Maximising the potential of Information and Communication Technology (ICT) – involving a joint approach to collection, use and sharing information and joint care records;

VII. Building stronger communities – coordinated work to develop vibrant connected local communities and strong neighbourhood networks;

VIII. Creating excellent commissioning – to develop more innovative commissioning approaches and contractual models to support the transformation of services. This will include developing new ways of incentivising market development in the community; implementing transparent processes so that resources can move flexibly around the system and achieve system wide savings, whilst assuring quality and safety standards; creating the right commissioning environment to facilitate transformation change, rather than transactional change

IX. Securing wider partnerships - with an initial focus on the interface with housing and supported accommodation;

X. Managing the programme - including programme support; sources of programme funding; financial modelling and forecasting; risk management, programme consultations and communications.

c) Implications for the acute sector

The main provider of acute care services for the borough is Lewisham and Greenwich NHS Trust (which provides services at Lewisham hospital). The latest figures show that the majority of Lewisham CCG's acute spend is as follows:

- Lewisham and Greenwich Healthcare NHS Trust – 58% of the acute budget;
- King's College Hospital NHS Foundation Trust– 17%of the acute budget;
- Guy's and St Thomas's NHS Foundation Trust– 13% of the acute budget.

Lewisham and Greenwich NHS Trust is also Lewisham's community services provider and South London and Maudsley NHS Foundation Trust (SLaM) provides the majority of the borough's mental health services.

The implications for the acute sector in terms of reductions in planned commissioned activity, from a NHS perspective, are set out in Lewisham CCG's Commissioning Intentions 2014/15 and 2015/16 (December 2013) under the Quality Innovation Productivity and Prevention (QIPP) Programme which has been shared with our local acute, community and mental health providers as well as being debated with the public. This includes a planned reduction of over 15% in emergency admissions during 2014/15 and 2015/16.

A main objective of Lewisham's Adult Integrated Care Programme is to support the acute sector by reducing avoidable emergency admissions and attendances. The programme seeks to develop effective risk stratification tools and effective alternatives to admission to hospital, effectively managing those patients who are admitted and ensuring they stay no longer than is necessary.

If we are successful, funding for unplanned admissions to hospital, particularly for people who are 80 and over, will be reduced because people will not need to go to hospital in the same numbers as they do at the moment, and lengths of stay will be shorter.
The key challenges that face local commissioners and providers are:

- Ensuring the provision of high quality, safe care
    - through commissioned services that meet the appropriate quality standards and clinical outcomes, including working towards seven day a week services, which are monitored systematically through the commissioning Quality Assurance Framework
    - ensuring all people have a positive experience of care – people are treated with compassion, respect and dignity – whether at home, in hospital or in a care home - regardless of income, age, gender, ethnicity or any other characteristic
    - through the early identification of mistakes and that lessons learnt are shared quickly.

- Establishing a local workforce which works together in different ways and which empowers service users:
    - by developing innovative ways of working and embedding cultural and behavioural changes
    - by proactively working with residents so that they can manage their own health and wellbeing, with a greater focus on health prevention and self-care and by delivering planned interventions so that 'every contact with a professional counts'.

- Providing personalised co-ordinated care:
    - ensuring that care in and out of hospital remains personalised.

- Maximising the potential of Information and Communication Technology (ICT)

- by having a joint approach to the collection, use and sharing information and joint care records, including the implementation of the Virtual Patient Record (VPR).

- Reducing avoidable emergency admissions, outpatient attendances and A&E attendance and shifting resources towards the provision of community based care
- Risk sharing with providers – through the development of alternative contractual mechanisms for emergency acute and community services.

- Joint demand and capacity modelling of the health and social care system with providers through the Urgent Care network, to ensure appropriate levels of capacity are commissioned both within and outside the hospital.

- Improving productivity and efficiency.

- The acute hospital landscape changed significantly in 2013/14 as a result of the Secretary of State's decisions following the Trust Special Administrator report. For Lewisham the most significant change is the creation of the Lewisham and Greenwich NHS Trust. The new Trust has set out a challenging cost improvement plan (CIP) in its transaction business case. Commissioners in Lewisham are working with other commissioners in South east London on a strategic plan with a view to secure services that are sustainable in the medium to long term in terms of quality and finance across the whole economy of South east London. This includes the need for provider productivity improvements. Engagement on the SEL strategy has commenced over March and April on a draft case for change and emerging strategic opportunities. As part of developing a SEL strategy by June, BCFs across SEL will be factored into overall planning to assess impact on acute providers who cover more than one borough.

d) Governance

The following Boards ensure effective governance of Lewisham's adult integrated care programme:

- Health and Well Being Board
- Adult Integrated Care Programme Board (AICPB)
- Individual Project Boards for each workstream

The Health and Wellbeing Board is monitoring the progress of the programme. To ensure that the progress of each individual workstream is more regularly assessed, the Health and Wellbeing Board is supported by the Adult Integrated Care Programme Board (AICPB).

The AICPB sits alongside, and work closely with Lewisham's Health and Wellbeing Delivery Group which ensures progress against the Health and Wellbeing Strategy, the Adult Joint Strategic Commissioning Group and the Joint Public Engagement Group .

The AICPB will be accountable to the Health and Wellbeing Board for the delivery and evaluation of the Adult Integrated Care Programme. It has specific responsibility for overseeing the implementation, monitoring and evaluation of the programme and the

Better Care Fund plans.

3) NATIONAL CONDITIONS

a) Protecting social care services

Lewisham's Adult Integrated Care Programme highlights the crucial role adult social care services will continue to play in ensuring that people receive the right care, at the right time, in the right place. As such the BCF will be used to maintain and, where necessary, enhance the adult social care services that contribute to the achievement of the integrated programme's objectives and desired outcomes.

Lewisham Council needs to make savings of £95m from its revenue budgets between 2014/15 and 2017/18. As the largest service area, adult social care will need to make a substantial contribution to this and has a provisional savings target of £25m over this period (against a base budget of £81m). Integrated working has already delivered efficiency savings and reshaped services. The BCF will play a key role in progressing this work further bringing additional efficiencies and cost effective working.

This includes protecting and delivering high quality, cost effective, flexible adult social care services that have a positive impact on maintaining people's independence, that reduce the need for ongoing intensive health or social care services, that provide effective personalised care and support - including end of life care - as and when needed, and that seek to reduce duplication and that maximise the best use of resources across the health and social care economy.

In terms of eligibility, Lewisham will continue to provide services to those assessed as having critical or substantial needs.

Please explain how local social care services will be protected within your plans.

Much of the focus of the integrated programme, and therefore of the BCF, is on establishing better co-ordinated and planned care closer to home in the community, thus relieving pressure on acute services and reducing the use of emergency/crisis social care services.

The funding in 14/15 will be used to maintain and build on the social care elements of the integration work undertaken to date and to ensure that the necessary work has been undertaken in anticipation of the changes arising from the Care Bill, including those in relation to carers and self funders.

This includes :

Further developing the single point of access which provides information, guidance and advice and which acts as a gateway into social care services;

Continuing to provide social care resources for the multidisciplinary neighbourhood teams to co-ordinate preventative action and early intervention and to work holistically with those most at risk of deterioration or possible crisis, and with those who need on-going health and care services.

Maintaining social care investment in enablement, helping people to learn or relearn skills to maintain independence and thus reduce their need for ongoing packages of care.

Ensuring that appropriate care and support services can be put in place out of normal office hours and at weekends to avoid unnecessary hospital admissions and to facilitate timely discharges from hospital. This will include development of a Welcome Home Support Service.

The BCF will continue to support all those areas listed above and will be used in addition to further transform services, including addressing the requirements of the Care Bill, and achieve a significant reduction in unplanned admissions to hospital and in the number of patients remaining in hospital unnecessarily.

To achieve this detailed plans are being developed to reduce emergency admissions. These plans will enhance the work already in hand to develop a continuum of advice, support and care which will result in hospital admissions being avoided. These plans will seek to rebalance the overall health and social care spend by reducing the demand for acute and mental health beds thus releasing more resources and shifting those resources into meeting community and social care needs, including using appropriate contractual levers and risk sharing arrangements.

The Better Care Fund will also be used to further improve hospital discharge across health and social care, to expand extra care and rehabilitation facilities and in enabling people's health and care needs to be met wherever possible in or near to their own home.

b) 7 day services to support discharge

Lewisham is committed to improving the seven days a week access to urgent and emergency care services, and their supporting diagnostic services, so that they are delivered in a way that meets the clinical standards and are financially sustainable;

NHS Services, Seven Days a Week Forum Summary of Initial Findings (Dec 2013) found that health and social care were missing a significant opportunity, because extending the service would improve clinical outcomes, provide a much more patient focussed service and better patient experience.

Appropriate weekend working will be the initial focus for Lewisham services so that active acute care is delivered at weekends and that community and mental health and social care services are available to deliver weekend discharges and provide support services ensuring local urgent and emergency care services operate effectively and efficiently across the whole week.

The intention is to use local CQUIN monies as an additional incentive to transform the way services are provided to implement the ten evidence-based clinical standards that the NHS Services, Seven Days a Week Forum is recommending should be adopted by the NHS to end current variations in outcomes for patients admitted to our hospitals at the weekend.

As highlighted previously, we will ensure that appropriate social care and support

services can be put in place out of normal office hours and at weekends to facilitate timely discharges from hospital. This will include resources being made available to undertake assessments at weekends and, during 14/15, introducing the ability to set up care packages or restart packages over the weekend. Extra care and an rehabilitation facilities will be further developed so that they can be accessed 7 days a week. In addition, we are developing a Welcome Home Support Service.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

The NHS number is used as the primary identifier between Lewisham and Greenwich NHS Trust acute services and social care services (ASC) provided by Lewisham Council. However, NHS number is not, as yet, the primary identifier within social care nor between the South London and Maudsley NHS Trust (SLaM) and the Council. The Adult Integrated Care Programme will look to develop this.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

Lewisham is working with a range of healthcare providers within the borough, led by Lewisham and Greenwich NHS Trust, to establish a Virtual Patient Record (VPR) which uses the NHS number as an identifier. The VPR has been rolled out within health authorities and work is underway to include SLaM and ASC as part of the database procurement process that will be completed by December 2015.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Yes

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

Yes – the Council has achieved compliance with the PSN framework which includes N3 code of connection. We are currently considering the best approach to establishing an RA for connection to the NHS spine for access to Patient Demographic Services.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to

risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

Through existing integration work, Lewisham has already brought together a number of different disciplines into a single team working within four GP neighbourhood clusters. These teams have undertaken a risk stratification of the GP's adult population to identify those who would benefit from early intervention work. The teams also include a community development worker who links users to networks and opportunities within their local areas to support and improve their health and wellbeing. The identification of agreed lead professionals is part of the planned development of the neighbourhood teams.

To build on this work, the workstream on care planning and pathways within the Adult Integrated Care Programme has set the following objectives:

- To establish a single assessment and review framework which takes into consideration health and care outcomes
- To establish a single health and care record system
- To establish a single personalised budget for health and care, with direct payments
- To establish a person centred health and care pathway which wraps around the person and their needs

The workstream objectives were informed by work undertaken by the Inner North West London Integrated Care Pilot (May 2013) which was presented as part of the Programme Initiation Document :

1. **Targeted Intervention** – identifying those specific high risk individuals who would benefit from active intervention to avoid a potential crisis such as an inappropriate admission and re-admissions to hospital. The aim is to mitigate risk through proactive intervention. It is estimated that this cohort is about 4.5% of the total population and accounts for 29% of total spend across health and social care
2. **Complex Care** – coordinating and managing a complex health and social care package in a single care plan which is tailored around the needs of the individual, carer and the family with them at the heart and still in control - 'nothing about me, without me'. For example, the care package to support a person choosing to die at home. Often it is these complex cases that fall through the cracks of a non-integrated care system. It is estimated that this cohort is about 0.5% of the total population and accounts for 11% of total spend across health and social care.

4) RISKS

A number of areas have already been identified which present possible risks .

Risk	Risk rating	Mitigating Actions

Achievement of financial efficiencies – the timetable to achieve the required efficiencies is challenging and needs to be aligned with the timetables and targets for the local government savings and the CCG's QIPP programmes. Research has indicated that it requires long term sustained multi-organisational focus to achieve maximum efficiencies. Also the levels of financial benefits stated within the PID are based on the best available evidence of good practice, but remain at this point theoretical to Lewisham.	High	Robust ongoing scrutiny through existing governance arrangements. Tight programme and project management arrangements. Detailed financial mapping to align activity and spend and to assess impact of proposed changes.
Resources – there may be insufficient resources to invest in new delivery models, new approaches or to build capacity or capability. In addition, the staffing resource may be inadequate to realise the full potential of the programme.	Medium	Prioritisation of resources to support integration plans and particularly those areas which are needed to reduce acute activity. Allocation of resources based on where there is evidence of significant positive impact on improving outcomes and quality
IT Systems, Processes and Governance - systems for effective information sharing across organisations may be difficult due to technical difficulties, governance/confidential issues and/or investment.	Medium	Commitment to Virtual Patient Record. Achievement of N3. Secured agreement for shared information tool for adult integrated care programme.
Workforce Capacity and Capability – a different culture and relationship with the users of services and a different way of working across organisations is required. This will require buy in from all organisations involved and commitment from staff. Also the programme will seek to develop generic workers working across health and social care.	Medium	Specific workstream on workforce development. Successful bid to HESL to support this work.
Action Research – it may be difficult to evaluate the specific improvements in quality, patient experience, health outcomes and finance as a result of the programme, due to the interrelated nature of this	Medium	The bringing together of best practice and collaborative working across PH, CCG and LBL to enhance competencies,

programme which interfaces with wider health and social care changes eg Dilnott.		skills and capacity.
Cross Organisation commitment to the Integration agenda – is needed to maintain long term sustained multi-organisational focus to achieve maximum efficiencies, despite wider national policy changes and local acute configuration changes.	Low	Continued commitment from partners within the HWB as evidenced to date. Partners committed to integrated programme and the adult integrated care programme board has agreed ToR and approved direction of travel.

Finance - Summary

For each contributing organisation, please list any spending on BCF schemes in 2014/15 and the minimum and actual contributions to the Better Care Fund pooled budget in 2015/16.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Local Authority #1	Y	1123481	1374000	2103359
CCG #1		6035878	19740000	19740000
CCG #2				
Local Authority #2				
etc				
BCF Total				

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

Contingency plan:		2015/16	Ongoing
Outcome 1	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		
Outcome 2	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		

Please list the individual schemes on which you plan to spend the Better Care Fund, including any investment in 2014/15. Please expand the table if necessary.

BCF Investment	Lead provider	2014/15 spend		2014/15 benefits		2015/16 spend		2015/16 benefits	
		Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent
Social Care Access & Information Team (SCAIT) (LIACP Strand 1)	LBL	507,149		tbc		507,149		tbc	
Neighbourhood Teams - Staffing (LIACP Strand III)	LBL	3,176,046		tbc		3,176,046		tbc	
Enablement inc HAST and LINC (LIACP Strand II)	LBL	3,026,164		400,000		3,026,164		400,000	
Other	tbc	50,000		0		50,000			
LBL preparation for 7 day working (LIACP Strand IV)	LBL	100,000		0		100,000			
ICT (LIACP Strand VI)	CCG	200,000		0		200,000			
Project management (LIACP Strand X)	Joint	100,000		0		100,000			
Redesign of CCG Reablement services (LIACP Strand II)	CCG			tbc		1,709,000			
Preparation for Care Bill including increasing standard/volume of Carers assessments	LBL			0		800,000			
Frail elderly. Services - Continuum of coordinated ,flexible, innovative community based care to effectively support and maintain independence and rehabilitation									
Rapid delivery and installation of equipment, technology and housing adaptations; (LIACP Strand IX)	LBL			tbc					
Effective support within appropriate settings to enable people to recover quickly with personalised rehabilitation and enablement support; (LIACP Strands III,IV)	LBL			tbc					
Improving the care pathway for continuing care; (LIACP Strands IV, VIII)	Independent sector			tbc			This sum will be allocated across lines 17 to 23; breakdown to be provided in final submission.		
24/7 services that are able to respond quickly to unexpected deterioration and other health or care emergencies or crises; (LIACP Strands III,IV)	Independent sector			tbc		10,800,000		895,400	
Intermediate care services to support a short or long term 'step up' in the level of support at home to avoid unnecessary hospital admission (LIACP Strands IV, VIII)	Independent sector			tbc					
High quality nursing and residential care for those who need it; (LIACP Strands IV, VIII)	Independent sector			tbc					
Other services (LIACP Strands IV, VIII)	LBL			tbc					
Capital to support development of extra care etc	tbc	0				613,000			
Ongoing DFG programme	LBL	0				762,000		included above	
Total		**7,159,359**	**0**			**21,843,359**		**1,295,400**	

Outcomes and metrics

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

The outcomes and benefits of the schemes that will be supported by the BCF, as part of the Adult Integrated Care Programme, are set out in detail in the Programme Initiation Document which is attached at Annex A.

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below

Using National Metric

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

Please see governance arrangements and programme assurance plans as set out in the Programme Initiation Document which is attached at Annex A.

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

Metric		Current Baseline (as at…)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions by older adults to residential and nursing care homes, per 100,000 population 65+	Metric Value	612.9	N/A	549.4
	Numerator	165		147
	Denominator	26755		26755
		(April 2012 - March 2013)		(April 2014 - March 2015)
% older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services.	Metric Value	87	N/A	87
	Numerator	128		*261*
	Denominator	148		*300*
		(April 2012 - March 2013)		(April 2014 - March 2015)
Delayed transfers of care from hospital per 100,000 population aged 18+	Metric Value	4.8	4.5	4.5
	Numerator	10	9.8	9.8
	Denominator	216990	216990	216990
		(April 2012 - March 2013)	(April - December 2014)	(January - June 2015)
Avoidable Admissions per 100,000 population	Metric Value	1112.9	1100	1100
	Numerator	3134	3098	3098
	Denominator	281600	281600	281600
		(April 2012 - March 2013)	(April 2013 - March 2014)	(April 2014 - March 2015)
Patient / service user experience	Metric Value		N/A	
	Numerator			
	Denominator			
		TBC		TBC
Proportion of people feeling supported to manage their (long term) condition	Metric Value	63.4	62.3	64.0
	Numerator	910	*935*	*960*
	Denominator	1436	*1500*	*1500*

HEALTH AND WELLBEING BOARD				
Report Title	Health and Social Care Integration: Co-ordinating the Voluntary and Community Sector Response			
Contributors	Mark Drinkwater, Voluntary Action Lewisham Tony Nickson, Voluntary Action Lewisham		Item No.	6
Class	Part 1 / Part 2	Date: 25.3.14		
Strategic Context	VAL will discuss its role in co-ordinating a Voluntary and Community Sector response to health and social care integration.			

1. Purpose

1.1 This report presents ways in which the Lewisham's Voluntary and Community Sector contributes to integrated health and social care in the borough. It highlights the challenges of co-ordinating such a diverse and disparate set of organisations in this task, and asks how partners could focus further collaboration to enable wider co-ordination of the work of voluntary and community organisations towards integrated health and social care and the delivery of Lewisham's Health and Wellbeing Strategy.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

- Consider recent developments in practice in integrated and collaborative working, and to explore where new or different ways could be identified to enhance our collective effort to co-ordinate the contributions of the Voluntary and Community Sector towards providing better integrated health and social care to Lewisham residents.

3. Policy 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 Health and Social Care Act 2012 requires the Health and Wellbeing Board 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.

3.3 Lewisham's Voluntary and Community Sector has been an active contributor to the development of Lewisham's Health and Wellbeing Strategy.

The strategy recognises that:
*"Voluntary and Community organisations and groups across the Borough provide extensive depth and reach into our communities and through their work provide intelligence on community needs, have knowledge about issues that affect health and wellbeing and represent the voice of our communities"**

The strategy acknowledges that
"This sector is uniquely placed to complement statutory services and plays a vital role in providing expertise and input into service design and delivery"

Sector organisations contributed to the strategy and identified a number of issues and barriers including
"*Some of the key barriers to improving health and wellbeing: lack of organisational join up, a lack of continuity between services, knowing what opportunities are available and having the time and space to consider which opportunities to access"*

**All quotes from Lewisham's Health and Wellbeing Strategy.*

4. Background

4.1 The Voluntary and Community Sector (VCS) is a diverse sector. In Lewisham, there are approximately 800 VCS organisations. The majority of these organisations are working to promote better health and wellbeing. Broadly speaking these organisations are charities. Some will be small organisations run by a handful of volunteers but others will be larger, regional charities with a professional workforce.

4.2 The capacity of some sections of the public sector to deliver direct services is reducing, and at the same time there is increasing expectation both locally and nationally that the Voluntary and Community Sector will step in to fill the gaps.

5. Co-ordination of the VCS response to Health and Social Care integration

5.1 Voluntary Action Lewisham (VAL) has become increasingly involved in co-ordinating health and social care work since the changes arising from the Health and Social Care Act 2012. Examples include:

- Community Connections project – a consortium of Voluntary Sector partners that now delivers a preventative community development programme.
- Safeguarding – VAL is a member of the Safeguarding Adults Board, and co-ordinates the Communications and Engagement subgroup
- Healthwatch – VAL is the delivery body for Healthwatch Lewisham

- Health and Social Care Forum - Co-ordination of borough-wide forum of Voluntary and Community Organisations involved in Health and Social Care,

6. Collaborative working in responses to changes in health and social care

6.1 One of the most exciting initiatives that VAL is involved in is the Community Connections project. This is a preventative community development programme that started last year and is funded by Lewisham Council until 2015. The project targets individuals with support needs. These individuals are supported to access local community resources that help them maintain their independence and live fulfilling lives.

6.2 Community Connections is delivered by organisations involved in a voluntary sector consortium. The five organisations are: VAL, Carers Lewisham, Age UK Lewisham and Southwark, Sage Educational Trust and Lewisham Disability Coalition. Volunteer Centre Lewisham also promotes volunteer opportunities as part of Community Connections. The bid for the Community Connections project was written by VAL and the project is now led by Age UK, with staff employed at three of the consortium members and supported by VAL and Carers Lewisham.

7. Challenges and opportunities

7.1 The Voluntary and Community Sector in Lewisham is not a single organisation, but is made up of hundreds of independent - and independently-minded organisations. The sector does not have the same kinds of infrastructure around communications channels or accountability that a large public body has. Co-ordinating the efforts of this large and diverse collection of organisations presents challenges in capacity, communication, and, collaborative working.

While organisations in the Voluntary and Community Sector are often well placed to innovate and respond more rapidly and flexibly to local need, many are experiencing increasing demand from individual service users, and at the same time experiencing increasing pressure on resources as a result of scarcer funding. Pressure just to keep going can be a severe limit to the capacity of many groups to adapt and engage creatively in a co-ordinated or collaborative effort towards integrated working.

The Health and Social Care Forum, convened and supported by VAL, is one way that the Voluntary and Community Sector can come together to understand and engage in co-ordinated action towards strategic goals. Partners from the Health and Wellbeing Board have contributed to this Forum, and the Forum was a key point of contact with community groups in consulting on the Health and Wellbeing Strategy. This Forum and other focused engagement methods will be increasingly important in ensuring both

effective co-ordination of the work of Voluntary and Community Sector groups, and how we, collectively, are able to demonstrate the impact of this work in improving the health and wellbeing of Lewisham residents

Community Connections is a new collaboration led by Voluntary and Community organisations in Lewisham. It aims to build stronger and more co-ordinated local links between people in the community, local public and voluntary sector, and informal voluntary activity. This kind of collaborative effort supports the preventative focus of the Health and Wellbeing strategy. Collaborative working like this is intensive and demanding on time from partners, especially in the early stages of consortium development, and can present considerable challenges to groups with limited or reducing resources. This style of collaboration will be an important method in co-ordinating an integrated approach to health and social care, but will not suit every group.

These are just two examples of the approaches the Voluntary and Community Sector is taking towards co-ordinating activity towards strategic goals - each approach bringing its challenges to capacity, communication, and, collaborative working for Voluntary and Community Sector organisations.

All partners at the Health and Wellbeing Board have staff working towards community engagement, and these activities are beginning to join up in a meaningful way (Healthwatch and CCG community engagement activity for example). Are there new or different ways we can find to enhance partners' efforts in community engagement and development that would help achieve a wider co-ordination of the contributions the Voluntary and Community Sector towards providing better integrated health and social care to Lewisham residents? The Board is invited to consider this question.

8. Financial implications

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

9. Legal implications

9.1 There are no legal 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. Equalities Implications

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

12. Environmental Implications

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

13. Conclusion

13.1 The activities of Lewisham's Voluntary and Community Sector is a key element in Lewisham's Health and Wellbeing Strategy, and Sector organisations have made significant contributions to the consultation and development of this Strategy. This paper outlines some of the challenges and opportunities facing Voluntary and Community organisations in contributing to strategic goals, in particular the integration of Health and Social Care services. These include pressures on capacity, and the challenges of communication and co-ordination of a large and disparate set of independent organisations. All members of the Health and Wellbeing Board are committed to community engagement in one way or another. This paper invites discussion on how we might collaborate in new ways to enhance our collective efforts co-ordinate the essential contributions of the Voluntary and Community Sector to achieve our shared aim of improving the health and wellbeing of Lewisham residents.

If there are any queries on this report, please contact Mark Drinkwater, Health Inequalities and Social Care Officer at Voluntary Action Lewisham on 020 8314 9841.

HEALTH AND WELLBEING BOARD				
Report Title	Health Protection in Lewisham: An update			
Contributors	Brid Nicholson, Health Protection Programme Manager Dr Donal O'Sullivan, Consultant in Public Health Medicine		Item No.	7
Class		Date: 25th March 2014		
Strategic Context	Health Protection is one of the three elements of the Public Health function, and overseeing health protection is one of the responsibilities of the Health and Wellbeing Board. Two of the Board's priorities are included in the work of the Health Protection Committee: Sexual Health and Immunisation.			

1. Purpose

1.1 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.

1.2 The purpose of this paper is to update the Health and Wellbeing Board on arrangements and health protection work to date in Lewisham.

1.3 The terms of reference for the Health Protection Committee are presented for final approval (Appendix 1).

1.4 The paper also aims to Inform the Board of key areas of local health protection work as they are included in the Committee's work plan (Appendix 2).

2. Recommendation

Members of the Health and Wellbeing Board are recommended to:

2.1 Approve 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.

2.2 Support priorities for action, and subsequent timescales, as detailed in the Committee's local work plan.

2.3 Agree reporting arrangements from the Health Protection Committee to the

Health and Wellbeing Board.

3. Policy Context

Health protection duties for local authorities

3.1. Health protection responsibilities for preventing, planning and responding to incidents require the local authority to oversee local issues and ensure arrangements are fit for purpose since April 2013.

3.2 These are in addition to long standing health protection statutory functions largely centred on environmental health.

3.3 In response to these new responsibilities, the Health and Wellbeing Board agreed to the establishment of a Health Protection Committee, chaired by the Director of Public Health, to provide an overview of health protection issues and ensure co-ordinated, close working arrangements between key agencies in accordance with national recommendations[1,2].

4. Background

4.1.1 A number of actions were recommended by the Health and Wellbeing Board during its meeting held in July 2013.

4.1.2 The Board asked for further work to be undertaken to ensure a better fit between the Committee's responsibility and accountability arrangements within the Council's new organisational structure, with no overlap in function or reporting with other Council committees or forums.

4.1.3 In particular, the issue of Emergency Preparedness, Resilience and Response (EPRR) was considered and discussed with the Emergency Planning Team. The most appropriate arrangement, it is proposed, is that the Borough Resilience Forum (BRF) should continue in its present form and that Health Resilience is dealt with as part of the business of the Forum. It has also been proposed that the Emergency Planning Team should become associate members of the Health Protection Committee and the team have agreed to provide regular updates on EPRR issues, as they affect the Public Health, to the Health Protection Committee and will attend meetings of the Committee as required. The Health Protection Committee will, similarly, provide regular updates on any Public Health EPRR issues to inform the BRF. The Director of Public Health is a member of both the Health Protection Committee, which he chairs, and the Borough Resilience Forum.

4.1.4 In discussions with the Emergency Planning Team, it became apparent that the Health and Wellbeing Board should also consider its own responsibilities in relation to EPRR. National guidance is to the effect that there should be direct links between the BRF, the HPC and the Health and Wellbeing Board

and that the priorities of all three should be aligned to the Borough Risk Register. It is proposed that the Health Protection Committee should be the means of assuring these links and the alignment of the work of the Board and the Committee with that of the Borough Resilience Forum, alerting the Health and Wellbeing Board and the Forum of any issues that need to be addressed. Should members require further information on this issue, a separate paper can be submitted to the Board.

4.1.5 All changes have been made as recommended by the Board and agreed with the Emergency Planning Team (Appendix 1).

5. Health Protection work plan

5.1 The Health Protection Committee provides a forum to assess health protection risks to the local population and provide assurance to the Health and Wellbeing Board about the adequacy of arrangements with regard to health protection.

5.2 To this end, the Committee met in November and January 2014 to discuss priorities for action and to agree a local work plan (Appendix 2).

5.3 An important event since the July 2013 paper to the Board was the publication in February 2014 of an Air Quality report for purposes of the Joint Strategic Needs Assessment (Appendix 3). This underpins the element of the Committee's workplan relating to control of Air Pollution. Members are asked to note, in particular, a current project using £240,000 secured via the Mayor's Air Quality Fund to improve local air quality and respiratory problems.

5.4 At present, the Committee's focus is to ensure robust processes are established around environmental health and healthcare acquired infection risks and be assured that all key partners are contributing to these processes.

5.5 The work plan will be reviewed quarterly at each Committee meeting and amended as necessary in response to new information or emerging threats.

5.6 Outstanding issues will be recorded on the Committee's risk register and reported to the Health and Wellbeing Board as appropriate.

6. Financial implications

6.1 None

7. Legal implications

7.1 National policy recommends the establishment of local health protection forums to oversee local health protection issues as best practice[1,2].

8. Crime and disorder implications

8.1 None

9. Equalities

9.1 Health protection is an issue relevant to all working and living in the borough of Lewisham. Issues such as TB and sexually transmitted infections disproportionately affect some local minority groups and higher rates of these infections exist in areas of higher deprivation.

10. Environmental implications

10.1 The Committee's workplan includes work that aims to improve the environment locally.

11. Conclusion

11.1 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.

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

Background documents

[1]Department of Health (2012) Health protection and local government @ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

[2]Health protection and local government @ http://www.local.gov.uk/c/document_library/get_file?uuid=123d1fe3-eb7a-44a0-9083-3aa481c6cb5b&groupId=10171

Appendix 1

LEWISHAM HEALTH PROTECTION COMMITTEE
Terms of Reference

1.0 INTRODUCTION

Aim

Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation.

The Health Protection Committee will provide a forum to assess health protection risks to the local population. Chaired by the Director of Public Health, the committee will act as the main group to review and monitor health protection activity. It will provide a forum to discuss, prioritise and monitor issues and manage them where possible. Issues will be escalated to the Health and Wellbeing Board as appropriate.

The Health Protection Committee will provide assurance to the Health and Wellbeing Board in Lewisham about the adequacy of prevention, surveillance, planning and response with regard to health protection issues.

The Committee will work with other partners including the local NHS Clinical Commissioning Group, Public Health England and environmental health colleagues to draw on existing experience and statutory powers.

2.0 DUTIES

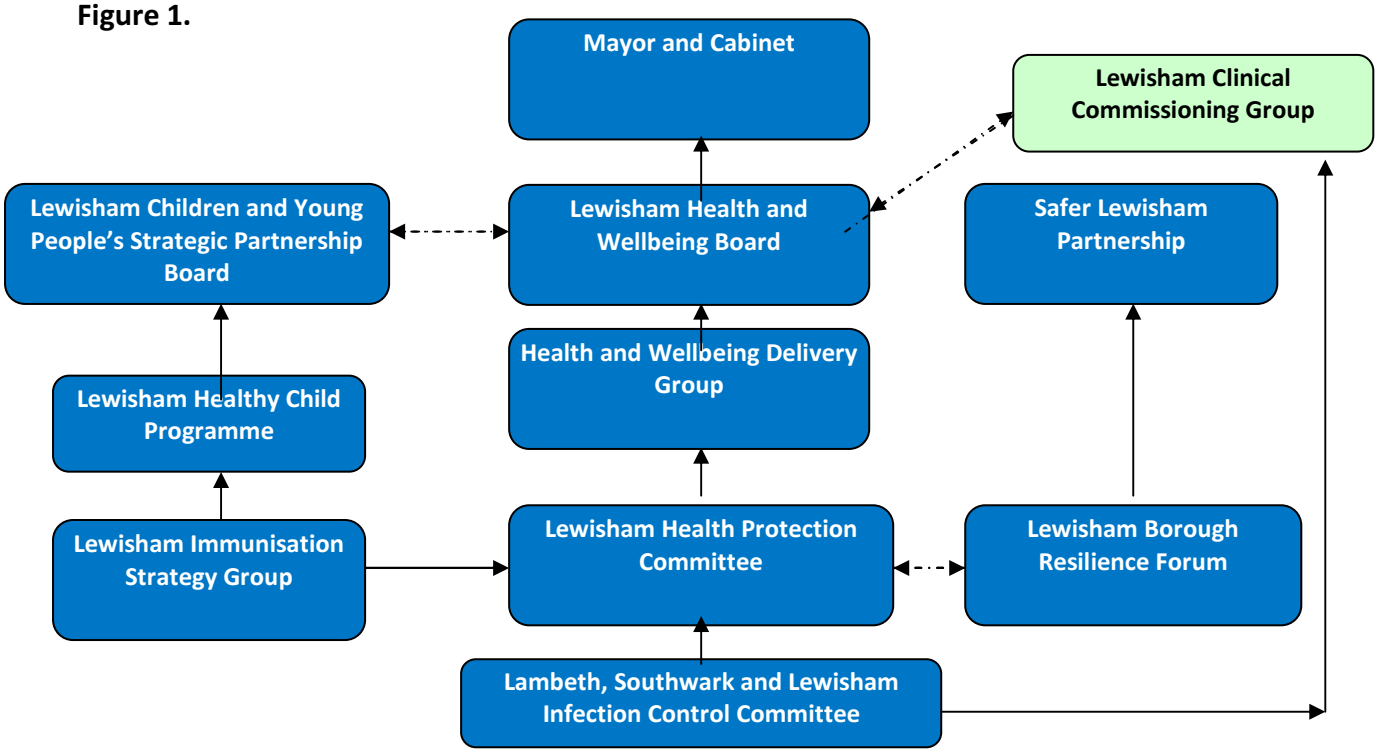
1.	Working with all Directorates in the London Borough of Lewisham and with the Borough's NHS partners, the Committee will seek to ensure that arrangements are in place to prevent, reduce or manage health protection risks to the local population and will oversee the continual improvement and development of the health protection function in Lewisham
2.	Working with Public Health England and NHS England, the Committee will act as the principal means of achieving these aims in Lewisham
3.	The Committee will receive regular reports from Lambeth, Southwark and Lewisham's Infection Control Committee, Public Health England and the Immunisation Strategy Committee
4.	The Committee will report regularly to the Lewisham Health and Wellbeing board
5.	The Committee will ensure Health Protection issues in Lewisham are raised in the appropriate internal and external forums
6.	The Committee will ensure clear lines of communication with all appropriate agencies in planning and responding to health protection issues

8.	The Committee will ensure appropriate communication with all staff and the local population as necessary
9.	The Committee will report to the local Borough Resilience Forum as necessary and appropriate, particularly on Health Protection issues that may affect Emergency Preparedness Resilience and Response (EPRR). Similarly, the Borough Resilience Forum will provide regular updates on EPRR issues as they affect the Public Health to the Health Protection Committee.
10.	By these means, the Health Protection Committee will assure effective working links and the alignment of its own work and the work of the Health and Wellbeing Board with that of the Borough Resilience Forum, alerting the Health and Well Being Board and the Borough Resilience Forum of any issues that need to be addressed.
11.	The Committee will also ensure alignment of the priorities of the Committee itself, those of the Health and Wellbeing Board and of the Borough Resilience Forum to the Borough Risk Register, alerting both the Borough Resilience Board and the Health and Wellbeing Board of any inadequacies of the Borough risk register or plans to minimise risk.
11.	The Committee will present annual report to the Health and Wellbeing Board
11.	The Committee will identify risks and health protection priorities
12.	The Committee will escalate issues by exception to the Health and Wellbeing Delivery Group
13.	The Committee will ensure appropriate health protection related surveillance is in place (including sexual health surveillance).
14	The committee will maintain a health protection risk register for Lewisham and ensure the mitigation of risks

3.0 ACCOUNTABILITY

The Health Protection Committee will act as a sub-committee of the Health and Wellbeing Board (figure 1). The chair of the Health Protection Committee will raise issues to the Board as appropriate. The Committee will present an annual report to the Health and Wellbeing Board.

Figure 1.



4.0 KEY RELATIONSHIPS

Chair Director of Public Health, Lewisham

Members Consultant in Communicable Disease Control, Public Health England, South East London
Director of Infection Prevention and Control, Lewisham Healthcare Trust
Health Protection Programme Lead, Lewisham
Lead Environmental Health Officer, Lewisham
Medical Microbiologist, Lewisham and Greenwich NHS Trust
Medicines Management Lead, CCG
Consultant in Public Health Medicine, Public Health, Lewisham
Primary Care Commissioner, NHS England
Quality Lead, Clinical Commissioning Group, Lewisham
Public Health, Sexual Health Lead, Lewisham

The Emergency Planning Team will be associate members of the Health Protection Committee and will attend meetings of the Committee as required

Other members will be co-opted to advise on different areas of work as appropriate.

5.0 REQUIRED FREQUENCY OF ATTENDANCE (BY MEMBERS)

Members who are unable to attend meetings are required to nominate a representative to attend in their absence.

6.0 REPORTING ARRANGEMENTS INTO THE COMMITTEE (FROM A SUBCOMMITTEE)

1. To receive, on a quarterly basis, minutes and actions from the Lambeth, Southwark and Lewisham (LSL) Infection Control Committee and Lewisham's Immunisation Strategy Group.

2. Sign-off relevant actions from the LSL Infection Control Committee and Lewisham's Immunisation Strategy Group as appropriate.

3. To receive update reports on health protection issues from Public Health England.

7.0 QUORUM RULES (REQUIREMENT FOR A QUORUM)

50% of current membership. Vacant posts to be noted and excluded from quorum.

8.0 FREQUENCY OF MEETINGS

Quarterly

9.0 PROCESS FOR MONITORING THE ADHERENCE TO THE RULES SET OUT IN THESE TERMS OF REFERENCE

Monitoring adherence to the rules set out in the terms of reference will be carried out periodically by the Chair of the Committee.

10.0 REVIEW

The terms of reference (including membership) of this committee will be reviewed on a yearly basis

Appendix 2 Lewisham Health Protection Committee work plan 2013/14

Subject	Objective	Action	By whom	Progress	By when
Environmental health	Prevention and control of Infectious disease.	Monitor and work with PHE (HPU) in investigating ID trends and Individual investigations or high risk cases	David Edwards		Ongoing
	To raise awareness of noise induced hearing loss with members of public. And to raise awareness of noise nuisance teams ability to deal with statutory nuisance with a focus on domestic noise complaints.	Regular market stall surgeries within the 3 main markets in the borough providing guidance and literature to members of the public.	Michael Watkinson (Contact David Edwards)		Ongoing
	Prevention and control of pollution and protection of the living environment	Work in connection with: EA/PHE/Defra/GLA; with regards to control of pollution (air, land & noise). Current project £240,000 secured via Mayors Air Quality Fund to improve local air quality and respiratory problems	Anthony Murphy (Contact David Edwards)		Ongoing
	Promote safe development and well being for residents within the Borough, via the regeneration process	Work with Planning via the Local Development Plan, to ensure future development and regeneration is undertaken in accordance with statutory & environmental protection requirements	Anthony Murphy (Contact David Edwards)		Ongoing
	Raise standards and awareness of infection risks around high risk activities (such as skin piercing) in association with other partner organisations	Promote awareness of new National Guidance document across the borough and beyond. Assist Licensing in achieving standards with the Borough and investigating/regulating poor unacceptable practices.		Key Speaker promoting guidance at trade and practitioner event outside borough. Investigation of ID allegedly relating to skin piercing premises within borough.	Ongoing
	Legionella	Work in connection with HSE/PHE with regards to control of Legionella infections/outbreaks	David Edwards	Review of risk register (premises).	Ongoing

Subject	Objective	Action	By whom	Progress	By when
Healthcare acquired infections	Monitor MRSA bacteraemia and Clostridium difficile targets	Report quarterly to Health Protection Committee and LSL's Infection Control Committee	Brid Nicholson		Ongoing
	Undertake root cause analysis for each community acquired case of clostridium difficile and complete a post infection review for each case of MRSA bacteraemia	Process in place	Brid Nicholson		Ongoing
	Review C. difficile treatment advice in local antibiotic prescribing guidelines	Review guidance and ensure its dissemination and implementation in Lewisham	Mike Salter Donal O' Sullivan	Meeting held on 22nd January	June 2014
	Regular review of local action to control C. difficile and to increase local clinician awareness as part of an LSL programme overall	Carry LSL action plan as part of sector group	Debbie Flaxman Brid Nicholson		Ongoing
	Ensure appropriate control of HCAI in Lewisham	Agreeing and implementation local programmes of HCAI in Trust and Primary Medical Care. Ensure annual report to the Health and Wellbeing Board and to LSL Infection Control Committee	Debbie Flaxman Brid Nicholson		Ongoing
Effective use of antibiotics	Ensure antibiotics are used appropriately, only when necessary and for the shortest effective time with full adherence	Ensure implementation of relevant DH plan	Mike Salter		Ongoing
Hepatitis C	Facilitate development of hepatitis C patient pathway	Distribute pathway to key stakeholders for consultation	Brid Nicholson		December 2014
Malaria	Improve notification rates in Lewisham	Request laboratory self audit to count number of cases reported against number of cases identified	Chris Stayte		June 2014
	Increase public awareness	Develop education programme for high risk groups in Lewisham	Jane de Burgh Brid Nicholson		July 2014

Subject	Objective	Action	By whom	Progress	By when
TB	Review performance of TB contract	Ensure robust key performance indicators are included in 2014/15 TB contract	Graham Hewitt		December 2014
	Match service specification with national template	Service specification template being developed by Public Health England. Request copy.	Sam Perkins		April 2015
	Ensure need for immigrant screening and BCG is addressed	Include in service specification			April 2015

Lewisham JSNA

Air Quality

The quality of the air in the local environment has an impact on the health of the public and ecosystems. There are several different gases which can occur in ambient air and which have been identified as having health impacts. These include nitrogen dioxide (NO_2), sulphur dioxide (SO_2) and ground-level ozone (O_3). In addition, very small particles of dust can be inhaled and reach the inner airways and lungs.

Breathing in polluted air is linked to respiratory illnesses including Chronic Obstructive Pulmonary Disease (COPD)[1] and asthma[2]; cardiovascular disease[3]; and neurological impairments[4]. In June 2012, the International Agency for Research on Cancer (IARC) confirmed that fumes from diesel engines are carcinogenic[5]. A study in 2013 has shown association between early exposure to traffic pollution and several childhood cancers[6]. Links have also been reported to diabetes and premature and low birth weight babies[7]. This can lead to restricted activity, hospital admissions and even premature mortality.

[1] http://www.environment-health.ac.uk/publications/outdoor-air-pollution-and-respiratory-health-patients-copd

[2] EPUK, 2010, COMEAP Revises Air Quality and Asthma Position http://www.environmental-protection.org.uk/news/detail/?id=2701

http://www.envirotech-online.com/news/air-monitoring/6/breaking_news/main_roads_are_a_main_cause_of_asthma_in_children/22125/

[3] Tze Wai Wong et al, 1999, Air Pollution and Hospital Admissions for Respiratory and Cardiovascular Diseases in Hong Kong published in Occup Environ Medicine 1999;56:679-683 http://oem.bmj.com/content/56/10/679.full.pdf+html

[4] http://www.epa.gov/region7/air/quality/health.htm

[5] http://press.iarc.fr/pr213_E.pdf

[6] Childhood Cancer amd Traffic-Related Air Pollution Exposure in Pregnancy and Early Life. Heck et al. (2013) Envion Health Perspect 121:1385-1391

Available at http://ehp.niehs.nih.gov/1306761/

[7] ClientEarth, The Health Impacts of Air Pollution http://www.clientearth.org/health-environment/clean-air/the-health-impacts-of-air-pollution-1427

What do we know?

Facts and Figures

- The Committee on the Medical Effects of Air Pollutants (COMEAP) speculated that it is reasonable to consider that air pollution may have made some contribution to the earlier deaths of up to 200,000 people in the UK (the number dying of cardiovascular causes) with an average loss of life of about two years per death affected, though that actual amount would vary between individuals.

- Air pollution is estimated to reduce life expectancy of every person in the UK by an average of 7-8 months with estimated equivalent health costs of up to £20 billion each year.

- It is estimated that 4,267 deaths in London in 2008 were attributable to long-term exposure to small particles[8,9]. This figure is based upon an amalgamation of the average loss of life of those affected of 11.5 years.

- COMEAP estimate that for every 10µg/m^3 increase in PM2.5, there is a 6% increase in annual all-cause death rates. Based on this estimate, there would be an additional 153 early deaths within the London Borough of Lewisham for every such rise.

- Some 40 million people in the 115 largest cities in the European Union (EU) are exposed to air exceeding WHO air quality guideline values for at least one pollutant[10].

- Children living near roads with heavy-duty vehicle traffic have twice the risk of respiratory problems as those living near less congested streets[11].

[8] Dr Brian Miller, 2010, Report on estimation of mortality impacts of particulate air pollution in London http://www.london.gov.uk/sites/default/files/Health_Study_%20Report.pdf
[9] http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317137020357
[10] World Health Organisation, http://www.euro.who.int/en/health-topics/environment-and-health/air-quality/data-and-statistics
[11] World Health Organisation, http://www.euro.who.int/en/health-topics/environment-and-health/air-quality/data-and-statistics

Trends

The UK Air Quality Standards Regulations 2000, updated in 2010, sets standards for a variety of pollutants that are considered to be harmful to human health and the environment. These are based on EU limit values and are for a range of air pollutants, listed below:

- Benzene
- Benzo(a)pyrene
- Carbon monoxide (CO)
- Lead
- Nitrogen dioxide (NO_2)
- Oxides of nitrogen (NO_x)
- Particulate matter (PM_{10} & $PM_{2.5}$)
- Sulphur dioxide (SO_2)
- Ozone

Of the pollutants included in the Air Quality Standards Regulations, monitoring of the following has been carried out within London Borough of Lewisham for several years:

- Carbon monoxide (CO)
- Nitrogen dioxide (NO_2)
- Ozone (O_3)
- Particulate matter (PM_{10}) i.e. particles with a diameter <10 microns
- Sulphur dioxide (SO_2)

Monitoring of particulate matter ($PM_{2.5}$) began at one location in 2012.

The map below shows the locations where automatic monitoring of air pollutants takes place within the London Borough of Lewisham:

Map 1: Locations of automatic Air Quality Monitoring Stations in London Borough of Lewisham

1 = Broadway Theatre, Catford (UB)
2 = New Cross Road (Roadside)
3 = Mercury Way (Industrial)
4= Loampit Vale (Roadside)

Lewisham 3 in Mercury Way started collecting data in 2010 and Lewisham 4 in Loampit Vale opened in 2012. A further site, located in Crystal Palace Parade, is just outside the borough boundary but was a collaborative project with neighbouring boroughs. This site was closed in July 2010 but data from the site up until this date has been included in this report.

Carbon monoxide

Carbon monoxide monitoring was only carried out at the Crystal Palace site which closed in 2010. In 2010, prior to its closure, the maximum 8-hour running mean was 1.2mg/m^3 compared to a target of **10**mg/m^3 set in the National Air Quality Objectives. This period of monitoring confirmed that the air quality objective for Carbon Monoxide was achieved.

Location		2008	2009	2010
Crystal Palace 1, Crystal Palace Parade	Max 8 Hour	1.6	1.5	1.2
	Annual mean	0.4	0.4	0.4
	Max 1 Hour	3	2	1.8
	Data capture %	86	89	56

Table 1.1: Carbon monoxide monitoring data (Crystal Palace 1)

Nitrogen dioxide (NO_2)

The National Air Quality Objective for the NO_2 annual average is **40**µg/m^3. The graph below shows the annual averages measured at automatic monitoring sites within the Borough for the years where data is available (see Map 1 for locations of monitoring sites).

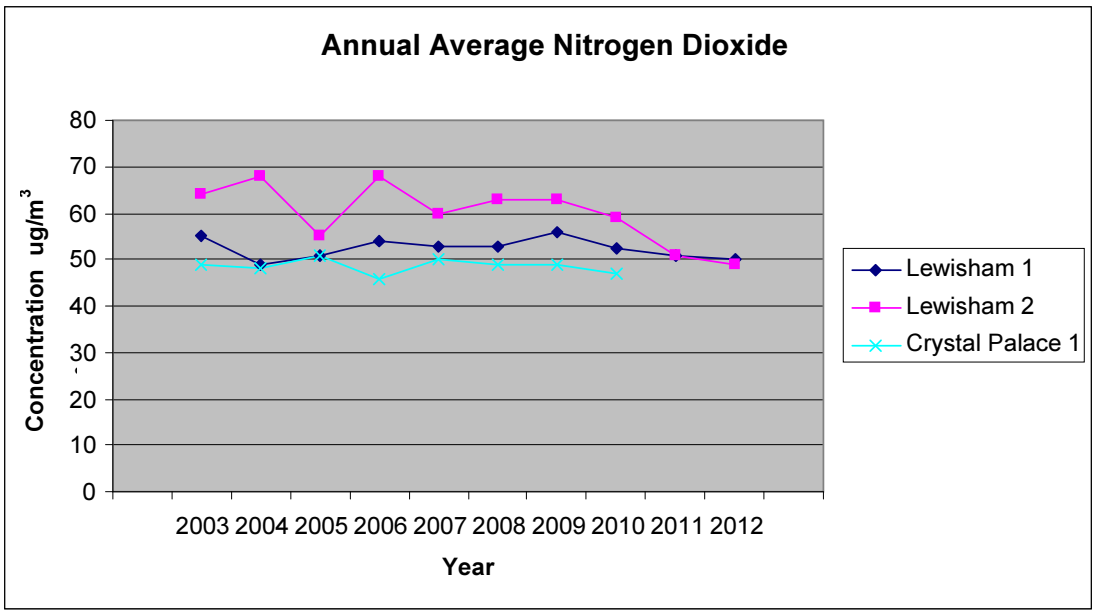


Fig 1.1: Trends in nitrogen dioxide annual averages

In addition to the automatic monitoring sites, London Borough of Lewisham also gather data on NO_2 concentrations using diffusion tubes which are passive monitors. These have a lesser degree of accuracy than the automatic monitors but provide indicative data that is used to calculate annual averages. Data is collected at 32 different locations around the borough, some close to busy roads (roadside) while others are located in residential areas or parks (background). The graphs below show the annual averages for NO_2 at both roadside and background locations.

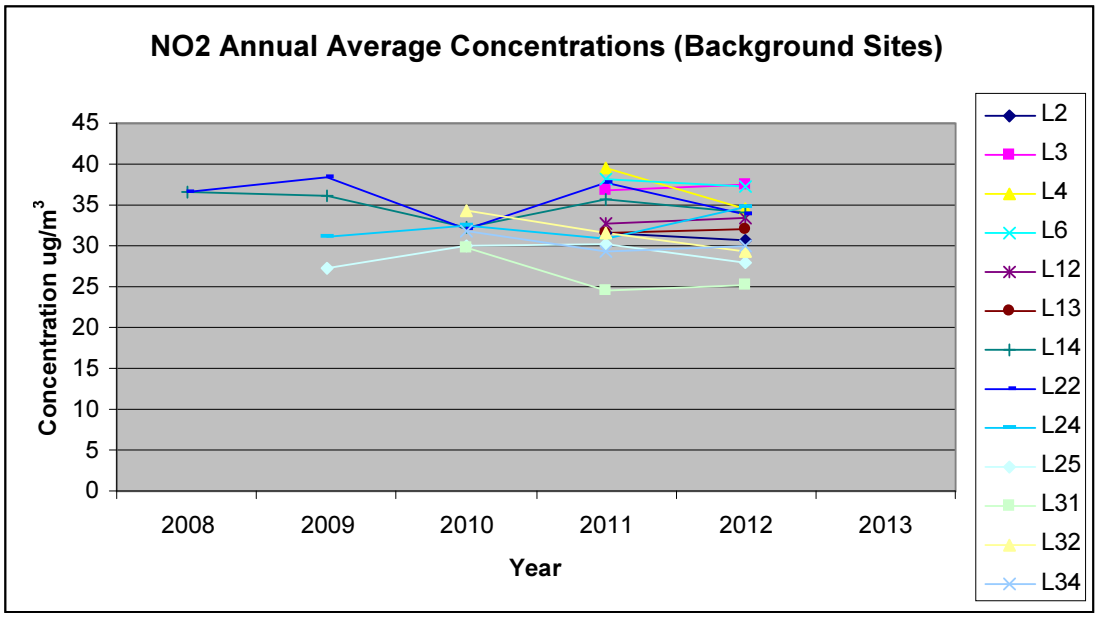


Fig 1.2: Trends in nitrogen dioxide annual averages at background sites (diffusion tubes)

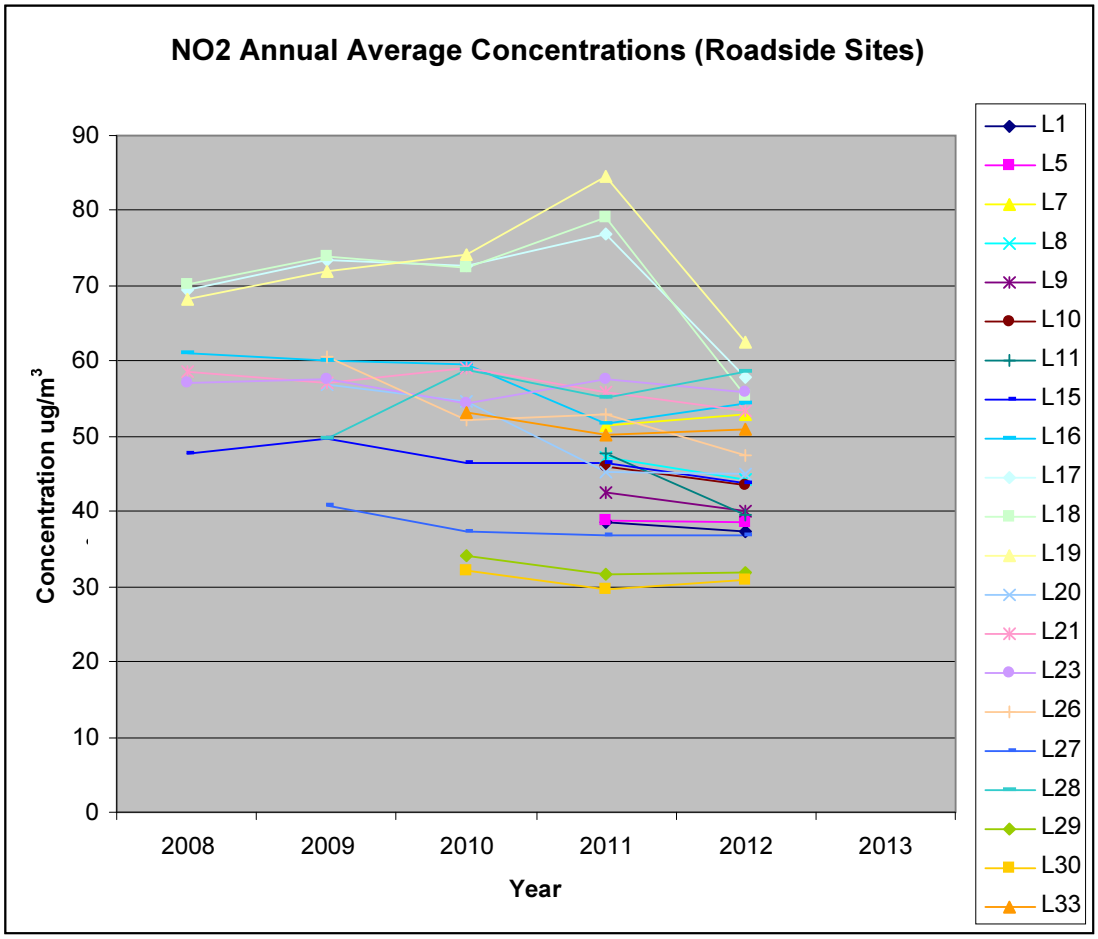


Fig 1.3: Trends in nitrogen dioxide annual averages at roadside sites (diffusion tubes)

Background Sites		Roadside Sites	
L2	Bronze Street, SE8	L1	Chubworthy Street, SE14
L3	Grove Street, SE8	L5	Lee High Road, SE12
L4	Plough Way, SE8	L7	Bell Green, SE6
L6	Le May Avenue, SE12	L8	Stondon Park, SE23
L12	Hilly Fields, SE13	L9	Ladywell Road, SE13
L13	Mayow Road, SE26	L10	Whitburn Road, SE13
L14	Boyne Road, SE13	L11	Sparta Street, SE10
L22	Ringstead Road, SE6	L15	Lewisham Road, SE13
L24	Hazelbank Road, SE6	L16	Loampit Vale, SE13
L25	Stanstead Road, SE23	L17-L19	New Cross Road (same location), SE14
L31	Howson Road, SE4	L20	Hatcham Park Road, SE14
L32	Clyde Street, SE8	L21	Brockley Rise, SE23
L34	Dartmouth Road, SE26	L23	Catford Hill, SE6
		L26	Shardloes Road, SE14
		L27	Lawn Terrace, SE3
		L28	Baring Road, SE12
		L29	Sangley Road, SE6
		L30	Perry Vale, SE23
		L33	Lewisham High St, SE13

Ozone

Ozone is not included in the system of Local Air Quality Management owing to its trans-boundary nature. Responsibility for achieving the Objectives therefore rests at national level. Within the London Borough of Lewisham, ozone is monitored only at Lewisham 1 in Catford. The data is utilised by the national government for comparison against the national objective. The objective is no more than 10 days within a year when the maximum rolling 8-hour mean exceeds **100**µg/m^3.

Site ID	Location		2008	2009	2010	2011	2012
Lewisham1	Broadway Theatre, Catford	Data capture %	99	99	99	100	99
		Max rolling 8-hourly mean	113	81	78	97	121
		No. of days max rolling 8-hour mean > 100 µg/m^3	6	0	0	0	15

Table 1.2: Ozone monitoring data (Lewisham 1)

Particulate Matter (PM_{10})

The National Air Quality Objective for the PM_{10} annual average is **40**µg/m^3. The graph below shows the annual averages recorded at the borough's monitoring sites for those years where data is available.

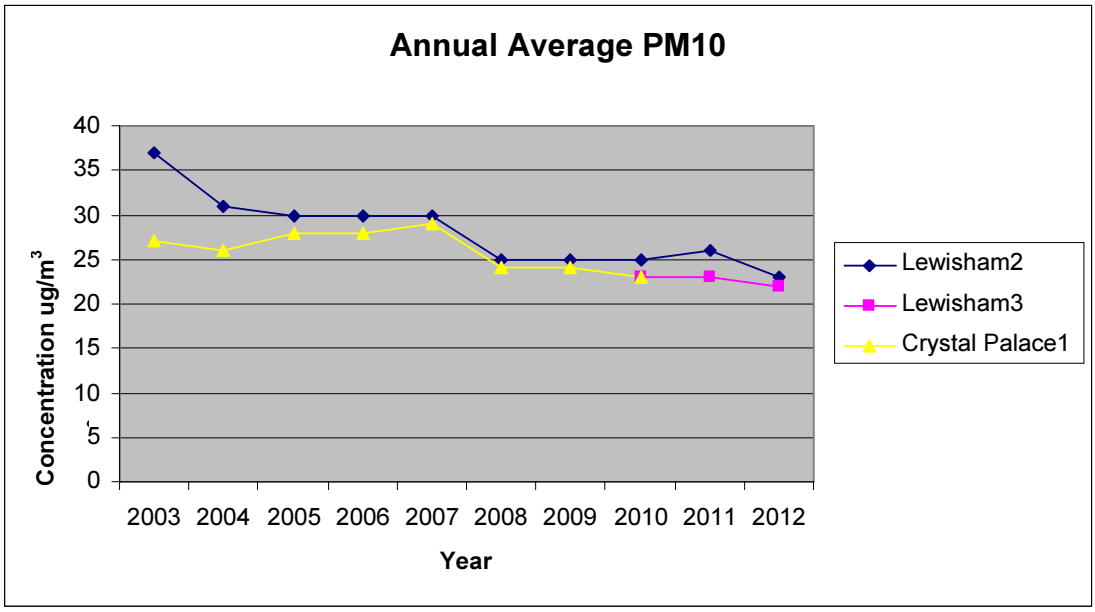


Fig 1.4: Trends in PM_{10} annual averages

Sulphur dioxide (SO_2)

There are several short-term objectives for sulphur dioxide which set a maximum number of exceedences that may occur annually. At each of the monitoring sites and for all of the objectives, no exceedences have occurred in recent years. Therefore, in order to show trends, the graph below shows the maximum 15-minute mean for each year.

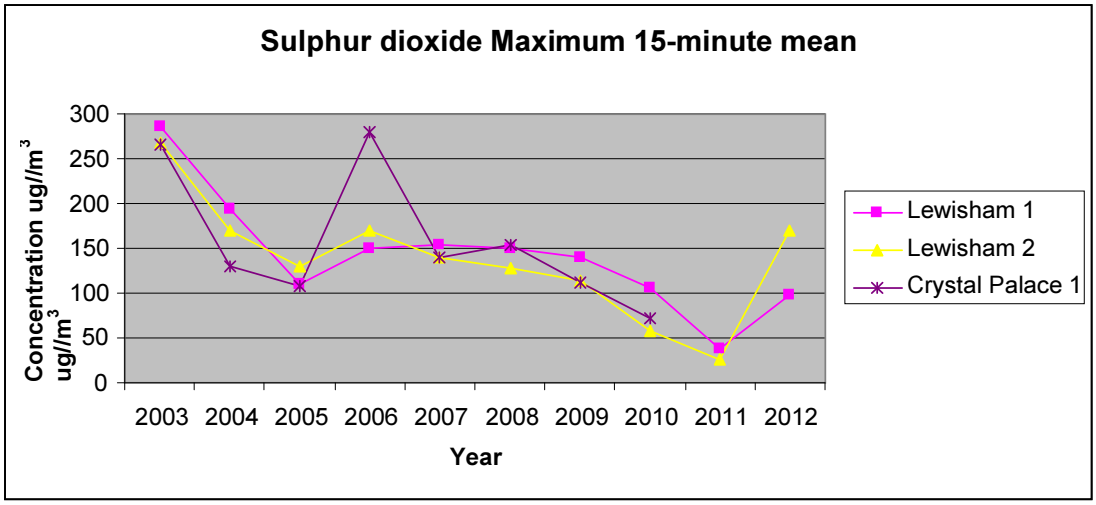


Fig 1.5: Trends in SO_2 maximum 15-minute means

Targets

The European Union has issued an air quality Directive that sets standards for a variety of pollutants that are considered harmful to human health and the environment. These standards, which are based on WHO guidelines, include limit values, which are legally binding and must not be exceeded. The EU Directive, including the emission concentration limit values, has been transposed into English law by the Air Quality Standards Regulations and a national strategy developed. The table below shows the objectives that are set in the UK National Air Quality Strategy for the different pollutants that occur in ambient air:

Pollutant	Concentration	Measured as	Date to be achieved by
Benzene	16.25 $\mu g/m^3$	Running annual mean	31.12.2003
	5.00 $\mu g/m^3$	Running annual mean	31.12.2010
1,3-Butadiene	2.25 $\mu g/m^3$	Running annual mean	31.12.2003
Carbon monoxide	10.0 mg/m^3	Running 8-hour mean	31.12.2003
Lead	0.5 $\mu g/m^3$	Annual mean	31.12.2004
	0.25 $\mu g/m^3$	Annual mean	31.12.2008
Nitrogen dioxide	200 $\mu g/m^3$ not to be exceeded more than 18 times a year	1-hour mean	31.12.2005
	40 $\mu g/m^3$	Annual mean	31.12.2005
Particles (PM_{10}) (gravimetric)	50 $\mu g/m^3$, not to be exceeded more than 35 times a year	24-hour mean	31.12.2004
	40 $\mu g/m^3$	Annual mean	31.12.2004
Sulphur dioxide	350 $\mu g/m^3$, not to be exceeded more than 24 times a year	1-hour mean	31.12.2004
	125 $\mu g/m^3$, not to be exceeded more than 3 times a year	24-hour mean	31.12.2004
	266 $\mu g/m^3$, not to be exceeded more than 35 times a year	15-minute mean	31.12.2005

Table 2.1 Air Quality Objectives included in Regulations for the purpose of Local Air Quality Management in England.

These National Air Quality Objectives have been set in regulations which implement European Union Directives on ambient air quality. The EU Directives set limit values for the pollutants which take into account relevant World Health Organisation standards, guidelines and programmes. The limit values are legally binding on the member states and must not be exceeded.

A new European Union directive on ambient air quality and cleaner air entered into force in June 2008. This merges together four earlier directives and one Council decision.

Performance

Concentrations of each of the pollutants included in the Air Quality Standards Regulations have been monitored and/or estimated then compared to the relevant standards (objectives). The table below lists each of the pollutants with the relevant objective and whether or not the objective was met in the most recent year for which data was available (2012).

Pollutant	Concentration	Measured as	Achieved in LBL (Y/N)
Benzene	16.25 $\mu g/m^3$	Running annual mean	Y
	5.00 $\mu g/m^3$	Running annual mean	Y
1,3-Butadiene	2.25 $\mu g/m^3$	Running annual mean	Y
Carbon monoxide	10.0 mg/m^3	Running 8-hour mean	Y
Lead	0.5 $\mu g/m^3$	Annual mean	Y
	0.25 $\mu g/m^3$	Annual mean	Y
Nitrogen dioxide	200 $\mu g/m^3$ not to be exceeded more than 18 times a year	1-hour mean	N
	40 $\mu g/m^3$	Annual mean	N
Particles (PM_{10}) (gravimetric)	50 $\mu g/m^3$, not to be exceeded more than 35 times a year	24-hour mean	Y
	40 $\mu g/m^3$	Annual mean	Y
Sulphur dioxide	350 $\mu g/m^3$, not to be exceeded more than 24 times a year	1-hour mean	Y

	125 $\mu g/m^3$, not to be exceeded more than 3 times a year	24-hour mean	Y
	266 $\mu g/m^3$, not to be exceeded more than 35 times a year	15-minute mean	Y

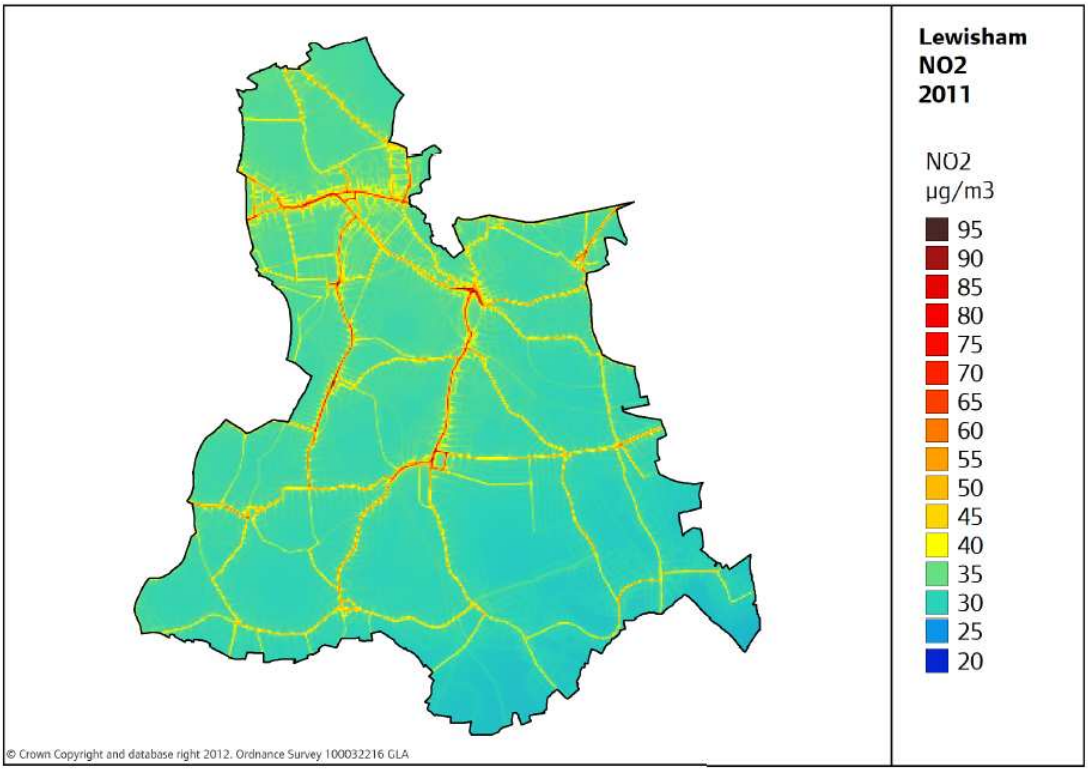
From the above table, it can be seen that the objectives were not met for only one of the pollutants; NO_2. These are called 'exceedences'. Exceedences of the annual average objective occur at many roadside locations within the borough while exceedences of the 1-hour mean objective only occur adjacent to those roads that are the most busy and congested. All background sites where monitoring of nitrogen dioxide is undertaken show compliance with both objectives.

To help put the situation in Lewisham in a regional context, the highest 24-hour average for NO_2 measured at the New Cross monitoring station in 2012 was 99µg/m^3. The highest reading recorded at any monitoring station in London was 268µg/m^3.

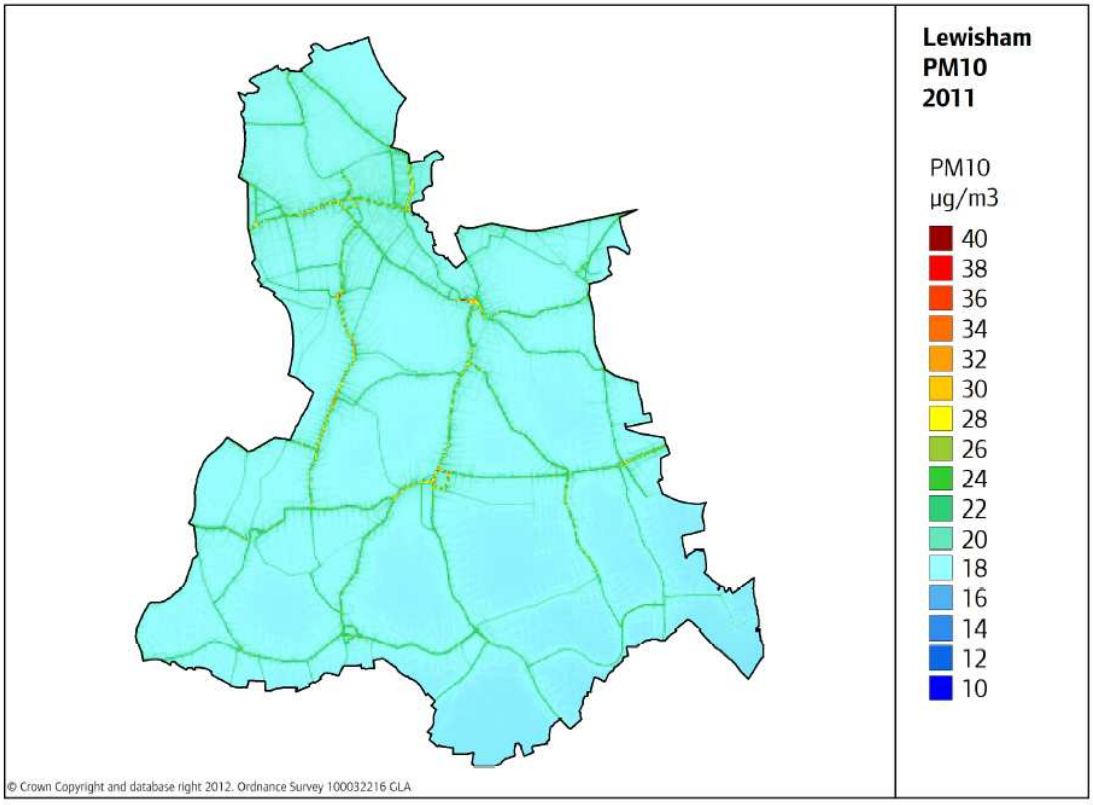
Exceedences of the 24-hour mean objective for PM_{10} have occurred previously but not since 2003.

The maps below show the modelled concentrations of nitrogen dioxide and PM_{10} for 2011 within the borough of Lewisham.

NO2 concentrations in London Borough of Lewisham 2011



PM10 concentrations in London Borough of Lewisham 2011



Local Views

Air quality is of significant concern to many local people and the subject often generates headlines in the national and local media. The 2010 Londoner Survey[12] found that pollution from traffic was the top environmental concern for Londoners.

There is no measure of local attitudes towards air quality within the borough that is carried out on a regular basis. Progress on air quality is reported to DEFRA and the GLA on an annual basis and these reports are available for viewing on the Council website. These reports are required to be produced according to a prescribed template and the content is fairly technical. Possibly as a result of this, they rarely generate feedback from members of the public. However, from conversations and calls to the local authority, we know that people are concerned about local air pollution.

Local views are gathered through consultation on specific issues and/or during community engagement events. A consultation on parking regulations within the borough was carried out in 2012 which included questions on public attitudes towards encouraging low emission vehicles using fiscal incentives. In addition, a local consultation was carried out within the Crofton

[12] The Annual London Survey carried out in early 2010, https://www.london.gov.uk/get-involved/annual-london-survey/annual-london-survey-2010

Park / Forest Hill area on the designation of a new Air Quality Management Area. The responses from the latter consultation showed overwhelming support for a larger geographical area to ensure that air quality could be managed on a wider scale.

National and local strategies

The National Air Quality Strategy

The Environment Act 1995 put into legislation a requirement for a national strategy to be developed to tackle poor air quality and thereby reduce the associated risks to human health and the environment. Consequently, on March 12th 1997, the National Air Quality Strategy was published, with commitments to achieve new air quality objectives throughout the UK by 2005. A review of the Strategy was published in January 2000 and the most recent version was produced in July 2007.

The Air Quality Strategy aims to protect health and the environment without imposing unacceptable economic or social costs. It sets out standards and objectives for the 8 main health-threatening air pollutants in the UK. The standards are based on an assessment of the effects of each pollutant on public health. They are based on recommendations by the Expert Panel on Air Quality Standards, The European Union Air Quality Daughter Directive and the World Health Organisation. Local Authorities are responsible for seven of the eight air pollutants under Local Air Quality Management (LAQM).[13] The pollutant that is not covered by LAQM is ozone which is tackled at a national level.

Mayor's Air Quality Strategy

The Mayor of London is also required to keep under review an Air Quality Strategy for the Greater London area. The most recent version of the Mayor's Air Quality Strategy entitled 'Clearing the Air' was published in December 2010. The Strategy contains policies and proposals that aim to improve air quality across the Greater London area and thereby seek to ensure that the limit values for all pollutants in the area are achieved.

Lewisham Air Quality Action Plan

Although the London Borough of Lewisham does not have an Air Quality Strategy for the borough, much of the area has been declared an Air Quality Management Area. Where an Air Quality Management Area is declared, the local authority is required to develop an Action Plan containing measures that seek to address the particular air quality problems identified. London Borough of Lewisham published an Air Quality Action Plan in January 2008 containing 21 measures that will help to reduce the levels of NO_2 and PM_{10} within the 5

[13] Taken from www.air-quality.org.uk

Air Quality Management Areas declared. Although the Action Plan is for these 5 Air Quality Management Areas, the measures implemented will deliver air quality benefits across the whole of the borough.

Current Activity and Services

For the areas declared as Air Quality Management Areas, a single Air Quality Action Plan is in place. This details all the measures that London Borough of Lewisham Environmental Protection Team are implementing or intending to do so in order to reduce the levels of NO_2 and PM_{10}.

However, many of the measures will not tackle solely the Air Quality Management Areas since any improvements to air are likely to benefit a much wider area.

A Progress Report is submitted to DEFRA each year outlining the progress made with each of the measures in the Action Plan. These reports are available to view on the Air Pollution pages of the Lewisham Council website. The measures which have been targeted within 2012-13 are as follows:

- Measures to increase awareness on air quality issues including promotion of the air pollution alert service AirTEXT and methods to help people reduce their exposure such as Walkit.com;

- Measures to Encourage the Use of Cleaner Technology and Alternative Fuels through the promotion of the uptake of electric vehicles and installation of infrastructure to support their recharging;

- Promotion of Walking through improvements to the walking environment including signage, lighting and surfacing;

- Promotion of Cycling through cycle training, security marking and repair workshops.
-
- Measures to Manage Parking through a review of the Parking Strategy including consideration of financial incentives for low emission vehicles.
-
- Measures to Reduce Emissions from Domestic Buildings through offering energy efficiency measures and advice.

In addition, London Borough of Lewisham is looking at ways to improve community engagement and provide information to residents about air quality Therefore, the website has been amended to provide contact forms for various air quality issues with the associated relevant information. This is intended to be a mutual exchange of information to help the local authority improve its services with regards to air quality.

What is this telling us?

What are the key inequalities?

Air pollution can often travel some distance away from the source of emissions. Particulate matter, especially, can travel substantially so that concentrations within London are affected by emissions from mainland Europe as well as dust from the Sahara. However, the largest source of emissions within the borough of Lewisham is motor vehicles and, consequently, the areas of poorest air quality are adjacent to the busiest roads.

As the properties alongside busy roads tend to be cheaper and/or rented accommodation, it tends to be those from the lowest socio-economic groups who live in these areas and are, therefore, exposed to higher levels of air pollution. A close link has been shown between areas of high deprivation and pollution.

A recent study by the think tank Policy Exchange sought to quantify the inequalities experienced. The research found the following:

- 5-10 year old children living in the 10% of areas with the lowest air quality in London are nearly 50% more likely than the London average to be on free school meals.

- People living in the 10% of the areas with the lowest air quality are over 25% more likely than the London average to be on income support.

As highlighted in the 2010 Marmot Review[14], individuals in deprived areas experience more adverse health effects at the same level of exposure compared to those from less-deprived areas. This is, in part, because of a higher prevalence of underlying cardio-respiratory and other diseases, as well as greater exposure to air pollution as a result of homes being situated nearer to busy congested roads and with fewer green spaces.

Studies also show that the greatest burden of air pollution usually falls on the most vulnerable in the population, in particular, the young and elderly. The link between health inequalities and pollution is complex.[15]

Individuals particularly at risk also include those with existing respiratory problems and chronic illnesses such as asthma and chronic obstructive pulmonary disease (COPD). There are approximately 690,000 asthma sufferers in London and 230,000 individuals suffering from COPD.[16]

[14] http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review
[15] http://uk-air.defra.gov.uk/reports/cat09/0701110944_AQinequalitiesFNL_AEAT_0506.pdf
[16] www.london.gov.uk/publication/mayors-air-quality-strategy

The Health Effects Institute (HEI) panel concluded that the evidence is sufficient to support a causal relationship between exposure to traffic-related air pollution and exacerbation of asthma. It also found suggestive evidence of a causal relationship with onset of childhood and asthma, non-asthma respiratory symptoms, impaired lung function, total and cardiovascular mortality, and cardiovascular morbidity, although the data are not sufficient to fully support causality.[17]

What are the key gaps in knowledge and/or services?

Although we have information on the current levels of air quality and studies demonstrate a link between air pollution and ill-health, there are still a number of gaps in our knowledge.

The main areas in which further information is needed are:

- the effects of different types of air pollution on hospital admissions and mortality
- the quantitative impacts on pollutant concentrations from individual measures in order to identify those that are the most effective.

What is coming on the horizon?

The move of Public Health into Local Authorities facilitates the integration of considerations of the wider determinant of health into the planning and delivery of local authority services. The Public Health Outcomes Framework is a set of indicators compiled by the Department of Health to measure how effectively the activities of each local authority are addressing the determinants of health. Within four domains, there are a total of 68 indicators. One of these indicators is Air Pollution.

Following on from a recent "Review and Assessment" of air quality within the borough, a Detailed Assessment was carried out which involved modelling the concentrations of NO_2 within an area around Crofton Park and Forest Hill. This area was identified as having concentrations of NO_2 above the limit values in the Air Quality Standards Regulations, being an area where members of the public are exposed and which had not already been declared as an Air Quality Management Area. Consequently, a new Air Quality Management Area will be declared to cover the areas of exceedences as a minimum.

17 http://www.comeap.org.uk/images/stories/Documents/Statements/asthma/does%20outdoor%20air%20pollution%20cause%20asthma%20-%20comeap%20statement.pdf

Following the declaration of the new Air Quality Management Area, an Action Plan will be put in place setting out the measures that will be implemented to reduce concentrations of NO_2 in this area. It is intended that the Air Quality Action Plan that currently exists for the 5 already-declared Air Quality Management Areas will then be reviewed and updated.

What should we be doing next?

The aim is to ensure that public health is protected by ensuring that no individuals are exposed to unhealthy levels of air pollution concentrations.

Therefore, we need to reduce exposure to air pollution but, more importantly, reduce emissions at source. While LB Lewisham aims to ensure that we achieve compliance with the prescribed limit values for all pollutants, we will strive to go beyond this and continue to improve air quality in all areas. In this way, we aim to protect even the most vulnerable individuals from the potential health impacts from air pollution.

No one measure is going to deliver the necessary reductions so a package of measures need to be implemented which requires co-operation and input from a variety of stakeholders. Furthermore, as some pollutants are brought into the borough from outside our area of jurisdiction, there are limitations to what can be achieved.

However, we need to ensure that the sources of air pollution that are emitted within the borough area and, therefore, within our remit, are controlled.

Therefore, we need to:

- Reduce emissions from transport by providing a range of sustainable alternatives with readily available information on the options, leading by example to promote cleaner technology and alternative fuels and using fiscal options to encourage cleaner vehicles while deterring the most-polluting;
- Reduce emissions from industry through providing advice and information to industrial operators while taking appropriate enforcement action where necessary;
- Reduce emissions from heating by supporting the uptake of energy-efficiency measures;
- Ensure that new developments do not result in increased air pollution nor place people in areas of poor air quality;
- Educate, encourage and advise people to change polluting modes of behaviour and reduce their exposure to harmful levels of air pollution.

Certain measures to improve air quality have significant co-benefits for health. These are listed below:

Motor traffic is responsible for air pollution and so measures that encourage people to use sustainable transport, such as walking and cycling would have the following benefits:

- Create an environment that is more pleasant to walk and cycle, hence increasing physical activity levels
- Reduce risks of injury and death from road traffic collisions
- Reduce noise pollution which also enables people to open windows to buildings thus reducing the costs of air conditioning
- Reduce community severance, increase community cohesion and social interactions
- Contribute to reducing the urban heat island effect (This effect is explained by the Met Office). [18]

Greater number of trees and vegetation:

- Reduce risks from localised flooding
- Contribute to urban cooling and help to contribute to reducing the urban heat island effect
- Provide shade to enable people to keep cool and out of direct sunlight in sunny weather
- Improve mental health and wellbeing
- Improve resilience to climate change. Information on climate change is available at the Met Office website. [19]

Improving the energy efficiency of homes would reduce emissions from heating systems, which would have the additional benefits of:

- Reducing fuel bills, thus reducing fuel poverty (which is the situation where households are required to spend more than 10% of their income to heat their homes to an appropriate temperature)
- Reduces likelihood of damp and mould occurring, which aggravate respiratory disease

Reduce the number of falls in the home (falls are more likely to occur in cold homes due to poor blood circulation).

Indoor Air Pollution

Research indicates that people may spend up to 90% of their time indoors, so in addition to consideration of the air quality outside, indoor air quality of our homes and workplaces is also important. [20]

In the UK, sources of indoor air pollution include domestic gas combustion from cooking and heating, cleaning agents, tobacco smoke, mould,

[18] Met office, Urban Heat Islands, http://www.metoffice.gov.uk/services/climate-services/case-studies/urban-heat-islands
[19] Met office, What is Climate Change, http://www.metoffice.gov.uk/climate-guide/climate-change
[20] P511 (2001) Polluton: Causes, Effects and Control Eds Roy M Harrison

condensation and asbestos. Tobacco smoke is an important source of indoor air pollution, exposure to second hand smoke can cause lung cancer in adults who do not smoke. It can also cause asthma in children who have not shown symptoms of asthma before.[21]

In urban areas outdoor air pollution may affect indoor air quality. Indoor air quality can be improved through source control, filtration and ventilation.[22] it is possible to install filtration to reduce ingress of outdoor air pollution. There are European standards for filtration applicable for non residential buildings. At home individuals can improve indoor air quality by not smoking at home, and other actions such as keeping types of houseplants known to improve air quality and ensuring there is adequate ventilation and extraction when cooking and using cleaning products.

[21] United States Environmental Protection Agency, Health Effects of Exposure to Second Hand Smoke. http://www.epa.gov/smokefree/healtheffects.html
[22] Air Quality in Lewisham: A guide for Public Health Professionals, Mayor of London 2012.

HEALTH AND WELLBEING BOARD				
Report Title	Big Lottery Fulfilling Lives: A Better Start and HeadStart Funding Application			
Contributors	Warwick Tomsett, *Head of Targeted Services and Joint Commissioning*		Item No.	8
Class	Part 1	Date: 25.03.2014		
Strategic Context	Health and Wellbeing Strategy Lewisham Children and Young People's Plan 2012-2015			

1. Purpose

1.1 The purpose of this report is to provide the Health and Wellbeing board with a summary of the recent funding application made to the Big Lottery 'Fulfilling Lives: A Better Start investment and our next steps. This report also provides board members with background information on the 'Fulfilling Lives: HeadStart' investment.

2. Recommendation/s

2.1 The Health and Wellbeing Board is recommended to note the information provided in this report and the attached presentation.

3. Policy Context

3.1 The aims of the Big Lottery Fulfilling Lives: **A Better Start** investment are to improve outcomes for under three year olds, through a step change in preventative approaches, in diet and nutrition, communication and language development and social and emotional development. These aims link directly with many of the outcomes in Lewisham's Health and Wellbeing Strategy 2013-2023, Lewisham CCG's Strategy 2013-18, and Lewisham's Children & Young People's Plan 2012-2015.

3.2 The aim of the Big Lottery Fulfilling Lives: **HeadStart** investment is to 'better equip young people aged 10 – 14 years to prevent the initial occurrence of mental health problems, and to build the evidence for service redesign and investment in prevention'. This aim links directly with priority outcomes in Lewisham's Health and Wellbeing Strategy 2013-2023, Lewisham CCG's Strategy 2013-18, and Lewisham's Children & Young People's Plan 2012-2015.

4. Background

4.1 **A Better Start:** Big Lottery is making available between £30m and £50m for up to five local authority areas over the next 10 years to support the Fulfilling Lives: A Better Start programme.

4.2 In January 2013, the Big Lottery wrote to all upper-tier local authorities to invite expressions of interest in the 10 year A Better Start investment programme. Lewisham was part of the long list selected in April 2013, with The Children's Society as the lead partner. A stage 1 application was submitted in June 2013. The Big Lottery announced in August 2013 that Lewisham had been successful at stage one.

4.3 The Children's Society has lead the development of our stage two application. This has drawn upon our strong local partnership with parents and parents-to-be as well as with the third sector and statutory agencies. It has also been informed by a Wellbeing Survey, conducted in each of the competing areas, which analysed local needs and the biggest risk factors to children and young people achieving their outcomes. Lewisham's bid was submitted on 28th February 2013.

4.4 **Headstart:** In November 2013, Big Lottery approached Lewisham as one of 12 areas in the country to consider how best to improve resilience in young people aged 10 – 14 years through the HeadStart Programme. This is seen as an opportunity to create a step change in young people's well-being in this area and will provide funding of up to £10.5m over six years to build resilience and improve the mental health of young people.

5. Bid summary – A Better Start

5.1 Lewisham's bid for Fulfilling Lives: A Better Start intends to transform the lives and life chances of children and young people in Lewisham. Its central concept, the Lewisham Village, describes a situation where parents and parents-to-be will be empowered to make the decision that the difference for their children and families. They will be part of active, participative and skilled communities that clearly understand the role they play in helping children to lead health and happy lives.

5.2 Communities in Lewisham will become Family Friendly Zones, where an investment in children, especially in their early years, is everybody's responsibility.

5.3 Lewisham is asking for £46m over the next ten years to support this project. It will be invested in evidence-based interventions that will look to empower parents and the communities that surround them and will transform services so that they are even more responsive and flexible to local need. More confident parents, more capable communities and more appropriate support from peers as well as statutory agencies will mean that a greater number of families will have their needs met at an earlier stage, preventing escalation to more reactive and remedial services.

5.4 Further details of the individual interventions and programmes are included in the attached presentation.

6. Bid summary - HeadStart

6.1 Lewisham is one of 12 local authority areas competing for HeadStart funding. The bid is currently being developed in partnership with schools, the third sector, statutory agencies and with parents and young people themselves.

6.2 Big Lottery have identified the following outcomes for this investment:

- Young people are better able to cope in difficult circumstances and do well in school and in life
- Building resilience helps to prevent the onset of common mental health problems
- Learning from different approaches by contributing to an evidence base

6.3 To support these outcomes, Big Lottery will be looking for approaches and interventions that concentrate on:

- A child's time and experiences at school
- Their ability to access the community services they need
- Their home life and relationships with family members
- Their interaction with digital technology

6.4 Lewisham has high levels of poor mental health in both adults and children compared to England and London. Common mental illnesses are estimated to afflict 19.8% of Lewisham's population at any one time. This prevalence is higher than London and England with 18.2% and 16.6% respectively.1 The Annual Public Health Report (2012) identified the increasing stress many families were under as the result of the financial crisis and welfare reforms, and that children were particularly adversely affected by this. The Lewisham JSNA identifies the value of intervening early to prevent mental illness by working with children to build resilience.

6.5 Following initial discussion across the partnership, Lewisham's bid is likely to focus on the following key areas:

- Training and building skills across the workforce
- Supporting Primary to Secondary transfer
- Facilitating group work to develop resilience
- Investing in universal delivery of wellbeing programmes

7. Next steps

[1] Lewisham's Joint Strategic Needs Assessment

7.1 **A Better Start**: A panel interview will take place on 7th May, with the announcement of the successful areas due in July 2014

7.2 **HeadStart:** The deadlines for the HeadStart bid are detailed in the table below:

Application Submission	Decision	Projects to start / end
Stage two submission by 17th April 2014	Decision received by end of June 2014	Initial projects to start by end of July 2014
Stage three submission by 5th December 2014	Decision received by March 2015	Full projects to start by September 2015. All funding must be spent by August 2020

8. Financial implications

8.1 *A Better Start:* Lewisham has applied for £46m to work in four wards: Evelyn, New Cross, Bellingham and Downham. Over the ten year investment programme, the Big Lottery are expecting to see a shift of 2% in public bodies' expenditure on children and young people into early intervention and prevention.

8.2 *HeadStart*: Lewisham has secured £10k development funding so far. As part of the Stage 2 application, the HeadStart Lewisham partnership is in the process of bidding for £500k (deadline 30th April 2014) to pilot proposals over one year . The final application will be submitted to Big Lottery by 5th December 2014 and will amount to £10million. Secured funding must be spent by August 2020.

7. Legal implications

7.1 As part of the funding application for A Better Start, Lewisham submitted a draft Partnership Agreement setting out the roles and responsibilities of each strategic partner in the project. This is not a formal partnership, but must cover financial liability. This Partnership Agreement will be cleared by all partners' legal teams prior to becoming operational.

7.2 For HeadStart Lewisham, London Borough of Lewisham is the lead partner, with a well established multi-agency steering group supporting the programme. A Partnership Agreement will be submitted as part of the Stage 3 application process.

7.3 Members of the Board are reminded that under Section 195 of the 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 arising from this report.

9. Equalities Implications

9.1 Funding applications for both A Better Start and HeadStart have included an assessment of equalities, and a full EAA will be completed if we are successful, prior to projects starting in December 2014 (for A Better Start) and July 2014 (for HeadStart).

10. Environmental Implications

10.1 There are no direct environmental implications arising from this report.

11. Conclusion

11.1 Members of the Health & Wellbeing Board are asked to note the submission of Lewisham's application.

Background documents

Lewisham Village Project Plan
Big Lottery Fulfilling Lives: A Better Start Application Form
Lewisham Village Partnership Agreement

HeadStart Lewisham Briefing Papers
Big Lottery Fulfilling Lives: HeadStart Lewisham, Stage 1 Application Form

If there are any queries on this report please contact ***Ed Knowles**, **Service Manager, London Borough of Lewisham on 020 8314 6968 or Edward.knowles@lewisham.gov.uk.***

Health and Wellbeing Board			
Title	Comments of the Children and Young People Select Committee on Early Intervention and Targeted Support		
Contributors	Children and Young People Select Committee	**Item No.**	9
Class	Part 1	**Date**	25 March 2014

1. Summary

1.1 This report informs the Health and Wellbeing 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.

1.2 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.

2. Recommendation

2.1 The Health and Wellbeing Board is recommended to note the views of the Children and Young People Select Committee as set out in section three.

3. Children and Young People Select Committee views

3.1 On 28 January 2014 the Children and Young People Select Committee visited Downderry 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.

3.2 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.

3.3 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.

4. Financial Implications

4.1 There are no financial implications arising out of this report per se; but there may financial implications arising from carrying out the action proposed by the Committee.

5. Legal Implications

5.1 The terms of reference for the Children and Young People Select Committee as set out in the Constitution (at Article 6.6) provides the Committee with responsibility for the following:

- To fulfil all Overview and Scrutiny functions as they relate to the social care of children and young people up to the age of 19 years including but not limited to the following activities:-
  (i) the social services functions of the Council under the Local Authority Social Services Act 1970, and all functions of the Council under the National Assistance Act 1948, the Mental Health Act 1983, Children Act 1989, the NHS and Community Care Act 1990, and all other relevant legislation in force from time to time

- Other matters relating to children and young people

- To receive and consider referrals from the Healthwatch in so far as they relate solely to people under 19 years of age. Otherwise such referrals will be made to the Healthier Communities Select Committee.

Background papers

Early Intervention and Targeted Support - Meeting of the Children and Young People Select Committee, 29 January 2014 (please see link below):
http://councilmeetings.lewisham.gov.uk/mgAi.aspx?ID=7710

If you have any queries on this report, please contact Andrew Hagger, Scrutiny Manager (ext. 49446) or Kevin Flaherty, Head of Committee Business (ext. 49327).

Health and Wellbeing Board			
Title	Emergency Services Review		
Contributors	Overview and Scrutiny Committee	**Item No.**	10
Class	Part 1	**Date**	25 March 2014

1. Summary

1.1 The Council's Overview and Scrutiny Committee completed a review of emergency services in Lewisham in October 2013. This report informs the Health and Wellbeing Board (HWB) of the recommendations and details the implications of recommendations for the Health and Wellbeing Board work programme.

2. Recommendation

2.1 The Health and Wellbeing Board is recommended to note the recommendations of the Emergency Services Review and agree to include a review of performance against the recommendations in the work programme.

3. Policy 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 requires the Health and Wellbeing Board 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.

4. Background

4.1 At Council on 23 January 2013, members resolved that the Overview and Scrutiny Committee be asked to undertake an urgent investigation into emergency service provision across the borough. The review was scoped and agreed in February 2013 and evidence sessions were held at Housing, Sustainable Development, Children and Young People, Healthier Communities and Safer Stronger Communities Select Committees between May and September 2013.

5. The Emergency Review Recommendations

5.1 The report attached at Appendix A presents the written and verbal evidence received by Select Committees and includes the 35 recommendations agreed by Overview and Scrutiny.

5.2 A number of the recommendations, specifically those relating to prevention and partnership, are already aligned to priorities within the Health and Wellbeing Strategy and the Adult Integrated Care Programme.

5.3 Recommendation 34 states that:

"The Mayor and Cabinet, the Safer Lewisham Partnership, the Health and Wellbeing Board should regularly review performance against the recommendations made within this report, in their role as local strategic leadership bodies."

Officers recommend that a review of performance against the recommendations is included in the HWB work programme.

6. Financial Implications

6.1 There are no financial implications arising out of this report per se; but there may financial implications arising from carrying out the action proposed by the Committee.

7. Legal Implications

7.1 The overview and scrutiny committee is responsible for the overview and scrutiny of functions in accordance with the Local Government Act 2000.

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 crime and disorder implications arising from this report.

9. Equalities Implications

9.1 There are no specific equalities implications arising from this report.

10. Environmental Implications

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

11. Conclusion

11.1 The HWB has established arrangements for reviewing performance against the Health and Wellbeing Strategy and Adult Integrated Care Programme that include some of the recommendations of the Emergency Services Review. Including a review of performance against all the recommendations in the work programme will ensure a consistent approach to this activity.

Background papers

Emergency Services Review:

http://councilmeetings.lewisham.gov.uk/documents/s25522/Emergency%20services%20review.pdf

If you have any queries on this report, please contact Carmel Langstaff, Strategy and Policy Service Manager (ext. 49579) or Salena Mulhere, Overview and Scrutiny Manager (ext. 43380).

HEALTH AND WELLBEING BOARD				
Report Title	Health and Wellbeing Board Work Programme			
Contributors	Service Manager – Strategy, Directorate for Community Services		Item No.	11
Class	Part 1	Date: 25 March 2014		

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:

- note the current draft of the work programme and consider whether amends or additions are necessary
- approve the work programme.

3. Policy context

3.1 The activity of the Health and Wellbeing Board 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.

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 In adding items to the work programme, the Board should specify the information and analysis required in the report, so that report authors are clear as to what is required. 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.

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

5. Work programme

5.1 The draft work programme (see Appendix 1), includes some of the key items which the Board will need to consider over the course of 2014/15. This includes the Board's statutory functions in regard to the Joint Strategic Needs Assessment, the Pharmaceutical Needs Assessment and the Health and Wellbeing Strategy.

5.2 At the HWB meeting on the 28 January, members agreed to focus on high-level issues, undertaking more detailed reviews as and when necessary. The Agenda Planning Group has requested that reports clearly identify the strategic context and will endeavour to group strategic items on the agenda.

5.3 At the January HWB meeting the lack of a mechanism for the Adult Joint Strategic Commissioning Group and the Joint Public Engagement Group to report to the Board was highlighted. It was suggested that these groups consider how frequently they would like to report to the Board at their next meetings in April and May respectively.

5.3 Tony Nickson suggested that the agenda could be widened to include voluntary sector activity. A representative from Voluntary Action Lewisham has now joined the Agenda Planning Group to facilitate greater engagement of the voluntary sector. A report on the voluntary and community sector (VCS) engagement in the Adult Integrated Care Programme is included on the March 2014 agenda and a report outlining the VCS response to poverty has also been provisionally scheduled for the next Health and Wellbeing Board meeting.

5.3 The work programme now includes a standing item on progress in relation to the Health and Wellbeing Strategy. The Public Health service has scheduled updates on each of the priorities to take place over the next 12 months.

5.4 The report on Food Poverty has been rescheduled for the next Health and Wellbeing Board meeting.

5.5 The Housing Strategy and Public Health report has been rescheduled for the next Health and Wellbeing Board meeting.

6. Financial implications

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

7. Legal implications

7.1 The Board's statutory functions are broadly set out in paragraph 4.2.

7.2 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.

7.3 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.

7.4 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.

7.5 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/

7.6 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

7.7 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/

7.8 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. Equalities implications

8.1 There are no specific equalities implications arising from this report or its recommendations.

9. Crime and disorder implications

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

10. Environmental implications

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

Background documents
None

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

Appendix 1

Health and Wellbeing Board – Work Programme

(Updated: 14.03.14)

Meeting date	**Agenda Planning**		**Report Deadline**		**Agenda Publication**		**Minutes drafted by**	
Date TBC 2014	**Date TBC**		**Date TBC**		**Date TBC**		**Date TBC**	
Agenda item	**Report Title**	**Deferred?**	**Key decision or information**	**Part 1 or Part 2**	**Lead Organisation(s)**	**Author(s) / Presenter**	**Previous report pathway & date**	**Next report pathway & date**
1	**Update on Progress in relation to Autism Strategy**		Information	Part 1	LBL / CCG	A and P: Corinne Moocarme	AJSCG	
2	**Integrated Adult Care Programme**			Part 1	LBL / CCG	A and P: Sarah Wainer / Susanna Masters	AICPB	
3	**Annual Public Health Report**			Part 1	LBL	A and P: Danny Ruta		
4	**Healthwatch Annual Report**			Part 1	LBL	A and P: Carmel Langstaff	[Performance Review: 28.1.14 HWB]	
5	**Housing Strategy and Public Health / Housing Headstart**			Part 1	LBL	A and P: Jane Miller		
6	**HWB Strategy: Progress Update Immunisation**			Part 1	LBL	A and P: Donal O'Sullivan		
7	**HWB Strategy:**		Part 1		LBL	A/P: Gwenda		

	Progress Update Healthy Weight / Obesity					Scott/Katrina McCormick		
8	**LSL Sexual Health Strategy**			Part 1	LBL	A/P: Ruth Hutt	28.1.14 HWB	
9	**Food Poverty**			Part 1	LBL	A and P: Public Health (Officer tbc)		
10	**VCS Response to Poverty**			Part 1	VAL	A and P: Tony Nickson		

Meeting date	Agenda Planning		Report Deadline		Agenda Publication		Minutes drafted by	
23 Sep 2014	Date TBC		Fri 5 Sept		Mon 12 Sept		Fri 3 Oct	
Agenda item	**Report Title**	**Deferred**	**Key decision or information**	**Part 1 or Part 2**	**Lead Organisation(s)**	**Author(s) / Presenter**	**Previous report pathway & date**	**Next report pathway & date**
1	**Revised Pharmaceutical Needs Assessment for HWB approval**			Part 1	PHE	Katrina McCormick / Danny Ruta		
2	**Integrated Adult Care Programme**			Part 1	LBL	A and P: Sarah Wainer / Susanna Masters	AICPB	
3	**HWB Strategy General Progress Update**			Part 1	LBL	A: Alfred Banya (tbc) P: DR		
4	**HWB Strategy: Progress Update Cardio-Vascular Disease**			Part 1	LBL	A/P: Jane Miller		
5	**HWB Strategy: Progress Update Mental Health**			Part 1	LBL	A/P: Ruth Hutt		
6	**HWB Strategy: Progress Update Cancer**			Part 1	LBL / CCG	A/P: Katrina McCormick (CCG will contribute to the report)		

Meeting date	Agenda Planning		Report Deadline		Agenda Publication		Minutes drafted by	
25 Nov 2014	Date TBC		Fri 7 Nov		Fri 14 Nov		Fri 5 Dec	
Agenda item	Report Title	Deferred	Key decision or information	Part 1 or Part 2	Lead Organisation(s)	Author(s) / Presenter	Previous report pathway & date	Next report pathway & date
1	**Integrated Adult Care Programme**			Part 1	LBL	A and P: Sarah Wainer / Susanna Masters	AICPB	
2	**HWB Strategy General Progress Update**			Part 1	LBL	A: Alfred Banya (tbc) P: DR		
3	**HWB Strategy: Progress Update - Delayed Discharge / Long-Term Conditions**			Part 1	LBL	A/P: Katrina McCormick		
4	**HWB Strategy: Progress Update - Air quality / Chronic Obstructive Pulmonary Disease (COPD)**			Part 1	LBL	A/P: Katrina McCormick		

Meeting date	Agenda Planning		Report Deadline		Agenda Publication		Minutes drafted by	
Jan 2015	Date TBC		TBC		TBC		TBC	
Agenda item	**Report Title**	**Deferred**	**Key decision or information**	**Part 1 or Part 2**	**Lead Organisation(s)**	**Author(s) / Presenter**	**Previous report pathway & date**	**Next report pathway & date**
1	Integrated Adult Care Programme			Part 1	LBL	A and P: Sarah Wainer / Susanna Masters	AICPB	
2	Public Health Budget			Part 1	LBL	Danny Ruta		
3	Healthwatch Performance Review			Part 1	LBL	A/P: Carmel Langstaff		
4	HWB Strategy Delivery Group: progress update			Part 1	LBL	A: Alfred Banya (tbc) P: DR		

Meeting date	Agenda Planning		Report Deadline		Agenda Publication		Minutes drafted by	
March 2015	Date TBC		TBC		TBC		TBC	
Agenda item	**Report Title**	**Deferred**	**Key decision or information**	**Part 1 or Part 2**	**Lead Organisation(s)**	**Author(s) / Presenter**	**Previous report pathway & date**	**Next report pathway & date**
1	Integrated Adult Care Programme			Part 1	LBL	A and P: Sarah Wainer / Susanna Masters	AICPB	
2	HWB Strategy Delivery Group: Annual Report					A: Alfred Banya (tbc) P: DR		