

Public Document Pack

Health and Wellbeing Board Agenda

Tuesday, 23 September 2014

3.00 pm,

Council Chamber - Civic Suite

Civic Suite

Lewisham Town Hall

London SE6 4RU

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Part 1

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Health and Wellbeing Board Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 23 September 2014.

Barry Quirk, Chief Executive
Monday, 15 September 2014

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

MINUTES OF THE HEALTH AND WELLBEING BOARD

Tuesday, 3 July 2014 at 2.00 pm

ATTENDANCE

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

IN ATTENDANCE: Jade Fairfax (Healthwatch Lewisham), Dr Roger Green (Goldsmith's College, University of London), Laura Harper (Housing, Health and Social Care Integration Project Manager, LBL), Joseph Knappett (Service Manager, Performance, Community Services, LBL), Carmel Langstaff (Service Manager, Strategy and Policy, Community Services, LBL), Genevieve Macklin (Head of Strategic Housing, Customer Services, LBL), Corinne Moocarme (Joint Commissioning Lead, Community Support and Care, CCG/LBL), Nickie Roome (Campaign in Lewisham for Autism Spectrum Housing), Dr Donal O'Sullivan (Consultant in Public Health Medicine, LBL), Simone Riddle (Lewisham Healthwatch), Sarah Wainer (Head of Strategy, Improvement and Partnerships, Community Services, LBL), Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group, for Dr Marc Rowland, Lewisham CCG), Kalyan DasGupta (Clerk to the Board, LBL).

1. Minutes of the last meeting and matters arising

- 1.1 The Chair welcomed everyone.
- 1.2 Apologies were received from Dr Marc Rowland (Chair, Lewisham Clinical Commissioning Group and Vice-Chair, Lewisham Health and Wellbeing Board) and Dr Simon Parton (Chair, Lewisham Local Medical Committee).
- 1.3 The minutes of the previous meeting (25 March 2014) were agreed as an accurate record, with the following amendment (under Item 2, "Declarations of Interest"): Cllr John Muldoon's credentials should read, "elected governor of South London and Maudsley (SLaM) NHS Foundation Trust, representing Lambeth, Southwark and Greenwich."
- 1.4 There were no matters arising.

2. Declarations of Interest

2.1 There were no declarations of interests.

3. South East London Commissioning Strategy

3.1 The draft strategy was presented by Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group).

3.2 A further version of the strategy, focusing on local implementation, will be submitted to the Board in September 2014.

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

- The key priorities are well aligned to Lewisham's local ones, although there are differences between regional and local implementations of the strategy. Further iterations will ensure alignment with other key strategies. Martin Wilkinson will update the HWB as the local strategy develops.
- The key principles that underpin the HWB strategy, e.g. integration and prevention, are embedded in the SEL strategy.
- The ultimate responsibility for the strategy lies with the Governing Body of the CCG.
- Because there is no 6-borough cluster of local authorities in South-East London to match the CCG cluster, the strategy places particular responsibility on the HWB members across south east London to act collaboratively.

3.4 The Board noted the draft South East London Commissioning Strategy.

4. Adult Integrated Care Programme Update

4.1 Sarah Wainer (Head of Strategy, Improvement and Partnerships, Community Services, LBL) presented the report, and highlighted the following points:

- The Care Act received Royal Assent on 14 May 2014. The Act represents a major reform of the law relating to the care and support of adults and their carers and sets out a number of new duties.
- New guidance on the Better Care Fund is awaited.
- A series of events with respect to the Adult Integrated Care Programme has taken place. The 26 June 2014 workshop to review and further develop the neighbourhood model was very well attended and provided a good platform to take the work forward.

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

- The language in which the various sectors communicate and use in their work is not always shared and fully understood by all.
- Brendan Sarsfield commented that leadership and culture were critical to the success of integration.

4.3 The Board:

1. Noted the updates provided in sections 4 and 5 which are relevant to the Integration Programme;
2. Noted the activity in relation to planning and setting of Commissioning Intentions;
3. Agreed that the Board's work programme should include those priority areas for 2014/15 identified in paragraph 5.1.6 of the report; and
4. Agreed the proposals for enhancing communication and engagement activity (as set out in section 7 of the report).
5. Agreed that a report on Lewisham's progress in relation to the implementation of the Care Act will be presented to the Health and Wellbeing Board at its next meeting.

5. Housing and Health in Lewisham

5.1 Genevieve Macklin (Head of Strategic Housing, Customer Services, LBL) presented the report, setting out the wider relationship between housing and health/wellbeing that goes beyond the previously discussed new models of housing for older residents.

5.2 The report highlighted the following points:

- Residents' health and wellbeing are affected by housing issues chiefly in three ways:
 - The quality and condition of homes
 - The provision of new housing, and
 - The management of homelessness.
- Partner agencies should work together to:
 - Expand and further prioritise the current focus on targeted support and prevention;
 - Share intelligence for specialised and other housing;
 - Pilot the provision of a housing advice service in health settings, and
 - Support the Warm Homes Healthy People Project.

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

- Integrated working is key to improving health and wellbeing within the housing agenda.
- Anyone can access the Handyperson Scheme, but this may be more effective if targeted.
- The model required for housing provision in the Borough is one that factors in longer life expectancy.
- Loneliness and lack of accessible information can be addressed through the Information and Advice Workstream of the Adult Integrated Care Programme, as well as through the voluntary sector.
- Brendan Sarsfield suggested that the housing strategy should be driven by health rather than the impact of homelessness on health.
- Martin Wilkinson agreed to explore the case for investment further with Genevieve Macklin and suggested that the recommendations should be considered as part of the Adult Integrated Care Programme and the allocation of Winter Pressures resources.
- The Away Day should consider some of the strategic aspects of the relationship between housing and health.

5.4 The Board:

1. Noted the three main areas in which housing impacts on residents' health and wellbeing, and the work that is currently being carried out in each;
2. Agreed the recommendations made in the report which are intended to further support integrated working across housing, health and social care, namely:
 - a. To further expand the current focus on prevention, in particular on interventions which have the greatest impact;
 - b. For partner agencies to work more closely together to share intelligence;
 - c. To pilot the provision of a housing advice service in health settings;
 - d. To continue to support the Warm Homes Healthy People Project and where possible help to secure greater engagement and buy in from local healthcare providers.

6. Health and Wellbeing Performance Dashboard

- 6.1 Dr Danny Ruta (Director of Public Health, LBL) presented the draft Performance Dashboard, designed to assist the Board in monitoring the

progress against its agreed priorities within the Health and Wellbeing Strategy and the integration of health and care for adults.

6.2 The following points were raised or highlighted:

- The dashboard will include those indicators on which BCF activity is focussed.
- The dashboard includes a number of indicators (including those on birth weight, immunisation and excess weight) from the Be Healthy priority of the Children and Young People's Partnership.
- The dashboard is based on 26 national metrics drawn from the Quality and Outcomes (Primary Care), Public Health, NHS and Adult Social Care Outcomes Frameworks.
- The indicators will be used to monitor the health outcomes and the integration of health and social care services on an annual and, where possible, quarterly basis.

6.3 The Board agreed the proposed health and care indicators as set out in the submitted draft dashboard.

7. The Annual Public Health Report

7.1 Dr Danny Ruta (Director of Public Health, LBL) presented the report. Dr Ruta explained that the report is made up of three separate sections. He circulated a copy of the first issue of *Well!*, a magazine aimed at providing information and support to residents to help them improve their health and fitness and which forms the first part of the annual report. Lewisham's Joint Strategic Needs Assessment website provides the second section of the report. The third section is the electronic publication of resources to support weight management by health professionals. These include the Weight Management Care Pathway for both children and adults and a range of other resources.

7.2 The Board:

1. Noted the report, which is targeted at mothers with young families, and has a particular focus on obesity.
2. Endorsed the use of the "Well!" logo to become a trademark for future Public Health reports.

8. Healthwatch Lewisham Annual Report

8.1 Jade Fairfax and Simone Riddle of Healthwatch Lewisham presented the report.

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

- The CCG welcomed the report and explained that many recommendations made had been implemented.
- In response to a query, Jade and Simone clarified that there were enough volunteers for the work being undertaken at the moment.
- Information about Healthwatch's work with Kaleidoscope should be fed into the education and health sectors as well and disseminated more broadly beyond this Board.

8.3 The Board noted the Healthwatch Lewisham Annual Report.

9. Immunisation in Lewisham

9.1 Dr Donal O'Sullivan (Consultant in Public Health Medicine, LBL) presented the report, focusing on the universal childhood programme and highlighting the following points:

- Immunisation is the second most important method of preventing diseases and illnesses after ensuring clean water.
- Very few areas within Lewisham have witnessed parental resistance to immunisation.
- A Lewisham immunisation workplan has been developed for 2014/15, with the following actions as priorities:
 - The development of a new Lewisham Immunisation Strategy, based on an agreement as to the relative roles of NHS England, the Clinical Commissioning Group, Public Health England and the local Children's Commissioning team. The existing Lewisham Immunisation Strategy Group, which has representation at a senior level of all of these stakeholders and which reports to the Lewisham Health and Wellbeing Board, would seem to be the best way of overseeing the development of this new strategy.
 - A review of the use of the health visiting services as an alternative to the GP practice immunising children.
 - Further development of immunisation care pathways.
 - Introduction of the new national immunisation programme to ensure that secondary school children and young adults are protected against disease caused by Group C Meningococcus.
 - The immunisation of pregnant women against influenza and pertussis by midwives.

- Opportunistic immunisation of children in settings other than primary care.

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

- The Children’s Partnership Board has observed that the current NHS England system of paying GPs for immunising children at age 6 rather than at age 5 directly delays earlier immunisation. Jane Clegg noted the point and promised to pass it on to the relevant colleagues within the NHS. She added that work was also underway in the NHS to address the discrepancy between actual uptake and reported uptake.
- Collaborative commissioning is due to become operational and will become an important aid to progressing immunisation. The CCG is already commissioning on a more population-based approach than before.
- NHS England manages the contracts for immunisation and monitors performance. It was noted that the improvement in MMR1 was not achieved through performance management alone.

9.3 The Board:

1. Noted the content of the report on immunisation in Lewisham and
2. Endorsed the priorities and Immunisation Workplan for 2014/15.

10. Health and Wellbeing Strategy: Progress Update Healthy Weight / Obesity

- 10.1 Dr Danny Ruta (Director of Public Health, LBL) provided an update on the progress towards achieving the improvements and outcomes of the HWB Strategy’s priority area 1: achieving a healthy weight in children and adults. The focus of the report was on the objectives and actions identified in the delivery plan of the Health and Wellbeing Strategy, but it also covered the ongoing work of the various strategies and plans supporting this priority.
- 10.2 In the discussion, it was recommended that the Board seek to help residents achieve and maintain a healthy weight by sign-posting some of the ways in which this could be done—for instance by marking out safe cycling routes.
- 10.3 The Board noted the content of the report on Health and Wellbeing Strategy: Progress Update Healthy Weight / Obesity.

11. Food Poverty in Lewisham

- 11.1 Dr Danny Ruta (Director of Public Health, LBL) provided information on the causes, scale, consequences, and current interventions relating to food poverty in Lewisham.

11.2 The following points were highlighted:

- The Greater London Authority report *Child Hunger in London* stated that 21% of parents surveyed reported skipping meals so that their children could eat and 9% of children in London said they sometimes or often go to bed hungry. If these figures were applied to Lewisham it is estimated that 19,000 parents in Lewisham skip meals so their children can eat and 6,000 children in Lewisham sometimes or often go to bed hungry.
- Findings of the report should be used as the foundations for the future development of action plans for Lewisham, modelled on the Greater London Authority report on child hunger and the London Assembly report on food poverty. This will become part of the overall strategy for food and nutrition in the Borough.

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

- The cost of housing contributes to food poverty in London.
- The Whitefoot Nutrition Project was cited as an example of good practice locally.

11.4 The Board :

1. Noted the content of the report Food Poverty in Lewisham and
2. Endorsed the next steps outlined in the report.

12. Voluntary and Community Sector Response to Poverty, with a Focus on Food Poverty

12.1 Tony Nickson (Director, Voluntary Action Lewisham) and Dr Roger Green (Goldsmith's College, University of London) presented the report about independent community responses to poverty in the Borough, with a focus on food poverty. The report included findings from Goldsmith's College researchers on the use and operation of food banks in the Borough. (Please click on this link for the report:

[*Putting Food On The Table--Understanding Food Poverty: Exploring Food Bank Use In Lewisham*](#)

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

- Food banks are short-term solutions to food poverty in the Borough.
- People are presenting at food banks with a multitude of issues and are being sign-posted to other services.

- It was suggested that a Lewisham food summit may help address food poverty in the borough.

12.3 The Board:

1. Acknowledged the issue of food poverty in the Borough, as indicated by the experiences of local voluntary and community organisations and initial research findings presented, and
2. Endorsed a discussion, to be initiated by VAL and partners, with all key stakeholders, including food bank users, to discuss approaches towards solutions to food poverty and to further investigate why people are increasingly accessing food banks and other food distribution points, with the aim of improving co-ordination and effective support for voluntary action locally in addressing food poverty in the Borough.

13. **Progress Report on Implementing the National Autism Strategy “Fulfilling and Rewarding Lives” in Lewisham**

- 13.1 Corinne Moocarme (Joint Commissioning Lead, Community Support and Care, CCG/LBL) and Laura Harper (Housing, Health and Social Care Integration Project Manager, LBL) presented a six-monthly update on the local implementation of the National Autism Strategy, focusing on the main areas of the Self Assessment where Lewisham had rated itself amber.
- 13.2 In particular, there was an emphasis on the specific identification of adults with autism in the local housing strategy and more detail on how Lewisham Housing is working to identify a range of housing to support residents with particular needs.
- 13.3 The following points were raised or highlighted in the discussion:
 - Lewisham is looking to establish a community that accepts and understands autism and which has an infrastructure that provides opportunities for adults with autism/Asperger’s syndrome to live fulfilling and rewarding lives.
 - The Self Assessment Framework (SAF—for 2013) provided an opportunity to recognise Lewisham’s achievements, take stock of the Borough’s current position, and understand where further work was required.
 - There were 17 questions in the Self Assessment Framework (SAF). Lewisham rated itself green on 6 questions and amber on the remaining 11. There were no red ratings. Some of the main areas rated amber requiring further work to progress were:
 - The inclusion of autism in the local Joint Strategic Needs Assessment

- Improving the data collected regarding numbers of adults with autism in the borough
 - The level of information about local support in the area being accessible to people with autism
 - Promotion of employment of people with autism.
 - Specific identification of adults with Autism in the local housing strategy
- Presentation and discussion of the SAF in November 2013 provided an opportunity to ensure autism was on the Health and Wellbeing Board agenda, and the request to provide regular updates was welcomed.
 - This update coincided with the publication of Think Autism and the launch of the Autism Innovation Fund. Further updates will be provided as work progresses in these areas.
 - Autism has now been included in the local Joint Strategic Needs Assessment (JSNA) and data collected regarding numbers of adults in the Lewisham is being improved.
 - The Housing and Autism Project Group has been reinstated and met twice in 2014. Meetings are planned for the remainder of the year at six-weekly intervals.

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

- Some of the amber-rated areas had been amalgamated within in the report.
- In response to a query from Nickie Roome (Campaign in Lewisham for Autism Spectrum Housing—CLASH) about the possible creation of an Autism Partnership Board in the Borough, the following observations were offered:
 - Corinne Moocarme currently corresponds informally with a pool of people who support the work on autism. A group could be convened to support this area of work.
 - There is a need for caution regarding the possible proliferation of partnership boards, appreciating that specific arrangements around particular tasks or agendas may not always require the oversight of a formal board.

13.5 The Board:

1. Noted the content of the Progress Report on Implementing the National Autism Strategy “Fulfilling and Rewarding Lives” in Lewisham;
2. Approved the local implementation work, and
3. Agreed for another update to be submitted in January 2015.

14. Health and Wellbeing Board Work Programme

14.1 Carmel Langstaff (Service Manager, Strategy and Policy, Community Services, LBL) presented the draft programme for discussion and approval, highlighting the following points:

4. The following items were agreed during the course of the meeting and will be added to the draft Work Programme:
 - Lewisham’s progress in relation to the implementation of the Care Act
 - Joint Commissioning Intentions
 - CCG South East London Commissioning Strategy update
 - Update on Winter Pressures planning
 - Progress in relation to the Performance Dashboard
 - Update on the Autism Strategy in January 2015
 - Evaluation of the Community Connections Project
 - Update on the Food Strategy and work in relation to food poverty. (January 2015).

14.2 The Board:

1. Agreed the draft Work Programme and the additional items.
2. Agreed that items “For Noting” only should in future be circulated to HWB members for information and not presented at the HWB meeting.
3. Agreed that the report writing guidance will be amended so that the report pathway is clearly highlighted.

15. Information Item: NHS Lewisham CCG Annual Report 2013-14

15.1 The Board noted the contents of the NHS Lewisham CCG Annual Report 2013-14.

The meeting ended at 17:00 hrs.

Agenda Item 2

HEALTH AND WELLBEING BOARD			
Report Title	Declarations of interest		
Contributors	Chief Executive – London Borough of Lewisham	Item No.	2
Class	Part 1	Date:	23 September 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)

Agenda Item 3

HEALTH AND WELLBEING BOARD			
Report Title	Update on revision of Lewisham Pharmaceutical Needs Assessment		
Contributors	Director of Public Health	Item No.	3
Class	Part 1	Date:	23 September 2014
Strategic Context	The Health and Wellbeing Board has a statutory responsibility to produce a Pharmaceutical Needs Assessment (PNA). Aligns with health and social care integration and delivery of Health and Wellbeing Board strategic priorities around smoking, sexual health and reducing admissions for people with long term conditions		
Pathway	Update on previous report to the Health and Wellbeing Board. Draft revision of PNA should be considered by Healthier Communities Select Committee before final approval by Health and Wellbeing Board in March 2015.		

1. Purpose

- 1.1 The purpose of this report is to update the Board on progress and planned timetable for revision of the Lewisham Pharmaceutical Needs Assessment (PNA).

2. Recommendation/s

The Board is recommended to:

- 2.1 Note the progress made and the planned timetable for completion of a revised PNA.

3. Policy Context

- 3.1 From 1st April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

4. Background

- 4.1 PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local health care and public health and affect NHS budgets. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies.

- 4.2 Applications are keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly. “*Healthy lives, healthy people*”, the public health strategy for England (2010) says: “Community pharmacies are a valuable and trusted public health resource. With millions of contacts with the public each day, there is real potential to use community pharmacy teams more effectively to improve health and wellbeing and to reduce health inequalities.”
- 4.3 Community pharmacy is an important investor in local communities through employment, supporting neighbourhood and high street economies.

5. The Current Lewisham PNA

- 5.1 Lewisham Primary Care Trust undertook the first PNA in 2005. This original PNA was reviewed, and after consultation, a revised PNA was published in 2011. The regulations required the PCT to consider the need for pharmaceutical services in terms of:

- Services currently commissioned that are **necessary** to meet a current demand.
- Services that are currently commissioned which are **relevant** but do not constitute a “necessary service”.
- Services not currently commissioned that may be **necessary** in specified future circumstance.
- Services not currently commissioned that would secure **improvements or better access** to pharmaceutical services.

- 5.2 The 2011 PNA concluded that all existing national and locally commissioned services were necessary and relevant, and made the following recommendations regarding the future development of pharmacy services in Lewisham:

- Further extension of sexual health services considering
 - Chlamydia screening
 - Extension to the current range of oral contraceptives
 - Administration of longer acting contraceptives
- Support of the current chronic obstructive pulmonary disease (COPD) pathway
 - Screening to allow earlier intervention
 - Improvement in concordance with current therapy
- Support of influenza vaccination for at risk groups where current provision is limited
- Support through raising awareness and where relevant screening, for the range of public health issues including obesity, alcohol use etc.

- Support for the pathway redesign process which will allow patients to access relevant therapies, services or equipment from appropriately trained healthcare professionals more locally.

5.3 All of these recommendations have been implemented to a greater or lesser extent. In addition to these services, the Local Authority and CCG have jointly commissioned the Healthy Start Vitamin D scheme for mothers and babies from community pharmacies. Another development has been the establishment of the Healthy Living Pharmacy Programme, which develops the pharmacy workforce around health improvement and making every contact count. Lewisham is at the forefront of this initiative nationally.

6. Planned Timetable for revised PNA for 2014/15

6.1 On behalf of the Health and Wellbeing Board, the Director of Public Health has convened a PNA steering group with representation from the CCG and the Local Pharmaceutical Committee (LPC). The group has begun to update the data collected for the previous PNA, and has commenced a review of recent policy guidance and evidence.

6.2 A visioning/stakeholder event is planned for late September/early October at the Civic Suite. In addition to the LA, CCG and LPC, the event will include Healthwatch, the Local Medical Committee, NHS England, and Lewisham & Greenwich NHS Trust. At the event, the data on current provision, policy/evidence review, and most recent developments in primary care and health and social care integration will be presented, and the patient/user view will be shared.

6.3 Following the visioning event, priorities for the future development of pharmacy services will be generated, and these will inform the first draft revised PNA. This will be followed by a 60 day consultation between October and December 2014.

6.4 Following the consultation period, a final draft PNA will be produced for consideration by the Board in January 2015.

7. Financial implications

7.1 It is not possible to assess the financial implications at this point.

8. Legal implications

8.1 It is not possible to assess the legal implications at this point.

9. Equalities Implications

9.1 An Equalities Impact Assessment will be carried out as part of the PNA.

10. Conclusion

- 10.1 In order to fulfil its statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services in Lewisham, the Director of Public Health has convened a PNA steering group with representation from the CCG and the Local Pharmaceutical Committee (LPC). The group has begun to update the data collected for the previous PNA, and has commenced a review of recent policy guidance and evidence. A visioning/stakeholder event is planned for late September/early October, after which priorities for the future development of pharmacy services will be generated, and these will inform the first draft revised PNA. This will be followed by a 60 day consultation between October and December 2014, and a final draft PNA will be produced for consideration by the Board in January 2015.

Background Documents

The current 2011 PNA can be found at <http://lewishamsna.org.uk> under 'reports'.

If there are any queries on this report please contact **Dr Danny Ruta**, **Director of Pubic Health**, 020 8314 9094.

Agenda Item 4

HEALTH AND WELLBEING BOARD			
Report Title	Adult Integrated Care Programme - Update		
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Item No.	4
Class	Part 1	Date:	23 September 2014
Strategic Context	Please see body of report		
Pathway	An update on the Adult Integrated Care programme is provided at each Health and Wellbeing Board meeting. The Better Care Fund was considered by the Health and Wellbeing Board on 28 January 2014 and regular updates have been provided since.		

1. Purpose

- 1.1 This report provides Members of the Health and Wellbeing Board with an update on Lewisham's Adult Integrated Care Programme (AICP) and in particular on the Better Care Fund (BCF) and Joint Commissioning Intentions.

2. Recommendations

- 2.1 Members of the Health and Wellbeing Board are recommended to:
- Note the activity taking place relating to the Better Care Fund and in particular to note that the assessment process will include a pre-scheduled meeting with the Health and Wellbeing Board leadership to discuss the plan.
 - Agree that the Chair or the Vice Chair be given responsibility for final approval prior to submission of the BCF plan on the 19 September (as the next HWB meeting is not until the 23 September).
 - Note the updates provided on the Adult Integrated Care Programme;
 - Note the work in progress in relation to the Joint Commissioning Intentions.

3. Strategic 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 placed a duty on local authorities and their partner clinical commissioning groups to prepare and publish joint health and wellbeing strategies to meet the needs identified in their joint strategic needs assessments. Lewisham's Health and Wellbeing Strategy was published in 2013.
- 3.4 The Health and Social Care Act 2012 also required Health and Wellbeing Boards 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.
- 3.5 More recently, the Care Act 2014 brought into law a range of new duties on local authorities and their partners. A separate report on the Care Act has been produced for Board members.
- 3.6 In response to the Government's stated ambition to make joined up and co-ordinated health and social care the norm by 2018, the Health and Wellbeing Board agreed in 2013 to increase the scale and pace of integrated working across health and social care in Lewisham and established the Adult Integrated Care Programme.

4. The Better Care Fund

- 4.1 Members will recall that the Better Care Fund was announced as part of the 2013 Spending Round and that Lewisham submitted its BCF plan on 4 April 2014. Subsequently ministers announced that no BCF plans would be formally signed off in April and that further time should be taken for CCGs and Councils, working with Health and Wellbeing Boards to refine their plans during June and that further guidance would follow.
- 4.2 This guidance and information was delayed until the last week of July with additional guidance following in the first week of August. The guidance provided details of the process for revising and resubmitting BCF plans and set a new submission deadline of 19 September 2014.
- 4.3 At the same time it was announced that a national programme was being designed to support local areas in the further development of BCF plans which would be available to councils and CCGs over the summer period ahead of the deadline for resubmission.
- 4.4 The guidance set out a number of key policy changes. In summary, the previous £1bn Payment for Performance framework was revised so that the proportion of the £1bn that is now linked to performance is dependent solely on an area's scale of ambition in setting a planned level of reduction in total emergency admissions (i.e. general and acute

non-elective activity). The national planning assumption is that this will be in the region of a 3.5% reduction against the baseline detailed in the technical guidance. If this is achieved, it would equate to a national payment for performance pool of c.£300m. The remaining c.£700m would be available up front in 2015/16 to be invested in NHS commissioned out-of-hospital services. The detail of this will be subject to local agreement, as set out in the planning guidance.

4.5 Additionally the guidance stated that all areas must set out the local vision for health and care services, and describe the schemes that will deliver this vision. However, it noted that plans are expected to go beyond this, and required to specifically set out:

- **The case for change:** a clear analytically driven and risk stratified understanding of where care can be improved by integration,
- **A plan of action:** A clear explanation of the activity that will take place to shift activity away from emergency admissions, developed with all local stakeholders and aligned with other initiatives and wider planning,
- **Strong governance:** clear local management and accountability arrangements, and a credible way of tracking the impact of interventions and taking remedial action as necessary, as well as robust contingency plans and risk sharing arrangements across providers and commissioners locally,
- **Protection of social care:** How and to what level social care is being protected, including confirmation that the local share of the £135m of revenue funding resulting from new duties within the Care Act is protected, and the level of resource dedicated for carers is spelled out,
- **Alignment with acute sector and wider planning:** including NHS two-year operational plans, five-year strategic plans, and plans for primary care as well as local government plans.

5. Supplementary Guidance 20 August 2014

5.1 At the time of writing this report further guidance was received from the LGA and NHS England offering additional information on two key areas:

- Methodology for the Nationally Consistent Assurance Review Process.
- Guidance on the National Aspiration to reduce emergency admissions by 3.5%.

5.2 Nationally Consistent Assurance Review Process:

The guidance states that the BCF national review of all submitted plans will be performed by externally commissioned providers all working to a common methodology which has been reviewed and approved, and

validated by external experts. The results of the review process will then be moderated and calibrated to develop a consistent national view of the status of local BCF plans. This will include an individual assessment of each plan including a pre-scheduled meeting with the Health and Wellbeing Board leadership to discuss it. The individual assessment of each plan will be used alongside an assessment of the local delivery context in which a plan sits, to produce an approval rating. Plans will be either: approved; approved with support; approved with conditions; or not approved.

5.3 National Aspiration to Reduce Emergency Admissions by 3.5%:

The LGA and NHS England note that since the release of their 25 July guidance, they have received a number of requests for further guidance regarding what would constitute a robust case for setting a target lower or higher than the guideline reduction of 3.5%. In response they have provided additional supplementary guidance which sets out for CCGs and Councils the extent of flexibility available in setting the scale of ambition to reduce the total number of emergency admissions to hospital, as a key performance metric for the Better Care Fund plan. It notes that although targets should be ambitious and stretching they should not be unrealistic.

6. Lewisham's Next Steps

6.1 In preparation for the resubmission in September, on 8 August the Adult Integrated Care Programme Board reviewed the new guidance and identified areas that required further discussion and development. It was agreed that the original schemes proposed within Lewisham's plan would need to be reviewed given the performance element of funding relating to a reduction in total emergency admissions. In the developing the plan, Board members will ensure that it takes account of the Care Act and adequately addresses the needs of carers and the mental and physical health of service users. Members will also ensure that activity to reduce acute emergency admissions is feasible and realistic.

6.2 This activity is currently underway and is being undertaken alongside the development of Lewisham's Joint Commissioning Intentions for health and care. This will ensure that the funding from BCF is properly targeted and that the risks, both financial and operational, to the Council, the CCG or other providers are minimised.

7. Involvement of the Health and Wellbeing Board

7.1 Following the 19 September submission it is anticipated that feedback on Lewisham's revised plans will be provided by NHS England and the LGA by the end of October 2014.

7.2 As mentioned above, the new guidance sets out a number of conditions and requirements, including as part of the assessment process a pre-scheduled meeting with the Health and Wellbeing Board leadership to discuss it. The guidance also stresses the need for the plan to be signed off by the Health and Wellbeing Board. Given the need to submit the plan by 19 September, officers recommend that members agree that the responsibility for final sign off is given to the Chair or the Vice Chair.

8. Adult Integrated Care Programme

8.1 Activity within the workstreams is progressing steadily and each workstream has been examining and developing those areas which would be further improved through integration. The Adult Integrated Care Programme Board (AICPB) has been mindful of the need to ensure that work on the BCF and Commissioning Intentions fully align with the programme.

8.2 At its last meeting, and following the workshop to define the scope and specifications for the neighbourhood model, the AICPB agreed:

- The multi disciplinary team will be called the 'neighbourhood community team'.
- The core team has now been defined as the District Nurse Service, social care workers, occupational and physiotherapy services. The Adult Mental Health Service has aligned their structure to the four neighbourhoods and it is envisaged that the Older Adults Mental Health team will be part of the core neighbourhood community team.
- The wider network will look to include the community pharmacists (LIMOS) and Community Connections staff. It will also include the working age mental health team initially.

8.3 In light of the changes to the BCF requirements, the AICPB also requested that the workstream which is focusing on early and targeted interventions be asked to produce a short-term implementation plan drawing together all activity which specifically focused on hospital admission avoidance, timely hospital discharge and the development of a single rapid response service.

8.4 The Board also discussed how best to improve communication on the programme, particularly to improve understanding of the programme's aims and objectives and to improve buy in. The Board is keen to explore this issue and has therefore referred this item to the Communications Working Group for further consideration.

9. Joint Planning 2014/15 onwards – process and timeline

9.1 At the last Health and Wellbeing Board meeting (3 July 2014), it was noted that the Adult Joint Strategic Commissioning Group (AJSCG)

was co-ordinating the development of Joint Commissioning Intentions, as a key aspect of the Adult Integrated Care Programme. The Joint Commissioning Intentions will set out the pace and scale of the changes Lewisham wants to see in the way in which specific services are commissioned to deliver our local vision, 'Better Health, Better Care, Stronger Communities' and will translate the vision into joint action. Also the Joint Commissioning Intentions will include an updated analysis of the 'case for change'.

9.2 The key areas included within this analysis are:

- Lewisham's population trends and health and care needs based on the Joint Strategic Needs Analysis (JSNA);
- National policy and guidance, including the Care Act; BCF; Francis Report; 'Everyone Counts – NHS Planning guidance';
- Local Context – local strategies (including Health and Wellbeing Strategy; South East London Strategy); the public views of health and care service; the quality and performance of current services; the current resource position.

9.3 This work on the 'case' for change' is near completion and is demonstrating the scale of the challenge that health and social care commissioners will need to meet, given the expected increase in level and complexity of demand, the new obligations introduced by the Care Act and the significant financial pressures.

9.4 Based on the consideration of the above analysis, the Joint Commissioning Intentions will put forward the joint commissioners' proposed key priorities to deliver the integrated care ambition for the next two years. For each priority area, the Joint Commissioning Intentions will set out the expected benefits that will be realised and the differences these changes will make to service users. These priority areas will be aligned to the Better Care Fund schemes.

10. Commissioning Intentions – engagement and communication

10.1 Members will recall that the Joint Commissioning Intentions will be a public document for wider engagement with the public, local providers and other stakeholders. An engagement programme and communication plan will be put in place during October – December 2014, to further test that the Adult Integrated Care Programme is focused on the right priorities and actions to deliver the maximum benefits to Lewisham people over the next two years.

11. Financial Implications

11.1 There are no specific financial implications arising from this update report. As and when reports are presented in future to the Board on service redesign or development these will include details on any

required investment or disinvestment, any financial implications for providers and outline any financial risks.

12. Legal Implications

12.1 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.

12.2 Where there is an integration of services and/or joint funding, then this is dealt with under an agreement under S 75 NHS Act 2006 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.

13. Crime and Disorder Implications

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

14. Equalities Implications

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

15. Environmental Implications

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

16. Conclusion

16.1 This report sets out the progress of the integration programme to date and invites members to note and agree any actions proposed within this report.

If there are any queries on this report please contact:

Sarah Wainer, Head of Strategy, Improvement and Partnerships, Community Services Directorate, Lewisham Council, on 020 8314 9611 or by email sarah.wainer@lewisham.gov.uk

or

Susanna Masters, Corporate Director, NHS Lewisham Clinical Commissioning Group, on 020 3049 3216 or by email on susanna.masters@nhs.net

HEALTH AND WELLBEING BOARD			
Report Title	System Resilience Plans 2014/15 & Winter Funds		
Contributors	Tom Bunting, Urgent Care Project Manager – Lewisham, Greenwich and Bexley CCGs	Item No.	5
Class	Part 1	Date:	23 September 14
Strategic Context	The plans support whole system working on health and social care provision		
Pathway	The content of this report has been considered by the CCG Delivery Committee		

1. Purpose

- 1.1 The purpose of the paper is to provide an update on progress of the development of the System Resilience plans for Lewisham, Greenwich and Bexley, in line with the System Resilience Guidance published by NHS England on 13th June.

2. Recommendation/s

The Board is asked to:

- 2.1 Note the update on the development of the system resilience plans.

3. Policy Context

- 3.1 NHS England guidance proposes that Urgent Care Working Groups (UCWGs) evolves into System Resilience Groups (SRGs) which as well as having a remit to look at Urgent Care, also lead on demand and capacity, the coordination and integration of services and are responsible for achievement of both the 95% Accident and Emergency (A&E) standard and Referral to Treatment (RTT) times.

4. Systems Resilience Plans

- 4.1 The initial draft of the System Resilience plan for Lewisham, Greenwich and Bexley was submitted to the regional tripartite panel by commissioners on 30th July. The System Resilience plan is comprised of all key initiatives planned for 2014-15 across all commissioner and provider organisations in terms of managing demand and capacity for both unscheduled and planned care, and sets out how they will contribute to improvements in patient care, outcomes and performance.

- 4.2 The plan is a working document that will be updated throughout the year. Each System Resilience Group meeting will feature updates on the key initiatives within the plan in order to track progress. The group will collaborate on all schemes and work together to ensure these are delivered and work to mutual benefit.
- 4.3 The urgent and unscheduled care section of the plan consists of the following principles:
- Enabling better and more accurate capacity modelling and scenario planning across the system
 - Improvement of services to provide more responsive and patient-centred delivery seven days a week
 - Expansion, adaptation and improvement of established pathways for highest intensity users with emergency departments (eg frail/elderly or minors pathways, mental health crisis presentations)
 - Ensuring that consultant-led rapid assessment and treatment systems with emergency departments and acute medical units are in place during hours of peak demand
 - Ensuring that all parts of the system are working toward optimisation of patients' medicine prior to discharge
 - Enhancement of processes to minimise delayed discharge and embed good practice on discharge
 - Delivery of a considerable reduction in permanent admissions of older people to residential and nursing care homes
 - Assurance that cross-system patient risk stratification systems are in place and are being used effectively
 - Usage of real-time data to proactively plan and manage demand and capacity across the entire local health and social care system
 - Additional capacity primary care
 - Linking Better Care Fund principles in line with the winter planning agenda
- 4.4 The key initiatives contained within the unscheduled care section of the plan cover demand and capacity analysis and action plans, enhancement of 7 day working, develop and implement a real-time data and predictive modelling tool, closer working with LAS to drive higher utilisation of Appropriate Care Pathways (ACPs), developing a standardised approach for rapid response / Joint Emergency Teams.
- 4.5 Elective activity and RTT performance is also monitored by commissioners and this will continue over 2014/15 enhanced by agreed monitoring to assess delivery against the national RTT monies. Bexley, Greenwich and Lewisham CCGs have worked together to ensure that we have a coordinated plan in place to ensure that each population's longest waiters are treated as a priority.

5. Next Steps

5.1 System resilience plans are being refined following initial feedback from NHS England.

5.2 At the September and October SRG meetings we will review implementation/readiness of the winter plans and ensure that they are joined up across the system and that the means to evaluate them are set. NHSE have advised that winter resilience monies will not be released until plans have been fully assured.

6 Financial implications

6.1 The three CCGs have received combined winter funding allocations of £5.18m.

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

8. Crime and Disorder Implications

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

9. Equalities Implications

9.1 Provider plans will focus on improvements to pathways for those residents who need to access to urgent care on a regular basis and those that have been identified as needing additional support and monitoring through the use of risk stratification tools.

10. Environmental Implications

10.1 There are no environmental implications arising from this report.

If there are any queries on this report please contact Tom Bunting – Urgent Care Project Manager, Lewisham, Greenwich & Bexley, tom.bunting@nhs.net

Agenda Item 6

HEALTH AND WELLBEING BOARD			
Report Title	Voluntary and Community Sector Representative - Update		
Contributors	Voluntary and Community Organisations In Lewisham Peter Ramrayka- Voluntary and Community Sector Representative	Item No.	6
Class	Part 1	Date:	23 September 2014
Strategic Context	The Health and Social Care Act 2012 encourages Health and Wellbeing Board “to expand their membership to include a wide range of perspectives and expertise, such as representatives from the charity or voluntary sectors”. The Lewisham HWB had done this by including, amongst others, a representative from the sector in its membership in ensuring that “ the needs of local people as whole are taken into account”		
Pathway	None		

1. Purpose

- 1.1 This report provides members of the Health and Wellbeing Board (HWB) with feedback on consultations carried out with a cross section of voluntary and community organisations in Lewisham to understand their knowledge of, and engagement with, the work of the HWB, to gain their views on the nine priorities identified in the Board’s Joint Strategic Needs Assessment and to further the HWB’s aspiration of stakeholder engagement being at the heart of its work, in particular focusing on hard to reach groups who might not be represented elsewhere in the system.
- 1.2 The report also seeks to share with members of the Board the steps which are being taken to disseminate to the community and voluntary sector relevant issues which have been or are due to be discussed at Board meetings, to obtain feedback on initiatives and decisions taken by the Board in general pursuance of one of its objectives “to provide a forum for challenge, discussion and involvement of local people.”

2. Recommendations

Members of the Health and Wellbeing Board are recommended to:

- 2.1 To note the report;
- 2.2 To provide comments on specific suggestions put forward in sections 5.2, 5.4, 5.5 and 5.7.

3. Strategic Context

- 3.1 One of the key outputs of Lewisham's Sustainable Community Strategy is to provide ways for citizens to voice their opinions on local services and to be involved in how these services are designed and delivered in their communities.
- 3.2 The Health and Wellbeing Strategy and the Joint Strategic Needs Assessment (JSNA) identified nine priorities the delivery of which requires not only leadership from statutory organisations and their professional staff represented on the HWB but also the active and continuous public engagement and ownership of the priorities so that people and communities are at the centre of the health and care system.

4. Background

- 4.1 At its meeting on 30th May 2013 the HWB resolved that Tony Nickson, Director of Voluntary Action Lewisham (VAL) should develop a process to help the Board to select an additional representative from the voluntary and community sector. Following a report to the HWB on 11th July, 2013 it was resolved that VAL should run an election process to fill the position. VAL organised a Health and Social Care Forum, on 24th October 2013, open to all and attended by fifteen organisations. Peter Ramrayka, Chair of the Indo Caribbean Organisation was elected. The decision was reported to the HWB on 19th September, 2013 and, as a statutory Board of Lewisham Council, it was recommended to the full Council for approval which was given on 22nd January, 2014.
- 4.2. In consultation with VAL Peter has since been working on structured processes to widen the engagement of voluntary and community sector in Lewisham with the issues being discussed by the HWB and one of these was, in addition to the more well known community and voluntary organisation, to organise events particularly focusing on hard to reach groups, to give them an understanding of the structure and role of the HWB and encourage them to become more involved by seeing the Board not only as a forum for receiving reports and decisions which have already been made, but also as a vehicle where grassroots community health and social concerns can be raised.
- 4.3 A Representative Feedback Consultation event, organised with the kind assistance of Mark Drinkwater from VAL, was held on 23rd July 2014, a day after the HWB away day, which was attended by thirteen organisations, some with more than one representative, and the objectives of the day were to give attendees an understanding of how the HWB formed; what it is intended to do; how it is working; what are its major issues/outputs and how the local voluntary and community sector in Lewisham can be kept informed and contribute to the work of the HWB.

5. Outcome of the Representative Feedback Consultation

- 5.1 Most of the participants were pleased to get an insight into the organisation and functioning of the HWB and an understanding of how, when and where their organisations could contribute to its work.
- 5.2. It was felt that that as the HWB is a relatively new development there is merit in considering publicising its work through occasional informed articles in local media, appropriate Lewisham Council publications and local ethnic radio stations and newspapers.
- 5.2. There was general support for and understanding of the nine priorities identified in the Health and Wellbeing Strategy especially improving mental health and well being. The Vietnamese community, represented at the event, particularly welcomed this priority. Community involvement was recognised as the key interconnection between the priorities.
- 5.3. Perceived barriers to the delivery of the priorities that come from parts of local statutory organisations were highlighted and examples of these were given as: rooms that are too small to give care in the community; reduced provision of play spaces and low maintenance of infrastructure in parks for physical activities; charges for adult classes that price people out of classes and concerns that people are not listened to when consulting some health professionals.
- 5.4. Loneliness was identified as a particular issue of concern and there was support for a borough wide working group focusing on this topic and including physical activity, social activity and volunteering.
- 5.5. Creative reminiscence (using drama, dance, song and movement) was also highlighted as having an impact on self esteem and self confidence and therefore on well being and one of the organisations represented at the event uses it for older people who are healthy and well, those with dementia and their carers. Connections made through the group combat isolation and often widen people's network and friends. A suggestion was put forward that, when evidence is produced in November 2015 of the impact on wellbeing on those with dementia, a review is carried out on how this could be used in a range of community settings.
- 5.6. Some of the priorities affect people with learning disabilities, and it was observed that where people with learning disabilities are involved with meaningful occupations and activities which are fulfilling the less likely they are to have health problems. It was felt that these aspects should be promoted.
- 5.7. A suggestion was made by an organisation representing people with enduring mental illness, primarily ex offenders looking towards

recovery, that HWB should include in its work looking into what could be done to reduce offending and support people on their release from prison.

- 5.8 The representative from a cycling organisation drew attention to the importance of this activity in promoting wellbeing and urged that this is given due consideration in efforts to promote overall physical activity and wellbeing.

6. Financial implications

- 6.1 There are no financial implications currently identified. There are likely to be costs associated if suggestions in the paper are carried forward but this will be subject to further analysis and report.

7. Legal implications

- 7.1 There are no legal implications arising from this report.
- 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 crime and disorder implications arising from this report.

9. Equalities Implications

- 9.1 There are no specific equalities implications arising from this report. However, addressing health inequalities is a key element in representing community and voluntary sector activities.

10. Environmental Implications

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

11. Conclusion

- 11.1 The main thrust of the report is to provide in summary form the views of the voluntary and community organisation consulted, appraising them of the work of the HWB and seeking the views on how they might contribute to its ongoing activities.

If there are any queries on this report please contact Peter Ramrayka, Community and Voluntary Sector representative on 07885 753755 / email: pramrayka@compuserve.com.