

MINUTES OF THE HEALTH AND WELLBEING BOARD

Tuesday, 25 November 2014 at 3.00 pm

ATTENDANCE

PRESENT: Mayor Sir Steve Bullock (Chair), Cllr Chris Best (Cabinet Member for Community Services), Elizabeth Butler (Chair, Lewisham and Greenwich Healthcare Trust), Dr Danny Ruta (Director of Public Health, LBL), Tony Nickson (Director, Voluntary Action Lewisham), Peter Ramrayka (Voluntary and Community Sector), Rosemarie Ramsay (Healthwatch Lewisham), Dr Marc Rowland (Chair of Lewisham Clinical Commissioning Group and Vice-Chair of the Health and Wellbeing Board), Brendan Sarsfield (Family Mosaic).

IN ATTENDANCE: Andrew Billington (Senior Commissioner (HIV Prevention and Sexual Health Commissioning, Lambeth), Jacky Bourke-White (Chief Executive at Age UK Lewisham and Southwark), Elizabeth Clowes (Assistant Director, Commissioning Social Inclusion, Lambeth Integrated Commissioning Team, Lambeth), Mark Edginton (representing Jane Clegg), Henry Hobson (Community Connections project, Age UK Lewisham and Southwark), Ruth Hutt (Consultant in Public Health, Public Health, LBL), Carmel Langstaff (Service Manager, Strategy and Policy, Community Services, LBL), Susanna Masters (Corporate Director, Lewisham Clinical Commissioning Group), Katrina McCormick (Deputy Director, Public Health, LBL), Warwick Tomsett (Head of Commissioning Strategy and Performance Resources, Children and Young People, LBL, representing Frankie Sulke), Sarah Wainer (Head of Strategy, Improvement and Partnerships, Community Services, LBL), Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group), Kalyan DasGupta (Clerk to the Board, LBL).

APOLOGIES: Apologies were received from Aileen Buckton (Executive Director for Community Services, LBL), Dr Simon Parton (Chair of Lewisham Local Medical Committee), Frankie Sulke (Executive Director for Children and Young People, LBL), Jane Clegg (Delivery, NHS SE England – South London Area, London Region).

1. Minutes of the last meeting and matters arising

- 1.1 The minutes of the last meeting (23 September 2014) were agreed as an accurate record.
- 1.2 There were no matters arising.

2. Declarations of Interest

- 2.1 There were no declarations of interest.

3. Adult Integrated Care Programme, Better Care Fund and Draft Joint Commissioning Intentions

- 3.1 Sarah Wainer (Head of Strategy, Improvement and Partnerships, Community Services, LBL) introduced the section on the Adult Integrated Care Programme and invited the Board to note the update. Susanna Masters (Corporate Director, Lewisham Clinical Commissioning Group) introduced the section on the Better Care Fund and the Draft Joint Commissioning Intentions.
- 3.2 Susanna invited feedback on the Draft Joint Commissioning Intentions and highlighted the following points:
- The Draft Joint Commissioning Intentions are for the whole population, including children services commissioned by the CCG, and cover Lewisham Council's Adult Social Care and Public Health plans, as well as CCG plans.
 - There are a number of significant challenges for Lewisham:
 - People are living longer: 50% of our ASC spend on services is for people aged 75+.
 - More people have one or more long term condition, which now takes up 70% of the health service budget.
 - Deprivation is increasing.
 - Too many people die early from deaths that could be avoided by healthier life styles.
 - People's experience of care is very variable.
 - Services are under increasing strain due to rising demand, increasing costs and limited budgets.
 - There is an affordability gap, which cannot be addressed by efficiency and productivity. This means the solution is to work together to change what we do and how we do it.
 - The approach taken to care is person-centred, with six priority areas:
 - Prevention and early intervention
 - GP practices and primary care
 - Neighbourhood community care for adults
 - Enhanced care and support for adults
 - Children and Young People's care
 - Supporting Enablers
 - A shorter version of the Joint Commissioning Intentions is available.
 - A specific consultation on the Draft Joint Commissioning Intentions is also planned for the Joint Commissioning Intentions during November to January 2015.
- 3.3 The following points were raised or highlighted in the discussion:

- The proposed approach fits in well with commissioning work underway locally and also ties in with national commissioning plans and priorities.
- The CCG's Operating Plan will align across the six South East London boroughs and be drafted in good time for members to feed their comments in. The timing of its production will depend on national guidance on priorities and on resource assumptions, expected by January 2015.
- The Chair requested that any significant potential changes to the Joint Commissioning Intentions, as it is 'translated' to the CCG's Operating Plan as a result of national guidance, be e-mailed to the Board before 20 January 2015.

3.4 The Board agreed to consider the implications of national guidance on the development of the CCG Operating Plan in early 2015.

4. Community Connections Evaluation Report

4.1 Jacky Bourke-White (Chief Executive at Age UK Lewisham and Southwark) and Henry Hobson (Community Connections project, Age UK Lewisham and Southwark), introduced the report, using studies to illustrate the impact of the project.

4.2 The following points were highlighted in the discussion:

- The link between the voluntary sector and social care is crucial to people in the community.
- The work of Age UK and the Community Connections project is a good example of how to increase the capacity of the voluntary sector.
- With the help of additional facilitators, it would be possible to replicate the work of the Age UK/Community Connections project at scale, to meet the needs of Lewisham's population at large.
- Engaging GPs in the project has proved challenging. In Southwark, for example, 19 out of 47 GP practices are referring into the wider care system.
- Lewisham is also exploring a web-based, online social prescribing tool. A similar tool is already being trialled in Liverpool.

4.3 The Board agreed to consider a full evaluation of the Community Connections project at the end of the current funding cycle. The Board also agreed to continue to explore the link between the voluntary sector and social care at a future date.

5. Health and Wellbeing Board Strategy Progress Update

5.1 HWB Strategy Performance Dashboard

Dr Danny Ruta (Director of Public Health, LBL), presented the report, highlighting the following points:

- A review of Lewisham's Health and Wellbeing Strategy Delivery Plan shows that good progress is being made in implementing the strategy, with the majority of actions rated as green. Plans are in place to address actions rated amber or red.
- Potential years of life lost (PYLL) from causes considered amenable to healthcare has significantly reduced in Lewisham.
- Human Papilloma Virus has decreased significantly.
- The alcohol related admission rate is increasing.
- The smoking quit rate is decreasing, although Lewisham is still performing better than the London average.
- The rate of new admissions to long-term care is decreasing, but the percentage of older people (65+) still at home 91 days after discharge from hospital has not changed significantly.
- The avoidable emergency admission rate is reducing and the emergency admission rate for acute conditions that should not usually require hospital admission is decreasing.

5.2 The following issues were raised or highlighted in the discussion:

- Future reports need only focus on exceptions.
- The time-lag between flagging actions and the recording of the outcomes of those actions can sometimes be as long as ten (10) years. A more refined monitoring schedule is needed to explain the overall direction of travel.

5.3 Reducing Emergency Readmissions for People with Long-Term Conditions

Martin Wilkinson (Chief Officer, Lewisham CCG) updated the Board on the progress towards the objectives and outcomes to date on reducing emergency admission for people with long-term conditions, highlighting the following points:

- The work aligns well to the joint work being undertaken through the Adult Integration Programme and the Better Care Fund, with the report updating on the actions against each of the 4 deliverables underpinning Priority 9 attributed to Lewisham CCG.

- The Lewisham Neighbourhood Primary Care Improvement Scheme (LNPCIS) has been structured to support a reduction in emergency admissions with a specific focus on long-term conditions. It also directly supports practices to work collaborative together to improve the quality of and reduce variation in the delivery of services and care to patients with diabetes, COPD, hypertension and cancer.
- Wider pathway work has focused on conditions like Diabetes, COPD and Dementia.

5.4 In the discussion, it was agreed that future reports will supply quantitative data (supplementary to the high-level data already in the dashboard) to measure the local impact of the intervention.

5.5 Update on Cancer priority outcome in the Health and Wellbeing Strategy

Katrina McCormick (Deputy Director of Public Health, LBL) updated the Board on the progress towards achieving the outcome of Lewisham's Health and Wellbeing Strategy, Priority Area 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years in the Health and Wellbeing Strategy.

She also provided an overview of activity in relation to cancer in Lewisham.

The report highlighted the following points:

- A range of activity has been undertaken to promote early diagnosis by Lewisham Council, Lewisham CCG, the Community Health Improvement Team and community and voluntary organisations. The "Be clear on Cancer" campaigns, run periodically by Public Health England, have been promoted.
- Lewisham CCG has successfully secured funding from Macmillan to employ a GP Cancer lead. The CCG clinical facilitators will be working with the GP, once in post, to promote screening and early diagnosis in primary care.

5.6 The following issues were raised or highlighted in the discussion:

- Because the impact of the same intervention can vary from one demographic to another, the Lewisham data, to be instructive, also needs to be compared to data from boroughs with similar demographics, e.g. Haringey. Such comparisons might help to explore if there are differences in coverage of screening programmes and, if so, what lessons can be learnt.
- One of the reasons why the coverage rate for Breast Screening in Lewisham is below national rates could include the fact that, because of the churn in Lewisham's population, some people do not receive appointment reminders. Cervical screening coverage rates have

increased in the past year, but this is partly due to the cleansing of GP registers, thereby reducing the denominator.

5.7 The Board noted the reports.

6. Lambeth Southwark and Lewisham Sexual Health Strategy

6.1 Ruth Hutt (Consultant in Public Health, Public Health, LBL) summarised the contents of the Lambeth, Southwark and Lewisham Sexual Health Strategy, which was launched in April 2014 for a period of consultation. Ruth confirmed that the strategy had been presented at individual boroughs' relevant health scrutiny committees. Andrew Billington (Senior Commissioner (HIV Prevention and Sexual Health Commissioning, Lambeth) informed the Board about the consultation process.

6.2 The following issues were highlighted:

- The Strategy has identified three key target user groups: men who have sex with men, young people and Black minority ethnic communities.
- Focus groups were held in each borough with these groups to discuss the Strategy and gain feedback.
- Changes will be made to the action plan as a result of the consultation, including with regard to female genital mutilation, Hepatitis, the workforce, community and voluntary sector involvement, partnership working and links between different strategies.
- An implementation plan, incorporating the responses to the consultation, is being developed and will be finalised by the end of November. The implementation plan will show key actions over the next two years to deliver the Strategy. Key early actions are underway now.
- A link to the Strategy will be circulated to the Board. The following links were already supplied as background documents within the report:

Lambeth, Southwark and Lewisham Sexual Health Strategy 2014-2017
Lambeth, Southwark and Lewisham, Sexual Health Epidemiology, 2013/14

Both documents are available at:

<http://www.lambeth.gov.uk/consultations/lambeth-southwark-lewisham-sexual-health-strategy-consultation>

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

- The Strategy was reviewed and detailed feedback provided by, among others, primary care networks, the three borough's Local Medical Committees and Local Pharmacy Committees, and each relevant scrutiny committee; Healthwatch in each borough; local voluntary sector

organisations; local NHS (including providers of clinical sexual health services), as well as by children and young people's services.

- Should the services close in their present form, alternative options for meeting the needs identified will need to be considered. The voluntary and community sector will need to be engaged much more pro-actively, building on Lewisham's considerable history of HIV-related work with community organisations.

6.4 The Board:

1. Agreed the Lambeth, Southwark and Lewisham Sexual Health Strategy.
2. Suggested that, in order to provide a broader context, figures for Birmingham and Manchester comparable to the ones provided in sections 1.5 and 1.6 of this report be provided in the next report to the Board.

7. Emergency Services Review

- 7.1 Carmel Langstaff (Service Manager, Strategy and Policy, Community Services, LBL) updated the Board on arrangements for reviewing performance in relation to the recommendations of the Emergency Services Review.
- 7.2 The Board's attention was specifically drawn to the recommendations listed in Section 5 of the report.
- 7.3 The Board was informed that the CCG has ensured that appropriate arrangements for the review of recommendations not included in the dashboard are in place.
- 7.4 The Board agreed that performance against the Emergency Services Review would in future be considered within the Health and Wellbeing Board performance dashboard or where recommendations fell outside the dashboard would be performance managed by the CCG.

8. Health and Wellbeing Board Work Programme report

- 8.1 Carmel Langstaff (Service Manager, Strategy and Policy, Community Services, LBL) updated the Board on the Health and Wellbeing Board draft work programme.
- 8.2 In addition to the items in the draft Work Programme and those requested in the course of the meeting, Carmel highlighted that the following items had been proposed:
 - Lewisham's Draft Housing Strategy (January 2015)

- Interim Report on CCG Operating Plan with regard to Commissioning Intentions (January 2015 – Susanna Masters)
- Item 10 in January 2015 (“Findings from the Second Voluntary Sector Mental Health Conference”) will be for information only.
- A future meeting of the Board should receive an analysis of the implications of the NHS Forward View. This analysis could possibly be incorporated into the report on the South east London strategy (January 2015).

The meeting ended at 16:40 hrs.

The meeting ended at 4.40 pm