

MINUTES OF THE HEALTH AND WELLBEING BOARD

Tuesday, 20 January 2015 at 3.00 pm

PRESENT: Mayor Sir Steve Bullock (Chair), Cllr Chris Best (Cabinet Member for Community Services), Aileen Buckton (Executive Director for Community Services, LBL), Elizabeth Butler (Chair, Lewisham and Greenwich Healthcare Trust), Dr Danny Ruta (Director of Public Health, LBL), Tony Nickson (Director, Voluntary Action Lewisham), Dr Simon Parton (Chair of Lewisham Local Medical Committee), 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: Mark Edginton (representing Jane Clegg), Ian Fair (Lewisham Pensioners Forum), Jemma Gilbert (Programme Director, Primary Care, NHS England), Ruth Hutt (Consultant in Public Health, Public Health, LBL), Carmel Langstaff (Service Manager, Strategy and Policy, Community Services, LBL), Genevieve Macklin (Head of Strategic Housing, Customer Services, LBL), Jane Miller (Deputy Director, Public Health, LBL), Tim Miller (Care Act Project Lead, Community Services, LBL), Warwick Tomsett (Head of Commissioning Strategy and Performance Resources, Children and Young People, LBL, representing Frankie Sulke), Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group), Kalyan DasGupta (Clerk to the Board, LBL).

APOLOGIES: Apologies were received from Frankie Sulke (Executive Director for Children and Young People, LBL) and Jane Clegg (Delivery, NHS SE England – South London Area, London Region).

Welcome and Introductions

The Chair welcomed everyone and announced that a note and a request to speak under Information Item 9C (Healthwatch Performance Review) had been received from Ian Fair (Pensioners Forum).

The Chair explained that it would not be possible to comment on the procurement process as this was currently ongoing. The Chair also explained that as a number of Health and Wellbeing Board members would be involved in the decision on the award of the Healthwatch contract, these members would be required to leave the room during any discussion regarding this. The Mayor asked Ian Fair to consider whether he still wished to speak before the relevant agenda item.

1. Minutes of last meeting and matters arising

- 1.1 The minutes of the last meeting (25 November 2014) were agreed as an accurate record.
- 1.2 There were no matters arising.

2. Declarations of Interest

- 2.1 The Mayor and Chair Sir Steve Bullock, Cllr Chris Best, and Aileen Buckton each declared an interest in the Healthwatch procurement process currently underway, with respect to Information Item 9 C (Healthwatch Performance Review).
- 2.2 Vice-Chair Dr Marc Rowland declared an interest under Item 3 (Primary Care Development Strategy). Dr Rowland is a member of a clinical partnership/practice.

3. Primary Care Development Strategy

- 3.1 Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group) and Jemma Gilbert (Programme Director, Primary Care, NHS England) provided the Board with an overview of developments taking place both nationally and locally with regard to Primary Care. It focused specifically on Lewisham Clinical Commissioning Group's (LCCG) Primary Care Development Strategy and progress made towards implementation.

Martin Wilkinson explained that the two key developments that will determine how local primary care services are commissioned, delivered and improved to meet the needs of the local population are:

- Primary Care Co-commissioning
- Strategic Commissioning Framework for Primary Care Transformation in London.

- 3.2 The following issues were raised or highlighted in the discussion:

- It will be necessary to consider the development of the neighbourhood model within the context of a new regime of Primary Care. A maximum of one Neighbourhood could possibly be covered by the new system of Primary Care provision in the next 6-9 months.
- Easily accessible and co-ordinated (as distinct from simply physically co-located) Primary Care could enable a more effective and timely response to sudden patient need.
- Many variables, including the flexibility and co-operation of local GPs, will determine the shape of future Primary Care provision. The general direction of travel for GPs, however, continues to point away from smaller practices towards larger ones.
- The Board should encourage GPs to support the Primary Care Development Strategy.
- Evidence e.g. as in Rotherham Accident and Emergency, indicated that a pilot that effectively engaged the community was likely to be more successful.

3.3 The Board:

1. Noted the recommendations and endorsed the report.
2. Agreed that the Chair, on behalf of the Board, would write to GPs in support of the proposed model for Primary Care.
3. Agreed to develop a vision / blueprint for Lewisham's health and care system.

4. Lewisham's Housing Strategy 2015 - 2020

4.1 Genevieve Macklin (Head of Strategic Housing, Customer Services, LBL) introduced the Council's draft Housing Strategy, highlighting the following points:

- Public consultation on the draft Housing Strategy commenced on 1 December 2014 and was due to close on 19 January 2015. However, any comments from the Board and input from a planned public event on 21 January 2015 were also expected to feed into the Strategy.
- The revised draft Housing Strategy would be scrutinised by the Housing Select Committee before being submitted to Mayor and Cabinet in March, with a view to being published also in March 2015.

4.2 The draft Strategy proposes 4 key objectives:

- Helping residents at times of severe and urgent housing need;
- Building the homes Lewisham's residents need;
- Greater security and quality for private renters;
- Promoting health and wellbeing by improving residents' homes.

4.3 Health and wellbeing is explicitly referred to in one of these objectives but is likely to be relevant to all four objectives, as well as to many of the priorities proposed underneath those objectives.

4.4 Danny Ruta indicated that he had already shared detailed feedback with Genevieve in writing, and Brendan Sarsfield advised that he would feed his comments into the upcoming engagement event.

4.5 In the discussion, it was suggested that the Strategy should

- Address reasons for homelessness more, as in the previous Public Health report;
- Ensure appropriate accommodation for lifetime use;

- Factor in opportunities for health funding when appropriate.

4.6 The Board agreed that members would submit comments and suggestions from a Health and Wellbeing Board perspective on areas not covered by the existing feedback.

5. Public Health Budget and Savings Proposals

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

- The purpose of the report was to update the Health and Wellbeing Board on the Public Health Budget and the Public Health Savings Proposals to the Mayor & Cabinet for the 2015/2016 financial year.
- Lewisham CCG had responded to the consultation on the Public Health savings proposals on 29 December 2014.
- The Public Health team will continue to seek to mitigate the impact of the proposals on public health outcomes.

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

- Tony Nickson asked what the HWB's response should be in light of the proposed reduction in funding to Mental Health services, a strategic goal for the Board.
- Members commented that further information on the context for the savings and their effect on Public Health outcomes was required before any meaningful comments can be offered.
- Dr Ruta responded that Public Health resources would be allocated to support those areas affected by reductions in Council spend that are expected to have an adverse impact on public health outcomes.
- There is already a strong voluntary and community sector in the borough that presents opportunities to deliver public health outcomes in different ways.

5.3 The Board noted the report.

6. Health and Wellbeing Board Strategy progress update:

6.1 Ruth Hutt (Consultant in Public Health, LBL) and Jane Miller (Deputy Director of Public Health, LBL) introduced the reports on Mental Health and Cardiovascular Diseases respectively.

6.2 6a: Mental Health Promotion (Ruth Hutt)

Ruth Hutt provided an overview of public mental health and an update on the Health and Wellbeing Strategy actions and performance, highlighting the following points.

- Mental health remains a priority for Lewisham.
- The Health and Wellbeing Board should focus on ensuring that all partners work together to improve mental wellbeing for their staff and service users.
- Lewisham should aspire to close the gap in physical health outcomes among those experiencing mental illness.

6.3 6b: Reducing Cardiovascular Disease (CVD) (Jane Miller)

Jane Miller updated members on progress in reducing cardiovascular disease and highlighted areas for increased focus, such as improving prevention and risk management and improving and enhancing the identification of cases in primary care.

6.4 Jane explained that plans to commission services, including health checks and lifestyle services aligned to the neighbourhood model, as part of the Adult Integrated Care Programme, are likely to improve the prevention, early diagnosis and risk management of cardiovascular disease, as long as there is a continued focus on brief interventions, increased uptake of health checks, and decreased variation in primary care.

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

- Headstart represents an opportunity to secure additional funding to support this area of work.
- The CYP Select Committee will also consider Mental Health and CVD.
- The Improving Access to Psychological Therapies (IAPT) programme has carried out targeted work with community groups and individuals. IAPT has also worked with and through faith leaders and BME mental health groups and provided information on accessing services.
- Jane Miller suggested that it might be helpful to re-visit the “Every Contact Counts” recommendation of the Shadow Health and Wellbeing Board, for ideas on community and workplace engagement to promote health and wellbeing among the public at large.
- It was suggested that Public Health continue to develop the Health Checks programme.

6.6 The Board noted the reports and agreed the recommendations.

7. Update on implementation of the Care Act in Lewisham

- 7.1 Tim Miller (Care Act Project Lead, Community Services, LBL) updated the Board on the current position with regard to implementing the first part of the Care Act 2014 in Lewisham, highlighting the following points:
- The Care Act sets out the new statutory framework for adult social care, preventative support and related functions including adult safeguarding. It consolidates, modernises and replaces the existing laws relating to adult social care and establishes a range of new provisions.
 - Lewisham is both well placed for the strategic direction of the Act and is progressing well with local implementation to achieve compliance, through its Adult Integrated Care Programme.
 - The Adult Safeguarding Board will become statutory in April 2015.
- 7.2 The following points were raised or highlighted in the discussion:
- The results of the May 2015 General Elections are not expected to affect the Care Act.
 - The action to implement the Act builds on the existing prevention and integration activity in Lewisham.
 - Councils must set up and update a care account for all people with a personal or independent budget, setting out the accrued costs of meeting their eligible needs. Draft guidance on this requirement is expected soon from the Department of Health, but the impact of any resulting changes on adult social care is expected to be relatively small in Lewisham.
- 7.3 The Board noted the contents of the report.

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 The Board was informed that officers are working on improvements to the agenda planning process.
- 8.3 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:
1. The development of brief interventions.
 2. The development of the health checks programme.

3. Blueprint for whole system approach to health and care in Lewisham

8.4 The Board agreed the amended Work Programme.

9. Information items:

9.1 C: Healthwatch Performance Review

Ian Fair (Lewisham Pensioners Forum) indicated that he would be happy to elaborate his points regarding the Healthwatch re-commissioning process and its timetable in writing and hoped that the process would be a fair one.

The meeting ended at 16:45 hrs.

The meeting ended at 4.45 pm