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Health and Wellbeing Board
Agenda

Tuesday, 20 January 2015
3.00 pm,
Room 3, Civic Suite, Catford SE6
Civic Suite
Lewisham Town Hall
London SE6 4RU

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

This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

Part 1

D: Adult Integrated Care Programme, Better Care Fund and Draft Joint Commissioning Intentions
E: CCG Strategic Commissioning Plans

Health and Wellbeing Board Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 20 January 2015.

Barry Quirk, Chief Executive
Monday, 12 January 2015

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, 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 <u>HWB Strategy Performance Dashboard</u>

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 <u>Reducing Emergency Readmissions for People with Long-Term Conditions</u>

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.

#	MEETING REF	ACTION	LEAD/OWNER	ASSIGNED TO	DUE DATE	STATUS
1	3 July 2014	Housing and Health in Lewisham Martin Wilkinson to explore the case for investment further with Genevieve Macklin. It is suggested that the recommendations should be considered as part of the Adult Integrated Care Programme and the allocation of Winter Pressures resources.	Martin Wilkinson	Martin Wilkinson / Genevieve Macklin	TBC	Awaiting update.
2	3 July 2014	Voluntary and Community Sector Response to Poverty, with a Focus on Food Poverty 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.	Tony Nickson	Voluntary Action Lewisham	March 2015	An update on a possible 'food summit' is scheduled for the March HWB.
3	23 September 2014	Update on Revision of Lewisham Pharmaceutical Needs Assessment The timetable should include an optional visit for Board members to a community pharmacy.	Danny Ruta	Mike Salter	March 2015	Awaiting update.

4	25 November 2015	Adult Integrated Care Programme, Better Care Fund and Draft Joint Commissioning Intentions 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, to be e-mailed to the Board before 20 January 2015.	Susanna Masters		20 January 2015	No update received to date (12 January).
5	25 November 2015	Adult Integrated Care Programme, Better Care Fund and Draft Joint Commissioning Intentions The Board will consider the implications of national guidance on the development of the CCG Operating Plan in early 2015.	Susanna Masters		TBC	Health and Wellbeing Agenda Planning Group to schedule following guidance from Susanna Masters.
6	25 November 2015	Community Connections Evaluation Report The Board will continue to explore the link between the voluntary sector and social care at a future date.	Tony Nickson		TBC	Health and Wellbeing Agenda Planning Group to schedule following guidance from Tony Nickson.
7	25 November 2015	Health and Wellbeing Board Strategy Progress update: HWB Strategy Performance Dashboard A more refined monitoring schedule will be produced to explain the overall direction of travel.	Danny Ruta		19 May 2015	A Performance Dashboard Update has been scheduled for the May Health and Wellbeing Board meeting.
8	25 November 2015	Lambeth Southwark and Lewisham Sexual Health Strategy A link to the Strategy will be circulated to the Board.	Danny Ruta	Kalyan DasGupta	November 2015	Completed. Links were also already embedded in the report.

9	25 November 2015	Lambeth Southwark and Lewisham Sexual Health Strategy 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 the submitted report to be provided in the next report to the Board.	Ruth Hutt		November 2016	The next Sexual Health Strategy report has not been scheduled in the HWB work programme. A suggested date of November 2016 has been proposed.
10	25 November 2015	Health and Wellbeing Board Work Programme Report A future meeting of the Board to 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).	Martin Wilkinson	Charles Malcolm - Smith	January 2015	Report submitted on the South East London Strategy for the January 2015 meeting.

HEALTH AND WELLBEING BOARD				
Report Title	Declarations of interest			
Contributors	Chief Executive – London Borough of Lewisham		Item No.	2
Class	Part 1	Date:	20 January 2015	

Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

1 Personal interests

There are three types of personal interest referred to in the Council's Member Code of Conduct:-

(1) Disclosable pecuniary interests
(2) Other registerable interests
(3) Non-registerable interests

2 Disclosable pecuniary interests are defined by regulation as:-

(a) Employment, trade, profession or vocation of a relevant person* for profit or gain

(b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).

(c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.

(d) Beneficial interests in land in the borough.

(e) Licence to occupy land in the borough for one month or more.

(f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.

(g) Beneficial interest in securities of a body where:-

(a) that body to the member's knowledge has a place of business or land in the borough; and

(b) either
(i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or

(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

(3) Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

(a) Membership or position of control or management in a body to which you were appointed or nominated by the Council

(b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party

(c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

(4) Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

(5) Declaration and Impact of interest on members' participation

(a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to**

declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000

(b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.

(c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.

(d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

(e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

(6) Sensitive information

There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

(7) Exempt categories

There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

(a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)

(b) School meals, school transport and travelling expenses; if you are a parent or guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor;
(c) Statutory sick pay; if you are in receipt
(d) Allowances, payment or indemnity for members
(e) Ceremonial honours for members
(f) Setting Council Tax or precept (subject to arrears exception)

HEALTH AND WELLBEING BOARD			
Report Title	Primary Care Development		
Author/s	Lewisham Clinical Commissioning Group and the London Borough of Lewisham Council	Item No.	3
Class	Part 1	Date:	20 January 2015
Strategic Context	Better Care Fund: Primary Care Lewisham's Sustainable Community Strategy		

1. Purpose

The purpose of the brief paper is to provide the Board with an overview of developments taking place both nationally and locally with regard to primary care. The paper focuses specifically on Lewisham Clinical Commissioning Groups (LCCG) Primary Care Development Strategy and progress made towards implementation. Nationally there are two developments that will have an impact on how local primary care services (GP practice services) are commissioned, delivered and more so how the quality of services will be improved to meet the needs of the local population; (i) Primary Care Co-commissioning; and (ii) Strategic Commissioning Framework for Primary Care Transformation in London.

2. Recommendations

2.1 Members of the Health and Wellbeing Board are recommended to;

2.1.1 Note LCCGs progress on delivering its Primary Care Development Strategy and the associated Better Care Fund programme;

2.1.2 Note LCCGs intention to submit an expression of interest for 'joint commissioning arrangements' with NHS England for general practice services under new proposed co-commissioning developments for 2015/16 – subject to its Governing Body approval on 8th January 2015. That a trajectory for the implementation of 'delegated commissioning arrangements' from April 2016 will be developed subject to a further decision at a later stage.

2.1.3 Comment on the Strategic Commissioning Framework for Primary Care Transformation in London.

3. Policy Context

a. The Health and Social Care Act 2012 establishes health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined-up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

b. In line with Lewisham's Sustainable Community Strategy priority to create a 'Healthy, active and enjoyable borough where people can actively participate in maintaining and improving their health and wellbeing', the Health & Wellbeing Board has developed a ten year Health & Wellbeing strategy. The strategy sets out the improvements and changes that the Board, in partnership with others, will focus on to achieve our vision of;

Achieving a healthier and happier future for all

The strategy outlines the key health and wellbeing challenges that people in Lewisham face, as well as the assets, skills and services that are available locally to support people to stay healthy and be happier.

In taking forward action to achieve our vision we have three overarching aims;

I. ***To improve health*** – by providing a wide range of support and opportunities to help adults and children to keep fit and healthy and reduce preventable ill health.
II. ***To improve care*** – by ensuring that services and support are of high quality and accessible to all those who need them so that they can regain their best health and wellbeing and maintain their independence for as long as possible.
III. ***To improve efficiency*** – by improving the way services are delivered; streamlining pathways; integrating services so ensuring that services provide good quality and value for money.

4. Lewisham Clinical Commissioning Group Primary Care Development Strategy

4.1 Lewisham Clinical Commissioning Group (LCCG) shared its Commissioning Intentions for 2014/15 and 2015/16 with the committee in February 2014. LCCG states in its commissioning intentions that it will;

- *Support GP practices to ensure high quality of care for all by levelling up standards and reducing variation between practices.*
- *Work with local providers to ensure optimisation of planned care services by commissioning effectively.*

4.2 LCCG Primary Care Development Strategy details how the CCG plans to meet its statutory responsibilities in supporting and driving improvement in the quality of primary care services. The CCG is responsible for improving the quality of local GP services, working closely with NHS England. However, GP services are currently commissioned and contracted by NHS England.

4.3 LCCG, unlike its predecessor organisation the PCT, has an unique working relationship with local GPs, as it is also a membership organisation of all GP practices in Lewisham, which creates new opportunities to gain the added value from clinical lead commissioning.

4.4 Primary care delivery tends to be centred on general practice as 90% of activity takes place in this setting, supported by practice nurses, community services and health visitors. It is widely recognised in London that general practice is under significant and growing pressure due to population growth, widening health inequalities and patients with increasingly complex needs.

4.5 Lewisham population size is estimated to be 284,325. Lewisham has a young population with 25.4% of the population being under the age of twenty. The Lewisham population is projected to grow across all age groups over the next five years. For this period the largest percentage growth rate is in the 20-64 year old age group.

4.6 There are 41 GP practices in Lewisham providing primary care services out of 44 surgeries (sites) and are arranged in four neighbourhood groups (See Appendix 1). This pragmatic geographical grouping has been in place in Lewisham for more than four years and has enabled the development of relationships between practices resulting in agreeing collective goals and improvements. More recently these neighbourhoods are now aligned to local authority services, notably social care – specifically the neighbourhood community teams.

4.7 LCCGs vision for primary care is to ensure the systematic development of primary an community care to produce; (a) a network of advice, support, education physical/mental

health and social care hubs embedded in activated communities; and (b) work together to maximise health and well-being of the population, with access to specialist and diagnostic services when needed.

4.8 The LCCG Primary Care Development Strategy centres on four key high impact changes for Primary Care, in summary;

1. Proactive Care	*Work to ensure that 'every contact counts', seeing each contact with a patient as an opportunity to address preventative health needs, to provide brief interventions or to sign post the patient to other services within network.*
2. Accessible Care	*Support people to access care appropriately by working to simplify access points so that people can easily navigate the system and care in a timely way.*
3. Co-ordinated Care	*Identify people that will benefit from co-ordinated care and a care plan.*
4. Continuity of Care	*On identifying patients care plans will be co-designed with patients and carers. Ensuring that patients have a named skilled professional accountable for their care.*

4.9 The strategy looks to the existence of Integrated Health and Social neighbourhood community teams wrapped around a registered list held by GP practices.

4.10 Lewisham Healthwatch kindly supported LCCG with a public engagement event held on 25th September 2014 on primary care, which has informed the CCGs Primary Care Development Strategy.

5. Improving the quality and patient experience of Primary Care

5.1 *Benchmarking Primary Care*
As a part of the LCCGs responsibility for improving the quality of primary care services (specifically GP practice services) national benchmarking data (GP National Patient Survey) is reviewed on a monthly basis by the CCG in addition to gaining 'soft intelligence' from Lewisham Healthwatch on patient views.

5.2 The national GP patient survey provides information to patients, GP practices and Commissioning organisations on a range of aspects of patients' experience of their GP services and other local primary care services. The survey provides information on patients' overall experience of primary care services and their overall experience of accessing these services. The results of the survey are publically available and published on a quarterly basis. The next survey results will be released in January 2015.

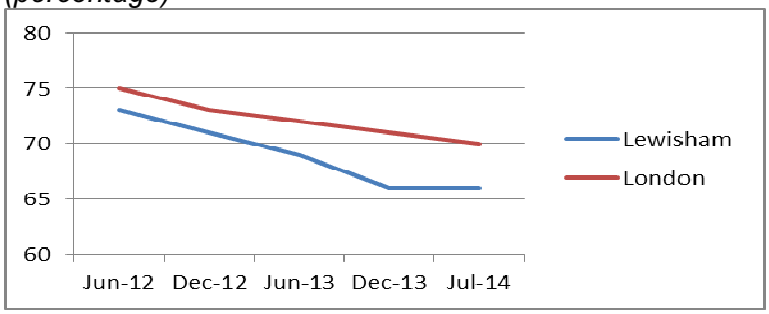
5.3 The total number of respondents to the July 2014 patient survery for Lewisham was 4383. In Lewisham, the GP patient survey for July 2014 evidenced that Lewisham General Practices are performing 'better' than the London average in the majority of indicators;

- Helpfulness of receptionists at GP surgeries
- Satisfaction with time spent with GP
- Feeling listened to by GP
- Confidence in GP
- Patient's feel supported with their long-term condition
- Satisfaction with opening hours
- Having a very good or good overall experience of the GP experience

5.4 Indicators whereby Lewisham General Practices performed 'below' the London average in July 2014 were;

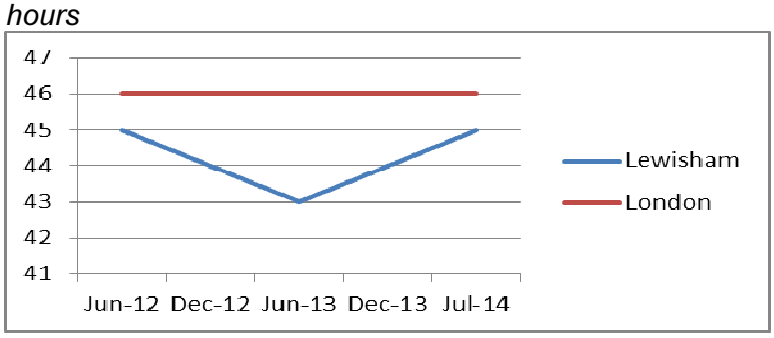
- **Ease of getting through to someone at the GP surgery on the telephone:** Chart 1 below depicts Lewisham GP practices performance of 66% against the London average at 70% at July 2014. However, as the chart depicts there is a downward trend in Lewisham and on average in London. More so 84% (3781 – Lewisham Respondents) of people who answered this question stated that they normally contract their GP practice using the phone;

  Chart 1: GP Survey July 2014 – Lewisham – Ease of getting through on the phone (percentage)



- **Patients knowing how to contact out of hours:** Chart 2 overleaf depicts Lewisham GP practices performance of 45% against the London average 46% at July 2014, however it is important note that patients knowledge of out of hours service has increased when compared figures for 2014 are compared to 2013;

  Chart 2: GP Survey July 2014 – Lewisham – Patients knowing how to contact out of hours



5.5 LCCG has commenced a programme to support practices in improving access. The initial focus of this work will be 'patients getting through to the practice on the telephone'. Areas that are being investigated include the role of technology in supporting improved patient access (e.g. intelligent phone systems, on-line booking). In addition, the CCG are reviewing the outcomes of the Primary Care Foundation programme commissioned by the CCG to support GP practices in improving access by addressing improving operational systems and processes as well as sharing best practice.

5.6 LCCG will be launching a targeted public communication programme focussed on raising awareness of GP out of hours services (provided by South East London Doctors – SELDOC), which is planned for the next edition of the Lewisham Life free local magazine, due for publication in early 2015. This follows on from the 'A&E won't kiss it better' campaign where greater emphasis was placed on messages around accessing GP out of hours services. This emphasis was largely gleaned from intelligence provided by the Lewisham Healthwatch Patient Reference Group in September 2014, where local people were unaware of how to access GP out of hours services.

5.7 *Care Quality Commission (CQC)*
As part of the Care Quality Commission operating framework Intelligent Monitoring reports are developed on all providers. The GP Intelligent Monitoring Reports (first published 18th November 2014 and re-published on 5th December 2014) are based on 37 indictors, which builds CQC intelligence to derive the risk and then enable the CQC to make decision about when, where and what to inspect. Band 6 is low (lower risk) and Band 1 is high (higher risk).

5.8 The GP intelligent monitoring looks at a range of indicators to create priority bands for inspection including QoF, GP patient survey, HES and NHS Comparators.This information is used to ask questions about the quality of care offered by NHS GP practices, but are never used on their own to make final judgments. This is because there are various factors that require consideration when interpreting the intelligent monitoring banding a GP practice may currently be in.

5.9 Lewisham GP practices fared well in reports, with only 3 practices falling into band 1 and the majority of GP practices being in the upper bands 4-6. LCCG will be working with NHS England Primary Care Contracting teams to support those practices.

5.10 *Lewisham Neighbourhood Primary Care Improvement Scheme (LNPCIS)*
To support delivery of the Primary Care Development Strategy, LCCG launched its Lewisham Neighbourhood Primary Care Improvement Scheme (LNPCIS) in September 2014, which is a direct invest of 3/4 million pounds to GP practices. Building on previous schemes designed and managed by LCCG, the LNPCIS has been structured to support a reduction in emergency admissions with a specific focus on long term conditions.

5.11 The aim of the scheme is to support GP practices to;

- Increase self-management for people with long term conditions and improve outcomes
- Enable a positive impact on access to primary care services
- Build on collaborative working within neighbourhoods in Lewisham
- Reduce variation between practices

5.12 The scheme supports GP practices in 'neighbourhoods' to work together to improve the quality and reduce variation in the delivery of services and care to patients with diabetes, COPD, hypertension and cancer (improving early detection). There is also a focus on driving up seasonal flu and pneumococcal vaccination coverage rates across neighbourhoods. Early figures for 2014/15 in Lewisham indicates that the number of vaccinations for flu has increased in comparison to the same period in 2013/14 for; (i) those who are 65 years (+1.4%) and over; (ii) those under 65 years and at risk (+1.9%); and (iii) pregnant women (+8.9%).

5.13 The CCG will be reviewing the outcomes of the scheme in January 2015 with the intention of extending the scheme into 2015/16.

5.14 *Referral Support Service (RSS)*

5.15 LCCG implemented a 2 year Referrals Support Service pilot for Lewisham in July 2014. The RSS is used to; support appropriate referrals from GP practices to secondary care (specialist outpatient services), develop a body of expertise and guidance about local services, improve the quality of referrals and provide evidence to inform commissioning needs. An effective referrals support service ensures a close relationship between all levels of the health system and helps to ensure that people receive the best possible care closet to home. It also supports with increasing capacity and reducing pressures on GP practices.

5.16 As a direct result of the implementation of RSS - during the first 5 months of the pilot Choose & Book usage amongst Lewisham GP practices increased from 7% (previously one of the lowest rates in the country) to over 25%. Choose & Book supports a better

patient experience due to greater certainty of appointment, and a better experience throughout the NHS. Choose & Book enables patients at the point of consultation with their GP to; (i) choose any hospital in England funded by the NHS (this includes NHS hospitals and some independent hospitals) for their care; (ii) choose the date and time of their appointment that is convenient for them; (iii) experience greater convenience and certainty; and (iii) there is a reduced risk that correspondence gets lost in the post as most of the communication is done via computers.

5.17 *Primary Care and Mental Health Update*

5.18 *Dementia*

LCCG are currently working with Primary Care, South London and Maudsley (SLaM), Lewisham & Greenwich Health Trust and the Voluntary sector to improve dementia care in the borough for our residents and patients.

5.19 A local Dementia Action plan has been developed by our Joint Commissioning Team comprised of CCG and Local Authority staff outlining a series of projects to improve the dementia diagnosis rates within primary care, ensure our memory clinic has enough resources to support an increase in diagnosed patients, an increase in local awareness of Dementia through the provision of training for frontline public sector staff as Dementia Friends and development of a local Dementia Action Alliance comprised of local businesses and the Public Sector to improve the lived environment for local residents and patients that have been diagnosed with Dementia.

5.20 The initial stages of the plan are to support our local GPs to increase the rate of diagnosis within our estimated population of individuals that potentially have Dementia from 52.6% (November 2014) to 58.1% by March 2015. The increase in screening is intended to support an earlier identification of Dementia to ensure that the right support is made available to Dementia sufferers that will lead to an improved quality of life.

5.21 The second stage of the plan will be to ensure that waiting times for the Memory Clinic are reduced to no more than 12 weeks from screening to assessment to ensure timely access to appropriate support. By the end of the current financial year we expect to have achieved our local proposed target of 58.1% diagnosis rate, have no waiting times longer than 12 weeks from screening to assessment and have launched our Dementia Action Alliance and have offered Dementia Friends training to all CCG and Local Authority Social Care staff.

5.22 *Improving Access to Psychological Therapies (IAPT)*

Improving Access to Psychological Therapies service (IAPT) is currently working to achieve locally agreed targets for the service over the course of the current financial year. These targets were developed at a national level and for recovery rates, waiting times and access rates. Locally the Lewisham Clinical Commissioning Group has agreed with the provider SLaM that the service will achieve a sustained level of recovery of 40% for all those who complete treatment. The IAPT service at the end of Q2 of this financial year was achieving a 43% recovery rate which is in line with the average London IAPT recovery rate. The Joint Commissioning Team are also monitoring the average waiting times for patients seeking treatment, the average time as of November 2014 currently stands at 34 days from the point at which a patient decides to access the service to the point when they are seen.

5.23 It has been agreed with the IAPT service that by the end of the current financial year the service will have access rates that reflect 15% of all of the people in need within the borough (This target is also set at a national level). Currently the service is under target in this area however the service has planned to increase access via specialist group work interventions, this approach has been successful in other boroughs and is considered to be an effective method of achieving the 15% (of those individuals in need) by the end of the current financial year.

5.24 *Patients Transferring to Primary Care*

The new Adult Mental Health Model redesign process has reorganised the three locality based teams into the new primary care four neighbourhood structure. In addition to the re-location of some staff under this new model a number of local clients will also transfer to new teams or be discharged to primary care if they have a lower level of need.

5.25 The process of discharge primarily for clients within the psychosis pathway that have complex needs or have been long standing clients will be managed by the newly created Low Intensity Treatment Team (LiTT). The LiTT will facilitate the seamless transition of clients that require some additional support from Community Mental Health Teams (CMT) to Primary Care.

5.26 The service currently has 90 people transferred to it from the CMHTs and it is anticipated that people will stay within the service between 9-18 months. The team is currently deferring new referrals to enable the development of effective engagement and support of the first 90 clients. The team will take on next cohort of clients from January 2015 and it is expected to reach the full cohort of 200 by spring 2015. The transition of clients to Primary care is expected to begin in June 2015 at a rate of 15 per month and this process will be jointly managed with GP practices via the support planning process.

5.27 *Sexual Health Services in Primary Care*

The NHS England GP contract includes the provision of some standard sexual health services including basic contraception services (e.g. contraception pill, injectable contraception), HIV testing and cervical smear taking. In addition, Lewisham Council commission GP practices to provide additional sexual health services under a Public Health Enhanced Service (PHES). These services attract additional payments for practices. The two main sexual health services delivered under the PHES are; (i) Long Acting Reversible Contraception (LARC); and (ii) chlamydia and gonorrhoea screening.

5.28 Insertion and removal of coils and contraceptive implants is commissioned through the LARC PHES. These are contraception methods which last from 3-5 years. Twenty practices are commissioned to provide this service. Additional qualifications and training are required in order to fit these types of contraception.

5.29 Thirty four GP practices provide chlamydia and gonorrhoea screening to their registered patients aged 15-24 years as part of the national chlamydia screening programme. This additional payment will be withdrawn from 2015/16 since this is now embedded in practice.

5.30 Public health also supplies condoms, pregnancy tests and “instant” HIV tests to practices. A training programme on sexual health and HIV is run across Lambeth, Southwark and Lewisham and supports the commissioned provision.

5.31 As part of the sexual health strategy the primary care provision of sexual health services is being reviewed, and it is likely that there will be a move to a neighbourhood model of provision with better links to pharmacies.

5.32 *Lewisham Integrated Medical Optimisation Service (LIMOS)*

The Lewisham Integrated Medical Optimisation Service otherwise known as ‘LIMOS’ was nominated for Health Service Journal Managing Long-term Conditions award in 2014. This piece of work has been developed and delivered in collaboration with LCCGs Medicines Management team and London Borough of Lewisham and Lewisham and Greenwich NHS Trust. It supports patients with long term conditions to manage their own medicines to enable them to stay in their own home for as long as possible. The service has prevented over 60 A&E attendances in the last 6 months, and stopped almost 100 unnecessary medicines as well as shown a reduction in the need for social services support for medicines administration. LIMOS was shortlisted as one of 11 finalists from over 200 applications.

6. Primary Care (GP Practices) Co-commissioning

6.1 In May 2014 NHS England invited expressions of interest (EoI) from CCGs to explore co-commissioning arrangements. Following discussions with the six (Bexley, Bromley, Greenwich, Lambeth and Lewisham), CCGs in SEL and the LMC, an expression of interest was submitted by the six Governing Bodies in June 2014 committing to further exploration in particular with the CCG membership.

6.2 The stated overall aim co-commissioning is to develop better integrated out-of-hospital services based around the diverse needs of local populations.

6.3 Co-commissioning is one of a series of changes set out in the *NHS Five Year Forward View* and articulates the need to address traditional barriers in the how care is provided. It calls for out-of hospital-care to become a much larger part of what the NHS does, and for services to be better integrated around the patient. Co-commissioning is a key driver by enabling commissioning budgets and plans to be aligned or more formally delegated depending of the level of co-commissioning and therefore provides greater opportunity to deliver population wide commissioning beyond those services currently commissioned by the CCG.

6.4 The CCG commenced engagement with its membership in November and December to ascertain the level of support for co-commissioning arrangements in addition to understanding some of the complexities and practicalities.

6.5 In November 2014, NHS England produced additional guidance on Co-commissioning and next steps. Consequently, across the SEL there have been collective workshops where CCGs have discussed the practical tasks and decisions required to support assurances required by NHS England. Additional workshops for SEL are planned for February 2015.

6.6 CCGs are required to submit EoI and provide assurances to NHS England on 30th January 2015 for *'joint commissioning arrangements'* with NHS England.

6.7 Three standard models the co-commissioning of primary care have been offered to CCGs by NHS England;

Greater involvement in primary care decision-making	Joint commissioning arrangements	Delegated commissioning arrangements

6.8 *Model 1 – Greater Involvement in Primary Care Decision-Making*
Under this model CCGs would be enabled to collaborate more closely with their area teams to ensure the strategic alignment across of decisions across the local health economy. Both parties will also need to engage with local authorities, local HWB and communities in primary care decision making.

6.9 Model 2 – Joint Commissioning Arrangements
This model enables one or more CCGs to assume responsibility for jointly commissioning primary medical services with their area team via a joint committee arrangement. This model is designed to give CCGs and area teams an opportunity to more effectively plan and improve the provision of out-of-hospital services and would enable pooling of funding for investment in primary care.

6.10 The functions covered in this option include;

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breech/remedial notices and removing a contract);
- Newly designed enhanced services;
- Design of local incentives schemes as an alternative to QOF;

- The ability to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payments (e.g. returner/retainer schemes).

6.11 In joint commissioning arrangements individual CCGs and NHS England always remain accountable for meeting their own statutory duties with regard to Primary Care Commissioning.

6.12 It is for both parties to agree the full membership of their joint committees, however the guidance states that in the interests of transparency and the mitigation of conflicts of interest a local Healthwatch representative and a local authority representative of the HWB will have the right to join the joint committee as non-voting attendees.

6.13 *Model 3 – Delegated Commissioning Functions*
This model offers CCGs the opportunity to assume full responsibility for commissioning general practice services, whilst NHSE will legally retain liability for the performance of primary medical care commissioning. To that end NHSE will require robust assurance that their functions will be effectively carried out. Similar to model 2 above the functions to be included are;

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breech/remedial notices and removing a contract);
- Newly designed enhanced services;
- Design of local incentives schemes as an alternative to QOF;
- The ability to establish new GP practices in an area;
- Approving practice mergers; and
- Making decision on 'discretionary' payments (e.g. returner/retainer schemes).

6.14 With regard to the governance of this model it is recommended that CCGs establish a primary care commissioning committee. CCGs will be required to ensure that the committee is chaired by a lay member and have a lay and executive majority.

6.15 The Board is asked to note that following extensive engagement with the CCG membership (GP practices) Lewisham CCG will be recommending to its Governing Body on 8th January 2015 that an EoI is submitted to NHS England for *'joint commissioning arrangements'* of general practice services for 2015/16 with a trajectory *for 'delegated arrangements'* in 2016/17.

7. Strategic Commissioning Framework for Primary Care Transformation in London

7.1 The Strategic Commissioning Framework for Primary Care Transformation in London was published at the end of November 2014. The framework builds on work already undertaken and aims to support further development of local plans and to complement and enhance other service requirements and standards such as those published by the Care Quality Commission (CQC). At the core of the Framework is a specification for general practice that sets out the new patient offer. The specification is arranged around the three aspects of care that matter most to patients;

1. ***Proactive care:*** Better access primary care professionals, at a time and through a method that's convenient and with a professional of choice.
2. ***Accessible care:*** Greater continuity of care between NHS and other health services, named clinicians, and more time with patients who need it.
3. ***Co-ordinated care:*** More health prevention by working in partnerships to reduce morbidity, premature mortality, health inequalities, and the future burden of disease in the capital. Treating the causes, not just the symptoms**.**

6.2 These three care areas are supported in LCCGs Primary Care Development Strategy (Section 3.8) and Better Care Fund as well demonstrating synergies with the South East London Strategy.

6.3 In line with the CCGs statutory responsibilities an engagement programme on the Framework was launched for CCGs members on 10th December 2014. On the 12th December 2014 full details and a summary of the Framework was distributed to all members. In addition, a questionnaire requesting members views on the framework.

6.4 A Roadshow on the Framework for all four neighbourhoods will commence in January 2015. It is the CCGs intention to collate member's responses and submit to the London Board prior to the re-refresh of the Framework, which is due for re-release in April 2015.

6.5 Wider engagement with key local stakeholders includes Healthier Communities Select Committee and Health & Well Being Board as a part of discussions on Primary Care Developments. In addition, the CCG will be submitting a briefing paper to the Lewisham Medical Committee Liaison Meeting on 21st January 2015.

6.6 A summary of the Framework can be found at Appendix 2.

6.7 Therefore, the Board is asked to consider the following questions in relation to the Framework; (i) Confirm that the *Framework* covers the correct areas; (ii) Are there other areas that should be considered in the *Framework* that currently aren't?; and (iii) How could the *Framework* be strengthened?

8. Financial Implications

There are no specific financial implications arising from this report.

9. Legal Implications

There are no specific legal implications arising from this report.

10. Crime and Disorder Implications

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

11. Equalities Implications

There are no specific equalities implications arising from this report, however addressing health inequalities is a key element of the Lewisham Clinical Commissioning Group and Lewisham Borough Council's 'joint' Commissioning Intentions for Integrated Care in Lewisham 2015 to 2017.

12. Environmental Implications

There are no specific environmental implications arising from this report.

13. Background Documents

Lewisham CCG Primary Care Development Strategy
Link: http://www.lewishamccg.nhs.uk/about-us/Who-we-are/Pages/governing-body-papers.aspx

Care Quality Commission (CQC)
GP Intelligent Monitoring Reports
Link: http://www.cqc.org.uk/download/a-to-z/gp-imonitoring-november-2014

Everyone Counts: Planning for Patients 2013/14
Outlines the incentives and levers that will be used to improve services from April 2013, the first year of the new NHS, where improvement is driven by clinical commissioners.
Link: http://www.england.nhs.uk/everyonecounts/

NHS Five Year Forward View
The purpose of the Five Year Forward View is to articulate why change is needed, what that change might look like and how we can achieve it. It describes various models of

care which could be provided in the future, defining the actions required at local and national level to support delivery.
Link: http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

14. Contact/s

Diana Braithwaite, Commissioning Director, Lewisham CCG; Email: diana.braithwaite@nhs.net
Kenny Gregory, Joint Commissioning Lead – Adult Mental Health, London Borough Lewisham Council and Lewisham CCG; Email: kennethgregory@nhs.net
Ruth Hutt, Public Health, London Borough of Lewisham; Email: ruth.hutt@nhs.net
Mike Salter, Medicines Management, Lewisham CCG; Email: msalter@nhs.net

Appendix 1: GP Practices in Lewisham - Neighbourhoods

North Lewisham Practices

1 Mornington
2 Queens Road
3 Kingfisher MC
4 Clifton Rise
5 New Cross Health Centre
6 Grove Medical Centre
7 Vesta Road
8 Amersham Vale Training Practice
9 Deptford Surgery
10 Dr Batra Surgery
11 Deptford Medical Centre

Central Lewisham Practices

12 Belmont Hill
13 Lewisham Medical Centre
14 Burnt Ash Surgery
15 Morden Hill
16 St Johns Medical Centre
17 Lee Road
18 Brockley Road
19 Hilly Fields Medical Centre
20 Honor Oak
21 Triangle
22 Rushey Green
23 Woodlands Health Centre
24 Nightingale
25 Hurley Group Practice

South East Lewisham Practices

26 South Lewisham
27 Torridon Road
28 Baring Road
29 ICO Moorside Clinic
30 Downham Family Practice
31 Winlaton
32 ICO Chinbrook
33 Parkview
34 ICO Marvels Lane Health Centre
35 Muirkirk Road
36 ICO Boundfield Road Medical Centre
37 Oakview

South West Lewisham Practices

38 Jenner
39 Sydenham Green
40 Woolstone Medical Centre
41 Sydenham Surgery
42 Wells Park
43 Bellingham Green
44 Vale Medical Centre

Appendix 2: Summary – Strategic Commissioning Framework for Primary Care Transformation (MS PowerPoint)

Glossary of Terms

APMS: Alternative Provider Medical Services
C&B: Choose & Book
COPD: Chronic Obstructive Pulmonary Disease
CQC: Care Quality Commission
GMS: General Medical Services
IAPT: Improving Access to Psychological
PMS: Personal Medical Services
RSS: Referral Support Service
QOF: Quality Outcomes Framework

NHS
Lewisham
Clinical Commissioning Group

Strategic Commissioning Framework for Primary Care Transformation in London

Lewisham CCG – Stakeholder Engagement

January 2015

Briefing V3.0

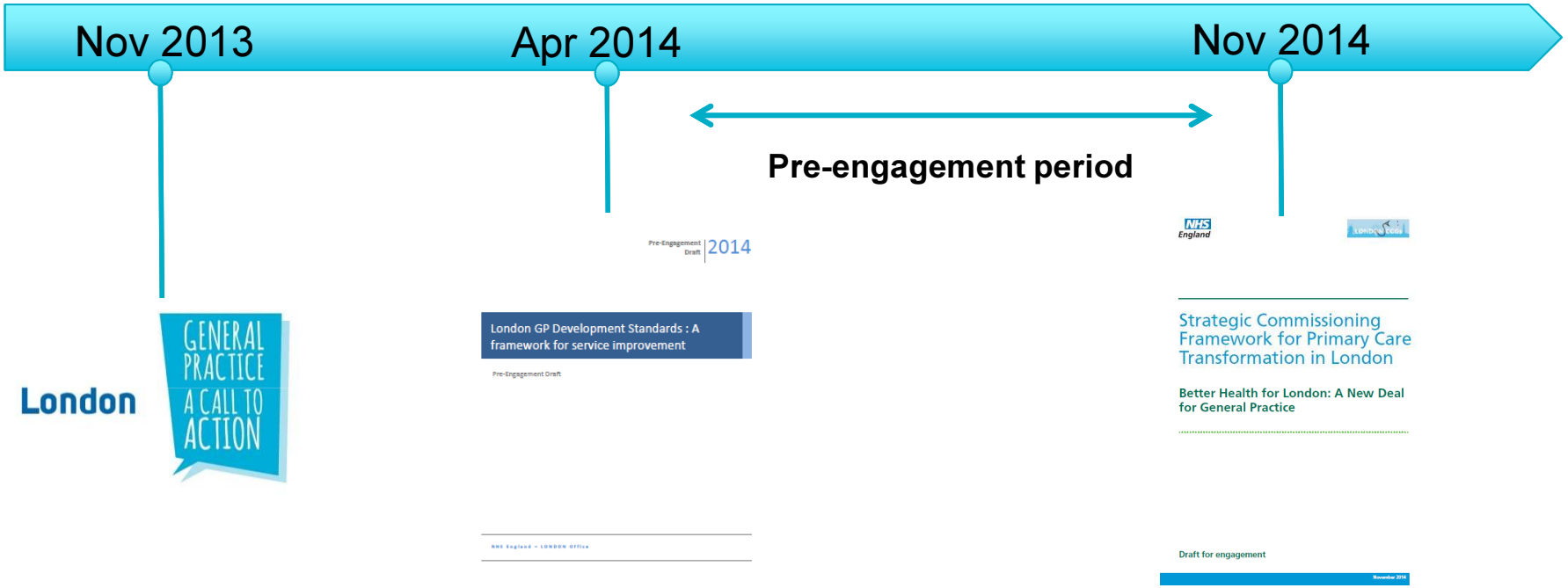
There is significant focus on the need for change in Primary Care

Both the Five Year Forward View and the London Health Commission report set out several objectives for Primary Care:

- **Stabilise core funding for general practice and review how resources are fairly made available**
- **Give CCGs more influence over the NHS budget – investment: acute to primary & community**
- **Provide new funding through schemes such as the Challenge fund – innovation, access**
- **Expand as fast as possible the number of GPs, community nurses and other staff.**
- **Design new incentives to tackle health inequalities**.
- **Expand funding to upgrade primary care infrastructure and scope of services**
- **Help the public deal with minor ailments without GP or A&E**
- **Potential new care models** such as Multispecialty Community Providers (MCPs) and Primary & Acute Care Systems (PACS)

- **Increase the proportion of NHS spending on primary and community services**
- **Invest £1billion in developing GP premises**
- **Set ambitious service and quality standards for general practice**
- **Promote and support general practices to work in networks**
- **Allow patients to access services from other practices in the same network**
- **Allow existing or new providers to set up services in areas of persistent poor provision**

London has also been working on how some of the challenges faced by general practice could be mitigated



The ***Call to Action*** outlined some of the challenges of General Practice in London..

In April a draft publication was released, which outlined **a new patient offer.**

Since then there has been **considerable engagement** to **further strengthen this offer**, and understand the necessary **considerations for delivering it.**

The Strategic Commissioning Framework

The result is a draft *Strategic Commissioning Framework*, aiming to support transforming primary care in the capital

- A new vision for General Practice
- A new Patient offer described in a general practice specification
- A description of considerations for making it happen

A new vision for General Practice in London

Patients and clinicians alike have told us about the importance of three areas of care. This forms the basis of the new patient offer (also called the specification)

Accessible Care

Better access primary care professionals, at a time and through a method that's convenient and with a professional of choice.

Coordinated Care

Greater continuity of care between NHS and other health services, named clinicians, and more time with patients who need it.

Proactive Care

More health prevention by working in partnerships to reduce morbidity, premature mortality, health inequalities, and the future burden of disease in the capital. Treating the causes, not just the symptoms.

What is the… Accessible Care Specification for the Service Offer

The Accessible care specifications for service offer describes changes to enable patients to feel confident that they **can access general practice in a way which meets their needs**

The expert panel that developed these was chaired by **Dr Tom Coffey,** a GP Partner at Brocklebank Group and Chair of NHS Wandsworth CCG.

Patient choice	Patients are given a choice of access options and can decide on the consultation most appropriate to their needs
Contacting the practice	Patients can make appointments with only one click, call or contact and can access more services online
Continuity of care	Patients have a named GP who is accountable for their care and can book appointments up to 4 weeks ahead. Practices provide flexible appointment lengths as appropriate
Routine opening hours	Patients can access pre-bookable routine appointments 8 am – 6.30 pm Monday to Friday and 8 am – 12 pm on Saturdays
Same day access for urgent conditions	Patients with urgent conditions can access a consultation on the same day within routine surgery hours
Emergency care	Practices have systems to ensure patients receive appropriate care and in appropriate time in the case of emergencies
Extended opening hours	Patients can access primary care 8am – 8pm every day in their local area for immediate, urgent and unscheduled care

..But what does this mean for patients?

"I will be able to book ahead with my GP, at least four weeks ahead"

"I will only have to make one call or click in order to make an appointment"

Patient

"I will be able to have consultations via telephone, email or skype"

What is the… Coordinated Care Specification for the Service Offer

The Coordinated Care specifications for service are about outlining a way that clinicians, patients, and others come together to better **help patients achieve their desired health outcomes**

The expert panel that developed these was chaired by **Dr Rebecca Rosen,** a senior fellow in Health Policy at the Nuffield Trust and a General Practitioner in Greenwich

Case finding and review	Practices identify patients who would benefit from coordinated care and proactively review them on a continuous basis
Care planning	Patients identified for coordinated care have a care plan
Patients supported to manage their health and well-being	Practices create an environment in which patients have the tools, motivation and confidence to take responsibility for their health and wellbeing
Named clinician	Patients needing coordinated care have a named GP/lead clinician and team from which they routinely receive their care
Multi-disciplinary working	Patients needing coordinated care receive multidisciplinary reviews

..But what does this mean for patients?

"I will be supported to manage my own health with greater confidence, knowledge and responsibility"

Patient

"My care will be coordinated, rather than fragmented and transitions between services will be seamless"

What is the… Proactive Care Specification for the Service Offer

The Proactive Care standards aim to outline how general practice can better support patients in **staying well**

The expert panel that developed these was chaired by **Dr Nav Chana**, a GP and senior partner at the Cricket Green Medical Practice, Mitcham

Proposed standards	Description
Co-design	Primary care works with patients, their families and communities to co-design approaches to improving health and wellbeing
Developing assets and resources for improving health and wellbeing	Primary care works with others to develop assets and resources that will empower people to remain healthy and connected with their community
Personal conversations focused on individuals' health goals	Patients are routinely asked about wellbeing and their capacity and goals for improving their health
Health and wellbeing liaison and information	Patients have access to wellbeing liaison and information helping them to achieve health and wellbeing
Patients not currently accessing primary medical care	Primary care reaches out to people who have difficulty accessing services or would benefit from greater access. Practices have a plan for unregistered people

..But what does this mean for patients?

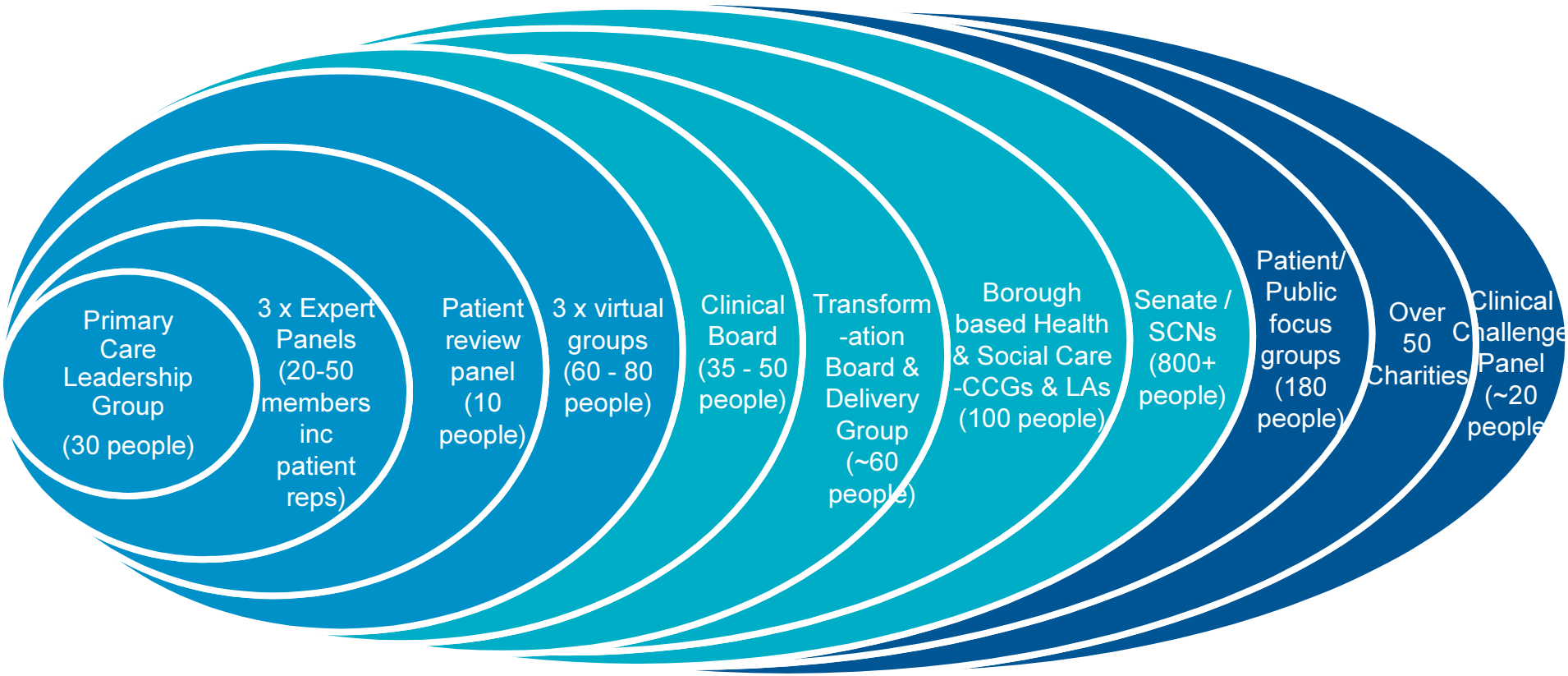
"I will have information tailored to my needs on when, where and how to access health and wellbeing support in my community"

Patient

"My local practices will work with our local communities to discuss the population's health needs and co-design new services in the community that support people to stay well

..Which has been widely tested

Following an initial development stage, the specification has been tested with a widening range of patients, clinicians and other stakeholders. Around **1,500** people have now been involved in testing this.



The *Strategic Commissioning Framework* which has been released for engagement reflects the feedback gathered from the above discussions.

The Framework includes several areas of focus to support delivery of the specification

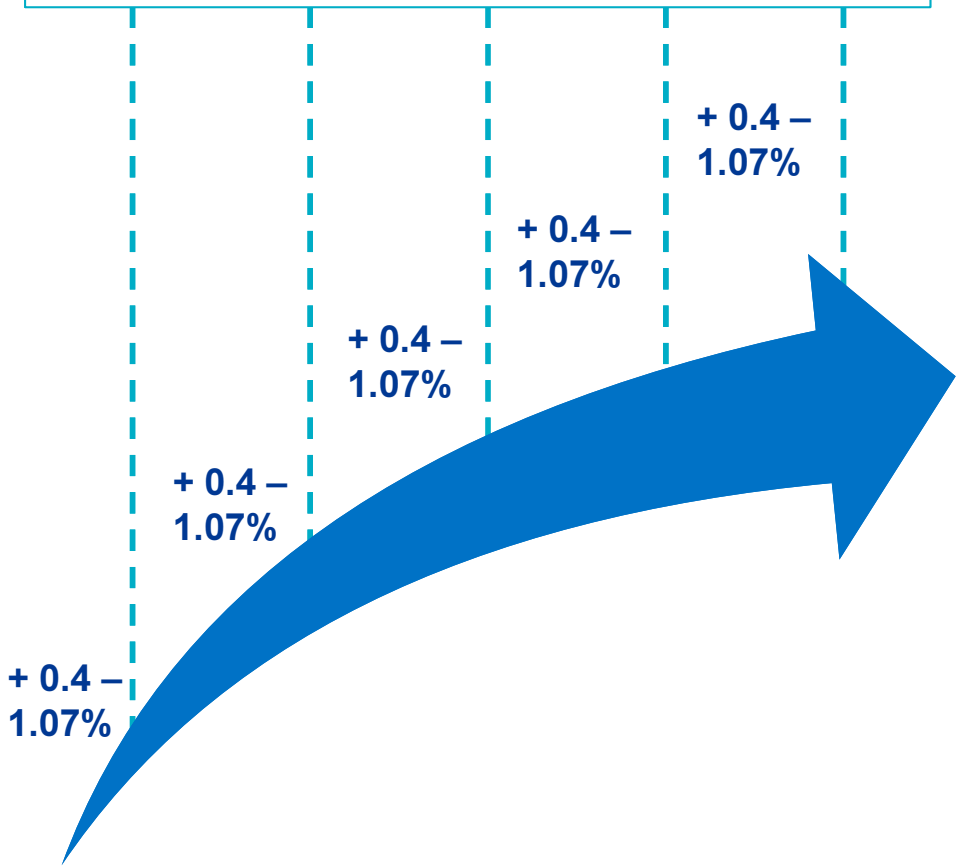
Models of Care	• This area proposes collaborating across groups of practices, and with other partners
Commissioning	• This area outlines the importance of supporting commissioners to work together and support to CCGs taking on co-commissioning
Financial Implications	• This includes the estimated cost shift towards Primary Care required to deliver the new specifications, and the year on year funding shift to achieve this (see next slide)
Contracting	• This area looks at contractual considerations of delivering the specifications e.g. contracting at a population level
Workforce Implications	• This area looks at the need for the right roles and skills in a practice and as part of a wider team
Technology Implications	• This area looks at the ways technology could be used to deliver the specifications and maximising its use to support empowerment and innovation
Estates Implications	• This area references the findings of the London Health Commission in terms of the variability of Primary Care estate and recommendation for investment
Provider Development	• This area outlines the importance of supporting providers to deliver the specifications and some of the potential areas for development
Monitoring and Evaluation	• This area outlines ways in which tools (largely already existing) can be used to support faster adoption of best practice, as well as for commissioner assurance

The specification will require investment…

A **high level estimation** of the cost of delivering the new service has been made. This will be further developed in parallel to the engagement phase, but indicates what a gradual shift in funding might look like, and an overall year on year cost increase

Years 1 – 5

Example gradual shift in funding towards Primary Care



Years 6 +

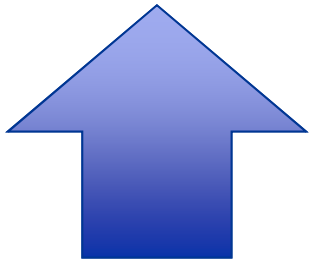
Annual costs of providing the new service offer

Overall shift of **2 – 5.36% of total health spend today**

An annual cost of **£310 – 810m**

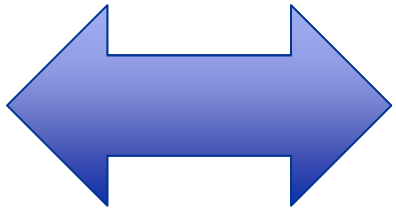
…and changes to the workforce..

The *Framework* also outlines that to deliver the specification, a larger and more diverse workforce is required.



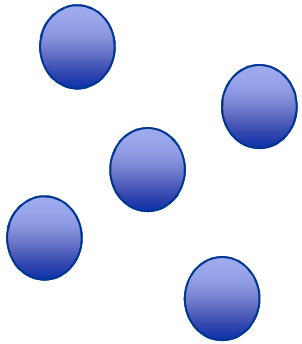
INCREASE EXISTING ROLES..

We will need more GPs and nurses to deliver the change

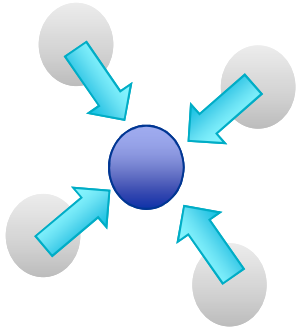


BROADEN THE TEAM..

There will need to be more new roles to support the clinicians



…AT A PRACTICE LEVEL



..OR ACROSS SEVERAL PRACTICES

Next Steps

The next stage of engagement has begun, and is expected to continue until April 2015. This document will be refreshed and reissued at the end of that period.

- ✓ Transforming primary care: *General practice – A Call to Action* was published to start a debate.
- ✓ A set of specifications for General Practice was led by expert GPs, building on the national vision for primary care.
- ✓ The Specifications were tested over the summer with a wide range of patients, the public, charities and independent clinicians as the other aspects of the Strategic Commissioning Framework were developed
- ✓ The developing Strategic Commissioning Framework, was shared at the end of November 2014
- There will be a period of **further planning and engagement** by CCGs and their partners, with NHS England, **from December 2014 to March 2015**
- **Implementation** is expected to start from **April 2015** and will take place over **the next 5 + years**

Lewisham CCG – Local Stakeholder are being asked to consider…

1. • Confirmation that the *Framework* covers the correct areas?
2. • Are there other areas that should be considered in the *Framework* that currently aren't?
3. • How could the *Framework* be strengthened?

Lewisham CCG – Engagement

Lewisham CCG will commence engaging with members during December 2014 through to January 2015, to enable timely submission of membership comments/feedback into the reissues Framework scheduled for April 2015.

The developing Strategic Commissioning Framework, was shared at the end of November 2014

10th DECEMBER 2014: Lewisham CGG Launch Engagement of the framework with Members

12th DECEMBER 2014: Lewisham CGG Launch Framework and questionnaire via **GPi** – responses/comments received by **30th January 2015**

JANUARY 2015: Framework Roadshow for Neighbourhoods
Healthier Communities Select Committee/Health & Well Being Board/Lewisham Healthwatch

21st JANUARY 2015: Lewisham LMC Engagement

Implementation is expected to start from **April 2015** and will take place over **the next 5 + years**

HEALTH AND WELLBEING BOARD				
Report Title	Lewisham's Housing Strategy 2015-2020			
Contributors	Head of Strategic Housing		Item No.	4
Class	Part 1	Date:	20 January 2015	
Strategic Context	See section 3			
Pathway	The draft Housing Strategy has been considered by the Housing Select Committee. The Committee will scrutinise a final draft in February. The Strategy will be considered by Mayor and Cabinet in March.			

1. Purpose

1.1 This report invites the Health and Wellbeing Board to comment on the Council's draft Housing Strategy.

2. Recommendation

The Health and Wellbeing Board is recommended to:

2.1 Support the objectives and priorities as set out in the draft Housing Strategy; **OR**

2.2 Advise on any changes to the draft Strategy that it would see as appropriate and would like to see.

3. Policy Context

3.1 The Housing Strategy will support other priorities that the Council and its partners have. Core principles identified in the overarching Sustainable Communities Strategy such as reducing inequality and improving equality of opportunity are reflected in this draft Housing Strategy.

3.2 Lewisham's Housing Strategy is also expected to be compliant with the Mayor of London's Housing Strategy which is based on:

- Increasing housing supply to levels not seen since the 1930s
- Better supporting working Londoners and helping more of them into home ownership
- Improving the private rented sector and promoting new purpose-built and well managed private rented housing
- Pushing for a new, long-term financial settlement for London Government to drive housing delivery
- Bringing forward land for development and accelerating the pace of housing delivery though Housing Zones and the London Housing Bank.

3.3 The main evidence base for the draft Housing Strategy is the SE London Strategic Housing Market Assessment (SHMA)

3.4 Homelessness is included in the draft Housing Strategy. There are no plans for producing a separate homelessness strategy.

4. Background

4.1 Public consultation on the draft Housing Strategy commenced on December 1st 2014 and is due to close on January 19th 2014. There is some scope for taking on board comments made after that date.

4.2 Following revision of the draft Housing Strategy it will be scrutinised by the Housing Select Committee (late January or a one off meeting in February) before being submitted to Mayor and Cabinet in March with a view to being published also in March.

4.3 The draft Strategy proposes 4 key objectives:

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

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

5 Financial implications

5.1 The purpose of this report is to give the Board an opportunity to consider the key themes of the draft Housing Strategy, the main priorities for action and the strategic objectives. As such there are no financial implications arising from this report.

5.2 As the Housing Strategy develops, the financial implications of proposed actions will need to be considered as part of the Council's overall Budget Strategy.

5.3 Officers will also be exploring external funding and partnership opportunities to take the Strategy forward.

6 Legal implications

6.1 28th April 2014, the Department for Communities and Local Government (DCLG) updated its Policy "Providing housing support for older and vulnerable people". The Care Act 2014 and associated statutory guidance sets out the principles which underpin all adult safeguarding work and the duties which are placed on local authority social services and housing, health, the police and other agencies. Local housing authorities' responsibilities towards tackling

homelessness and helping homeless people are contained in the Housing Act 1996 and the Homelessness Act 2002.

6.2 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

6.3 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

6.4 The duty continues to be a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

6.5 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/

6.6 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

6.7 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/

7. Crime and Disorder Implications

7.1 There are no particular crime and disorder implications that arise from this report.

8. Equalities Implications

8.1 The SHMA makes particular reference to the needs of Black and Minority Ethnic communities and to older people.

8.2 An Equality Analysis Assessment (EAA) has yet to be carried out.

8.3 Addressing the most urgent and most serious housing need in the borough (e.g. as manifested by homelessness or overcrowding) is anticipated to be particularly relevant to most of the groups to which an equalities duty applies.

9. Environmental Implications

9.1 There are no particular environmental implications that arise from this report.

10. Conclusion

10.1 The consultation represents an opportunity to influence the Council's Housing Strategy.

Background Documents

Draft Lewisham Housing Strategy 2015-2020

If you have any difficulty in opening the links above or those within the body of the report, please contact Kalyan DasGupta (kalyan.dasgupta@lewisham.gov.uk; 020 8314 8378), who will assist.

If there are any queries on this report please contact Dave Shiress, Housing Strategy Officer, on 020.8314.6096, or by email at: dave.shiress@lewisham.gov.uk

HEALTH AND WELLBEING BOARD			
Report Title	**Public Health Budget and Savings Proposals 2015/16**		
Key Decision	Yes	Item No.	5
Ward	All		
Contributors	Executive Director for Community Services, Director of Public Health		
Class	Part 1	Date:	20 January 2015

1. Purpose

1.1 The purpose of this report is 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.

2. Recommendation/s

The Board is recommended to:

2.1 Note the Public Health Budget
2.2 Note and comment on the Savings Proposals for 2015/16.

3. Policy Context

3.1 The Health and Social Care Act 2012 provided the legal basis for the transfer of public health functions from the NHS to local authorities. On 1st April 2013 Lewisham Council assumed responsibility for the provision of most public health functions (others are provided by Public Health England and NHS England). This included all public health staff and most contracts for commissioned public health functions.

4. Background

4.1 In January 2014 the Health and Wellbeing Board was updated on the Public Health budget allocation post transfer to the council and proposed expenditure for 2014-15, and asked to support the recommendations to Mayor and Cabinet for the allocation on additional investment for 2014-15 for school nursing and free swims for children and people aged 60 and over.

4.2 In line with the Health and Social Care Act, the Council has three overarching responsibilities in relation to public health[1]:

i) To deliver its statutory duties to take such steps as it considers appropriate for improving the health of people in its area, and to plan for and respond to emergencies involving a risk to public health;

ii) To deliver the key public health outcomes in the National Public Health Outcomes Framework;

iii) To deliver a Joint strategic Needs Assessment (providing officers and elected members with appropriate advice, based on a rigorous appreciation of patterns of local health need, what works and potential for improving health) and Health & Wellbeing Strategy for the borough

4.3 These overarching functions encompass the three domains of public health: service improvement; health protection; and health improvement.

4.3.1 Service Improvement

The Council is mandated to provide public health commissioning advice based on quality population-level analysis of health data and needs assessment at no cost to the Lewisham Clinical Commissioning Group. Official DH guidance on the proportion of time and resource spent by Local Authorities on public health commissioning advice for the CCG is around 40% of the specialist public health function.

The key elements of public health advice and support to clinical commissioners includes: assessing needs and strategic planning; reviewing service provision; deciding priorities; service re-design and planning; managing performance; supporting patient choice and seeking public and patient views; and maintaining workforce expertise.

4.3.2 Health protection

The Council, and the Director of Public Health (DPH) acting on its behalf, has a mandatory duty to protect the health of the population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when things go wrong. The Council needs to have available the appropriate specialist health protection skills to carry out these functions.

The Council, through the DPH, has a duty to ensure plans are in place to protect the population including screening and immunisation. It provides assurance and challenge regarding the plans of NHS England, Public Health England and providers. The DPH needs to assure the council that the combined plans of all these organisations,

[1] Public Health in Local Government**:** The new public health role of local authorities, DH *2012*

when delivered in Lewisham, will deliver effective screening and immunisation programmes to the population. There are a large number of screening and immunisation programmes including: cervical, bowel and breast cancer screening; ante natal and neo-natal screening; abdominal aortic aneurysm screening; routine immunisation of children and influenza immunization; and diabetic retinopathy screening.

4.3.3 Health Improvement

The Council has specific responsibilities, supported by a ring fenced grant, for commissioning public health services and initiatives[2]. Some of these functions are mandatory and the Council is obliged to deliver the defined function, others are discretionary and the Council can determine the level of provision, guided by the Public Health Outcomes Framework, the local joint strategic needs assessment and the joint health and wellbeing strategy[2]. These commissioning functions are described below.

Mandatory commissioning responsibilities:

- National Child Measurement Programme
- NHS Health Check assessments
- Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)

Locally determined commissioning responsibilities:

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (in longer term all public health services for children and young people)
- Interventions to tackle obesity such as community lifestyle and weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Public mental health services
- Dental public health services
- Accident injury prevention
- Local initiatives on workplace health

[2] Public Health in Local Government**:** Commissioning responsibilities, DH 2012

- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Local authority role in dealing with health protection incidents, outbreaks and emergencies
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

3. Public health budget and expenditure

3.1 The public health budget is ring fenced until at least the end of 2015/2016. The following diagram itemises budget allocations against each programme area:

Function		2014/15 Budget Allocation £	Spend Commitments 2014/15* £
Sexual Health	Sexual Health Services: STI Testing & Treatment	2,753,834	2,728,834
	Sexual Health Services: Contraception	3,902,467	3,933,027
	Sexual Health Services: Advice, Prevention & Promotion (including HIV prevention)	480,500	480,500
NHS Health Check Programme	NHS Health Check Programme	558,200	522,057
Health Protection	Health Protection	288,586	259,769
National Child Measurement Programme	School Nursing	1,600,000	1,600,000
Public Health Advice	Public Health Advice to CCG	543,500	490,900
Promoting Healthy Weight & Obesity	Obesity: Adults	297,100	241,100
	Obesity: Children	504,100	490,275

Physical Activity	Physical Activity: Adults	370,000	355,000
	Physical Activity: Children	70,000	20,000
Substance Misuse	DAAT-Adults Substance Misuse Service	3,580,700	3,580,700
	DAAT-Alcohol Service	419000	419,000
	DAAT-Young Persons Substance Misuse	232,000	232,000
	DAAT-Drug Intervention Programme	369,000	369,000
	DAAT-Adult Rehab Placements	300,000	300,000
Smoking and Tobacco	Stop Smoking Service	706,811	670,711
	Smoking and Tobacco: Wider Tobacco Control, including prevention of uptake, tackling illegal sales and smoke free homes	226,000	116,000
Children 5-19 Public Health Programmes	Children 5-19 PH Programmes	150,700	120,878
Other Public Health Services	Other Public Health Services: Administration £104,200, Prescribing Costs £718,000,	822,200	822,200
	Other Public Health Services: Reducing Health Inequalities & Addressing Wider Determinants of Health : Area Based Initiatives £90,000, Library Services,£15,375, Lewisham Refugee & Migrant Network, £21,500, Federation of Refugees from Vietnam in Lewisham, £29,000, Community Health Improvement Service £1,065,941; North Lewisham Plan; £99,000; Warm Homes £75,000; Health Assessments for Housing Eligibility £28,000; Money Advice (Citizens Advice Bureau) £148,000	1,571,816	1,559,816
		20,053,514	19,311,767

*The expenditure is less than the budget due to efficiency savings being implemented in some areas within year 2014/15.

5. Savings Proposals 2015/16

5.1 Lewisham Council has to make savings of £85m over the next 3 years. The Council is required to file annual accounts to Public Health England on how the Council's public health allocation is spent against pre-determined spending categories linked to public health outcomes and mandatory functions.

5.2 The Public Health programmes which transferred to Lewisham Council in April 2013 have all been reviewed. This review identified an initial £1.5M of savings which could be delivered largely through efficiencies and using the uplift applied to the public health budget in 2014/15. A further disinvestment of £1.15M was also identified, although it was acknowledged that this was likely to have some negative impact unless the service delivery models were re-configured, subsequent savings identified in provider overheads and on costs, and there was a commitment from schools to both engage in health improvement programmes and contribute financially.

5.3 Where savings have been identified from the current public health budget these will be used to support public health outcomes in other areas of the Council. The guiding principle for the re-investment will be to support areas where reductions in council spend will have an adverse impact on public health outcomes. The approach to identifying savings has been:

1) To identify any duplication with aspects of other council roles which can therefore be combined or streamlined.

2) To identify any service which should more appropriately be carried out by other health partners.

3) To stop providing service level agreements or incentive payments to individual GP practices and develop those services more efficiently and equitably across the four GP neighbourhood clusters where appropriate.

4) To gain greater efficiency through contract pricing where applicable.

5) To integrate public health grants to the voluntary sector into the Council's mainstream grant aid programme.

5.4 The savings achieved would then be re-invested into other areas of council spend which impact on public health outcomes. Any re-allocation in other areas of council spend must have an equal or greater public health impact. These areas have not yet been identified.

5.5 The programmes where savings are proposed include the following:

- Dental Public Health
- Health Inequalities
- Mental Health (adults and children)
- Health Protection
- Maternal and Child Health
- NHS Health Checks
- Obesity/Physical Activity
- Sexual Health
- Smoking and Tobacco Control
- Training and Education.

5.6 Substance misuse services (which are funded from part of the ring fenced grant) have been reviewed separately and are accounted for in the crime reduction proposed savings.

5.7 The savings proposals are presented in Table 1 below.

5.8 It is proposed that the London Borough of Lewisham, as the commissioner of these services, will work closely with the provider of services on planned service re-configuration, in order to mitigate the impact of any service changes, maximise the efficiency and effectiveness in service delivery and to optimise value for money.

Table 1 – Savings Public Health Savings Proposals

Public Health Programme Area	Total Budget	Total Saving	Proposals	Service re-design where applicable	Risk & Mitigation
Sexual Health	£7,158,727	£321,600	1. Re-negotiation of costs for sexually transmitted infection testing with LGT in 2015/16, including application of a standard 1.5% deflator to the contract value as an efficiency saving, and inclusion of laboratory costs in the overall contract (£275.6k). 2. Reduce sex and relationships (SRE) funding and develop a health improvement package that schools can purchase that includes SRE co-ordinated and supported by school nursing (£20k) 3. Remove incentive funding for chlamydia and gonorrhoea screening in GP practices (£26k)	In the short to medium term the development of a neighbourhood model of sexual health provision will lead to improved services. In the longer term a London wide sexual health transformation programme is being developed in partnership with 20 boroughs, which is expected to deliver greater benefit at reduced costs.	The risk would be that LGT cannot deliver the same level of service within reduced funding, and GPs disengage with sexual health. Mitigation includes work with primary care to deliver sexual health services in pharmacy & GP practices, and free training given to GPs and practice nurses. The risk is that SRE is not delivered in schools. Mitigation includes developing a health improvement package that schools can purchase that includes SRE, and work with school nursing to support schools to provide quality SRE

NHS Health checks	£551,300	£157,800	1. Removing Health checks facilitator post 2. Pre- diabetes intervention will not be rolled out 3. Reduced budget for blood tests due to lower take up for health checks than previously assumed 4. Reducing GP advisor time to the programme 5. Reduction in funding available to support IT infrastructure for NHS health checks	An essential component of the NHS Healthchecks programme is delivered through the Community Health Improvement Service. See proposed re-commissioning and service re-design under 'health inequalities' below.	Missed opportunity to prevent diabetes and for early diagnosis of diabetes IT system not able to deliver requirements of the programme Future plans to align commissioning of NHS Health Checks with Neighbourhoods will help to optimise the efficiency and effectiveness of resources and may identify more people at risk earlier
Health Protection	£35,300	£12,500	Stop sending the recall letter for childhood immunisations (as this is already done via GPs)		Minimal as impact of letter on uptake appears to be low. Uptake of childhood immunisations continues to be monitored.
Public Health Advice to CCG	£79,200	£19,200	Decommissioning diabetes and cancer GP champion posts.		These posts will be commissioned by the CCG in future
Obesity/ physical activity	£650,000	£173,400	1. Decommission Hoops4health (£27,400) 2. Changing delivery of Let's Get Moving GP & Community physical activity training (£5,000) 3. Decommissioning Physical Activity in Primary Schools (£50,000)		There is a risk of reduction of physical activity in schools. Mitigation includes

			4. Reduce funding for community development nutritionist (£30k) 5. Remove funding for obesity/ healthy eating resources (£10K) 6. Withdraw of funding for clinical support to Downham Nutritional Project (£9k) 7. Efficiency savings from child weight management programmes. (£12k) 8. Reduce physical activity for health checks programme (£20k)		Schools being encouraged to use their physical activity premium to continue programmes selected from a recommended menu of evidence based activities. The risk is a reduction in support to voluntary sector healthy eating and nutrition programmes. Mitigation includes organisations being encouraged to build delivery into their mainstream funding programme.
Dental public health	£64,500	£44,500	Release funding from dental public health programmes	Dental public health services commissioned by NHS England	Sufficient resource retained to assure dental infection control function.
Mental Health	£93,400	£59,200	1. Withdraw funding for clinical input to Sydenham Gardens		The risk is that Sydenham Gardens is unable to sustain clinical input from grant funding, but it is agreed to direct them to alternative funding sources. The risk is a reduction in

			2. Reduce funding available for mental health promotion and wellbeing initiatives (including training)		mental health awareness training across the borough. Mitigation includes pooling resources with neighbouring boroughs for delivery of training and work closely with voluntary sector and SLAM to deliver mental health awareness training and campaigns.
Health Improvement Training	£88,000	£58,000	1. Decommission Health Promotion library service 2. Limit health improvement training offer to those areas which support mandatory public health services.		The risk is reduced capacity to develop a workforce across partner organisations which contributes to public health outcomes. Mitigation includes working with CEL to develop new models of delivery for essential public health training.
Health inequalities	£1,460,019	£581,500	1. Reconfiguring LRMN Health Access services to deliver efficiencies (£21,500) 2. Remove separate public health funding stream to VAL (£28,000) 3. Decommissioning FORVIL Vietnamese Health Project (£29,000) 4. Reducing funding for Area Based Programmes (£40,000)	It is proposed to integrate a number of community based health improvement programmes, including those funded by the GLA (e.g. Bellingham Well London) with the health	The risk is reduced capacity across the system to tackle health inequalities, and a reduction in service for the most vulnerable., Mitigation includes

			5. Decommissioning CAB Money Advice in 12 GP surgeries (£148,000) 6. Reduce the contract value for community health improvement service with LGT by limiting service to support mandatory Public health programmes such as NHS Health Checks only and reduce other health inequalities activity. (£270k) 7. Further reduce funding for area based public health initiatives which are focused on geographical areas of poor health with in the borough. (£20k) 8. Reduce funding for 'warm homes' (£25K)	and social care activities currently being developed in these neighbourhoods by the Community Connections team, District Nurses, Community Health Improvement Service, Social Workers and GPs. There is also a plan to develop a stronger partnership working with Registered Social Landlords as well as any local regeneration projects in each of these neighbourhoods.	working with the Adult integrated Care Programme to deliver a neighbourhood model for health inequalities work, and develop local capacity. It is anticipated that basing these services directly in the community and with greater integration will accommodate the funding reduction. Voluntary organisations will have an opportunity to continue some of this work in a different way through the grant aid programme.
smoking and tobacco control	£860,300	£348,500	1. Reduce contract value for stop smoking service at LGT by £250k (30%) 2. Stop most schools and young people's tobacco awareness programmes 3. Decommission work to stop illegal sales	There are proposals to re-configure the stop smoking service as part of the neighbourhood developments described under 'health inequalities' above.	There is a risk of a reduction in number of people able to access stop smoking support and an increase in young people starting smoking if services are not –reconfigured appropriately. Mitigation includes optimising efficiencies

					in the delivery of the SSS and reducing the length of time smokers are supported from 12 to 6 weeks to release capacity. Schools will be able to fund some of the peer education non-smoking programmes as part of the menu of programmes. The restructuring of enforcement services is likely to allow tackling illegal sales of tobacco in a more integrated way with the same outcomes and prevent young people having access to illegal tobacco.
Maternal and child health	£187,677	£68,400	1. Reducing sessional funding commitment for Designated Consultant for Child Death Review 2. Reduce capacity for child death review process by reducing sessional commitment of child death liaison nurse.		There may be less opportunity to learn from and improve services for families which have been bereaved, but this is not the purpose of the panel and there will be no impact on prevention of child deaths.

			3. Removal of budget for school nursing input into TNG		The school nursing service received grant funding of £250k in 2014/15 which has not been reduced, and the service will be able to accommodate input into TNG.
			4. Reduce capacity/funding for breast feeding peer support programme & breast feeding cafes.		There is a risk that women will be less well supported to breast feed and Lewisham may not achieve UNICEF/WHO Baby Friendly status in 2015. Mitigation will include re-negotiating support through the maternity services contract, although this may not be achievable in time for 2015 contracts. Baby café licences may be re-negotiated.
Department efficiencies		£262,200	To be identified through a staff restructure in 2015. At this point public health staff terms and conditions and pay scales are to be harmonised with council staff terms and conditions and pay scales.		
2014/2015 Uplift		£547,000			

(uncommitted)					
TOTAL	**£14,995,000**	**£2,653,800**			

5.9 As the public health budget is ring fenced in 2015/16, where savings have been identified from the current public health budget these will be used to support public health outcomes in other areas of the council. The guiding principle for the re-investment will be to support areas where reductions in council spend will have an adverse public health outcome.

5.9 The savings proposals were considered by Mayor and Cabinet in October 2014 and a final decision will be made in February 2015, when the Council budget is set for 2015/16.

5.10 The savings proposals have been considered by: The Children & Young People's Select Committee, The Healthier Communities Select Committee, and the Public Accounts Committee. An All Select Committee Working Group has also considered the proposals in more detail.

5.11 Lewisham CCG has been formally consulted.

5.12 The savings proposals have also been discussed at partnership meetings with the CCG and Lewisham and Greenwich Trust.

5.13 A copy of the paper to Healthier Select Committee meeting on 14th January 2015 on the outcome of the consultation (including the CCG response) and a copy of the paper to the All Select Committee Public Health Working Group on 15th December 2014 are attached for information as Appendices 1 and 2.

Financial implications

6.1 Failure to meet the health and wellbeing strategic objectives, particularly in relation to child health and wellbeing, obesity in adults and children, and maintaining the health and independence of older people, could result in additional financial burdens being placed upon health and social care services in the short, medium and long term.

7. Legal implications

7.1 There are no legal implications arising from this report.

8. Crime and Disorder Implications

8.1 It is not possible to fully assess the Crime and Disorder Implications without knowing how the proposed savings will be re-invested in public health.

9. Equalities Implications

9.1 It is not possible to fully assess the Equalities Implications without knowing how the proposed savings will be re-invested in public health.

10. Environmental Implications

10.1 It is not possible to fully assess the Environmental Implications without knowing how the proposed savings will be re-invested in public health.

11. Conclusion

11.1 It is important to ensure that public health outcomes continue to be maximised and that the impact of any savings made are mitigated as far as possible within the context of other savings made across the council and its partners.

If there are any queries on this report please contact **Dr Danny Ruta**, **Director of Public Health**, 020 8314 ext 49094**.**

APPENDIX 1

Public Health Working Group			
Report Title	Public Health Report		
Ward	All	**Item No**	5
Contributors	Executive Director for Community Services, Director of Public Health		
Class	Part 1	**Date**	15 December 2014

Reason for Urgency

The report has not been available for 5 clear working days before the meeting and the Chair is asked to accept it as an urgent item. The report was not available for despatch on Thursday 4 December because additional finance and performance information was required. The report cannot wait until the next meeting due to the short timescale for the Task and Finish Group.

1. Purpose

1.1 This paper has been written for the first meeting of the Lewisham All Select Committee Public Health Task Group meeting on 15th December 2014 to provide information on:

1.2 The context of the public health service in Lewisham

- The Council's Public Health responsibilities
- a description of the public health functions against the PH budget
- an overview of current staffing within the Lewisham Public Health service
- Key impacts since the Public Health function moved into LBL in April 2013

1.3 The savings proposals

- The savings being proposed
- Options for redirecting the savings made to other activities with a PH outcome

2. Background

2.1 The Council's public health responsibilities.

2.1.1 The 2012 Health and Social Care Act provided the legal basis for the transfer of public health functions from the NHS to local authorities. On 1st April 2013 Lewisham Council assumed responsibility for the provision of most public

health functions (others are provided by Public Health England and NHS England).

2.1.2 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 needs identified in their joint strategic needs assessments (JSNAs).

2.1.3 In line with the Health and Social Care Act, the Council has three overarching responsibilities in relation to public health[1]:

i) To deliver its statutory duties to take such steps as it considers appropriate for improving the health of people in its area, and to plan for and respond to emergencies involving a risk to public health;

ii) To deliver the key public health outcomes in the National Public Health Outcomes Framework;

iii) To deliver a Joint strategic Needs Assessment (providing officers and elected members with appropriate advice, based on a rigorous appreciation of patterns of local health need, what works and potential for improving health) and Health & Wellbeing Strategy for the borough

2.2 These overarching functions encompass the three domains of public health: service improvement; health protection; and health improvement.

2.3 Service Improvement

2.3.1 The Council is mandated to provide public health commissioning advice based on quality population-level analysis of health data and needs assessment at no cost to the Lewisham Clinical Commissioning Group. Official DH guidance on the proportion of time and resource spent by Local Authorities on public health commissioning advice for the CCG is around 40% of the specialist public health function.

2.3.2 The key elements of public health advice and support to clinical commissioners includes: assessing needs and strategic planning; reviewing service provision; deciding priorities; service re-design and planning; managing performance; supporting patient choice and seeking public and patient views; and maintaining workforce expertise.

2.4 Health protection

2.4.1 The Council, and the Director of Public Health (DPH) acting on its behalf, has a mandatory duty to protect the health of the population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when things go wrong. The Council needs to have available the appropriate specialist health protection skills to carry out these functions.

2.4.2 The Council, through the DPH, has a duty to ensure plans are in place to protect the population including screening and immunisation. It provides

[1] Public Health in Local Government**:** The new public health role of local authorities, DH *2012*

assurance and challenge regarding the plans of NHS England, Public Health England and providers. The DPH needs to assure the council that the combined plans of all these organisations, when delivered in Lewisham, will deliver effective screening and immunisation programmes to the population. There are a large number of screening and immunisation programmes including: cervical, bowel and breast cancer screening; ante natal and neo-natal screening; abdominal aortic aneurysm screening; routine immunisation of children and influenza immunization; and diabetic retinopathy screening.

2.5 Health Improvement

2.5.1 The Council has specific responsibilities, supported by a ring fenced grant, for commissioning public health services and initiatives[2]. Some of these functions are mandatory and the Council is obliged to deliver the defined function, others are discretionary and the Council can determine the level of provision, guided by the Public Health Outcomes Framework, the local joint strategic needs assessment and the joint health and wellbeing strategy[2]. These commissioning functions are described below.

2.5.2 Mandatory commissioning responsibilities:

- National Child Measurement Programme
- NHS Health Check assessments
- Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)

2.5.3 Locally determined commissioning responsibilities:

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (in longer term all public health services for children and young people)
- Interventions to tackle obesity such as community lifestyle and weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Public mental health services
- Dental public health services
- Accident injury prevention
- Local initiatives on workplace health
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions

[2] Public Health in Local Government**:** Commissioning responsibilities, DH 2012

- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Local authority role in dealing with health protection incidents, outbreaks and emergencies
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

3. Public health budget and expenditure

3.1 The public health budget is ring fenced until at least the end of 2015/2016. The following diagram itemises budget allocations against each programme area:

Function		2014/15 Budget Allocation £	Spend Commitments 2014/15* £
Sexual Health	Sexual Health Services: STI Testing & Treatment	2,753,834	2,728,834
	Sexual Health Services: Contraception	3,902,467	3,933,027
	Sexual Health Services: Advice, Prevention & Promotion (including HIV prevention)	480,500	480,500
NHS Health Check Programme	NHS Health Check Programme	558,200	522,057
Health Protection	Health Protection	288,586	259,769
National Child Measurement Programme	School Nursing	1,600,000	1,600,000
Public Health Advice	Public Health Advice to CCG	543,500	490,900
Promoting Healthy Weight & Obesity	Obesity: Adults	297,100	241,100
	Obesity: Children	504,100	490,275
Physical Activity	Physical Activity: Adults	370,000	355,000
	Physical Activity: Children	70,000	20,000
Substance Misuse	DAAT-Adults Substance Misuse Service	3,580,700	3,580,700
	DAAT-Alcohol Service	419000	419,000
	DAAT-Young Persons Substance	232,000	232,000

	Misuse		
	DAAT-Drug Intervention Programme	369,000	369,000
	DAAT-Adult Rehab Placements	300,000	300,000
Smoking and Tobacco	Stop Smoking Service	706,811	670,711
	Smoking and Tobacco: Wider Tobacco Control, including prevention of uptake, tackling illegal sales and smoke free homes	226,000	116,000
Children 5-19 Public Health Programmes	Children 5-19 PH Programmes	150,700	120,878
Other Public Health Services	Other Public Health Services: Administration £104,200, Prescribing Costs £718,000,	822,200	822,200
	Other Public Health Services: Reducing Health Inequalities & Addressing Wider Determinants of Health : Area Based Initiatives £90,000, Library Services,£15,375, Lewisham Refugee & Migrant Network, £21,500, Federation of Refugees from Vietnam in Lewisham, £29,000, Community Health Improvement Service £1,065,941; North Lewisham Plan; £99,000; Warm Homes £75,000; Health Assessments for Housing Eligibility £28,000; Money Advice (Citizens Advice Bureau) £148,000	1,571,816	1,559,816
		20,053,514	19,311,767

*The expenditure is less than the budget due to efficiency savings being implemented in some areas within year 2014/15.

4. Current staffing structure and reporting arrangements

4.1 The current staff structure of the public health department, including vacant posts, is shown in Appendix 1. The total staff employed currently numbers 28 and equates to 24.4 whole time equivalents. The total staff budget is £1.475m, but because of staff vacancies and secondments forecast expenditure for 2014/15 is £1,300,278.

4.2 The DPH is line managed by the Executive Director of Community Services and also provides public health advice to the Chief Executive and the Mayor. The DPH manages the public health department and has budget

management responsibilities for the ring fenced grant with the exception of the drugs and alcohol budget, which is managed by the head of crime reduction and supporting people. The current DPH is seconded half time to King's College London Department of Primary Care and Public Health Sciences and to the School of Medical Education.

4.3 In addition to the Director of Public Health (0.5 WTE), there are 3.3 WTE Consultants in Public Health[3] in the Public Health Division Senior Management Team. The Faculty of Public Health previously recommended an average consultant in public health complement of 4.3 WTE for a population of 270,000, with greater capacity for populations with greater health need such as Lewisham's. These Consultants in Public Health have responsibility for key portfolios (e.g. Children and Young people, Sexual Health, Health Protection, Tobacco Control, Mental Health, Cardiovascular Disease, Cancer and Health Intelligence. They have also been given a lead responsibility for liaising with the four Council Directorates (Resources and Regeneration, Customer Services, Children and Young People and Community Services), and for providing public health advice to the CCG.

4.4 The reporting arrangements for public health in Lewisham reflect the most common arrangement across London boroughs. This has been done largely to reflect the London-wide integration programme which is bringing synergies between acute health providers, community and primary care based services, adult social care and public health. It is usually the equivalent of the Community Services Directorate which carries the council's role for liaison with health. Nationally, some local authorities have adopted alternative models, with the DPH reporting directly to the Chief Executive, or combining the DPH role with other council responsibilities such as environmental health (e.g. Halton Borough Council), housing, and joint commissioning of health and social care services (e.g. West Sussex County Council).

4.5 In relation to the role that public health specialists play in discharging a council's public health responsibilities, a few London councils have moved towards a model in which public health professionals provide an 'expert-led' advisory service with public health commissioning undertaken elsewhere (e.g. Lambeth and Newham), whilst the majority have maintained or are increasing the commissioning remit of their public health specialist workforce. In Lewisham public health strategic commissioning is discharged by the appropriate commissioning unit,but overseen by the public health service.

4.6 The role of the public health workforce within local government continues to evolve as councils' understanding of their new responsibilities matures and as they become more adept at weaving public health into the fabric of the full range of their activities and commissioned services that can impact on the health and wellbeing of their communities. Lewisham Council is no different, and the current staffing arrangement and functional responsibilities is being reviewed as part of the wider review of council arrangements.

[3] To assure themselves of the continuing competence of their Consultants in Public Health, local authorities should ensure that they are registered with the GMC or the UK Public Health Register; undertake a continuing professional development programme that meets the requirements of the Faculty of Public Health; maintain a programme of personal professional development to ensure competence in professional delivery; undertake appropriate annual professional appraisal in order to ensure revalidation and fitness to practise.

5. Key impacts since Public Health moved into LBL in April 2013

5.1. A dynamic Joint Strategic Needs Assessment, supported by a Public Health data portal, has been developed and is accessible online (www.lewishmjsna.org.uk). The Health and Well Being Board is established and a ten year Health and Well Being Strategy has been developed.

5.1.1 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. Lewisham's Health and Wellbeing Strategy was published in 2013.

5.1.2 Using the JSNA evidence and focusing on improving health, care and efficiency, the Health and Well Being Strategy was informed by the following considerations:

- Analysis of those areas which collectively are able to make the biggest difference to health and wellbeing at all levels of our health and social care system, from empowering people to make healthy choices to prevent ill health, through early intervention to prevent deterioration in health and wellbeing, to targeted care and support, right through to complex care for people with long term health problems;

- listening to the voice of Lewisham people and local communities, the voluntary and community sector, about the issues that affect their health and wellbeing;

- Analysis and prioritisation of those areas and actions that will enable transformative system level change and integration across social care, primary and community care, and hospital care;

- Identification of those areas where early action now, for example by addressing the 'causes of the causes' of ill health and inequalities, particularly in the early years, or intervening to prevent dependency, will improve quality and length of life in the future, and reduce the need for additional health and social care interventions later on.

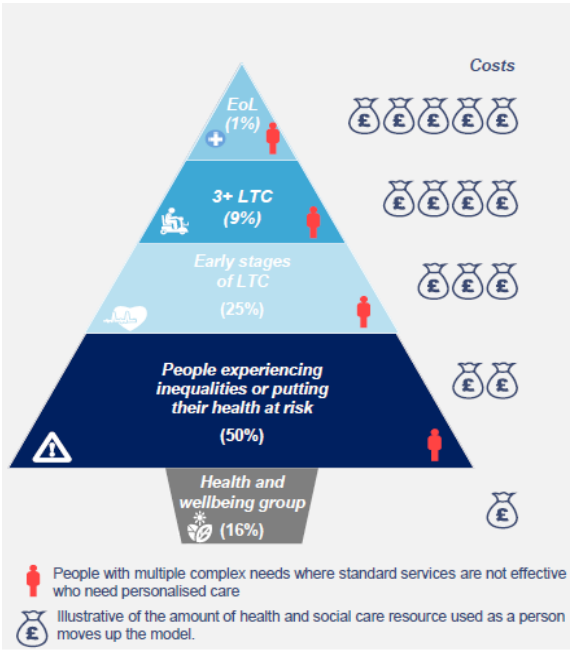
5.1.3 Contributing to the objectives of Lewisham's Sustainable Community Strategy to reduce inequality and informed by the Marmot Review[4], the strategy has identified nine priority areas for action over the next ten years. These are:

- Achieving a Healthy Weight
- Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
- Improving Immunisation Uptake
- Reducing Alcohol Harm
- Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
- Improving mental health and wellbeing
- Improving sexual health

[4] Marmot et al, Fair Society, Fair Lives, Strategic Review of health Inequalities, 2010

- Delaying and reducing the need for long term care and support
- Reducing the number of emergency admissions for people with long term conditions

5.1.4 The diagram below illustrates the scale of the health improvement challenge. It is estimated that in South East London, only around 16% of the population are not adversely affected by inequalities and do not put their health at significant risk. This emphasizes the need to ensure that all organizations and partners across the borough take a holistic approach to promoting the health and wellbeing of their residents, clients, patients and their own staff, so that 'every contact counts'.



5.1.5 In order to maximise the impact of public health in making every contact count and supporting the delivery of the health and wellbeing strategy priorities, effort and resources have been focused on delivering those public health functions which are mandatory or that have been identified as a priority in the strategy.

5.1.6 The following section describes the programmes, performance and challenges in relation to these key public health functions:

- National Child Measurement Programme
- NHS Health Checks assessments
- Comprehensive sexual health services
- Tobacco Control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19
- Interventions to tackle obesity such as community lifestyle and weight management services
- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Local initiatives to reduce excess deaths as a result of seasonal mortality

- Public mental health services
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Local authority role in dealing with health protection incidents, outbreaks and emergencies
- Public health advice and support to clinical commissioners

5.2 National Child Measurement Programme

5.2.1 Overview

The school nursing team of Lewisham and Greenwich NHS Trust (LGT) is commissioned to deliver the National Child Measurement Programme (NCMP). The National Child Measurement programme involves the annual height and weight measurement of all children in reception year and Year 6 in schools. The School Nursing Service has recently been expanded to enable it to increase its focus on health improvement including promoting healthy weight.

5.2.2 Performance

In 2012/13 over 6,000 children were measured (3,565 in Reception and 2,442 in Year 6). The participation rate in Lewisham of 92% (national target 85%) means that robust data are collected.

In Lewisham childhood obesity rates remain significantly higher than the England rate. In 2012/13 Lewisham remains in the top quintile of Local Authority obesity prevalence rates for Year 6. Reception year performance has improved and Lewisham is now in the second quintile. In 2012/13, 10.7% of Reception children were at risk of obesity and this rose to 23.3% in Year 6. The target set for the school year 2012/13 for obesity in Reception (12.2%) and Year 6 (24%) was achieved.

There is a small increase in obesity rates in both reception year and Year 6. This is similar to the national picture that shows that the proportion of children who were either overweight and obese or obese was higher for both Reception and Year 6 in 2013/14 compared to the previous year.

By deprivation: Results for Lewisham show obesity levels similar or lower to those seen in the most deprived decile. (The obesity prevalence among reception year children attending schools in areas in the most deprived decile was 12.0% compared with 6.6% among those attending schools in areas in the least deprived decile and 24.7% compared to 13.1% in Year 6.)

5.2.3 Challenges

The most significant challenges are to support families with young children and pregnant mothers to reduce their dietary intake of sugars, energy rich and processed foods in order to achieve a healthy weight for babies and children that will persist through the life course. This is especially challenging in the

face of an obesogenic environment that normalises and encourages excessive consumption.

5.3 NHS Health Check assessments

5.3.1 Overview

This service aims to improve health outcomes and quality of life amongst Lewisham residents by identifying individuals at an earlier stage of vascular change, and to provide opportunities to empower them to substantially reduce their risk of cardiovascular morbidity or mortality. A NHS Health Check is offered to 20% of the eligible population every year as part of a 5 year rolling programme with an uptake level of 50-75%.

The 30 minute risk assessment involves a series of simple questions about lifestyle (smoking, alcohol, diet and physical activity) and family history, measuring blood pressure and cholesterol and recording weight, height and waist measurements in order to assess someone's risk of developing cardiovascular disease. This large programme is co-ordinated and commissioned by LBL Public Health and provided by GPs, pharmacists and an outreach team, currently based with the Community Health Improvement Service, within Lewisham and Greenwich Health Trust.

A new Lifestyle Referral Hub service has been launched offering a "one-stop shop" for people who have received a NHS Health Check, have been identified as at high risk, and are referred to local lifestyle services.

The London Borough of Lewisham NHS Health Check team won "Team of the Year" at the Heart UK national awards in November 2014.

5.3.2 Performance

	2013/14	April- Sep 2014/15
Number of health checks offered	18,543 people	9,271 people
% eligible population	27%	N/A
Number of health checks received	7,075	3,128
% uptake	38%	N/A
% identified with high or very high risk	8%	7%

Referrals to lifestyle services have steadily increased as a result of the establishment of the Lifestyle Hub, apart from smokers to the Stop smoking Service.

Referrals	2013/14	April – Sept 2014/15
Referral to Stop Smoking	302	109

Service		
Weight Management services	539	347
Alcohol Services	27	23
Physical Activity	678	449

5.3.3 Challenges

The most significant challenge is to increase the proportion of those people identified as having a high (>20%) risk of a cardiovascular event in the next ten years who are successfully referred for treatment or public health intervention and whose risk is reduced. A recent audit showed that only 11% of those identified by the health checks programme as at high risk had received any further GP follow up. A further audit of community outreach Healthchecks found 21% of people were at very high risk of Diabetes.

5.4 Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)

5.4.1 Overview

Lewisham experiences very high levels of abortion, teenage pregnancy, HIV infection and chlamydia and gonorrhoea infection. Sexual health is worse in young people, men who have sex with men and in some BME groups. Lewisham Council entered into a partnership agreement with Lambeth and Southwark Councils in April 2013 to oversee the commissioning of sexual health services across the 3 boroughs. This commissioning function is provided by Lambeth.

Sexual health services are delivered through specialist genito-urinary clinics (GUM), community contraception and sexual health clinics (provided by Lewisham and Greenwich NHS Trust), GPs, pharmacists, voluntary sector organisations and an online laboratory service.

In 2014 a new Lambeth, Southwark and Lewisham Sexual Health strategy (see appendix 2) was developed, following extensive stakeholder consultation and an updated public health needs assessment.

5.4.2 Performance

Lewisham had an increase in the teenage pregnancy in 2012 compared to the previous year. This was the worst rate in London and made it one of the few boroughs nationally not to see a sustained decrease in rates. Chlamydia screening rates have remained high (4th highest detection rate in London). Late diagnosis of HIV remains a problem in Lewisham with 47% of all diagnoses made “late” as defined in the public health outcomes indicators. Lewisham has the 3rd highest rate of repeat abortion in under 25 year olds in London with 36.9% of all abortions in this age group being repeats.

Lewisham services see around 30,000 people a year, and a further 8,000 patients choose to access services outside of the borough. Demand for sexual health services has been increasing across London, with many clinics often having to close early to manage demand for services.

5.4.3 Challenges

Lewisham's growing "young " population will further increase the demand for sexual health services. Currently around 44% of diagnosed STIs are in the under 25s. A critical challenge for the future will be to better support individuals to self manage their sexual health through prevention of poor sexual health and improving access to services by delivering care in alternative settings such as pharmacies, GP practices and online screening and using longer acting contraception methods which require fewer visits to clinics. There is also a challenge to meet the needs of those who may have difficulty accessing services due to cultural or language barriers, a lack of awareness about sexual health more broadly and available services. These are addressed in the LSL Sexual Strategy and will form the basis of the implementation plan and future commissioning intentions.

5.5 Tobacco control and smoking cessation services

5.5.1 Overview

Key elements of the Lewisham Smokefree Future Delivery plan are:

- Preventing the uptake of smoking among young people through a peer education programme in schools with pupils from Year 8 and a targeted approach to reducing the supply of illegal and illicit tobacco;
- Motivating and assisting smokers to quit through commissioning a Stop Smoking Service (people trying to stop smoking are 4 times more likely to succeed with treatment which combines behavioural support and medication than if they 'go it alone'). This service currently costs £670,000, includes: targeting smokers most at risk from smoking for intensive and specialist support to stop (including one-to one and group support) ; recruiting smokers proactively into the service; managing service level agreements with GP practices and pharmacies to provide services in primary care; training all stop smoking advisors to provide evidence-based interventions.
- Promoting smoke free environments, including homes and cars.

5.5.2 Performance

A dedicated enforcement post, with the support of a sniffer dog, has enabled increased focus on illegal and underage sales and large quantities of illegal tobacco seized, including the biggest UK local authority seizure.

More than 2000 young people aged 12 to 13 were reached through a Tobacco Control Peer Education Programme to prevent the uptake of smoking by young people and 61 pupils (selected by their peers) trained as peer educators.

The number of smoking quitters (1712) in 2013/14 was lower than previous years and not meeting the target of 1800, but the rate per 100,000 is higher

than London and England. 461 smokers quit with the Stop Smoking Service from April to September 2014 .

The Stop Smoking Service is very successful in reaching heavily addicted smokers such as pregnant women and people with mental health problems, with an increasing number of smokers quitting from more deprived wards.

A key achievement has been embedding very brief smoking interventions and the automatic referral of smokers to the Stop Smoking Service in all Lewisham Hospital services.

5.4.3 Challenges

The biggest challenge is to ensure that, as part of the integration of health and social care and the transformation of community based care through the development of new neighbourhood teams, supporting people to quit smoking becomes everybody's business as part of 'Every Contact Counts'.

5.6 Alcohol and drug misuse services

5.6.1 Overview

The council commissions a large integrated service which delivers interventions for adults aged 18 and over. It provides support, treatment and rehabilitation programmes that promote recovery and encourage individuals to maintain their recovery through engagement in positive activities such as employment and training.

The service provides: prescriptions for substitute medications such as Methadone; community alcohol detoxification; and manages the interface with all health services including GPs, hospitals, and pharmacies, and with the Criminal Justice System; interventions for young people aged 10-21, with much of the work carried out in satellite sites around the borough including schools, colleges, youth centres, housing providers and clients' homes.

The Director of Public Health has recently become a Responsible Authority for health, to help the licensing authority exercise its functions regarding licensing policy.

5.6.2 Performance

Lewisham's Drug and Alcohol services performed well in 2013/14 and continue to do so this year. A benchmarking exercise for the first three quarters of 2013/14 showed the services out performed comparator boroughs. Lewisham had the highest percentage of successful completions across all drug types. Successful completion means that clients have left treatment free from their drug(s) of dependency and have no requirement for any substitute prescribing. This is the main PHE performance indicator for treatment services. These results have been achieved despite lower investment per head.

Following the benchmarking period the services have continued to perform well with the latest performance figures showing that Lewisham continues to see growth in opiate users who successfully complete treatment and do not represent (9.9%) ahead of the national average (7.7%). Rates for non-opiate

users have fallen slightly (47.8%), but remain ahead of national average (38.4%) and within top quartile.

There has been a rise in the number of dependent drinkers successfully completing treatment since 2013/14 (40.8%), ahead of the national average (39.53%).

More than 250 front line workers from a were trained to deliver identification and brief advice on alcohol and 8,152 people have been screened for alcohol risk through the health check programme, with 1,032 identified with excess alcohol intake.

5.6.3 Challenges

Despite a generally positive picture drug and alcohol services continue to face challenges. An in-depth services review in 2014 highlighted a number of groups that do not access/benefit from services as well as others. These include individuals who:

- have an alcohol problem
- have a long term opiate addiction
- do not wish to enter a large treatment service and would prefer to access service in primary care or other community settings
- are under 25
- are in contact the criminal justice system

It is also expected that demand for alcohol services will rise over the coming years as awareness regarding the harms caused by drinking increases and there is likely to be a need for greater focus of so called ‘legal highs’ that are increasingly used by young people.

The implementation of a new model of provision as part of a re-commissioning exercise will require careful management if the anticipated improvements in performance are to be achieved.

5.7 <u>Public health services for children and young people aged 5-19</u>

5.7.1 Overview

The Promoting Healthy Weight in Children and Families strategy encompasses prevention and treatment of overweight and obesity for children and families based on the triangle of need. To deliver the strategy there are two action plans:

a) Universal Action Plans (promotion of healthy weight for all children) which are multi-component, involve partnership working and takes a life-course approach.

b) A Delivery Plan for the local obesity care pathway for children and young people (targeted and specialist services).

The London Borough of Lewisham and its partners were successful in bidding for £500,000 from the Big Lottery Fund to improve emotional wellbeing and increase resilience in 10-14 year olds as part of the Head Start programme.

The existing School Aged Nursing Service (SANS) in Lewisham is well-established, fully recruited and has a high level of advanced skills; many of the nurses are qualified Public Health Practitioners and hold additional qualifications in sexual and reproductive health allowing them to deliver on the following priorities:

1. Developing school based Healthy Child teams
2. Developing early intervention support for emotional health and well-being.
3. Support for children and young people with increased vulnerability around healthy lifestyle and ensuring access to health checks immunisations etc.
4. Increasing access to support (in school)
   Increasing access to support (out of school)

5.7.2 Performance

Performance in tackling childhood obesity is described elsewhere (see National Child Measurement Programme above and Interventions to tackle obesity such as community lifestyle and weight management services below).

Lewisham SANS has faced significant challenges since April 2013, particularly in relation to an increasing workload relating to Safeguarding and because of the introduction of a major new immunisation programme in schools.

5.7.3 Challenges

The biggest challenge in addressing the public health needs of this age group is to develop a more holistic 'menu', of quality assured and evidence based public health interventions across a range of health issues including sex and relationships, healthy weight, physical activity, smoking and mental health that can be commissioned on behalf of schools and purchased by schools.

5.8 <u>Interventions to tackle obesity such as community lifestyle and weight management services</u>

5.8.1 Overview

An improved range of weight management programmes and support is now available for both children and adults. These include Weight Watchers, Shape-Up and dietetic support for adults and New Mum New You, Mend and Boost programmes for families. All services are accessible in a variety of venues across the borough.

5.8.2 Performance

Since the services have become fully operational 840 families have accessed the services. Nearly 300 families have completed the programmes, with positive outcomes on weight, physical activity and dietary behaviours. All services continue to offer on-going support for families for 12 months to help sustain lifestyle changes.

In 2013 there were over 1800 referrals to the adult weight management services with the majority of those completing the programmes achieving a weight loss, with 50% achieving at least a 5% weight loss.

5.8.3 Challenges

The same challenges described under the National Child Measurement Programme above - namely to reduce their dietary intake of sugars, energy rich and processed foods in the face of an obesogenic environment that normalises and encourages excessive consumption - applies equally to all adults.

5.9 Locally-led nutrition initiatives

5.9.1 Overview

Increasing breastfeeding rates and the proportion exclusively breastfeeding at 6-8 weeks is a key priority for Lewisham, working towards achieving UNICEF Baby Friendly accreditation.

Universal Vitamin D provision for women and infants was launched in partnership with the Clinical Commissioning Group in November 2013 to help prevent the growing number of cases of vitamin D deficiency and rickets in children. The scheme enables all pregnant and postnatal women (for 12 months) and children under 4 to be eligible for Healthy Start vitamins. The vitamins are now easily accessible with over 60 distribution points including 46 community pharmacies, health centres and children's centres.

Since November 2013, a borough-wide cooking & eating programme, *Easy Quick & Tasty* (a 5 week cookery club) has been successfully running at different venues across Lewisham (total of 22 cookery clubs to date), providing healthy eating recipes and knowledge when cooking on a budget for targeted families / individuals on low income and /or with poor cooking skills.

Lewisham recently adopted a Planning Policy on hot food take-away shops to prevent the establishment of new hot food takeaway shops, as part of the Development Management Local Plan. Lewisham is one of the local authorities with the most hot food take-aways per head of population (13th).

5.9.2 Performance

The stage two UNICEF Baby Friendly community award was achieved in February 2014 and the maternity award in August 2014. Both services are working towards the stage 3 assessment, planned for July 2015, achieving this will result in full accreditation.

Since the launch of the vitamin D scheme, over 6,700 bottles of women's tablets and nearly 11,500 bottles of children's drops have been issued. The scheme is reaching 20-30% of eligible women and 50% of infants.

The *Easy, Quick & Tasty* initiative has had a high response with over 80% beneficiaries completing the courses and with over 200 individuals taking part. Post course evaluation shows that 77% of participants have reported other changes to their lifestyle apart from diet as a result of coming to cookery clubs. Some participants have successfully completed accredited training

and some are now employed in delivering some of the Easy Quick & Tasty cookery clubs.

The Planning Inspector, at a recent examination of the Lewisham Development Local Plan, found the policy 'sound'. The GLA wish to include this as a Case Study in their forthcoming Social Infrastructure Supplementary Planning Guidance for the London Plan.

5.9.3 Challenges

The most significant challenges are in finding ways to deliver locally-led nutrition initiatives such as the baby friendly and the community cooking programmes to scale, so that they achieve a population level impact. The new planning policy will not reduce the number of existing unhealthy fast food take aways, and the challenge will be to encourage these existing outlets to adopt healthier catering commitments, and to encourage new, healthier retailers to enter the market.

5.10 Increasing levels of physical activity in the local population

5.10.1 Overview

Public Health commissions specific programmes to promote the increase of physical activity including: The Get Moving physical activity programme, part of the NHS Health Check, which provides free and discounted exercise sessions to people who are indentified as inactive at their NHS Health Check; A Healthy Walks programme; a Let's Get Moving Physical Activity Pathway training programme; and a road safety/cycling training programme .

The Council also provides free swimming to all residents under 16 and over 60 years of age.

5.10.2 Performance

Four hundred and twenty people attended the Get Moving activity sessions between October 2013 – March 2014. From April – November 2014 there have been two Get Moving programmes and 274 participants have attended the activity sessions so date.

In 2013/14 the total numbers of those aged under 16 who accessed free swimming was 9,487. They made a total of 28,930 visits, an average of three visits per user per year. For the same period there were 2,293 people aged 60 and over who access free swimming. They made a total of 26,068 visits, an average of 11 visits per user per year.

In 2013 – 14 2,434 adults participated in regular walks (on average one walk per week). There were 237 new walkers recorded and 87% of those subsequently reported doing more physical activity.

In 2013 -14, 152 primary care staff were trained to deliver physical activity brief advice . From April – November 2014 225 staff received the motivational training. This included primary care staff and community groups in North Lewisham and Well London Bellingham.

The road safety/cycling training programme is being delivered to 40 schools and has booked 1877 primary school age children in years 5 and 6 to attend the training.

5.10.3 Challenges

The challenge is to increase awareness of the benefits of physical activity and the independent risks of inactivity and the need to address this through incorporating increased physical activity in the daily routine. Promoting physical activity will also need to become everybody's business as part of every contact counts.

5.11 Local initiatives to reduce excess deaths as a result of seasonal mortality

5.11.1 Overview

Lewisham's Warm Homes Healthy People (WHHP) project is now in its 3rd year and continues to provide help to residents vulnerable to the effects of living in cold housing. In 2013/14 & 14/15 has been funded by Public Health, led by the Council's Sustainable Resources Group and delivered in partnership with a range of public, private and community sector organisations. The main focus of the project was to alleviate the negative impacts of cold weather, reduce hospital admissions and help the most vulnerable people in our borough stay warm and well and feel more comfortable in their homes over the coldest months of the year.

5.11.2 Performance

In 2013/14 495 Warm Homes referrals were received from 30 different organisations working with residents likely to be vulnerable to fuel poverty and cold weather. 437 vulnerable households received a home visit and winter warm pack. 4300 free measures were provided to vulnerable households to keep warm and save money on their fuel bills. There were 710 onward referrals to other relevant related services. 89 vulnerable households received advice on switching energy tariff identifying savings of up to £17,800 a year1 (combined total). 199 referrals were made to the Warm Homes Discount which represents £25,870 a year benefit for Lewisham residents. 16 vulnerable households received heating improvements and/or insulation, bringing in £10,500 external funding and training was provided for 160 front line professionals on fuel poverty and health awareness.

5.11.3 Challenges

A key challenge will be in implementing 'Every Contact Counts' systematically across the whole system to ensure that front line workers identify people at risk and ensure they are referred to the Warm Homes service.

5.12 Public mental health services

5.12.1 Overview

Public Mental Health is defined by the Chief Medical Officer as describing the 3 overlapping areas of mental health promotion, mental illness prevention and treatment and rehabilitation.

The Public Mental Health budget is very small, and generally has funded mental health awareness training and courses for front line workers in any public facing public or voluntary sector organisation to support them to manage clients who present with symptoms of mental illness (Mental Health First Aid).

Historically this budget has also funded projects and voluntary sector organisations with mental health outcomes. Most recently, some of this funding has been used to provide match funding for the Big Lottery "HeadStart" programme which is designed to improve resilience and emotional wellbeing in 10-14 year olds.

5.12.2 Performance

The main public health outcome measure of public mental health is self reported wellbeing. Lewisham ranks 31 of 33 London Boroughs for self reported wellbeing. The proportion of people with a low satisfaction with their life score increased from 7.2% to 8.7% between 2011/12 and 2012/13. When compared to other boroughs with a similar level of deprivation overall Lewisham has a worse outcome for this indicator.

5.12.3 Challenges

Demand for mental illness services is high. Supporting people with mental illness to recover and access employment and secure housing is an important part of recovery but challenging in the current economic climate. The welfare reforms implemented as part of the austerity measures in response to the economic crisis are thought to have had a detrimental effect on mental health.

Lewisham has got through to the second stage of the Big Lottery's HeadStart programme. It is anticipated that this programme will build resilience in this population, but continuation and expansion of this will be dependent on being successful in the final stage of the process in 2015.

5.13 <u>Behavioural and lifestyle campaigns to prevent cancer and long-term conditions</u>

5.13.1 Overview

Public health has provided leadership and match funding to the Bellingham Well London Programme Phase 2, funded by the Big Lottery. It has effectively involved the community and enabled the delivery of lifestyle activities aimed at promoting healthy eating, physical activity and mental wellbeing.

The North Lewisham Health Improvement Programme (NLHIP) is a five-year plan that developed as part of the Health Inequalities Strategy for Lewisham, covering New Cross and Evelyn wards in the north of the Borough. The scope of the programme is wide-ranging and includes many inter-related projects and initiatives, such as community health projects; primary care interventions; health promotion initiatives; participatory budgeting and small

grants to community groups; social marketing; needs assessments and health impact assessments.

The public health department delivers and commissions a programme of health improvement training to enhance the skills of those in Lewisham who have health promotion roles, whether paid or unpaid. The programme delivers across a range of topics selected to support delivery of the Health & Wellbeing Strategy.

5.13.2 Performance

Approximately 3,160 people participated in Bellingham Well London healthy lifestyle activities from April 2013 to April 2014. An external evaluation shows a 16% increase in respondents reporting that they do enough physical activity to keep fit, 13% reporting they feel very or quite happy with life in general, 14% increase in those that feel their eating habits are very or quite healthy. Bellingham has been cited by University of East London as one of the Well London areas that has demonstrated outstanding performance and has currently been named as one of three candidate areas for Phase 3 Well London scheduled to start in mid-2015.

The North Lewisham Health Improvement Programme has funded 53 community groups and 656 people accessed community health activities organised as a result of the Participatory Funding. 330 reported improved mental wellbeing, 129 reported eating more than 3 portions of fruit a day following attendance of healthy eating promotion activities compared with 175 participants reported eating less than 3 portions of fruit a day at the start and 219 participants reported that they had increased their levels of physical activity. In addition over 40 volunteers have been engaged. More than 400 people recently attended a community awareness event at Deptford Lounge including community lifestyle activities.

407 front line workers across partner organisations have attended health improvement training courses since October 2013.

5.13.3 Challenges

The main challenge is to ensure that these campaigns are successfully embedded within the new emerging neighbourhood teams and re-commissioning of the voluntary sector aligned to health and social care integration.

5.14 <u>Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes</u>

5.14.1 Overview

Over the past two years, the public health team has worked with the CCG, Lewisham & Greenwich Healthcare NHS Trust, NHS England, PHE and with local general practitioners, to increase the uptake of childhood and flu immunisations in Lewisham, and to maximise the uptake of the national cancer screening programmes for example for breast, cervical and bowel cancer screening. The public health team has also worked closely with the

school nursing service to encourage schools to support the Human Papilloma Virus immunisation Programme to protect girls against cervical cancer.

5.14.2 Performance

Despite continuing support at local level, and some improvement in uptake of vaccines as a result, significant challenges remain. Although significant improvement in the uptake of the first dose of MMR has been achieved (Lewisham's performance increased by ten percentage points and the borough was identified as the most improved in London), this has been difficult to sustain. In addition, uptake of the second dose of MMR and the uptake of preschool booster remain at unacceptably low levels and amongst the worst in London.

After two very successful years in increasing and maintaining high levels of uptake of Human Papilloma Virus vaccine in schoolgirls, uptake of this vaccine has fallen backwards in the most recent school year; despite this fall, Lewisham remains in the top third of London Boroughs in relation to this vaccine.

Uptake of Flu vaccine increased in 2013/2104, and in some subgroups, uptake in Lewisham was amongst the best in SE London.

There has been little change in the coverage of breast screening in Lewisham over the past six years despite a range of initiatives to promote uptake. To support an increase in coverage of breast screening NHS England have negotiated with the screening provider the following: when a woman does not attend their appointment they will be sent another invitation with a timed appointment, reminder letters are sent to women and they will be sent a text of their appointment time.

The latest data for bowel screening uptake is for May 2014, uptake was 43.5% below that of the national target of 60%. To support an increase in uptake in bowel cancer screening the Health Promotion Specialist based at the screening centre held a range of promotion sessions in the community and attended the Lewisham GP Neighbourhood Forums to inform and promote bowel screening.

The coverage of the cervical screening programme in Lewisham improved in 2012-13, although Lewisham does not meet the national target of 80% coverage.

5.14.3 Challenges

With the transfer of immunisation and screening responsibilities to NHS England, the challenge is to ensure effective partnership working and performance management, particularly in primary care where performance is variable, and to support the development of new co-commissioning arrangements between the CCG, NHS England and the council.

5.15 <u>Local authority role in dealing with health protection incidents, outbreaks and emergencies</u>

5.15.1 Overview

Local authorities have a new health protection duty to provide information and advice to certain persons and bodies, with a view to promoting the preparation of appropriate health protection arrangements. In practice this means that the DPH must ensure that NHS England (London) and PHE (London) have appropriate plans in place. NHS England will provide the assurance that NHS organisations have appropriate emergency plans in place. The assurance will be through the London Health Resilience Partnership. A Health Protection Committee, chaired by the DPH, reports to the Borough Resilience Forum and to the Health & Wellbeing Board.

Incidents and outbreaks are reported to or detected, and managed by the Health Protection Teams in Public Health England.

The Council's public health function includes an infection control nurse who: facilitates Health Protection Committee meetings including the production of an annual health protection report for the Health & Wellbeing Board; promotes good antibiotic prescribing and infection control in primary care as part of the department's support to the CCG; monitors MRSA bacteraemia and C. Difficile cases and investigates those that are community acquired, again as part of the support to the CCG.

5.15.2 Performance

Public Health has provided a lead role in ensuring that accurate and timely advice on Ebola has been communicated to all relevant partners in the borough, including GPs, schools and the Police.

5.15.3 Challenges

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

Public Anxiety about Ebola has abated, but efforts to address such anxiety are likely to be necessary for some time. The rising incidence of community acquired C. Difficile infections is a challenge, as is the poor air quality in Lewisham.

5.16 <u>Public health advice and support to clinical commissioners</u>

Public Health has worked in partnership with Lewisham CCG and trained seventy pharmacy counter assistants as part of the Healthy Living Pharmacy initiative. A total of 70 pharmacy staff across Lewisham have now qualified as healthy living champions and are able to assist the people of Lewisham with stopping smoking, accessing vitamin D and treatment for minor illness helping to relieve pressure on other local services.

Since March 2013 Public Health worked in partnership with NHS Lewisham Clinical Commissioning Group and Diabetes UK and recruited and trained 15 volunteers from the community to be Diabetes Community Champions. Their role is to raise awareness of diabetes in their communities and help prevent people developing the condition. To date the Diabetes Community

Champions have organised a total of 16 diabetes awareness events in their communities. A diabetes JSNA has also been completed.

Through a bid led by a public health consultant, the CCG secured funding from Macmillan to fund a two year "An End of Life Transformation Programme" and has appointed a GP lead for cancer .

Neighbourhood Profiles of health need have been produced for the CCG Members Forum and will be used to inform the development of neighbourhood based primary care networks and integrated health and social care neighbourhood teams. In addition a borough wide needs analysis has informed the development of the CCG Commissioning Strategy 2013-2018.

The public health team also undertook an audit of childhood asthma admissions in Lewisham and made a number of recommendations for improvement in the pathway for the management of asthma in primary and secondary care.

6 The impact of the savings and re-investment proposals

6.1 Lewisham Council has to make savings of £85m over the next 3 years. The public health budget is ring fenced until at least the end of 2015/2016. The Council is required to file annual accounts to Public Health England on how the Council's public health allocation is spent against pre-determined spending categories linked to public health outcomes and mandatory functions.

6.2 Where savings have been identified from the current public health budget these will be used to support public health outcomes in other areas of the Council. The guiding principle for the re-investment will be to support areas where reductions in council spend will have an adverse impact on public health outcomes. The approach to identifying savings has been:

1) To identify any duplication with aspects of other council roles which can therefore be combined or streamlined.

2) To identify any service which should more appropriately be carried out by other health partners.

3) To stop providing service level agreements or incentive payments to individual GP practices and develop those services more efficiently and equitably across the four GP neighbourhood clusters where appropriate.

4) To gain greater efficiency through contract pricing where applicable.

5) To integrate public health grants to the voluntary sector into the Council’s mainstream grant aid programme.

6.3 The Public Health programmes which transferred to Lewisham Council in April 2013 have all been reviewed. This review identified an initial £1.5M of savings which could be delivered largely through efficiencies and using the uplift applied to the public health budget in 2014/15. A further disinvestment of £1.15M was also identified, although it was acknowledged that this was likely to have some negative impact unless the service delivery models were re-

configured, subsequent savings identified in provider overheads and on costs, and there was a commitment from schools to both engage in health improvement programmes and contribute financially.

6.4 The savings achieved would then be re-invested into other areas of council spend which impact on public health outcomes. Any re-allocation in other areas of council spend must have an equal or greater public health impact. These areas have not yet been identified.

6.5 The programmes where savings are proposed include the following:

- Dental Public Health
- Health Inequalities
- Mental Health (adults and children)
- Health Protection
- Maternal and Child Health
- NHS Health Checks
- Obesity/Physical Activity
- Sexual Health
- Smoking and Tobacco Control
- Training and Education.

6.6 Substance misuse services (which are funded from part of the ring fenced grant) have been reviewed separately and are accounted for in the crime reduction proposed savings.

6.7 The savings proposals are presented in table 1 below. Initially savings were presented in 2 separate templates for the Healthier Communities Select Committee, but for simplicity they are merged into one in the table below.

6.8 It is proposed that the London Borough of Lewisham, as the commissioner of these services, will work closely with the provider of services on planned service re-configuration, in order to mitigate the impact of any service changes, maximise the efficiency and effectiveness in service delivery and to optimise value for money.

Table 1 – Savings Public Health Savings Proposals

Public Health Programme Area	Total Budget	Total Saving	Proposals	Service re-design where applicable	Risk & Mitigation
Sexual Health	£7,158,727	£321,600	1. Re-negotiation of costs for sexually transmitted infection testing with LGT in 2015/16, including application of a standard 1.5% deflator to the contract value as an efficiency saving, and inclusion of laboratory costs in the overall contract (£275.6k). 2. Reduce sex and relationships (SRE) funding and develop a health improvement package that schools can purchase that includes SRE co-ordinated and supported by school nursing (£20k) 3. Remove incentive funding for chlamydia and gonorrhoea screening in GP practices (£26k)	In the short to medium term the development of a neighbourhood model of sexual health provision will lead to improved services. In the longer term a London wide sexual health transformation programme is being developed in partnership with 20 boroughs, which is expected to deliver greater benefit at reduced costs.	The risk would be that LGT cannot deliver the same level of service within reduced funding, and GPs disengage with sexual health. Mitigation includes work with primary care to deliver sexual health services in pharmacy & GP practices, and free training given to GPs and practice nurses. The risk is that SRE is not delivered in schools. Mitigation includes developing a health improvement package that schools can purchase that includes SRE, and work with school nursing to support schools to provide quality SRE

NHS Health checks	£551,300	£157,800	1. Removing Health checks facilitator post 2. Pre- diabetes intervention will not be rolled out 3. Reduced budget for blood tests due to lower take up for health checks than previously assumed 4. Reducing GP advisor time to the programme 5. Reduction in funding available to support IT infrastructure for NHS health checks	An essential component of the NHS Healthchecks programme is delivered through the Community Health Improvement Service. See proposed re-commissioning and service re-design under 'health inequalities' below.	Missed opportunity to prevent diabetes and for early diagnosis of diabetes IT system not able to deliver requirements of the programme Future plans to align commissioning of NHS Health Checks with Neighbourhoods will help to optimise the efficiency and effectiveness of resources and may identify more people at risk earlier
Health Protection	£35,300	£12,500	Stop sending the recall letter for childhood immunisations (as this is already done via GPs)		Minimal as impact of letter on uptake appears to be low. Uptake of childhood immunisations continues to be monitored.
Public Health Advice to CCG	£79,200	£19,200	Decommissioning diabetes and cancer GP champion posts.		These posts will be commissioned by the CCG in future
Obesity/ physical activity	£650,000	£173,400	1. Decommission Hoops4health (£27,400) 2. Changing delivery of Let's Get Moving GP & Community physical activity training (£5,000) 3. Decommissioning Physical Activity in Primary Schools (£50,000)		There is a risk of reduction of physical activity in schools. Mitigation includes

			4. Reduce funding for community development nutritionist (£30k) 5. Remove funding for obesity/ healthy eating resources (£10K) 6. Withdraw of funding for clinical support to Downham Nutritional Project (£9k) 7. Efficiency savings from child weight management programmes. (£12k) 8. Reduce physical activity for health checks programme (£20k)		Schools being encouraged to use their physical activity premium to continue programmes selected from a recommended menu of evidence based activities. The risk is a reduction in support to voluntary sector healthy eating and nutrition programmes. Mitigation includes organisations being encouraged to build delivery into their mainstream funding programme.
Dental public health	£64,500	£44,500	Release funding from dental public health programmes	Dental public health services commissioned by NHS England	Sufficient resource retained to assure dental infection control function.
Mental Health	£93,400	£59,200	1. Withdraw funding for clinical input to Sydenham Gardens		The risk is that Sydenham Gardens is unable to sustain clinical input from grant funding, but it is agreed to direct them to alternative funding sources.

			2. Reduce funding available for mental health promotion and wellbeing initiatives (including training)		The risk is a reduction in mental health awareness training across the borough. Mitigation includes pooling resources with neighbouring boroughs for delivery of training and work closely with voluntary sector and SLAM to deliver mental health awareness training and campaigns.
Health Improvement Training	£88,000	£58,000	1. Decommission Health Promotion library service 2. Limit health improvement training offer to those areas which support mandatory public health services.		The risk is reduced capacity to develop a workforce across partner organisations which contributes to public health outcomes. Mitigation includes working with CEL to develop new models of delivery for essential public health training.
Health inequalities	£1,460,019	£581,500	1. Reconfiguring LRMN Health Access services to deliver efficiencies (£21,500) 2. Remove separate public health funding stream to VAL (£28,000)	It is proposed to integrate a number of community based health improvement	The risk is reduced capacity across the system to tackle health inequalities, and a

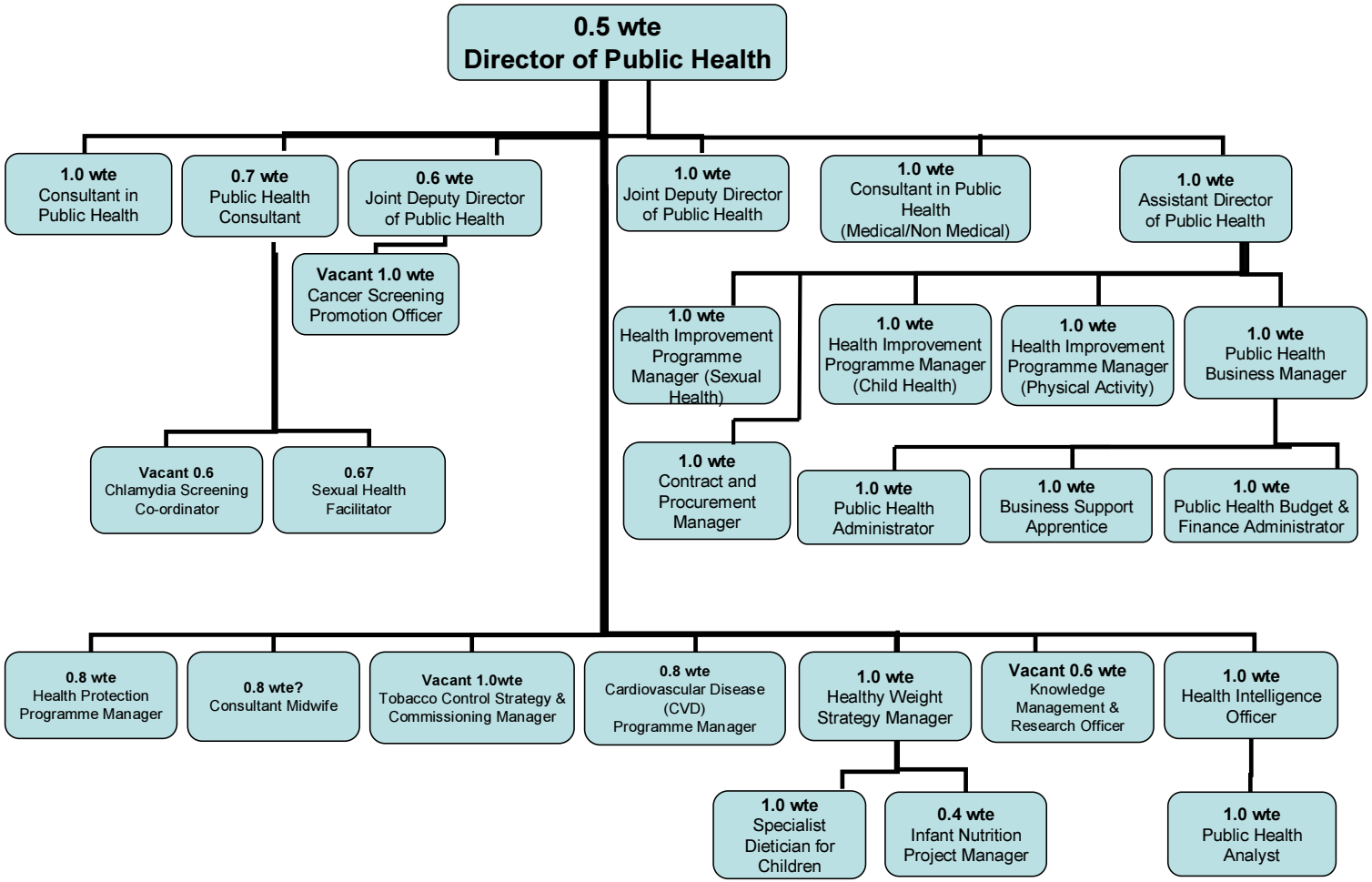
			3. Decommissioning FORVIL Vietnamese Health Project (£29,000) 4. Reducing funding for Area Based Programmes (£40,000) 5. Decommissioning CAB Money Advice in 12 GP surgeries (£148,000) 6. Reduce the contract value for community health improvement service with LGT by limiting service to support mandatory Public health programmes such as NHS Health Checks only and reduce other health inequalities activity. (£270k) 7. Further reduce funding for area based public health initiatives which are focused on geographical areas of poor health with in the borough. (£20k) 8. Reduce funding for 'warm homes' (£25K)	programmes, including those funded by the GLA (e.g. Bellingham Well London) with the health and social care activities currently being developed in these neighbourhoods by the Community Connections team, District Nurses, Community Health Improvement Service, Social Workers and GPs. There is also a plan to develop a stronger partnership working with Registered Social Landlords as well as any local regeneration projects in each of these neighbourhoods.	reduction in service for the most vulnerable., Mitigation includes working with the Adult integrated Care Programme to deliver a neighbourhood model for health inequalities work, and develop local capacity. It is anticipated that basing these services directly in the community and with greater integration will accommodate the funding reduction. Voluntary organisations will have an opportunity to continue some of this work in a different way through the grant aid programme.
smoking and tobacco control	£860,300	£348,500	1. Reduce contract value for stop smoking service at LGT by £250k (30%) 2. Stop most schools and young people's tobacco awareness programmes 3. Decommission work to stop illegal sales	There are proposals to re-configure the stop smoking service as part of the neighbourhood developments	There is a risk of a reduction in number of people able to access stop smoking support and an increase in young people starting

				described under 'health inequalities' above.	smoking if services are not –reconfigured appropriately. Mitigation includes optimising efficiencies in the delivery of the SSS and reducing the length of time smokers are supported from 12 to 6 weeks to release capacity. Schools will be able to fund some of the peer education non-smoking programmes as part of the menu of programmes. The restructuring of enforcement services is likely to allow tackling illegal sales of tobacco in a more integrated way with the same outcomes and prevent young people having access to illegal tobacco.
Maternal and child health	£187,677	£68,400	1. Reducing sessional funding commitment for Designated Consultant for Child Death Review 2. Reduce capacity for child death review process by reducing sessional commitment of child death liaison nurse.		There may be less opportunity to learn from and improve services for families

					which have been bereaved, but this is not the purpose of the panel and there will be no impact on prevention of child deaths.
			3. Removal of budget for school nursing input into TNG		The school nursing service received grant funding of £250k in 2014/15 which has not been reduced, and the service will be able to accommodate input into TNG.
			4. Reduce capacity/funding for breast feeding peer support programme & breast feeding cafes.		There is a risk that women will be less well supported to breast feed and Lewisham may not achieve UNICEF/WHO Baby Friendly status in 2015. Mitigation will include re-negotiating support through the maternity services contract, although this may not be achievable in time for 2015 contracts. Baby café licences may be re-negotiated.

Department efficiencies		£262,200	To be identified through a staff restructure in 2015. At this point public health staff terms and conditions and pay scales are to be harmonised with council staff terms and conditions and pay scales.		
2014/2015 Uplift (uncommitted)		£547,000			
TOTAL	**£14,995,000**	**£2,653,800**			

Appendix 1: Public Health Organisational Structure – October 2014



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7. Financial implications

7.1 Although there are no direct financial implications arising from this report, the savings proposals discussed form part of the overall savings requirement of £85m over the next 3 years.

8. Legal implications

8.1 Following the implementation of the Health and Social Care Act 2012 the Council became responsible for the delivery of significant public health duties as set out in this report. As such the Councils' delivery of those services is subject to scrutiny in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

For Further information on this report please contact Danny Ruta, Director of Public Health on 020 8314 8637 or danny.ruta@lewisham.gov.uk

APPENDIX 2

HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report Title	**Public Health Savings Response to Consultation with Lewisham CCG, with commentary by the Director of Public Health**		
Key Decision	Yes	Item No.	
Ward	All		
Contributors	Executive Director for Community Services, Director of Public Health		
Class	Part 1	Date:	14 January 2015

Reason for Urgency

The report has not been available for 5 clear working days before the meeting and the Chair is asked to accept it as an urgent item. The report was not available for despatch on Tuesday 6 January due to it requiring additional input prior to publication. The report cannot wait until the next meeting due to the Council's savings programme timeframes.

1. Purpose

1.1 The purpose of this report is to update the Healthier Communities Select Committee on the response to the consultation with key partners on the public health savings proposals that will need to be agreed by the Mayor & Cabinet in order to set the budget in February 2015 for the 2015/2016 financial year.

2. Recommendation/s

Members of the Healthier Communities Select Committee are recommended to:

2.1 Note and comment on the response to the consultation process by Lewisham CCG, and on the commentary by the Director of Public Health;

3. Policy Context

3.1 Under the Health and Social Care Act, the majority of public health responsibilities and functions transferred to the Council on 1 April 2013. This included all public health staff and most contracts for commissioned public health functions.

4. Background

4.1 Lewisham Council has to make savings of £85m over the next 3 years. Following a review of all transferred public health staff and all contracts for commissioned functions, £1.5M of initial savings were identified which could be made with minimal impact through more efficient use of resources and an uplift to the public health grant. A further £1.15M has been identified which will require a more substantial reconfiguration of public health services. This consultation relates to both of these savings proposals.

4.2 The public health budget is ring fenced in 2015/16. Where savings have been identified from the current public health budget these will be used to support public health outcomes in other areas of the council. The guiding principle for the re-investment will be to support areas where reductions in council spend will have an adverse public health outcome.

5. Consultation Process

5.1 This consultation was with Lewisham CCG and was not a public consultation.

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5.2 The savings proposals have been considered by: The Children & Young People's Select Committee, The Healthier Communities Select Committee, and the Public Accounts Committee during a pre-consultation phase in autumn 2014.

5.3 The savings proposals have also been discussed at partnership meetings with the CCG and Lewisham and Greenwich Trust.

5.4 The CCG received the consultation document by email and was given 2 weeks to respond on the Public Health savings proposals.

5.5 The responses to the consultation are being reported here to the Healthier Communities Select Committee which will oversee the consultation process, and to the Health & Wellbeing Board. Both the response to the consultation and subsequent responses by the Healthier Communities Select Committee and the Health & Wellbeing Board will then be considered by Mayor & Cabinet in February 2015.

6. Lewisham CCG Response with Commentary by the Director of Public Health

6.1 Lewisham CCG responded to the consultation on the Public Health savings proposals on 29th December 2014 (see Appendix 1). In doing so, the CCG considered the impact of the proposals on its own plans and against a number of overarching criteria:

- Commissioning that is population-based
- Equitable access
- Tackling health inequalities
- The aims or goals of our joint commissioning intentions
- Stronger communities for adult integrated care and for children and young people

6.2 The CCG highlighted a number of general issues and then commented specifically on each public health programme in relation to the savings proposals. Both the general and specific responses are reported below, with a commentary by the Director of Public Health on each response.

6.3 Highlighted Issues

6.3.1 The CCG responded - "Given the importance of health improvement and prevention, and its prominence in our local Health and Wellbeing Strategy and nationally in the NHS 'Five Year Forward View', we are concerned that money is being taken away from the current public health budget priorities without a comprehensive assessment of the implications on health outcomes and inequalities."

6.3.2 DPH commentary – the proposed disinvestments in current public health initiatives were prioritised for disinvestment on the basis that these initiatives would result in the least loss of public health benefit per pound spent when compared across all current public health investments. In this way the likelihood that re-investment in other areas of current council spend will result in equal or greater public health outcome and reduction in inequalities is maximised; however, it is acknowledged that a full and comprehensive assessment of the implications of this re-allocation of funds cannot be undertaken until the areas for investment have been identified.

6.3.3 The CCG responded – "In reviewing the proposals our response on their impact is necessarily restricted by the absence of details from the council of how monies will be reinvested."

6.3.4 DPH commentary – this is covered in the above DPH response.

6.3.5 The CCG responded – "Overall we would expect that the savings proposals are accompanied by redesign of services so that they will

achieve positive health impacts, and that any changes are monitored accordingly to ensure that the expected benefits are realised. “

6.3.6 DPH commentary – Much of the mitigation of potential negative impacts on public health outcomes arising from the proposed savings is predicated on successful re-design and re-configuration of commissioned services. The council public health department intends to monitor closely the changes and fully expects to be asked to provide regular update reports to the relevant scrutiny committees and the Health & Wellbeing Board.

6.3.7 The CCG responded – “The need for voluntary organisations that previously accessed public health grants to be supported to access the council’s mainstream grant programme.”

6.3.8 DPH commentary – the council has already ensured that those voluntary organisations that previously accessed public health grants can now access the council’s mainstream grant programme.

6.3.9 The CCG responded – “The criteria that you will use to identify substantial development or variation in service should be made available as soon as possible.”

6.3.10 DPH commentary – the council agrees with this response.

6.3.11 The CCG responded – “Assessments of equalities implications should be carried out and made available at the outset of the savings programme.”

6.3.12 DPH commentary – the council has already undertaken an initial equalities assessment and these are described in the savings proposal; however, as has been acknowledged above a comprehensive assessment can only be carried out once the re-investment plans and the impact of service re-configurations are known.

6.3.13 The CCG responded – “The areas of greatest concern are proposals that have negative impacts on smoking reduction and health inequalities.”

6.3.14 DPH commentary – the DPH shares these concerns. Smoking is still the single largest cause of health inequalities within Lewisham and between Lewisham and the England average for premature mortality.The proposals as they stand look to re-configure how smoking services are organised. They will essentially be integrated into the neighbourhood model of working which should give a more comprehensive use of staff resources and reduce the current level of overhead costs. If however, these proposals were not successfully implemented then consideration would need to be given to re-instating this level of funding. The DPH will be monitoring the progress of these

proposals and will be able to provide a further progress report. The illegal tobacco sales work has been supported by public health funding and consideration will need to be given by the new enforcement service as to how this work should be continued. Smoking cessation will continue to be a priority for public health and new funding sources will be pursued to test new initiatives.

6.3.15 Lewisham's Community Outreach NHS Checks team, commissioned from the Lewisham & Greenwich Trust Community Health Improvement Service, won the Heart UK Team of the Year award in 2014. It is envisaged that these services will be reconfigured with less overheads as part of the neighbourhood working but again this needs to be monitored.

6.3.16 Area based health improvement programmes have been shown locally to improve health outcomes and have been identified as an example of best practice by the GLA Well London Programme. The council has successfully leveraged extra resources, including from the GLA, to extend the work that has been shown to be effective in Bellingham and North Lewisham to Lewisham Central and Downham.

6.4 Service specific responses

6.4.1 Sexual Health: the CCG responded – "As the lead commissioner the CCG will advise the council as its agent in the proposed contract renegotiation with LGT. Public Health will be fully involved in the appropriate contracting forum. Further detail is required about how sexual health services will be delivered through a neighbourhood model. The CCG would seek assurance that the health improvement package will be taken up by schools if the SRE funding is reduced. Where some services have been provided on a limited pilot basis we support the move to enable a wider population coverage. Where incentive funding is withdrawn from GP practices we need to take into account the total impact from all the proposed changes. The CCG Medicines Management team can provide professional advice in the further development of pharmacy needs assessment ."

6.4.2 DPH commentary – the council acknowledges and appreciates the CCG's role as lead commissioner with LGT, and its desire to involve public health fully in the contracting process. The CCG will be kept fully appraised of sexual health service re-configuration within the neighbourhood model as plans emerge. The council would welcome the CCG's help and support to influence and persuade schools of the benefits of taking up the health improvement packages, in particular SRE. The council would also welcome the CCG's support in jointly assessing the impact of any funding withdrawal from GP practices, and the continued support of the Medicines Management Team in the pharmacy needs assessment.

6.4.3 NHS Health Checks: the CCG responded – “We agree with the highlighted risks concerning the pre-diabetes intervention. This may have an impact on the CCG’s plans for long-term conditions, for risk stratification and around variation in primary care. The removal of the Health Checks facilitator post and reduction of GP advisor time may mean that the focus is on maintenance rather than the continuing development of the programme We support the continuing integration of the pharmacy into the neighbourhood resources to deliver the health checks programme. Further detail is required about how health checks will be delivered through a neighbourhood model to achieve efficiency and effectiveness.”

6.4.4 DPH commentary – the council would welcome the CCG’s financial support to invest in diabetes prevention alongside public health investment in the NHS Health Checks programme in line with NHS England’s recently published five year forward view operational plan for 2015-16. The CCG will be kept fully appraised of the NHS Health Checks service re-configuration within the neighbourhood model as plans emerge.

6.4.5 Health Protection: the CCG responded – “We acknowledge that this service has not been proven to be a cost effective intervention. “

6.4.6 DPH commentary – the council welcomes the CCG’s acknowledgement.

6.4.7 Public Health Advice to CCG: the CCG responded – “We will adopt responsibility for the Diabetes and cancer GP champion posts from April 2015.”

6.4.8 DPH commentary – the council welcomes the CCG’s adoption of this responsibility.

6.4.9 Obesity / Physical Activity: the CCG responded – “This area is a Health & Wellbeing Board priority. As with the reduced SRE funding, we would seek assurance that the health improvement package will be taken up by schools, and where some services have been provided on a limited pilot basis we support the move to enable a wider population coverage. The reduction in funding for the community nutritionist and withdrawal of clinical support may mean that the focus is on maintenance rather than the continuing development of the programme. This is an area that should be part of a whole programme approach to neighbourhood development. “

6.4.10 DPH commentary – please see 6.3.6 and 6.4.2 above.

6.4.11 Dental Public Health: the CCG responded – “This may represent a missed developmental opportunity to improve dental health particularly for children and young people.”

6.4.12 DPH commentary – the DPH shares this concern, but the reality is that this budget has not been spent for several years prior to the transfer of public health to the local authority, and there has been no expenditure in 2013-14 or 2014-15. The number of decayed, missing and filled teeth at the age of five is one of the few measures of children's health on which Lewisham has done consistently well. The council will continue to monitor this performance indicator which is based on a national survey.

6.4.13 Mental Health: the CCG responded – "We recognise the potential benefits of pooling resources with other neighbourhoods but need to highlight the potential difficulties inherent in working across multiple organisations and sectors that may make this difficult to achieve."

6.4.14 DPH commentary – the council also recognises the potential difficulties and challenges of working with other boroughs and organisations but also recognises the need to overcome these challenges.

6.4.15 Health Improvement Training: the CCG responded – "This area has a potential impact on achievement of the 'Every Contact Counts' strategy. This will need to be mitigated further through additional development via HESL resourcing, development of neighbourhood teams, and SEL Workforce Supporting Strategy."

6.4.16 DPH commentary – the council welcomes these suggestions for further mitigation of potential impact on achieving 'Every Contact Counts' and would welcome the CCG's support in leveraging resources from HESL and from the SEL workforce supporting strategy.

6.4.17 Health Inequalities: the CCG responded – "We support the neighbourhood model as an integral part of the integration programme. But investment and implementation requirements should be defined that support the development of the four hub approach, in particular how they will address health inequalities where services are decommissioned, such as the money advice service which can be an important enabling factor in supporting health improvement. We support changes to a whole neighbourhood approach away from specific groups, and building community capacity to tackle inequalities; again, this may require further resources to ensure continuing support to vulnerable population groups. Where there are proposed changes to the LGT contract these must be assessed for their impact and likely success for linking to the neighbourhood model. We recognise the mitigation in respect of the 'warm homes' funding but seek assurance that this will be strong enough."

6.4.18 DPH commentary – please see 6.3.6, 6.3.8, 6.3.15, and 6.3.16 above.

6.4.19 Smoking & Tobacco Control: the CCG responded – "Both the local and SEL JSNAs identify the impact of smoking on mortality rates, inequalities and QALYs. The CCG has identified smoking quitters as

one of its local quality premium outcomes. This is therefore an area of considerable importance for local population health and the CCG. As with other aspects of the LGT contract, the CCG will advise the council as its lead commissioner in the proposed contract renegotiation. Public Health will be fully involved in the appropriate contracting forum. Further detail is required about how efficiencies in the stop smoking service will be achieved without reducing its effectiveness."

6.4.20 DPH commentary – please see 6.3.14 above.

6.4.21 Maternal & Child Health: the CCG responded – "Recognising that change to the sessional commitments of the child death liaison nurse will not prevent its delivery of the main purpose of the role, there may be an impact on support for bereaved families which may need to be provided or commissioned differently. We have significant concerns about the reduction in support to breastfeeding cafés and peer support and the possible impact on our UNICEF status. This is an identified priority for the CCG and for SEL. While the peer support proposal is actually a reduction in the supporting infrastructure so should not have an impact, the support for the cafés could. But if this can be maintained for a further 6 months and alternative can be put in place this may avoid a negative impact."

6.4.22 DPH commentary – the council welcomes the CCG's view that support for bereaved families may need to be provided or commissioned differently. The DPH also shares the CCG's concerns that disinvestment in breastfeeding peer support and breast feeding cafes may jeopardise Lewisham's final stage submission to achieve the highly prestigious UNICEF baby friendly status, after successfully completing stages one and two. The council may wish to consider extending funding for these initiatives for at least 6 months, but this would mean that the level of anticipated savings would not be achieved in 2015-16.

6.4.23 Department Efficiencies: the CCG responded – "We would seek assurance that any revised structures or functions can deliver our agreed memorandum of understanding (MOU) of PH support to the CCG, for instance by freeing up time for PH consultants and intelligence support, and working with us around the commissioning cycle. A clear, agreed work plan will be essential to realise delivery of this service. "

6.4.24 DPH commentary – the council can provide reassurance that any revised structures or functions will be designed to deliver the council's mandatory responsibilities to provide public health support to CCG commissioning. The council has already advertised for a public health intelligence officer at a higher grade and salary than the equivalent NHS grade and salary of the previous post holder. A clear work plan will be agreed with the CCG for 2015-16.

Financial implications

6.1 Failure to meet the health and wellbeing strategic objectives, particularly in relation to child health and wellbeing, obesity in adults and children, and maintaining the health and independence of older people, could result in additional financial burdens being placed upon health and social care services in the short, medium and long term.

7. Legal implications

7.1 There are no legal implications arising from this report.

8. Crime and Disorder Implications

8.1 It is not possible to fully assess the Crime and Disorder Implications without knowing how the proposed savings will be re-invested in public health.

9. Equalities Implications

9.1 It is not possible to fully assess the Equalities Implications without knowing how the proposed savings will be re-invested in public health.

10. Environmental Implications

10.1 It is not possible to fully assess the Environmental Implications without knowing how the proposed savings will be re-invested in public health.

11. Conclusion

11.1 This report describes the response of the CCG to the consultation on the public health savings proposals for the 2015/2016 financial year, together with a commentary on the general and service specific issues identified by the CCG in its response, and sets out the Committee's role in the next stage in the consultation process.

If there are any queries on this report please contact **Dr Danny Ruta**, **Director of Public Health**, 020 8314 ext 49094**.**

HEALTH AND WELLBEING BOARD				
Report Title	Mental Health Promotion			
Contributors	Ruth Hutt		Item No.	6A
Class	Part 1	Date:	20 January 2015	
Strategic Context	Mental Health has been identified as a local HWBB priority. This report provides an overview of public mental health and an update of performance of the Health and Wellbeing Strategy outcomes.			
Pathway				

1. Purpose

1.1 This report provides an overview of public mental health and an update on the Health and Wellbeing Strategy actions and performance.

2. Recommendation/s

2.1 Members of the Health and Wellbeing Board are recommended to:

- Note the contents of the report
- Consider ways in which partners could use the “Five Ways” to promote mental wellbeing
- Support the HeadStart programme and ongoing work towards the final submission
- Commit to working to reduce the gap in physical health outcomes for those with mental health problems.

3. Policy Context

3.1 In 2011 *No Health without Mental Health* set out a cross agency outcomes based framework for mental health. This included at its centre ‘parity of esteem’, that is to say that mental health would be regarded with the same importance as physical health. The Chief Medical Officer’s report (2014) also focused on mental health.

3.2 Mental Health was identified as a key area of focus for the Health and Wellbeing strategy by the Health and Wellbeing Board. A joint strategic needs assessment was completed in 2012 (this is currently being reviewed and updated). Children’s mental health has also been subject to an in depth review by the CYP Select Committee in 2014.

3.3 Mental Health has clear links to all 6 of the Sustainable Community Strategy priorities.

4. Background

4.1 Mental illness accounts for half of all illness in the under 65s, yet significant numbers of people with mental illness do not access services. For those living with mental illness, their physical health outcomes are also poor.

4.2 Whilst most of the population is aware of behaviours and interventions that will maintain and improve their physical health, there is far less awareness of the ways in which mental health and wellbeing can be maintained.

4.3 The Annual Report of the Chief Medical Officer described 3 interconnected areas for action on mental health:

- Improving promotion of good mental health across the population
- Preventing mental health problems, mental illness and suicide prevention
- Improving the quality of life, health and wellbeing of those living with and recovering from mental illness.

These are described in more detail below:

4.3 <u>Improving Promotion of Good Mental Health across the population</u>

4.4 Like physical health mental health can be protected and improved by a conscious focus on maintaining it. The New Economics Foundation conducted a review of all the research evidence and developed the "Five Ways to Wellbeing", which are actions an individual can take to protect their own mental wellbeing. These are:

- Connect
- Be active
- Take Notice
- Keep Learning
- Give

More information about each is at Appendix 1 based on Southwark's Five Ways to Wellbeing work.

4.5 Actively engaging in the five ways has been shown to improve mental wellbeing. These can be used at an individual, group, organisational or policy level. Promoting awareness of mental wellbeing and enable individuals and organisations to consider actions which promote rather than undermine good mental health is key to gaining a more mental health 'literate' population. In other boroughs, council services and activities have been linked to the Five Ways to promote awareness.

4.6 Preventing mental health problems, mental illness and suicide prevention

4.7 It is estimated that 50% of all mental illness starts before the age of 14, and 75% by early 20s. Certain childhood exposures are known to increase the likelihood of adult mental illness including;

- Exposure to poor parenting
- Having parents with mental illness
- Maternal stress in pregnancy
- "toxic trio" – substance misuse, mental illness and violence
- Being a "looked after child"

4.8 A review[1] of the most cost effective interventions for mental health promotion identified five 'best buys'.

- Supporting parents and early years: parenting skills training/ pre-school education
- Supporting children and young people: health promoting schools and continuing education
- Improving workplace lives: employment/workplace
- Positive steps for mental health: lifestyle (diet, exercise, sensible drinking, social support)
- Supporting communities: environmental improvements

4.9 The estimated return on investment for a range of mental wellbeing programmes is outlined below. Schools based programmes offer particularly good value for money and are part of the "HeadStart" programme (see section 5 below).

Savings for every £1 invested in mental wellbeing programmes

Intervention	**Savings (per £1 invested)**
Social & emotional learning programmes in schools	£84
Suicide prevention through GP training	£44
Early intervention for psychosis	£18
Pre-school education programmes for 3-4 year olds in low income families	£17
School based interventions to reduce bullying	£14
Screening & brief interventions in primary care for alcohol misuse	£12
Work based mental health promotion (after 1 year)	£10
Early interventions for parents of children with behaviour disorder	£8
Early diagnosis & treatment of depression at work	£5
Debt advice services	£4

4.10 Improving the quality of life, health and wellbeing of those living with and recovering from mental illness

4.11 Physical health outcomes for people living with mental illness are poor. High rates of smoking in those with mental illness make a larger contribution to early mortality than suicide. Whilst historically mental illness has been treated as a lifelong illness and individuals developed dependency on services, the model of care is changing to a recovery based model, with a focus on recovering and leading a fulfilling life, including accessing employment and secure and suitable housing.

4.12 Targeted programmes geared towards getting people with mental illness more physically active have been very successful and have a direct effect on improving mental health as well as physical health. The local mental health provider South London and Maudsley NHS Trust (SLAM) has recently launched the Recovery College for patients to engage in learning and development activities to support their recovery.

4.13 In Lewisham, targeted work with SLAM to increase access to stop smoking support has been very successful. Blood borne virus screening has also been rolled out to SLAM inpatients in Lewisham due to the high prevalence of HIV, hepatitis B&C locally and the fact that many patients with mental illness are unlikely to access such screening through mainstream services, despite often being at high risk,

5. HeadStart

5.1 In 2013 Lewisham was approached by the Big Lottery Fund as one of twelve areas in the country to consider how best to improve resilience and well-being in young people aged 10 – 14 years through the 'Fulfilling Lives: HeadStart Programme'. In July 2014, Lewisham was informed of its success when securing £500,000 which would be used to develop universal and targeted mental and emotional well-being provision. Lewisham has the opportunity in 2015, to bid for a further £10 million from the Big Lottery Fund, to further develop this work and create 'whole-system change'.

5.2 Four local outcomes for HeadStart Lewisham have been developed as a response to stakeholder consultation:

- improved resilience
- increased school attainment and integration with the community
- improved emotional literacy
- preventing needs escalating for those most at risk

5.3 Over the next twelve months a number of interventions will be implemented and tested, as part of stage two 'test and learn' phase (see appendix 2 for details).

5.4 Headstart offers an opportunity to broaden community awareness of mental health issues. Using some of the infrastructure developed around the programme, community awareness and social marketing opportunities exist to improve health and wellbeing more broadly across Lewisham. The connections that are developed in communities as a result of the proposals should build on local assets and make use of these to build resilience across communities.

6. Performance

6.1 The health and wellbeing performance dashboard has 5 mental health indicators. Performance against these is outlined below.

	Latest available Year	Previous	Latest Available Period (Lewisham)	London	England	England Benchmark	Direction from Previous Period	Data Source
Priority Objective 6: Improving mental health and wellbeing								
Under 75 mortality rates for those with serious mental illness (DSR per 100,000 pop)	2011/12	*845.7*	839.8	-	1,274.8	sig low	⇩	NHSOF 1.5
Prevalence of SMI (%)	2012/13	*1.2*	1.2	1.0	0.8	-	⇨	QOF
Prevalence of Dementia (%)	2012/13	*0.3*	0.3	0.4	0.6	-	⇨	QOF
Prevalence of Depression (%)	2012/13	*10.4*	5.3	4.4	5.8	-	⇩	QOF
Suicide rates (DSR per 100,000 pop)	2010-12	*7.1*	7.5	7.5	8.5	similar	⇧	PHOF 4.10
Self-reported well-being - people with a low happiness score	2012/13	*15.0*	10.2	10.3	10.4	similar	⇩	PHOF 2.23iii

6.2 The suicide rate in Lewisham appears to have risen slightly over the last few years. Lewisham has the 8th highest suicide rate in London, and over the period 2011-2013 69 suicides were recorded. A further review of suicides will be carried out in 2015 building on the work of the Clinical Quality Review Group of the SLAM commissioning CCGs.

6.3 There appears to have been a decrease in depression prevalence reported by GPs. This is observed across England, but it seems unlikely that it is real and is more likely to be a statistical artefact or change in reporting.

6.4 There were 3 main objectives detailed in the Health and Wellbeing Action Plan in relation to mental health. These are:

- Ensuring those in BME groups and at high risk of anxiety and depression get access to IAPT services
- Improve recognition of poor mental health by front line workers (statutory and voluntary sector) and equip them to support individuals experiencing mental illness.
- Improve the physical health of those with poor mental health.

6.5 Whilst IAPT services are reaching those in BME groups they are not proportionally represented in the service. Targeted work with these groups is essential to continue to improve access and uptake which the service has been doing and will continue to do.

6.6 Mental health awareness training and Mental Health First Aid courses have been delivered to those working in public sector and community and voluntary sector organisations. These help equip front line workers with skills to support people experiencing mental illness or who need help to access services.

6.7 Given the high prevalence of smoking in those with mental health problems offering patients at SLAM access to stop smoking services has been a key priority of the Stop Smoking service. This has been very successful and has had the support of SLAM staff. The trust became a non-smoking trust in October 2014. The Trust is routinely assessing smoking status and patients are automatically offered smoking cessation interventions.

7. Financial implications

7.1 There is currently a very small mental health promotion budget which is held by public health. Some of this has been proposed as a saving as part of the Lewisham Futures Board proposals. The total budget for mental health promotion is £98,000 in 2014/15. The proposals to Lewisham Futures Board identifies £59,200 of savings from this budget. This includes a reduction in the training budget, stopping payments for clinical support to Sydenham Gardens and the decommissioning of an Arts access programme. The remainder is spent on mental health awareness training and match funding for Big Lottery Headstart proposal.

7.2 It is proposed that going forward this resource is directed to support two main aims:

- improving physical health outcomes for those with mental health problems
- improving community and individual mental health awareness, self help and access to services particularly in BME groups

8. Legal implications

8.1 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

9. Crime and Disorder Implications

None.

10. Equalities Implications

10.1 Prevalence of mental illness is higher in many groups with protected characteristics. Programmes to promote wellbeing and support people with mental health problems should be monitored to ensure that they are reaching these populations.

11. Environmental Implications

11.1 None

12. Conclusion

12.1 Mental health remains a priority for Lewisham. The focus of the Health and Well Being board should be on ensuring that all partners work together to improve mental wellbeing for their staff and service users.

12.2 There should be an aspiration to close the gap in physical health outcomes in those experiencing mental illness.

Background Documents

1. **Friedli I & Parsonage M 2010 Mental Health Promotion: Building an economic case**
   http://www.chex.org.uk/media/resources/mental_health/Mental%20Health%20Promotion%20-%20Building%20an%20Economic%20Case.pdf

If you have any difficulty in opening the links above or those within the body of the report, please contact Kalyan DasGupta (kalyan.dasgupta@lewisham.gov.uk; 020 8314 8378), who will assist.

If there are any queries on this report please contact ***Ruth Hutt, Consultant in Public Health***, Public Health, London Borough of Lewisham, on ***020 8314 7610,*** *or by email at:* ***ruth.hutt@lewisham.gov.uk***

Appendix 1

Taken from “Five Ways to Wellbeing in Southwark”

Connect

Getting to know the people who live around you helps to give you a sense of Community. Say hello to your neighbor or ask your local shopkeeper how they are. Work together to resolve a local ssue. Take your elderly neighbour's dog for a walk when she/he may be unwell. Ring up an old friend or family member you haven't heard from in a while. Rather than eating sandwiches at your desk or skipping lunch, ask a work colleague to join you for a proper break.

Be Active

Keeping active makes you feel good. Find something you enjoy – cycling, swimming, dancing and just do it! Walking is a free and easy way to get moving. There are many ways to explore Southwark on foot. Join friendly walks on Burgess Park or become Friends of Southwark Parks. Visit www.southwark.gov.uk/walking

Take Notice

Be mindful of the moment and how you are feeling. Reflecting on your life experiences will help you appreciate what matters to you. Take some time out from your daily schedule to relax and notice the world around you. It costs nothing to get out and explore your local area, but the benefits can be priceless. A browse through the colorful stalls at Borough Market, Southwark Cathedral, and Surrey Docks farm is a great way to brighten your day. Stroll by the Thames River and enjoy the view as well as watching the street performers which is also free and fun.

Keep Learning

Learning a new skill can make you feel good about yourself, confident and adventurous. Rediscover an old interest. Learn to play an instrument, roller skate or cook a new dish. Plant something. There are plenty of things to try in Southwark from amateur dramatics theatre groups to low cost adult learning courses. If you don't want to do a whole course, you can learn in your own time in one of Southwark's libraries. They are free to join and run lots of different activities, including book groups. For more information visit www.southwark.gov.uk/libraries

Give

Helping someone else can make you feel better about yourself. Help your neighbour or friend out by lending a hand. Smile at a stranger in the street. Thank someone. Your actions will make other people feel good too. Volunteer at a local community group or charity and you will meet new people, learn new skills and gain valuable experience. You could join at Southwark Volunteer Centre.

For more information and tips on how to improve your wellbeing in Southwark visit www.southwark.gov.uk/feelinggood

Appendix 2

Timescales for Stage Two of the HeadStart Lewisham Programme

In 2013 Lewisham was approached by the Big Lottery Fund as one of twelve areas in the country to consider how best to improve resilience and well-being in young people aged 10 – 14 years through the 'Fulfilling Lives: HeadStart Programme'. In July 2014, Lewisham was informed of its success when securing £500,000 which would be used to develop universal and targeted mental and emotional well-being provision. Lewisham has the opportunity in 2015, to bid for a further £10 million from the Big Lottery Fund, to further develop this work and create 'whole-system change'.

Four local outcomes for HeadStart Lewisham have been developed as a response to stakeholder consultation:

- improved resilience
- increased school attainment and integration with the community
- improved emotional literacy
- preventing needs escalating for those most at risk

Over the next twelve months the following interventions will be implemented and tested, as part of stage two 'test and learn' phase: -

- ***implementing the 'Transition Curriculum'***, across two school collaboratives which will focus on improving young people's resilience, well-being and achievement. The schools will receive consultancy support from Young Minds, the UK's leading charity for children and young people's mental health. Young Minds will undertake a needs assessment at each school (which will include canvassing the views of pupils) by: developing a bespoke programme of work, which could include training of staff; implementation of support packages to families; delivery of well-being programmes to young people; and wider system change. They will also support "Communities of Practice"[1] across the collaboratives to identify shared problems and find solutions.

- ***improving access to counselling support*** this includes extending the Place2Be *face-to-face counselling* provision for young people and parents/carers to an additional five secondary schools. Place2Be have largely worked in primary schools so we will be working in partnership to test the model's effectiveness in secondary schools. The programme also includes *online counselling* for four secondary schools and to those out of school, supported by a peer mentoring/ambassador programme, to enable young people to access support in a range of settings as they requested.

- ***developing an online resource kit*** which will bring together national and local resources to support young people who are facing difficulties regarding their wellbeing or who are concerned about a peer and for parents/carers and professionals who are concerned about a young person.

[1] http://wenger-trayner.com/theory/

- ***developing a varied creative arts programme***, which includes *youth-led film development*. It is anticipated that targeted groups such as looked after children, children with disabilities and young carers will benefit from this provision via a range of community settings. We will also work with children who are not in school. This element of HeadStart programme will aim to improve resilience and prevent escalation for those accessing this provision.

- ***administering an innovation fund*** to fund local organisations to pilot new ideas to achieve the HeadStart outcomes.

- delivery of ***'youth led events'*** and allocation of ***additional funds to design and commission community projects*** to build resilience, in partnership with local young people.

HEALTH AND WELLBEING BOARD				
Report Title	Reducing Cardiovascular Disease in Lewisham			
Contributors	Jane Miller, Deputy Director of Public Health		Item No.	6B
Class	Part 1	Date:	20 January 2015	
Strategic Context	The Cardiovascular Disease Outcomes Strategy looks at those aspects of CVD where there is most opportunity to improve outcomes Whilst Cardiovascular Disease has not been identified as a specific priority outcome within the Lewisham Health and Well Being Strategy, it is addressed by several of the priority outcomes. The NHS Health Check Programme is a mandatory commissioning responsibility of the local authority.			
Pathway				

1. Purpose

1.1 To update members on progress in reducing cardiovascular disease and to highlight areas for increased focus such as improving prevention and risk management and improving and enhancing case finding in primary care.

2. Recommendation/s

2.1 Members of the Health and Wellbeing Board are recommended to:

- Note and discuss the report
- Agree to prioritise brief interventions on alcohol, smoking, promoting healthy weight and physical activity
- Promote the health check programme
- Improve the diagnosis and management of hypertension

3. Policy Context

3.1 The Cardiovascular Disease (CVD) Outcomes Strategy[1] identified for commissioners and providers of health and care services the ten key actions that will make a difference in improving outcomes for CVD patients, in line with the NHS, Public Health and Adult Social Care Outcomes Frameworks. These were as follows: Manage CVD as a single family of diseases; Improve prevention and risk management; Improving and enhancing case finding in primary care; Better identification of very high risk families/individuals; Better early management and secondary prevention in the community; Improve acute care; Improve care for patients living with CVD; Improve end of life care for patients with CVD; Improve intelligence, monitoring and research and support commissioning.

[1] DH March 2013, Cardiovascular Disease Outcomes Strategy: Improving outcomes for people with or at risk of cardiovascular disease

3.2 The NHS Health Check programme is a mandatory public health service for the local authority. The health check is a systematic vascular risk assessment and management programme to help prevent various cardiovascular diseases including heart disease, stroke, diabetes and dementia and kidney disease. It targets the top 7 causes of preventable mortality: high BP, smoking, cholesterol, obesity, poor diet, physical inactivity and alcohol consumption.

3.3 The eligible cohort includes people between 40 to 74 years of age who do not have any diagnosed CVD at the time of the check. The check is offered once every five years. The Department of Health expects 20% of the eligible population to be invited each year over the 5 year rolling programme with an uptake of between 50 and 75%.

3.4 There are many indicators in the Public Health Outcomes Framework relating to CVD. They are related to mortality, the health check programme and health improvement (smoking, alcohol, physical activity and excess weight). These are listed in Appendix 1, attached to this report.

3.5 The key indicators considered in this report are : a) Under 75 mortality rate from all cardiovascular diseases (Persons), b) Cumulative % of the eligible population aged 40-74 offered an NHS Health Check c) Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check, d) Cumulative % of the eligible population aged 40-74 who received an NHS Health check.

3.6 Cardiovascular disease (CVD) is addressed by several of the priority outcomes of the Lewisham Health and Well Being Strategy. One of the key aspirations of the priority outcome 'Reducing the number of emergency admissions for people with long term conditions' is the systematic identification, diagnosis and risk profiling of cardiovascular disease to be implemented across all GP practices. The priority outcomes: Achieving a Healthy Weight; Reducing Alcohol Harm; and Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking all contribute to the prevention of CVD.

3.7 Reducing Inequality is one of the two principles informing Lewisham's Sustainable Community Strategy and reducing cardiovascular disease supports its priority of healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and well-being.

3.8 The JSNA www.lewishamjsna.org.uk, has highlighted the high rate of premature deaths from cardiovascular disease in Lewisham and the lower than expected number of people diagnosed with CVD.

3.9 As a family of long term conditions, improving CVD outcomes is integral to the Clinical Commissioning Strategy and the Adult Integration Programme.

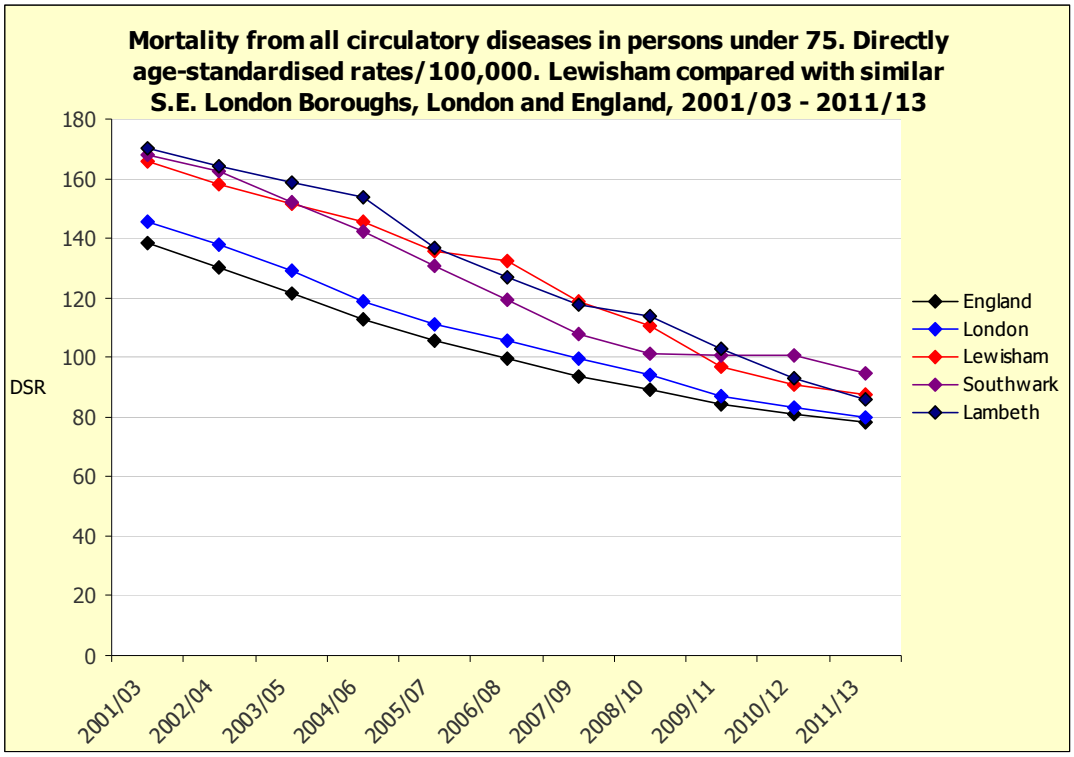
4. Background

4.1 CVD is an overarching term that describes a family of diseases (including stroke, heart attack and peripheral vascular disease) sharing a common set of risk factors. Chronic kidney disease and diabetes are also included in the CVD family of diseases as they have similar risk factors and are associated with a greater risk of CVD.

4.2 CVD affects the lives of millions of people and is one of the largest causes of death and disability in this country. Huge improvements have been made in the prevention and treatment of CVD over the last decade, with a 40% reduction in under 75 mortality rates between 2001 and 2010. Over the same period, the difference in under 75 mortality rates between the most and least deprived areas in England has narrowed.

4.3 Despite these improvements, comparisons with other countries show that England could still do better in improving CVD mortality rates. With an ageing population and the current levels of obesity and diabetes, unless there are improvements in prevention, past gains will not be sustained. England could also do better in terms of other outcomes, particularly the quality of life for patients living with CVD.

4.4 Lewisham has high premature mortality rates from circulatory disease compared with London and England and CVD is a major contributor to the life expectancy gap between Lewisham and England.



4.5 However, Lewisham has lower levels of detected disease. In 2013 there were 32,709 people diagnosed with hypertension in Lewisham. This was lower than expected and 10.3% of adults (an estimated 20,000) could have hypertension who have not been diagnosed.

5. NHS Health Check programme

5.1 The health check programme is now well established in Lewisham and provided by general practice, pharmacies and the Community Health Improvement Service, Lewisham and Greenwich Healthcare Trust.

5.2 The 30 minute risk assessment involves a series of simple questions about lifestyle (smoking, alcohol, diet and physical activity) and family history, measuring blood pressure and cholesterol and recording weight, height and waist measurements in order to assess someone's risk of developing cardiovascular disease.

5.3 A new Lifestyle Referral Hub service has been launched offering a "one-stop shop" for people who have received a NHS Health Check and are referred to local lifestyle services.

5.4 The Lewisham NHS Health Check programme has won 'Team of the Year' at the first ever national Heart UK awards for its work in carrying out NHS Health Checks in pharmacies in Lewisham.

5.5 The Lewisham community pharmacy service is one of the most successful elements of the Lewisham NHS Health Check programme, with approximately 25 per cent of health checks being undertaken by pharmacies.

	2013/14	**Apr-Sep 2014/15**
Number of health checks offered	18,543 people	9,271 people
% eligible population	27%	N/A
Number of health checks received	7,075	3,128
% uptake	38%	N/A
% identified with high or very high risk	8%	7%

5.6 The health check programme has been successful at identifying people with CVD risk. In 2013/14, 1,620 people were identified with moderate CVD risk, 540 people with high CVD risk and 156 people with very high CVD risk.

5.7 The table below shows that referrals to lifestyle services have steadily increased as a result of the establishment of the Lifestyle Hub, apart from smokers to the Stop Smoking Service.

Referrals	**2013/14**	**Apr-Sep 2014/15**
Stop Smoking Service	302	109
Weight Management	539	347
Alcohol Services	27	23
Physical Activity	678	449

6. Improving primary care

6.1 Improving and enhancing case finding in primary care is vital if there are going to be improved CVD outcomes. Lewisham identifies less people than expected on all GP cardiovascular disease registers, and performs below the England average in identifying and managing cardiovascular disease (coronary heart disease, stroke and transient ischaemic attack, hypertension, heart failure and atrial fibrillation) in primary care. There is much variation between practices within Lewisham.

6.2 The health check programme has identified 1,405 people with high blood pressure (twenty percent of all the people who received a health checks in 2013/14. In

addition, it is important that General Practice has a systematic approach to identify patients with hypertension who are not eligible for the Health check programme.

6.3 Better early management and secondary prevention in the community is also required for improved outcomes. There needs to be a robust system in place to clinically manage those patients with a high CVD risk once they are identified, including those with hypertension.

7. Financial Implications

7.1 There are no specific financial implications in this report, however, it will be important for the board to be aware of the possible impact of any savings made in the future on the programmes associated with improved CVD outcomes.

8. Legal Implications

8.1 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

9. Crime and Disorder Implications

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

10. Environmental Implications

10.1 There are no environmental implications from this report.

11. Equalities Implications

11.1 There is variation in outcomes between primary care. A health equity audit was recently undertaken of the health check programme. The health checks programme.

11.2 The programme is successful at reaching both men and women (51% women, 49% men).

11.3 The health check programme is successful at reaching the black and minority population. Black African, Black other, Chinese and other ethnic groups all used the service more than would be expected looking at the demographic make-up of Lewisham, however the Indian population was under represented.

11.4 The programme reaching a broad range of ages between 40-74. As the programme has become more established the age profile of those having health checks has become younger.

11.5 There is no information about groups of people from the other protected characteristics (Equality Act 2012) accessing the programme.

12. Conclusion

12.1 Plans to commission services, including primary care, health checks and lifestyle services aligned to the neighbourhood model, as part of the Adult Integration Strategy, 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.

Background Documents

Paragraph 4.5 Source: CVD Profile 2014, Public Health England
www.lewishamjsna.org.uk/reports

Paragraph 5.5. Source: CVD Profile 2014, Public Health England
www.lewishamjsna.org.uk/reports

Paragraphs 11.-1 to 11.4. Source: Health Equity Audit – Lewisham NHS Health Check Programme, Lewisham Public Health Department, Dr Farzana Qadri, Lewisham GP ST2, 2013 www.lewishamjsna.org.uk/reports

If there are any queries on this report please contact **Danny Ruta, Director of Public Health**, **London Borough of Lewisham**, on **020 8314 8637,** or by email at: **danny.ruta@lewisham.gov.uk.**

Appendix 1

PUBLIC HEALTH OUTCOMES FRAMEWORK

2.03 - Smoking status at time of delivery %	2013/14	Female	5.9%
2.06i - Excess weight in 4-5 and 10-11 year olds - 4-5 year olds	2012/13	Persons	25%
2.06ii - Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	2012/13	Persons	38%
2.12 - Excess Weight in Adults	2012	Persons	61%
2.13i - Percentage of physically active and inactive adults - active adults	2013	Persons	57.8%
2.13ii - Percentage of active and inactive adults - inactive adults	2013	Persons	25%
2.14 - Smoking Prevalence	2013	Persons	20.6%
2.14 - Smoking prevalence - routine & manual	2013	Persons	30.7%
2.22iii - Cumulative % of the eligible population aged 40-74 offered an NHS Health Check	2013/14	Persons	28%
2.22iv - Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	2013/14	Persons	38%
2.22v - Cumulative % of the eligible population aged 40-74 who received an NHS Health check	2013/14	Persons	10.7%
2.18 - Alcohol related admissions to hospital per 100,000	2012/13	Female	370.7
2.18 - Alcohol related admissions to hospital per 100,000	2012/13	Male	895
2.18 - Alcohol related admissions to hospital per 100,000	2012/13	Persons	614
4.04i - Under 75 mortality rate from all cardiovascular diseases per 100,000	2011 - 13	Female	58.5
4.04i - Under 75 mortality rate from all cardiovascular diseases per 100,000	2011 - 13	Male	119
4.04i - Under 75 mortality rate from all cardiovascular diseases per 100,000	2011 - 13	Persons	87
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable per 100,000	2011 - 13	Female	35
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable per 100,000	2011 - 13	Male	76.8
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable per 100,000	2011 - 13	Persons	54.9

HEALTH AND WELLBEING BOARD				
Report Title	Update on implementation of the Care Act in Lewisham			
Contributors	Interim Head of Adult Assessment and Care Management		Item No.	7
Class	Part 1	Date:	20 January 2015	
Strategic Context	This report updates on the progress of implementing the Care Act which sets out the new legal framework for social care, support and prevention from April 2015.			
Pathway	An update on the Care Act was provided in the Adult Integrated Care Programme report on 3 July 2014.			

1. Purpose

1.1 To update the Health and Wellbeing Board on the current position with regard to implementing part one of the Care Act 2014 in Lewisham.

1.2 This report covers the work currently underway to achieve compliance in Lewisham, and draws out partnership and strategic issues which may inform the work of the Board in relation to adult social care and support.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

2.1 Note the contents of the report.

2.2 Advise on any particular areas which the Board wishes to be updated on in more detail in relation to the Care Act.

2.3 Advise how organisations represented on the Board may wish to engage in assessments of their own readiness, in terms of both compliance and maximising the opportunities from the Act.

3. Policy Context

3.1 The Care Act sets out the new statutory framework for adult social care, preventative support and related functions including adult safeguarding.

3.2 It consolidates, modernises and replaces the existing laws relating to adult social care and establishes a range of new provisions. The changes are to be implemented from April 2015, with funding reforms (cap on costs) and appeals to be implemented from April 2016.

3.3 As set out in the previous report to the Board in August, the Act strongly supports the borough's strategic direction of integration, neighbourhood-based models of care and stronger communities.

3.4 Complying with the Act, however, remains a complex and significant endeavour which will require commitment from all partners over the coming two years of operational implementation.

4. Key Areas of Activity in Readiness for April 2015

4.1 **Personalised Assessment and Support Planning:** The Act introduces new national minimum eligibility criteria for people with care and support needs, and for unpaid family carers.

- A staff training programme will be rolled out in the New Year, which will cover legal compliance with the Act, as well as the culture change of moving to an assets-based approach. This approach looks at what individuals and those close to them can do rather than at an individual's problems and vulnerabilities. Every intervention should support the individual's relationships and informal networks of support, leaving them better informed, connected and more confident.

- Staff protocols are being written, which will set out the service standards and operational requirements for the key stages along the social care pathway.

- The Council is beginning work with SLAM to map changes required in integrated mental health services, in partnership with the other three main Councils that SLAM works with.

- The Council is evaluating options for on-line referrals and self assessments to improve access.

4.2 **Carers Support and Services:** Family carers will have access to personal budgets in their own right, and for their needs to trigger respite services for those they care for. This means that some voluntary sector services will become statutory functions.

- Joint Commissioners are preparing contract proposals, with consideration of the impact on the local voluntary sector.

- Social work teams will be reviewing family carers in a phased way to review their needs and transfer care packages to new arrangements.

- Local providers will be able to develop new projects to meet the needs of those carers most affected by caring and who are eligible for personal budgets to meet their needs.

4.3 **Safeguarding**: The Safeguarding Adults Board will be a statutory function, with prescribed strategic purpose and scope to oversee safeguarding of adults with care and support needs across Lewisham. The organisations which are members of the Board also have their responsibilities, including new operational requirements. Progress to date includes:

- Safeguarding Adult Board (SAB) action plan reviewed and updated.

- Presentation delivered to the SAB and actions agreed to establish current readiness of members, and the SAB as a whole, which will further inform the action plan to reach full compliance.

- Revised governance structure in development, integrated quality and performance monitoring across health and social care.

- A Provider Forum targeted at the voluntary sector was held in November and dedicated to safeguarding.

4.4 **Information and Advice**: These functions are now statutory requirements. Lewisham must provide a coherent and holistic offer of advice and information for all residents to enable them to make informed choices about their care and support. Activities include:

- A business case has been agreed for the development of the Council's website as the main repository and store of information. It will include a comprehensive local content and links to other sites such as NHS Choices. It will also contain new functionality such as the proposed on-line self-assessment and referral options.

- A strategic plan for Lewisham's information and advice offer is being prepared and will be brought forward in due course.

- NHS and other partners will be engaged in the strategic plan and subsequent management of public-facing information to ensure it is always accessible, up to date and that it answers the questions people have.

4.5 **Council Policy and other issues:** various specific policy issues are affected by the Act. Progress to date:

- A document setting out the new “Approach” to care and support, of maximising people's individual strengths and social or community resources, has been drafted and will be brought forward to the Healthier Communities Select Committee in January for agreement before distributing amongst all partners.

- The Council's Fairer Charging policy review is being consulted on currently (consultation ends 25th Januray).

- Local managers have been briefed on the changes to national policy areas such as which Council has funding responsibility for a person based on their residence and the way that respite care will be arranged and commissioned.

4.6 Partnership Policy and Practice Issues: various issues which relate to partner organisations or integrated services are affected. Progress to date includes

- Work with Children and Young People's Directorate and other stakeholders to map the new pathways required for young people in Transition to adulthood has begun, under the SEND reform programme

- New duties on how Council and NHS hospitals manage hospital discharge have been mapped and are being reviewed through the relevant Adult Integrated Care Programme workstream.

- SLAM's policy on aftercare for people with mental health conditions following a Section under the Mental Health Act is being reviewed

- Work with NOMS and London Probation Trust is underway to agree roles and processes for supporting people released from prison or being managed in the community under license.

- A briefing has been scheduled with Housing managers to explore the implications and opportunities of the Care Act.

5. Implications for NHS services and integrated services

5.1 Now we have the final statutory guidance, we can be clearer about the impacts on partner organisations, shared care pathways and other arrangements.

5.2 Any integrated services which include social care will need to adapt to ensure they are compliant with the new processes. Of the existing services, this will particularly apply to mental health services integrated with SLAM's health services.

5.3 Specific duties also apply to NHS organisations in the act, for example on safeguarding and hospital discharge, as referred to above.

5.3 Aside from the legal changes, everyone who interacts with social care will need to understand the changing culture and practice of social care as it moves towards an 'assets' based approach to comply with the statutory duty to meet relevant needs. This will be set out further in

Lewisham Council's approach to adult social care document, referred to earlier.

6. Financial implications

6.1 The costs of implementing the Care Act rely on forecasts, which have been a nationally contentious issue. There are entirely new duties coming into force, specifically around carers in 2015 and limitations on personal expenditure on care from 2016 which are challenging to model because there is no historic baseline.

6.2 We have undertaken modelling based on national guidance added to Lewisham data and intelligence. This is being refined further as independently commissioned research from the Institute for Public Care at Oxford Brookes is reporting back via London Councils.

6.3 In order to deal with the wider responsibilities and the increases in demand, Lewisham Council and CCG have allocated £800k in 2015-16 through the Better Care Fund. The Department of Health are also making a specific grant available. The value of this has not been announced for Lewisham but could be approx £900k.

6.4 Expenditure and performance will be closely tracked via monitoring of the Better Care Fund over 2015-16 and medium term forecasts revised in light of the picture that materialises.

6.5 An increase in expenditure will emerge from 2018-19 onwards as people reach the cap on care costs and the Council assumes funding liability for people who had been privately purchasing residential care and other high cost social care services.

7. Legal implications

7.1 The Care Act is the most far-reaching statutory change in Community Care and Adult Services since the National Assistance Act 1948. It replaces and consolidates the vast majority of the Community Care legislation enacted since then, consolidating it with common law decisions and principles established since the early 20th Century.

7.2 The new general duty of a local authority, in the case of an adult, is to promote that adult's well-being. "Well-being", in relation to an adult, means that adult's well-being so far as relating to any of the following—

(a) physical and mental health and emotional well-being;
(b) protection from abuse and neglect;
(c) control by the adult over day-to-day life (including over the care and support provided to the adult and the way in which it is provided);
(d) participation in work, education, training or recreation;
(e) social and economic well-being;
(f) domestic, family and personal relationships;

(g) the adult's contribution to society

7.2 This duty extends across all areas of the Council's activities, not just Adult Social Care. It also extends to partnership working with external agencies in all sectors.

7.3 There is a specific duty to integrate health and health-related services to promote welfare and wellbeing in service provision to adults, including preventative services.

7.4 There is a specific duty to develop diversity, quality and choice in service provision for the community. This is to be accomplished in consultation and joint working with partners form all sectors.

7.5 There is a prescriptive and detailed list of the matters to be covered in any needs assessment, and a carer's assessment for support needs.

7.6 A needs assessment must include all needs, whether or not they are eligible for services. Any non-eligible identified needs should be addressed by way of advice and signposting for assistance, if possible. There is a new emphasis on advice and signposting to provide a holistic level of support, from a preventative standpoint, to anyone undergoing an assessment.

7.7 A needs assessment must include an assessment of—

(a) the outcomes that the adult wishes to achieve in day-to-day life, and

(b) whether, or to what extent, the provision of care and support could contribute to the achievement of those outcomes.

Similar provisions apply to carers assessments. There is a new emphasis on the importance and role of carers.

7.8 Local Authorities must set up Safeguarding Adults Boards, to promote safeguarding issues and carry out safeguarding.

An SAB must arrange for there to be a review of any case in which—

(a) an adult in the SAB's area with needs for care and support (whether or not the local authority was meeting any of those needs) was, or the SAB suspects that the adult was, experiencing abuse or neglect, and

(b) the adult dies or-

there is reasonable cause for concern about how the SAB, a member of it, or some other person involved in the adult's case, acted.

Each member of the SAB must co-operate in and contribute to the carrying out of the review with a view to—

(a) identifying the lessons to be learnt from the adult's case, and

(b) applying those lessons to future cases.

7.9 There is a comprehensive set of statutory guidance now published for each aspect of the Care Act.

8. Crime and Disorder Implications

8.1 Joint working with the National Offender Management Service is happening locally and regionally, and will consider any crime and disorder implications arising from the new duties in the Care Act.

9. Equalities Implications

9.1 Equalities implications were thoroughly considered by the Department of Health as part of the development of the Care Act.

9.2 Any specific decisions local to Lewisham will be subject to EIAs where required as part of the relevant decision making process.

10. Environmental Implications

10.1 No environmental implications arise from this report.

11. Conclusion

11.1 The Care Act is a wholesale reframing of the law and guidance around adult social care and its related functions.

11.2 Lewisham is both well placed for the strategic direction of the Act and is progressing well with local implementation to achieve compliance. The engagement of partners will enable the benefits of the Act to be maximised in Lewisham.

Background Documents

Care Act Statutory Guidance:
https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation

Easy Read Version of the Guidance
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/365345/Making_Sure_the_Care_Act_Works_EASY_READ.pdf

LGA Resources on Care Act and social care reform:
http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/6527978/ARTICLE

If there are any queries on this report, please contact Tim Miller, Care Act Project Lead, at tim.miller@lewisham.org.uk or Joan Hutton, Interim Head of Adult Assessment and Care Management at joan.hutton@lewisham.gov.uk

HEALTH AND WELLBEING BOARD				
Report Title	Health and Wellbeing Board Work Programme			
Contributors	Service Manager, Strategy and Policy (Community Services, London Borough of Lewisham).		Item No.	8
Class	Part 1	Date:	20 January 2014	

1. Purpose

1.1 This report presents the Health and Wellbeing Board with a draft work programme (included as Appendix 1) for discussion and approval.

2. Recommendations

2.1 Members of the Health and Wellbeing Board are invited to:

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

3. Strategic Context

3.1 The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in *Shaping our Future* – Lewisham's Sustainable Community Strategy and in Lewisham's Health and Wellbeing Strategy.

3.2 The work of the Board directly contributes to *Shaping our Future's* priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.

4. Background

4.1 The work programme is a key document for the Health and Wellbeing Board. It allows the Board to schedule activity, reports and presentations across the year. It also provides members of the public and wider stakeholders with a clear picture of the Board's planned activity.

4.2 At the HWB meeting on the 28 January, members agreed to focus on high-level issues, undertaking more detailed reviews as and when necessary. The Agenda

Planning Group has requested that reports clearly identify the strategic context and will endeavour to group strategic items on the agenda.

4.3 The HWB has agreed that the work programme would include the following standing items:

- progress in relation to the Health and Wellbeing Strategy
- progress in relation to the Adult Integrated Care Programme

4.4 It was agreed that the work programme would be considered and approved by the Board at every meeting.

5. Work programme

5.1 The draft work programme (see Appendix 1), includes some of the key items which the Board will need to consider over the course of 2014/15.

5.2 As agreed by the HWB at its meeting on 3 July 2014, the work programme has been amended to include an update on the Autism Strategy and an update on progress in relation to a Food Summit. The items have been scheduled for January and March 2015 respectively.

5.3 The following items have been deferred from the January meeting to the March meeting:

- Children and Young People's Plan
- Autism Strategy
- Update on developing an integrated approach to Public Health in South East London.

5.4 The following items have been proposed by the Agenda Planning Group for the March meeting:

- Dementia Awareness

5.5 The Board agreed to consider a full evaluation of the Community Connections project at the end of the current funding cycle. A report has been scheduled for the July 2014 meeting.

5.6 In adding items to the work programme, the Board should specify the information and analysis required in the report, so that report authors are clear as to what is required. The Health and Wellbeing Board Agenda Planning Group may also propose items for inclusion on the work programme, and will seek approval for their inclusion from the Board.

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

6. Financial implications

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

7. Legal implications

7.1 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

7.2 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

7.3 The duty continues to be a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

7.4 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: http://www.equalityhumanrights.com/legal-and-policy/equalityact/equality-act-codes-of-practice-and-technical-guidance/

7.5 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty

5. Equality information and the equality duty

7.6 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty, including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: http://www.equalityhumanrights.com/advice-and-guidance/publicsector-equality-duty/guidance-on-the-equality-duty/

7.7 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

8. Equalities implications

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

9. Crime and disorder implications

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

10. Environmental implications

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

If there are any queries on this report please contact Carmel Langstaff, Service Manager – Strategy and Policy, Community Services, London Borough of Lewisham on 0208 314 9579 or by e-mail at carmel.langstaff@lewisham.gov.uk

APPENDIX 1

Health and Wellbeing Board – Draft Work Programme

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
24 March 2015	W/C 2 February 2015	19 February 2015		16 March 2015
Agenda item	**Report Title**	**Deferred**	**Information / Agreement**	**Lead Organisation(s)**
1	Adult Integrated Care Programme Update		TBC	LBL/CCG
2	Integrated Inspections (services for children in need of help and protection, children looked after and care leavers) and Joint Inspections of the Local Safeguarding Children Board		Information	LBL
3	Children and Young People's Plan 2015 - 18		Agreement	LBL
4	Transfer of 0-5 Children's Public Health Commissioning to Local Authorities		Information	LBL
5	Early Intervention and Targeted Support – Progress Update		TBC	LBL
6	Food Summit - Progress Update		TBC	VAL /LBL
7	Autism Strategy Update	Deferred from January 15	Information	LBL
8	Developing an Integrated Approach to Public Health in SE London: Establishing an Urban Public Health Collaborative - Update	Deferred from January 15	TBC	LBL
9	Health and Wellbeing Board Work Programme		Agreement	LBL

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
19 May 2015	W/C 7 April 2015	16 April 2015		11 May 2015
Agenda item	**Report Title**	**Deferred**	**Information / Agreement**	**Lead Organisation(s)**
1	Adult Integrated Care Programme Update		TBC	LBL/CCG
2	Performance Dashboard Update		Information	LBL
3	Health and Wellbeing Board Work Programme		Agreement	LBL

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
7 Jul 2015	W/C 1 June 2015	4 June 2015		29 June 2015
Agenda item	**Report Title**	**Deferred**	**Information / Agreement**	**Lead Organisation(s)**
1	Adult Integrated Care Programme Update		TBC	LBL/CCG
2	Community Connections Evaluation		Information	Age UK / VCL
3	Health and Wellbeing Board Work Programme		Agreement	LBL

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
22 Sept 2015	W/C 20 July 2015	20 August 2015		14 September 2015
Agenda item	**Report Title**	**Deferred**	**Information / Agreement**	**Lead Organisation(s)**
1	Adult Integrated Care Programme Update		TBC	LBL/CCG
2	Health and Wellbeing Board Work Programme		Agreement	LBL

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
24 Nov 2015	W/C 5 October 2015	22 October 2015		16 Nov 2015
Agenda Item	**Report Title**	**Deferred**	**Information / Agreement**	**Lead Organisation(s)**
1	Adult Integrated Care Programme Update		TBC	LBL/CCG
2	Performance Dashboard Update		TBC	LBL
3	Health and Wellbeing Board Work Programme		Agreement	LBL

INFORMATION ITEM: A

HEALTH AND WELLBEING BOARD				
Report Title	Local Account for Adult Social Care, 2014-2015			
Contributors	Interim Head of Adult Assessment and Care Management		Information item:	A
Class	Part 1	Date:	20 January 2015	
Strategic Context	Key strategic plans including the Health and Wellbeing Strategy and Sustainable Communities Strategy are delivered in part through adult social care services.			
Pathway	None			

1. Purpose

1.1 The purpose of this report is to present the Local Account 2014-2015, included as Appendix 1, to the Health and Wellbeing Board.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

2.1 Note the Local Account.

3. Policy Context

3.1 The Department of Health has recommended that all local authorities publish an annual Local Account to explain the work undertaken by adult social care the previous year, outline current activity and plans for the following year. It supports a regular cycle of self-assessment, consultation and review to enable the Council to deliver high quality services to residents who have care or support needs.

3.2 Adult social care services support key priorities within Lewisham's Sustainable Community Strategy:

- Safer: where people feel safe and are able to live free from crime, antisocial behaviour and abuse
- Empowered and responsible: where people can be actively involved in their local area and contribute to supportive communities
- Healthy, active and enjoyable: where people can actively participate in maintaining and improving their health and well-being

3.3 Adult social care services support key priorities within Lewisham's Health and Wellbeing Strategy:

- Reducing the need for long term care and support
- Improving mental health and wellbeing
- Reducing emergency admissions for people with long term conditions

3.5 A range of tools, including the Joint Strategic Needs Assessment are used to plan for the care and support needs of the local population. The JSNA can be found here: www.lewishamjsna.org.uk

4. Background

4.1 The Local Account has replaced the Care Quality Commission performance monitoring process. This is the second Local Account produced under recent Department of Health guidelines.

4.2 Local accounts offer the opportunity for Councils to share a common approach with a more tailored local focus, responsive to the needs of people living in the local authority area.

4.3 The Local Account explains how much the Council spends, what it spends money on, what it is doing and how it plans to improve services in the future. The Local Account gives people an opportunity to read about the Council's achievements through the year and priorities going forward.

4.4 Promoting independence and supporting people using adult social care services, their families and carers to have more choice, control and control are among the Council's achievements and on-going priorities are outlined in the document.

6. Financial implications

6.1 The Local Account contains information about the Council's adult social care budget but there are no specific financial implications arising from the report.

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. The Local Account highlights the activity to join up health and care services to date, outlines current activity within the Adult Integrated Care Programme and sets out plans to further integrate care and support in 2015/16.

8. Crime and Disorder Implications

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

9. Equalities Implications

9.1 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

9.2 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

9.3 The duty continues to be a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

9.4 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/

9.5 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making

3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

9.6 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/

9.7 Equalities implications are thoroughly considered in the planning and delivery of adult social care services. Specific Equality Analysis Assessments (EAAs) will be undertaken in relation to any proposed changes to future service delivery or any commissioning proposals.

10. Environmental Implications

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

11. Conclusion

11.1 The Local Account provides a comprehensive overview of Lewisham's adult social care services. It will improve transparency with local communities, stakeholders and partners and provide a mechanism for on going engagement.

Background Documents

None

If you have any difficulty in opening the links above or those within the body of the report, please contact Kalyan DasGupta: 020 8314 8378 / kalyan.dasgupta@lewisham.gov.uk who will assist.

If there are any queries on this report please contact Joan Hutton, Interim Head of Adult Assessment and Care Management, Lewisham Council: joan.hutton@lewisham.gov.uk or 0208 314 8364.

London Borough of Lewisham
Local Account 2014 - 2015

Contents

Foreword

What is a Local Account?

In 2011, the Department of Health recommended that all local authorities publish an annual Local Account to tell people what their adult social care department is doing. The Local Account explains how much the Council spends, what it spends money on, what it is doing and how it plans to improve services in the future.

The Local Account gives people an opportunity to read about the Council's achievements through the year and priorities going forward.

It supports a regular cycle of self-assessment, consultation and review to enable the Council to deliver high quality services to residents who have care or support needs.

We are pleased to present Lewisham's Local Account which will help local residents, service users, carers and providers understand more about the adult social care services we provide to adults in Lewisham.

We are committed to delivering high quality services to residents with care or support needs and work closely with the NHS, mental health services, the voluntary sector and local providers of care services to provide joined up services.

Our aim is to transform adult social care services to support as many people as possible to remain living at home with improved choice, control and dignity. We aim to encourage people to be as independent as possible and work with people to meet their individual needs. A key priority for Lewisham is to make sure that adults who are at risk of harm, abuse or neglect are safe. As ever we have worked hard with all our partners to develop a range of services aimed at reducing or preventing the need for longer-term care and support.

Our work is of course set against a backdrop of significant change. Our budgets have been significantly reduced since 2010 and we will be required to make further savings in the years ahead. The Care Act represents a major reform of the law relating to care and support for adults and key changes take effect from April 2015.

Despite these challenges, we have an ambitious programme in place for 2014/15. We are building on our work with GPs, District Nurses, hospital teams and mental health teams to integrate health and care services. We are committed to improving efficiency, maximising value for money and increasing effectiveness. We will remain focused on delivering high quality care for our residents in need of support. Please do get in touch if you would like to see something developed or to provide feedback, as we welcome the views of and comments of local people, service users and carers. We are proud of Lewisham's adult social care services and we know what a difference care and support can make to people's lives.

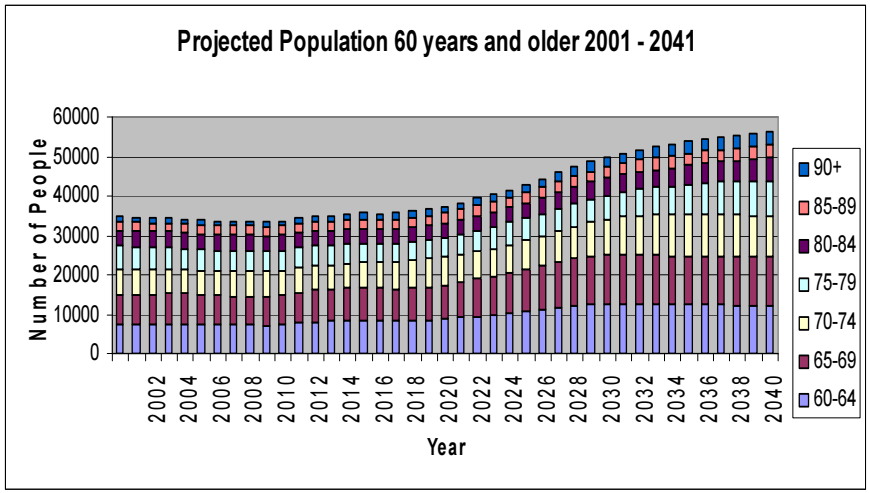
Cllr Chris Best, Cabinet Member for Health, Wellbeing and Older People

The National Picture

An Ageing Population

In the UK people are living longer lives; the chance of surviving from birth to the age of 85 has more than doubled for men in the last three decades. This increased survival is resulting in a rise in the number of older people in the population. Over 85 year olds are currently the fastest growing age group in the UK. Health and social care use increase with age – 80% of people over 65 years old will need social care in the later years of their lives.

Projected population of Lewisham residents aged 65 and over:



Amongst this growing population of older people are those that are more vulnerable; frail older people. This group are at greater risk of adverse outcomes, including disability, morbidity, mortality, hospitalisation and admission to care homes. Frailty also leads to loss of independence and impairs the quality of life and psychological well-being of older people.

The Care Act

The Care Act received Royal Assent on 14 May 2014. The Act is built around people, ensuring that people's well-being, and the outcomes which matter to them, will be at the heart of every decision that is made.

The Act provides for a single national threshold for eligibility to care and support. It recognises the importance of carers by strengthening their rights to assessment. It creates a new focus on preventing and delaying the need for care and support, rather than only intervening at crisis point. It also embeds the individual's right to choose their services through care plans and personal budgets.

The Act aims to make care and support clearer and fairer, and there will be a cap on how much a person would pay in their lifetime towards the costs of their eligible care and support needs of £72,000. The Council is preparing to implement the requirement for Care Accounts in 2016.

The Act supports people with information, advice and advocacy to understand their rights and responsibilities. It allows people to access care when they need it as well as plan for their future needs. The Act gives new guarantees to ensure continuity of care when people move between areas, to remove the fear that people will be left without the care they need; and includes new protections to ensure that no one goes without care if their provider fails, regardless of who pays for their care.

Easy read version available at **www.gov.uk**

The Care Act core principles

- Promotes people's wellbeing
- Enables people to prevent and postpone the need for care and support
- Puts people in control of their lives so they can pursue opportunities to realise their potential

An Overview of Adult Social Care in Lewisham

What is Adult Social Care?

Social care is the name given to the range of care and support services that help frail, disabled and socially isolated people remain independent, active and safe, for example helping with getting out of bed, washing and preparing meals. Support can be provided in someone's home, in a community setting or in a care home.

About Lewisham

Lewisham is a diverse inner London borough that contributes to the diversity and energy of the capital, supporting its growing economy whilst gaining significant benefits from being a part of a world class city. Lewisham is one of the greenest parts of south-east London. Over a fifth of the borough is parkland or open space. The borough has strong communities who take pride in their local areas and neighbourhoods. Lewisham's vitality and dynamism stem from the energy of its citizens and diverse communities.

Lewisham has a growing population, projected to increase from 286,000 to 318,000 by 2021, and is the 15th most ethnically diverse local authority in England - 46% of the population are from black and ethnic minority groups. Around 26,000 residents are above 65 years of age and over 3,400 are aged over 85 years. This latter group is often the most complex and therefore bears a very high proportion of care costs.

The Index of Multiple Deprivation 2010 ranks Lewisham 31st of 326 districts in England and 9th out of 33 London boroughs. People living in the most deprived areas have poorer health outcomes and lower life expectancy compared to the England average.

Social housing comprises just over a third of all households in the borough. The private rented sector, the fastest growing housing sector in the borough, comprises some 24% of all households. There are nearly 40,000 one person households in Lewisham.

Demand for adult social care is increasing, both in numbers and complexity. 14% of people in Lewisham identify themselves as having limitations in carrying out day-to-day activities. That is equivalent to around 38,000 people. Lewisham's over 60 population is projected to increase by around 15,000 by 2040 which will increase demand for the Council's adult social care services.

Lewisham has over 800 active voluntary and community sector organisations and more than 200 individual faith groups. All these groups
and many others help to strengthen our communities by galvanising our citizens, addressing local concerns and advocating on behalf of some of the most vulnerable in society.

Adult Social Care in Lewisham

Lewisham is committed to having a structured and fair system of social care, which makes the best use of limited resources to offer residents access to high quality services to meet their care or support needs in a personalised way. Some of the key principles in achieving this are:

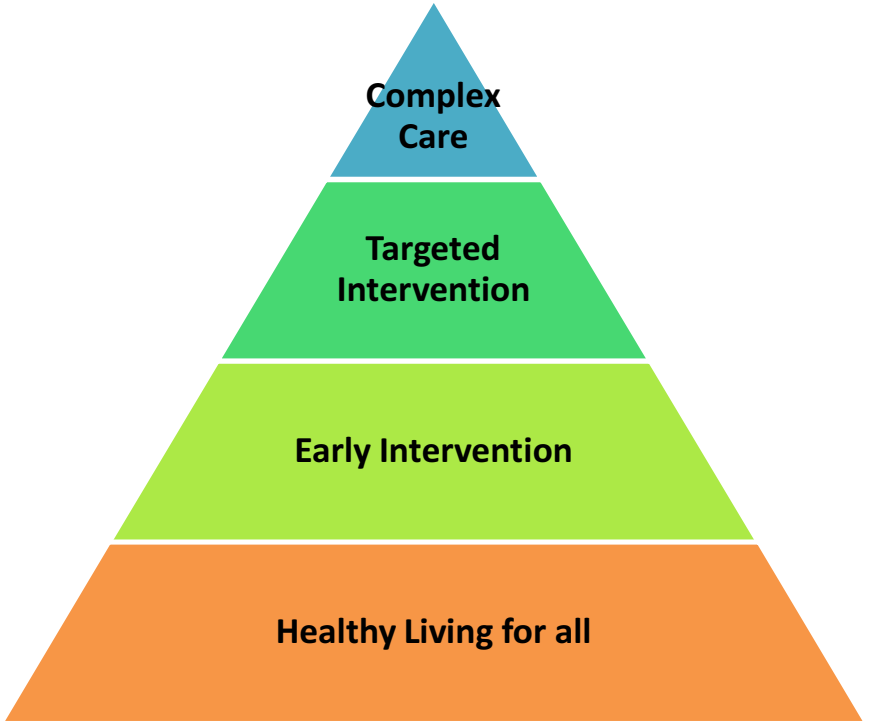
- Encouraging people to be as independent as possible, drawing on their personal, family and community resources
- Ensure value for money for all services, while maintaining service quality and a focus on achieving defined outcomes for the service user
- Ensuring fairness and equity across the range of needs or conditions
- Work in partnership with the NHS to ensure co-ordinated health and social care services which are person centred;
- Develop a range of services aimed at reducing or preventing the need for longer-term care and support.

Triangle of Care

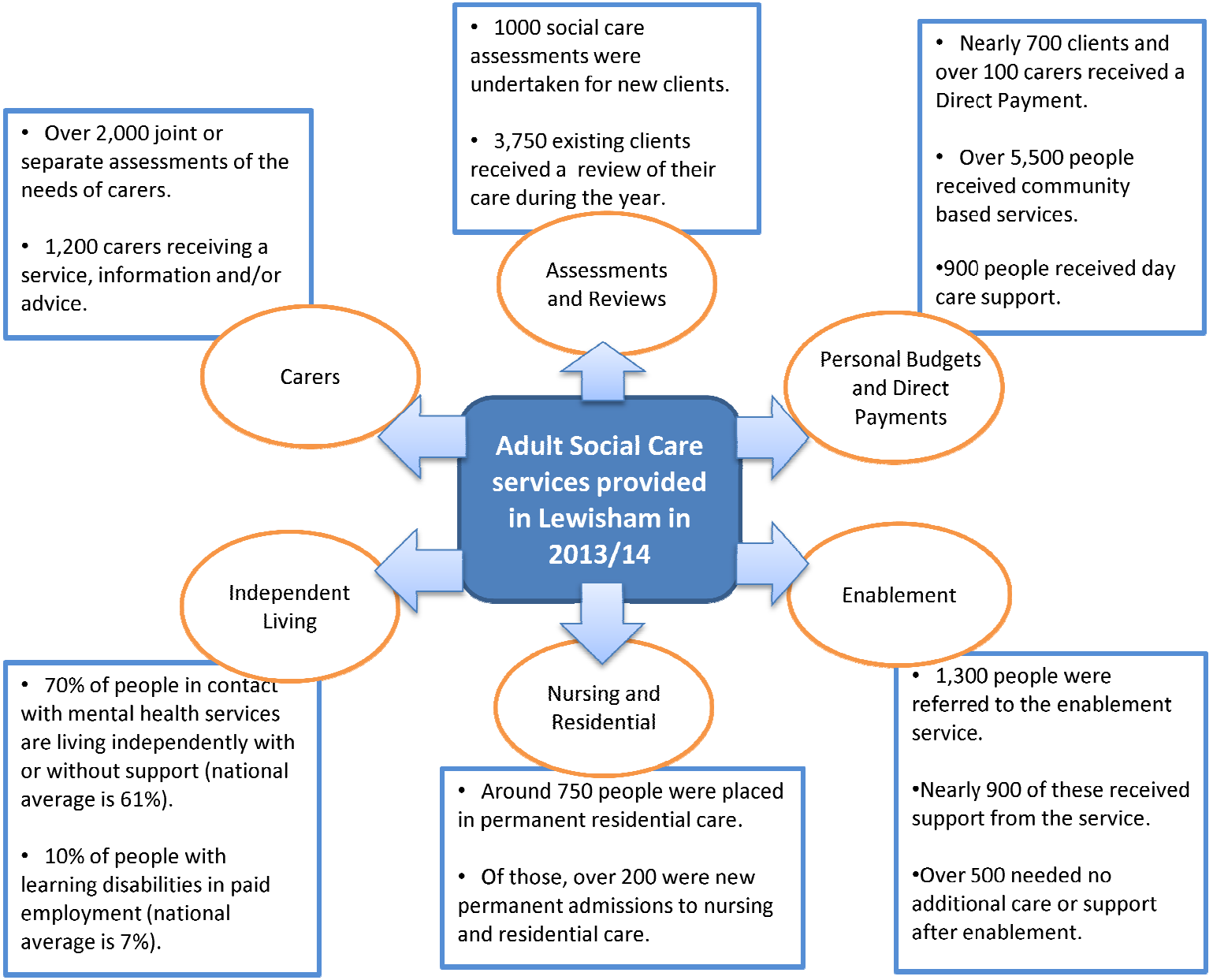
Lewisham Council is working with partners to join up our care and support services for all adults (see page 13).

The triangle of care below illustrates our approach. Those needing the most care at the top of the triangle make up a smaller percentage of the overall population than those needing targeted intervention or support to live a healthy lifestyle.

Our aim is to offer preventative support at all levels of the care triangle, to support people to remain independent for longer.



Key Facts and Figures



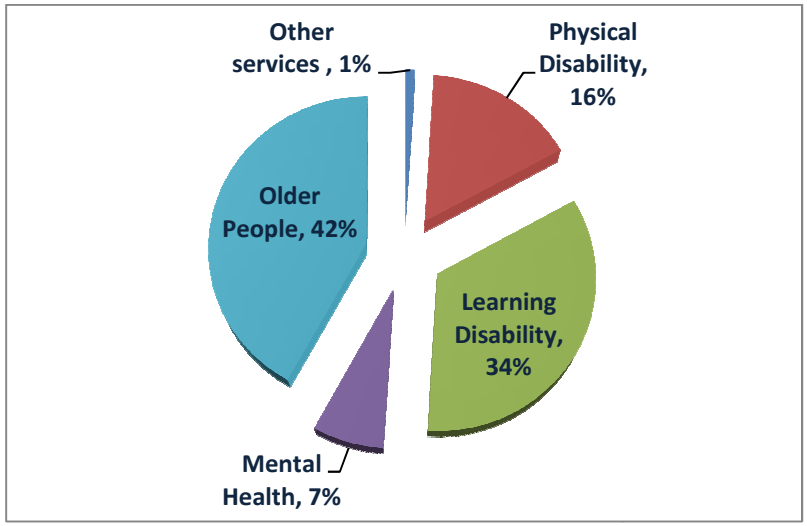
How We Spend Our Budget

Our total net budget for Adult Social Care in 2013/14 was £86.5million. This money supported over 6,500 residents to maintain an appropriate level of dignity and independence.

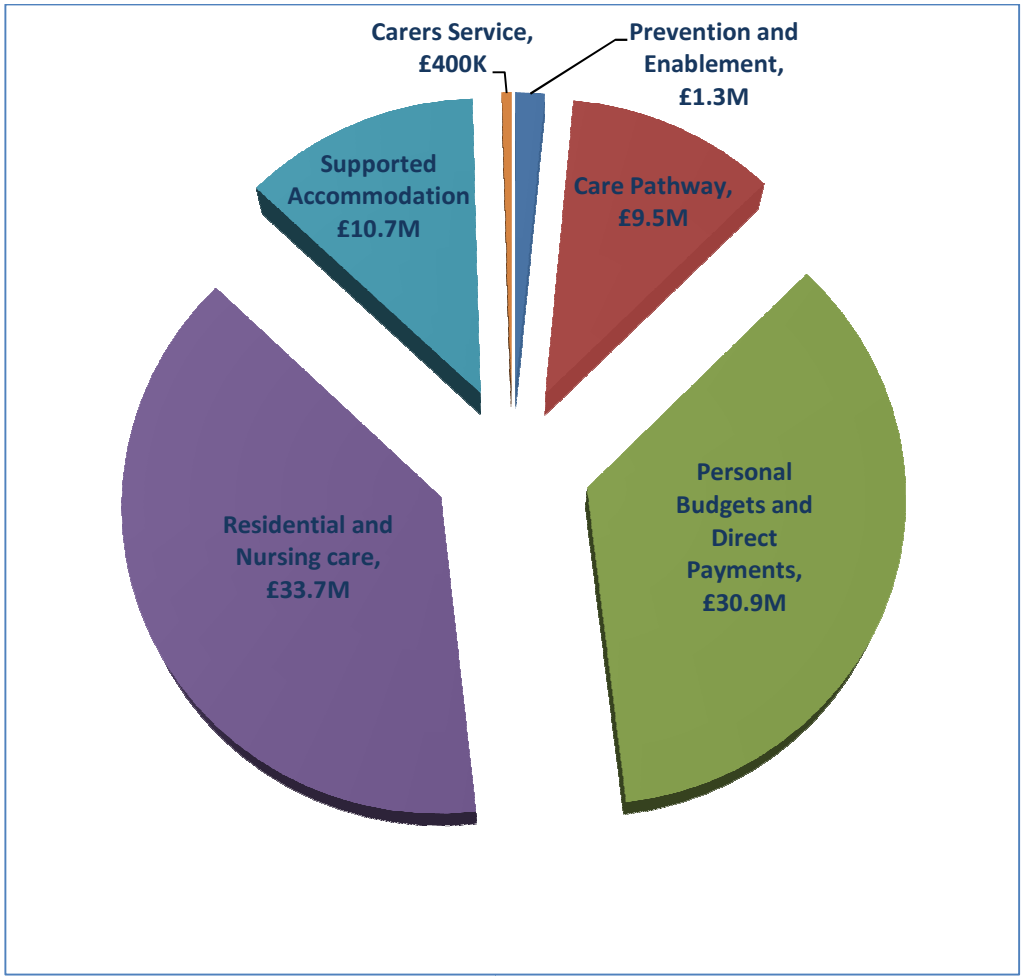
We have supported people to stay safe, dress, prepare meals in their own home. For people with very complex needs, we have provided support in a residential or nursing home setting.

Some people continue to contribute towards the cost of their services if they are able to.

The money was spent across the following Service User groups:



The budget is spent on the following 6 areas of care and support:



Managing Our Budget

The budget for delivering adult social care services has been reduced by £8.9 million in the last three years. We saved this through achieving better value for money when buying services, from meeting need in more cost effective ways and from increasing income.

With less resources available to us, the way we deliver adult social care has to change. We will continue to ensure value for money and manage future demand and changing needs more effectively.

The target for efficiency savings in 2014-15 is £6.83m.

We will achieve this target by:

- Changing the way we assess people so the most vulnerable are supported to remain independent for longer.
- Reducing staffing costs
- Encouraging more people to use direct payments
- Making better use of some of our contracts
- Working more closely with health
- Improving collection of income

The budget for delivering adult social care services will be reduced by a further £7.005 million in 2015-16. We are currently developing our plans which may include:

- More cost effective care packages
- Reprovision of day care
- Reducing the cost of the most expensive care contracts
- Increasing the charges for services
- Recouping more costs from health

Our Approach to Adult Social Care in Lewisham

Our priorities are to:

- Ensure everyone with ongoing use of social care services has a **personal budgets** and promote the use of **direct payments** to maximise the choice and control people have over managing their own care and support;
- Consider the **wider networks of support** or universal services which people access and optimise the use of these within the more formal support packages of care, e.g. the use of community groups, library services, and adult education.
- Continue to **develop a range of housing options** together with partners which offer care and support in the community and reduce the need for long-term residential care;
- Make effective use of **technological solutions**, such as Linkline, to maintain safe independent living and assist with the care-giving process
- Support younger adults into **work or employment;**
- Develop **commissioning plans** based on robust analysis of local need and understanding of our provider markets
- Apply a **means tested approach**, implementing eligibility and charging policies which reflect Central Government guidance.

Services in the community

We know that people want to remain in their own homes and neighbourhoods if they develop health or social care needs. We will endeavour to support people in these settings and, wherever safe or feasible, will seek to avoid admissions to hospital or residential care settings. We will ensure that assessments consider a range of things which impact on health and wellbeing including health, housing and other support, alongside social care.

Resources spent wisely

We are acutely aware of the need to balance meeting the growing need for services, with reduced resources available to the Council and its partners. We need to ensure resources are spent in a fair way, which gives value for money to the public, who fund these essential services.

This means that normally we will

- not pay more for a community package of care than we would pay for a residential or nursing package of care
- undertake a continuing healthcare check if we think someone might be eligible for free NHS care
- include all ongoing care services in someone's financial assessment
- not admit someone to residential care from a hospital bed
- not allow a care service put in place to resolve a crisis to continue as a normal service without careful review
- consider a range of housing options in seeking the most appropriate and affordable for each individual

Wherever possible, we will put short-term services in place that will aid recovery or recuperation and a return to independence, before considering long-term care or support. We will encourage creativity and innovation to meet identified outcomes, and encourage everyone involved to look for solutions that offer the best quality and value for money.

Assessments will ensure that the right level of support is identified according to a person's needs and choices. We recognise the value of wider support networks that many people have within their own families and communities and will look at all available resources when considering how to meet needs. Where family or other support networks do not exist, we will help people to build them through appropriate community networks.

Supporting and valuing carers

We recognise that most care and support is provided by family or friends.

Carers will be supported to recognise their own needs and access appropriate support to help ensure a longer and more manageable caring role for their family or support network. Carers will have the right to an assessment of their needs, separate to those of the cared for person, and regardless of eligibility for formal social care input.

Preventing and delaying the need for care
People are living longer with more complex health conditions, so there will be increasing need to spend the resources available to social care services, in a fair and equitable way.

Preventative services are as important as long-term services. We are committed to reducing the need for long term care and one way of doing this is to support people to be as independent as possible for as long as possible. Enablement services have been developed in partnership with health organisations to help to get people back to a level of independence after a hospital stay or illness.

Inevitably though, there will always be those who suffer illness or accidents which cannot be avoided. However, we will always look for ways to support people to delay further onset of needs and make the most of the assets they have.

A valued workforce
All staff working directly for Lewisham Council and those within provider agencies will understand our vision and commitment to maximise independence and quality of life. We will work with staff and partners to develop methods of sharing good practice, ensuring seamless, joined up services which empower service users and challenge staff and providers to meet needs in increasingly person-centred and creative ways.

Managing risks
Our aim is to balance risk management alongside delivery of services that promote independence and empower people to take control of their health and social care needs. We will ensure that we talk openly about possible risks in relation to decisions that service users may make, and that there is an understanding of these risks. Ultimately, decisions will be made by the service user and this may mean that some people make decisions we would not have made.

We will never take responsibility away from someone unless we have a court order which determines that the person does not have capacity to manage their own affairs.

Social care providers
We will work with social care and support providers, including in-house services, to ensure service focus on outcomes and meeting needs in a way which maximises independence.

We will develop and commission community-based services which meet needs flexibly and address issues relating to social isolation. We will always ensure that services deliver value for money and will develop appropriate performance measures, focussed on outcomes.

With personal budgets for all in place from April 2015 onwards, and direct payments used where possible, we will shape the provider market to ensure that providers offer their service users choice and flexibility.

We will encourage providers to offer creative, innovative services, focussed on meeting needs with the least amount of formal care and support, while delivering identified outcomes, whether this is a user-led organisation, social enterprise or private business.

Measuring success
We will know we are successful in delivering the commitments we have detailed in this statement, through the following measures:

- **A reduction in the number of people we are directly supporting** through formal social care services and an increase in the numbers of people being helped in their communities;
- **An increase in the number of people living in their own homes for longer**,
- **An increased number of people recovering from an episode of poor health or illness** through the use of intensive 'enablement' or recovery programmes;
- **An increase in independence,** with people taking increasing control of managing their own health and care needs, through the use of direct payments

Joined Up Care and Support

Our ambition is that by 2018 we will have joined up and coordinated health and social care services for all adults in Lewisham. We want to explore ways to prevent unnecessary admissions to hospital, support people to help themselves and develop more of the services that people want in their local communities.

Lewisham Council and the NHS are committed to working jointly to improve people's health and wellbeing and their experience of care and support. The work is being led by Lewisham Council and Lewisham Clinical Commissioning Group (GPs with responsibilities for commissioning and monitoring local health services). We are working in partnership with Lewisham and Greenwich NHS Trust, South London and Maudsley NHS Foundation Trust and the voluntary sector.

Our goal is to make sure that people who use services are satisfied with the quality of care provided. Our work is on going with a range of providers and the Care Quality Commission, the regulator of care services, to ensure that we continue to improve the quality of care.

The Adult Integrated Care Programme builds on our success to date in joining up services across health and social care. For example, we have already brought together a number of services which support people to gain their independence following a hospital visit. The challenge now is to significantly increase the speed and scale at which we continue to join up health and social care, so more people benefit.

Our vision for joined up health and care in Lewisham:

'Better care, better health and stronger communities'

We aim to provide:

- Better health and wellbeing outcomes and reduced health inequalities.
- A positive experience of health and care for all adults in Lewisham
- Support for people to help themselves
- High quality and safe services
- More preventative activity.

Over the next 4 years we will will change the way that adult health and social care services are provided to deliver the following benefits:

What we are doing	What the benefit will be
Joining up health and social care services	You will find your way between services and support more easily, with a quicker response to your needs
Improving the quality of services	You will have a more positive experience and services will be safe
Sharing information between services in new and better ways	You will only need to tell your story once
Expanding the range of locally based services	You will have a greater choice of high quality services closer to your home
Delivering 7-day services	Services will be accessible and quick to respond to you when you need them
Helping people to find the right information and advice	You will be more able to help yourself
Making every pound count by reducing duplication and improving value for money	Money will be used to the best effect
Shifting the focus of services to early intervention	Your problems will be dealt with at an early stage to stop them from getting worse
Targeting support to vulnerable people, their families and carers	It will be easier for everyone to remain independent for longer

What do people think about the social care services they receive?

Every year we ask the people that use adult social care services to tell us what they think of the services we provide. Every two years we also ask carers to give us their views on our services.

Below is a summary of feedback received which continues to help us shape and improve our services.

People who use adult social care services	Carers
• 64% of people receiving services said they were extremely or very satisfied with their services. Comparing our results against 32 other London boroughs, puts Lewisham service users as the fourth most satisfied with their services.	• A third of carers were satisfied with the support they and their cared for person received. This compared with 43% nationally.
• People in Lewisham find it easier to find information about health and social care support, on average, than the rest of London. 77.4% of service users found it easy to find information compared to 75% average for the rest of London.	• 61% of carers found it easy to find information about health and social care compared with 90% nationally.
• 74.1% of service users felt they had control over their daily life. This is slightly lower than the national average (77%).	• Only 25% of carers felt they had enough control over their daily life, compared with 29% nationally.
• 85.1% of people said their services had helped them feel safe. This compares favourably with the national average of 79%.	• 79% of carers had no worries about their personal safety, in line with the rest of London, but lower than the national average of 85%.
• 44% of people have as much social contact with people as they want.	• 37% of carers felt they had enough social contact, in line with the rest of London, but below the national average of 42%.
• When we asked people to rate their overall quality of life, 46% of people felt it was good or great and nearly 72% felt it was alright or better. This is up on 55% in 2011.	• 20% of carers reported being able to spend their time as they wanted doing things they valued or enjoyed. This reflected the London and national average.

What have we achieved?

Area of support	What have we achieved?
Healthy living for all	• Delivered a new programme of 'Active Ageing' activities, to improve health and wellbeing. • Undertaken targeted health campaigns and work with GPs to improve health screening and immunisation rates. • A promotional campaign aimed at carers to raise awareness of carers' benefits and services.
Early intervention	• Joined together our information and advice service with the District Nurse Call Centre to build a single point of access for Health and Social Care. • Established joint Health and Social Care teams to deliver short term support to people to regain daily living skills and stay independent. • Introduced 'equipment prescriptions' which will give people choice on the type of small equipment they may need to achieve independence. People will be able to redeem equipment prescriptions locally through community pharmacies. • Established 'Community Connections' with voluntary sector partners to help reduce isolation and expand service available in the community. Over 500 people to date have been supported to access services in their local communities. • Supported innovative projects to engage people in new social activities, such as 'Meet me at the Albany'.

Targeted intervention	• Created new multi-agency Neighbourhood Community Teams to work with GPs to support people close to home. • Increased the use of direct payments which allow people to choose and purchase their own care. • Worked with local providers to ensure that any care services that we purchase (like homecare), will be based on the needs and agreed outcomes of the service user. • Created a carers' lead in each social care team to improve carer identification and assessments. • Engaged with stakeholders including carers and the voluntary sector to shape future services for carers. • Opened Conrad Court, a new, high quality Extra Care facility.
Complex care	• Reduced the number of people moving permanently into a residential type accommodation, by offering complex care packages in their own homes through Direct Payments and Personal Health Budgets.
Safeguarding	• Implemented an approach to safeguarding that puts the person at the centre of the process and recognises the importance of working towards the outcomes the person wishes to achieve. • Strengthened the Adult Safeguarding Board to meet the requirements of the Care Act.

Our improvement plan

Area of support:	We will:
Healthy living for all	• Develop an accessible and comprehensive website to improve access to information and advice. • Develop local health and social care providers to ensure people have a range of quality services to choose from, especially those arranging their own care via a direct payment. • Support more people to manage their care within their own homes. There are a variety of ways in which people can help to support themselves in their home environment; from simple adaptations that enable people to get around their house, such as rails and stair lifts, to more advanced equipment that helps meet complex needs. • Give people access to the information we hold on them – their support plans and statements of account and enable people to change or link up basic information such as addresses, GPs, family information and telephone numbers. • Support people who pay for their own care to access information including quality assurance information on providers of care. • Expand the Community Connections project to support more people to access activities and services in their local communities. • Improve outcomes for people receiving enablement, thus reducing the need for long term care.

Early intervention	• Identify people at risk of developing more complex health and care needs at an early stage. • Work with health partners to ensure clear and effective care pathways are in place for people with UTIs, falls and dementia. • Expand the Neighbourhood Community teams to include mental health professionals. • Ensure the Neighbourhood Community teams connect to community health services and wider primary care teams.
Targeted intervention	• Carers' assessments and whole family assessments in place. • Effective services to support discharge from hospital in place. • Strengthen the Admission Avoidance Service.
Complex care	• Establish new, quality extra care facilities. • Develop an adequate supply of quality specialist housing. • More people will be supported to control their end of life.
Safeguarding	• Improved awareness across the partnership. • Independent Chair for the safeguarding Board.

Further information

For more information on how you can help yourself or someone you care about to live a healthier life or manage a health condition, visit www.lewisham.gov.uk for a range of advice and information.

Lewisham Social Care Advice and Information Team (SCAIT) is the main way people can contact Lewisham Adult Social Care either about themselves or someone else.

At no charge to you, SCAIT can:

- provide information, advice and guidance on a broad range of services in your community;
- talk to you about your needs and tell you whether or not adult social care services can help you; and
- direct you to where you can find support to help you lead an independent and fulfilling life, for example:
    - intensive short-term support given in a person's home;
    - local voluntary and community organisations; and/or
    - equipment and minor adaptations such as raised toilet seats, grab rails and stair rails.

Business hours are: Monday to Friday 9am–5pm.
Telephone: 020 8314 7777
Email: SCAIT@lewisham.gov.uk
Fax: 020 8314 3012 or 020 8314 3014

For urgent enquiries outside of these times, please call the Council's main telephone number on 020 8314 6000.

AccessPoint is Lewisham Council's information point and is located in Laurence House, Catford, SE6 4RU. It can help you with a range of information, advice and help. You can get help to access a wide range of services including housing and council tax benefits, education, Blue Badges and Freedom Passes.

If you want to complain about a social care service in Lewisham you can feedback online to:
https://feedback.lewisham.gov.uk/cus/servlet/auth.Login
email: **community.services@lewisham.gov.uk**

call the manager of the service to discuss your concerns or 020 8314 8660.

Write to: Community Services Customer Relations Team
Fifth floor Laurence House
Catford
London
SE6 4RU

We welcome your feedback on how to improve our Local Account and make it as useful as possible. You can give us your views in a number of ways:

Email	AICP@lewisham.gov.uk
Write	Community Services Policy Team 5th Floor, Laurence House Catford, SE6 4RU
Telephone	020 8314 9579

Appendix 1: How do we compare nationally (key performance indicators)

Lewisham Adult Social Performance Measure	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	Target 2013-2014	Target 2014-2015	National 2013-2014	Comparator London Boroughs 2013-2014	Did we do better than last year?
Enhancing quality of life for people with care and support needs	N/A	17.7	17.9	18.3	18.6	19.0	19.0	19	18.4	☺
The percentage of people who use services who have control over their daily life	N/A	67.5	67.6	72.9	74.1	75.0	75.0	76.8	70.8	☺
The percentage of people using social care who receive self-directed support	10.6	35.2	32.6	55.5	69.4	70.0	70.0	61.9	70.4	☺
The percentage of people using social care who receive direct payments	10.6	13.5	18.6	17.9	15.9	19.0	19.0	19.1	21.6	☹
Carer-reported quality of life	N/A	N/A	N/A	7.6	N/A	N/A	8.0	N/A	N/A	
The percentage of adults with learning disabilities in paid employment	6.8	7.1	9.9	10.6	9.9	10.6	10.0	6.7	6.9	☹
The percentage of adults in contact with secondary mental health services in paid employment	4.1	5.3	4.8	4.0	3.7	5.0	5.0	7.0	5.2	☹
The percentage of adults with learning disabilities who live in their own home or with their family	73.9	56.4	78.1	79.4	79.4	80.0	80.0	74.9	71.4	😐
The percentage of adults in contact with secondary mental health services living independently with or without support	47.1	69.1	68.5	75.3	69.8	76.0	76.0	60.8	79.7	☹

Lewisham Adult Social Performance Measure	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	Target 2013-2014	Target 2014-2015	National 2013-2014	Comparator London Boroughs 2013-2014	Did we do better than last year?
The percentage of people reporting enough social contact	N/A	37.8	42.4	42.1	39.9	N/A	43.0	44.5	41.0	☹
Permanent admissions by younger adults to residential and nursing care homes, per 100,000 population	11.5	9.3	13.4	11.6	13.4	11.0	11.0	14.4	8.5	☹
Permanent admissions by older adults to residential and nursing care homes, per 100,000 population	931.2	854.3	560.7	612.9	519.8	550.0	549.4	650.6	486.5	☺
The percentage of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services.	88.2	88.6	89.4	86.5	86.9	87.0	88.0	82.5	88.8	☺
The percentage of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services as The percentage of all hospital discharges 65+	N/A	N/A	2.6	3.4	4.1	4.5	4.5	3.3	4.6	☺
Delayed transfers of care from hospital per 100,000 population	4.6	3.1	3.0	4.8	4.6	4.0	4.5	9.6	6.8	☺
Delayed transfers of care from hospital which are attributable to adult social care per 100,000 population	1.0	0.7	0.5	1.5	2.1	0.7	1.5	3.1	2.2	☹
Overall satisfaction of people who use services with their care and support	N/A	54.9	56.9	64.9	63.5	65.0	65.0	64.8	59.2	☹
Overall satisfaction of carers with social services	N/A	N/A	N/A	33.5	N/A	N/A	36.0	N/A	N/A	

Lewisham Adult Social Performance Measure	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	Target 2013-2014	Target 2014-2015	National 2013-2014	Comparator London Boroughs 2013-2014	Did we do better than last year?
The percentage of carers who report that they have been included or consulted in discussion about the person they care for	N/A	N/A	N/A	66.1	N/A	N/A	70.0	N/A	N/A	
The percentage of people who use services and carers who find it easy to find information about services	N/A	71.9	73.7	68.3	77.4	71.0	71.0	74.5	71.8	
The percentage of people who use services who feel safe	N/A	52.7	55.6	59.8	64.5	65.0	65.0	66.0	63.3	
The percentage of people who use services who say that those services have made them feel safe and secure	N/A	N/A	86	83.3	85.1	85.0	85.0	79.1	78.1	
The percentage of people who received a service who were reviewed in the period	74.7	62.0	64.4	77.9	70.7	90.0	70.0	66.6	69.8	

INFORMATION ITEM: B

HEALTH AND WELLBEING BOARD				
Report Title	Findings from the second Lewisham Mental Health Conference			
Contributors	Mark Drinkwater, Voluntary Action Lewisham Tony Nickson, Voluntary Action Lewisham		Information item	B
Class	Part 1	Date:	20 January 2015	
Strategic Context	Improving mental health and wellbeing is one of the Lewisham Health and Wellbeing Strategy's key priorities.			
Pathway	This item was proposed at the Health and Wellbeing agenda planning meeting. It has not been presented to any other partnership board meetings.			

1. Purpose

1.1 This report provides members of the Health and Wellbeing Board with an update on the second Lewisham Mental Health Conference.

2. Recommendation

Members of the Health and Wellbeing Board are recommended to:

2.1 Note the content of the evaluation report on the Lewisham Mental Health Conference.

3. Policy Context

3.1 The aim of the Mental Health Conference is to promote opportunities for local mental health providers to share ideas and to work closer together. Improving mental health and wellbeing is one of the Lewisham Health and Wellbeing Strategy's key priorities.

4. Background information

4.1 In 2013 three Lewisham charities organised the inaugural voluntary sector mental health conference. This event was sponsored by Quo Vadis Trust and Equinox Care, and supported by Voluntary Action Lewisham. A number of collaborative initiatives were set up following feedback from delegates at the first conference. These included: Lewisham Mental Health Connection - a monthly network meeting where organisations could share information and plan collaborative initiatives; and Meet-up - an online discussion group for organisations to share ideas in between meetings.

5. 2014 Conference and Evaluation Report

5.1 In September 2014, Quo Vadis Trust, Equinox Care and Voluntary Action Lewisham held a second mental health conference to update over 100 delegates on the progress made since the first event. The conference report (attached as Appendix 1) outlines the key findings from this year's conference.

5.2 It is anticipated that a third mental health conference will take place in 2015. Between now and then the Lewisham Mental Health Connection (LMHC) will continue to meet on a monthly basis with a view to taking forward the short and long term visions outlined in the report.

5.3 The short term vision includes:

- A borough wide Lewisham mental health day
- Increased Black and Minority Ethnic (BME) representation looking at over-representation of BME groups in hospital
- More faith groups to be included in discussions on mental health

5.4 The long term vision includes:

- Holistic multi-use centre for Lewisham
- A mental health manifesto for Lewisham
- Directory of Services building on our resources
- Telephone service

6. Financial implications

6.1 None.

7. Legal implications

7.1 None.

8. Crime and Disorder Implications

8.1 None.

9. Equalities Implications

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

10. Environmental Implications

10.1 None

11. Conclusion

11.1 The conference report sets out the key findings from the second mental health conference. It highlights the mental health projects achieved

since the first conference and illustrates the importance of the collaborative working.

Background Documents

Appendix 1: Lewisham Mental Health Conference 2014 Evaluation

If there are any queries on this report please contact Mark Drinkwater, Health Inequalities and Social Care Officer, Voluntary Action Lewisham, on 020 8314 9841 or by email at mark@valewisham.org.uk.

Conference evaluation: December 2014

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014

The Lewisham Mental Health Conference 2014 on 11th September 2014 was co-sponsored by Equinox Care and Quo Vadis Trust, supported by Voluntary Action Lewisham. The conference theme was connect, collaborate, celebrate.

Conference aims:

- **strenghten the connections** made at the 2013 conference to encourage further collaboration in 2014 and beyond

- **highlight collaborative mental health projects** achieved in 2013-14 (including the **Lewisham Mental Health Connection**, an outcome of the 2013 conference)

- **celebrate achievements and insights** of Lewisham mental health providers and service users in the voluntary sector.

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE – MORNING SESSION

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – attendance

118 delegates attended this conference across the day from the voluntary, charity and statutory sector, including service users.

118 evaluation forms were distributed to delegates to complete – **46** completed forms were received back.

Here is what you said….

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – general feedback

What did you enjoy most about today?

- *"Networking with other organisations and I was able to make suggestions about what seems lacking to prevent mental ill health"*
- *"The large numbers of interesting workshops and speakers."*
- *"The knowledge I gained and the participants I met."*

What did you learn today that was useful for you?

- *"Ideas and innovations about how to improve Lewisham mental health needs"*
- *"The collective efforts being made to promote, support and inspire others"*
- *"How best to share your story!"*
- *"Ways of preventing mental health problems and support available in Lewisham."*

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – general feedback

What other specific comments do you have?

- *"Very useful for boroughs to start working together to provide more effective services, by pooling resources to deliver more knowledgeable and personalised services"*
- *"The conference was very educative, well organized."*
- *"It would be nice to have even more people talking about what organisations can provide."*
- *"Lots of language was of the "them & us" variety. We all have mental health; some have mental ill health. Ask more expert patients."*
- *"Very informative. Interested in presentations to smaller groups."*
- *"I am interested in using this in helping people with disabled children."*
- *"Very well done. Very interesting."*
- *"Food was nice and I liked the people who provided the food service."*
- *"More healthy choices in the food."*

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE – delegates

LEWISHAM MENTAL HEALTH CONFERENCE – delegates

LEWISHAM MENTAL HEALTH CONFERENCE – delegates

LEWISHAM MENTAL HEALTH CONFERENCE – lunch

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – general feedback about speakers and Q&A

- *"All of the speakers were of equal interest to me, as I need to understand more fully what is happening in Lewisham about mental health."*
- *"I learnt something from all the speakers, including the background of where each and every speaker comes from."*
- *"You need to have representation on your main panel from BME groups."*
- *"I would have liked more time for the Q&A"*
- *"Lots of ideas came up about prevention & stigma"*

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – feedback about specific speakers and Q&A

- "*Tony Nickson presented his case well"*
- *"I found David's speech interesting. He spoke about how language is important in mental health; staff approach with service users can make a difference"*
- *"David Robinson emphasised the importance of early intervention."*
- *"I particularly found David Robinson's talk interesting as he made me aware of some new ways to consider our work."*
- *"Dr Pamela Martin's perspective and role was interesting to learn about"*
- *"Dr Pamela Martin was very relevant."*

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE – Tony Nickson, VAL

LEWISHAM MENTAL HEALTH CONFERENCE – David Robinson OBE, Community Links

LEWISHAM MENTAL HEALTH CONFERENCE – Dr Pam Martin, GP & Lewisham CCG

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – feedback about specific speakers and Q&A

- *"Dr Sikorski talked about working together to help people recover which I think is really good"*
- *"Yes very informative. Dr J Sikorski – he used to be my GP years ago, wonderful GP"*
- *"The Recovery College particularly was inspiring as was the audience feedback to it."*
- *"SLAM Recovery College speakers were truly inspirational"*
- *"I did like the idea of SLAM Recovery College delivering courses put together by professionals in conjunction with service users with lived experiences. Very important to have clients empowered to deliver training."*

LEWISHAM MENTAL HEALTH CONFERENCE – Dr Jim Sikorski, Sydenham Garden & CCG

LEWISHAM MENTAL HEALTH CONFERENCE – Kirsty Giles, SLAM Recovery College

LEWISHAM MENTAL HEALTH CONFERENCE – Tony Holmes, SLAM Recovery College

LEWISHAM MENTAL HEALTH CONFERENCE – afternoon session

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

USING SOCIAL MEDIA TO TELL STORIES & REACH PEOPLE – 23 PARTICIPANTS

FACILITATOR: Mark Brown: Social Spider CIC, Editor of One in Four magazine
Twitter: @markoneinfour

FACILITATOR SUMMARY: Social media is an increasingly important part of the way in which change happens. Lived experience can be one of the strongest tools in influencing people's ideas and actions about mental health, but how do you use your own story to the greatest impact? How do you make sure you don't share too much or burn out?

As a tool for activists, individuals and organisations, social media can bring people together, bring stories to public attention and hold bodies to account. But where do you start?

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

SocialSpider

USING SOCIAL MEDIA TO TELL STORIES & REACH PEOPLE
PARTICIPANT LEARNING POINTS:

- *"Tell the right stories in the right place for maximum effect."*
- *"Know your audience. Define the required effect and goal. Work out what the most powerful part of your story is, don't say (or be persuaded to say) anything you don't want say.*
- *"Give people an opportunity to agree with you, sharing a story is like giving a gift - what do you want in return, give things that can be touched and felt, remember it's your story - build whatever you like from it."*

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

SocialSpider

USING SOCIAL MEDIA TO TELL STORIES & REACH PEOPLE
PARTICIPANT LEARNING POINTS:

- *"Social media is about stories and interaction."*
- *"Make sure you have a clear message and know how you want people to respond to it."*
- *"Define your audience properly - not just 'the community'"*
- *"Blogs are a way to tell a constantly changing, developing story"*
- *"Twitter is based on interaction and replies -this can be challenging if your post is controversial"*
- *"Authenticity is important on social media."*
- *"Who does social media well? - Young Minds is a good example."*

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

SocialSpider

USING SOCIAL MEDIA TO TELL STORIES & REACH PEOPLE
PARTICIPANT GENERAL FEEDBACK:

- *"I now know the meaning of social media"*
- *"Very informative. I learnt a few things about sharing my experiences about being in the mental health system"*
- *"I wanted a bit more participation"*
- *"Mark Brown gave an excellent presentation of what social media is and the benefits of using it"*

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

RELAXATION WORKSHOP, IAPT
Lewisham Service

South London and Maudsley NHS
NHS Foundation Trust

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

South London and Maudsley NHS
NHS Foundation Trust

RELAXATION WORKSHOP, IAPT Lewisham Service – 20 PARTICIPANTS

FACILITATORS: Nimo Omer and Natalie Mills: Psychological Wellbeing Practitioners

FACILITATOR SUMMARY: Healthy living is a matter of balance. Relaxation is part of the balancing process alongside other aspects of your lifestyle such as what you eat, your physical activity and how you handle stress. This workshop will help you to understand why relaxation is helpful and how you can prepare yourself for effective relaxation. You will be introduced to guidelines for undertaking any relaxation strategy. You will learn how to relax using the Progressive Muscular Relaxation Technique, mental exercises using imagery, and controlled breathing techniques.

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

South London and Maudsley NHS
NHS Foundation Trust

RELAXATION WORKSHOP - IAPT Lewisham Service
PARTICIPANT LEARNING POINTS/ GENERAL FEEDBACK:

- *"It was nice going through a relaxation session and I will sell it to our clients"*
- *"Very important point about stress & pain responses & relaxation benefits the body/ mind & productivity/work"*
- *"Exercise was very good"*
- *"My questions were well addressed and I was lucky to have the manager's email for a better networking relationship. Some more literature would have been nice"*
- *"Facilitators were very open to listen to people's views and it felt easy asking questions"*

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

FIVE WAYS TO WELLBEING: IMPROVING MENTAL WELLBEING IN LEWISHAM – 28 PARTICIPANTS

FACILITATOR: Mark Drinkwater, Health Inequalities & Social Care Officer, VAL

FACILITATOR SUMMARY: This interactive workshop explores the Five Ways to Wellbeing, established by the New Economics Foundation in 2008. Since then, councils, NHS and charities have used them to promote better mental health. The Five Ways help maintain positive mental health to overall population wellbeing as well as those with significant mental health problems. This introductory workshop is aimed at staff and service users who are new to the evidence-based techniques in the Five Ways to Wellbeing. It will give delegates ideas about maintaining their own mental health and those that they work with in Lewisham. Delegates will be able to actively participate in a series of exercises that will help them understand the evidence-based research that informs the Five Ways to Wellbeing

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

VAL

FIVE WAYS TO WELLBEING: IMPROVING MENTAL WELLBEING IN LEWISHAM
PARTICIPANT LEARNING POINTS:

"There was an explanation of the five actions that individuals can incorporate into their day-to-day lives that are important to maintaining wellbeing. The five actions described were:

- ***Give** – doing something for a friend or a stranger. Volunteering at a local charity.*
- ***Keep learning** – Trying something new. Such as signing up for an evening course or learning a musical instrument.*
- ***Take notice** – noticing the remarkable in your environment, savouring the moment – and reflecting on your experiences will help you appreciate what matters to you.*
- ***Connect** - connecting with those around you: your colleagues, family, friends, neighbours.*
- ***Be active** – going for a walk in your lunch break, gardening, swimming, setting up a running club."*

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

VAL

FIVE WAYS TO WELLBEING: IMPROVING MENTAL WELLBEING IN LEWISHAM
PARTICIPANT LEARNING POINTS:

"In pairs, participants explored each of the Five Ways, identifying the opportunities in Lewisham for themselves and their services to engage in Five Ways to Wellbeing activities. Participants reported the session had informed them about maintaining their own mental health and those that they work with in Lewisham."

"Feedback at the end of the session indicated that they would like to learn even more about the Five Ways to Wellbeing. Workshop participants were told they would be contacted about how they can learn more and how they can join the Lewisham Five Ways to Wellbeing Network that has just been set up by Mark at Voluntary Action Lewisham."

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

VAL

FIVE WAYS TO WELLBEING: IMPROVING MENTAL WELLBEING IN LEWISHAM
PARTICIPANT GENERAL FEEDBACK

"Mark demonstrated how easy it is to energise and improve the mood of the room with a simple and hilarious exercise."

"The workshop was fun and engaging and accessible to professionals and clients and a useful introduction to the subject."

"This is something that could fairly easily be introduced to staff and could become a useful support tool to help clients improve their wellbeing. I'd certainly like to get more info on it, but it's a very simple idea which anyone could implement in their own lives or when supporting others."

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

VAL

FIVE WAYS TO WELLBEING: IMPROVING MENTAL WELLBEING IN LEWISHAM
PARTICIPANT GENERAL FEEDBACK

"As a workshop it was interesting and enjoyable. Everyone was chatty and energized by the end and it led to some good networking in the break."

"Very interactive & enjoyable"

"Excellent and interesting."

"The perfect workshop. I couldn't fault it, except wish it had continued to get all the info. Great facilitator."

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

THE SAMARITANS CONNECTION - 8 PARTICIPANTS

FACILITATORS: Alice, Deputy Director for Ongoing Training & a Samaritan
Precious, Community Outreach Manager, Lewisham Greenwich & Southwark Samaritans

FACILITATOR SUMMARY: The Samaritans service is available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress, despair or suicidal thoughts. The Samaritans Connection is a relaxed, discussion based workshop, in which you will:

- discover some things that are true and some things that are false about the Samaritans charity
- create and share with others some imagined caller profiles
- have interesting and respectful discussions about who contacts Samaritans and why; and how Samaritans works with people.

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

THE SAMARITANS CONNECTION
PARTICIPANT LEARNING POINTS:

"I attended the Samaritans workshop. It took the form of 10 questions about the Samaritans which we had to answer. The 10 questions asked such things as whether the Samaritans can call back a caller and how confidential and anonymous is the call etc."

"We found there were a lot of misconceptions about how the Samaritans work."

"They rely on absolute anonymity and confidentiality. They do not talk just to people who are suicidal. They are not a Christian organisation. Critically, they are a listening service rather than an advice service ie they do not seek to influence the caller but merely to help the caller express their feeling/ emotions because that often helps them to relive the tensions and stress which the caller is feeling."

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

THE SAMARITANS CONNECTION
PARTICIPANT GENERAL FEEDBACK:

"Very good."

"Could have talked much longer. Needed more time to cover everything in depth"

"I certainly have a different view of Samaritans and what they do now."

"Very Interesting session."

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

HEADSTART LEWISHAM: IMPROVING EMOTIONAL WELLBEING & MENTAL HEALTH IN YOUNG PEOPLE - 17 PARTICIPANTS

FACILITATORS: Ruth Hutt: Consultant in Public Health, London Borough of Lewisham
Sam Bennett: Acting Consultant in Public Health, London Borough of Lewisham

FACILITATOR SUMMARY: This is an opportunity to explore concepts of wellbeing and how we can build resilience, protect and promote mental health amongst young people in order to develop the HeadStart proposal for Big Lottery in 2015.

This workshop will review the research evidence of what works, and provide an update on the projects being delivered as part of the HeadStart programme from September 2014.

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

HEADSTART LEWISHAM: IMPROVING EMOTIONAL WELLBEING & MENTAL HEALTH IN YOUNG PEOPLE – PARTICIPANT LEARNING POINTS:

"After the presentation, participants worked in two groups to discuss the questions

- *How does your organisation come into contact with young people (in the target age range 10-14) and their families?*
- *How do you support the resilience and wellbeing of young people?*
- *Are there ways we could work together to contribute to the HeadStart outcomes?*

The attendees of the workshop were asked to write on a diagram of the chronosystem the interactions they have with people that could an impact on the wellbeing of 10-14 year olds. It became clear that all the organisations who attended have numerous contacts at all the different levels of the system which could impact on young people's wellbeing. The facilitators will continue to work with the voluntary and community sector to develop a community HeadStart offer."

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

HEADSTART LEWISHAM: IMPROVING EMOTIONAL WELLBEING & MENTAL HEALTH IN YOUNG PEOPLE – PARTICIPANT GENERAL FEEDBACK:

"Very enjoyable."

"Educative"

"I thought that the facilitators were well versed in the subject matter."

"The opportunity for the group to learn from each other was a bit lost as the group was split in two."

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

LEWISHAM MIND PEER SUPPORT: MINDFULNESS FOR WELLBEING - 16 PARTICIPANTS

FACILITATORS: Smita Patel: Lewisham Mind Peer Support Coordinator
Jackie Smith: Lewisham Mind Peer Support Volunteer
Bromley & Lewisham Mind service users

FACILITATOR SUMMARY: This workshop run by the Bromley & Lewisham Mind Peer Support team was an informative and practical session on mindfulness with the chance to share how individuals felt after experiencing this breathing technique. Mindfulness is a practice that can help to lower anxiety and stress by encouraging an acceptance of difficult or distressing thoughts, feelings and emotions, with the knowledge that they will soon pass. Focusing on the breath makes us more aware of what is actually happening in our body. Being more present in our body can allow breathing space from negative thinking or behaviours.

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

LEWISHAM MIND PEER SUPPORT: MINDFULNESS FOR WELLBEING
PARTICIPANT LEARNING POINTS:

"The workshop began with a brief introduction to the Mind Peer Support Programme and then there was the first Mindfulness exercise, which was led by one of the Peer Support Volunteers."

"Mindfulness is a technique based on Buddhist meditation but without the religion or spiritual overtones. It encourages the participant to focus on their internal physical and emotional sensations and to accept and acknowledge these without judging whether they are good or bad and to encourage kindness to oneself. It uses physical stillness and breathing techniques to focus the mind on the immediate feelings."

"Afterwards participants were left feeling much calmer and more relaxed than at the beginning."

Quo Vadis Trust: www.qvt.org.uk
Equinox Care: www.equinoxcare.org.uk
VAL: www.valewisham.org.uk

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

LEWISHAM MIND PEER SUPPORT: MINDFULNESS FOR WELLBEING
PARTICIPANT GENERAL FEEDBACK:

"It was an extremely relaxing session."

"The workshop was accessible to all and was a useful taster to a technique that many may not have encountered before."

"I could see this being very helpful to both clients and staff; in particular it would be a useful way to manage stress or anxiety."

"I would have liked more time for this session."

"According to the facilitator, mindfulness also works well as a pain management technique."

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LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

LAMBETH, SOUTHWARK & LEWISHAM PATHWAYS TO EMPLOYMENT – 11 PARTICIPANTS

FACILITATORS: Kamal Motalib: Lead Commissioner for Growth Employment and Skills, London Borough of Lambeth
Rahul Rana: Pathways to Employment, Lewisham Council

FACILITATOR SUMMARY: The three boroughs are working together to create a more person-centred approach to employment support, focusing on citizens with complex needs. We have identified citizens with low level mental health needs as a priority group and have designed a pathway to support this group into employment. This workshop will provide more information on this approach and will invite attendees to ask questions, provide feedback and explore possible collaborative working and discuss what steps need to be taken to ensure the programme can succeed.

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

LAMBETH, SOUTHWARK & LEWISHAM PATHWAYS TO EMPLOYMENT
PARTICIPANT LEARNING POINTS:

What works about current employment support for people with mental health needs?

- *Some good advocacy services available*
- *Supported employment can work*
- *Some organisations are employing their own clients, which is good*
- *Voluntary opportunities are available & build confidence*
- *Improving amount & quality of support is definitely on the agenda*

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LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

LAMBETH, SOUTHWARK & LEWISHAM PATHWAYS TO EMPLOYMENT
PARTICIPANT LEARNING POINTS:

What doesn't work about current employment support for people with mental health needs?

- *Service users can experience confusion over what happens to benefits (JSA, Housing Benefit, ESA, DLA etc) when they start work and sometimes people relapse. Ongoing support needed.*
- *People get trapped in a cycle if in supported housing. No stable address.*
- *Service user comment – currently looking for jobs; problems of medication, unemployed since 1989. Age concern, queries over type of jobs available to him, irrespective of education.*

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LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

LAMBETH, SOUTHWARK & LEWISHAM PATHWAYS TO EMPLOYMENT
PARTICIPANT LEARNING POINTS:

What doesn't work about current employment support for people with mental health needs?

- *Service users can feel completely unsupported and very pressured into finding work.*
- *Lack of support at JCP + Job club*
- *Work Programs from the JCP are unsuitable/inaccessible to people on the autistic spectrum.*
- *Stigma – can be difficult to get employed.*

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LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

LAMBETH, SOUTHWARK & LEWISHAM PATHWAYS TO EMPLOYMENT
PARTICIPANT GENERAL FEEDBACK:

- *"This is a good personalised approach to helping clients into an employment action plan"*
- *"It's a pilot scheme kicking off in October but it will be interesting to work with this group"*
- *"Acknowledged that key workers need to be trained to be more person-centred and need to be chosen because of empathy and involvement"*

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MENTAL HEALTH FUTURE VISION; WHAT SUCCESS WILL LOOK LIKE

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

MENTAL HEALTH FUTURE VISION; WHAT SUCCESS WILL LOOK LIKE – 20 PARTICIPANTS

FACILITATOR: Gary Davis: Community Engagement Officer at Healthwatch Lewisham, with a priority for mental health (Gary is now the Development Officer for the Lewisham Mental Health Connection)

FACILITATOR SUMMARY: Building on the findings of Healthwatch Lewisham's recent reference group meeting, this workshop will present the main items, which act as a basis of what successful mental health services could be within 5 years.
Come and share your ideas and views on mental health provision in Lewisham and the future of mental health in the borough. Workshop participants will contribute to a letter to commissioners, written during the workshop session, requesting to achieve the suggestions made.

LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

healthwatch Lewisham

MENTAL HEALTH FUTURE VISION; WHAT SUCCESS WILL LOOK LIKE
PARTICIPANT LEARNING POINTS:

The workshop considered what success looks like in 3 – 5 years' time. The facilitator presented the summarised findings from a Healthwatch event on the future of mental health provision in Lewisham divided into the following topics:

- Awareness; Information; Continuing Support; Referrals; Prevention; Carers; Staffing / Training; Collaboration/ Partnerships /Cooperation

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LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

healthwatch Lewisham

MENTAL HEALTH FUTURE VISION; WHAT SUCCESS WILL LOOK LIKE
PARTICIPANT LEARNING POINTS:

Three groups were then tasked with writing a wish list

Group 1 concentrated on the needs of Carers

- Arrange consultation meetings between carers and commissioners facilitated by Carers Lewisham.
- Raise the public's awareness of being a carer using carers themselves
- More support and increased funding for support groups.
- Talking therapies for carers, support groups and peer mentoring
- One stop shop
- 24 hr telephone support
- Increase the capacity of Carers Lewisham...

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LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

healthwatch Lewisham

MENTAL HEALTH FUTURE VISION; WHAT SUCCESS WILL LOOK LIKE
PARTICIPANT LEARNING POINTS:

Group 2 concentrated on the needs of young people

- Find ways to involve young people
- Start as early as possible in the classroom
- Promote more discussion, more openness, more honesty & provide support groups
- Remove taboo surrounding mental health
- Provide places for people to go to talk about their feelings
- Provide opportunities to speak to professionals but not in a professional setting
- Create an online directory enabling people to choose appropriate services based on their need from crisis to less critical support
- Prevent falling back after attending programmes, requires an easier way to get back into the system without having to wait say 6 months…

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LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

healthwatch Lewisham

MENTAL HEALTH FUTURE VISION; WHAT SUCCESS WILL LOOK LIKE
PARTICIPANT LEARNING POINTS:

Group 3 concentrated on Support for staff and general issues.

- Encourage relaxation, well being, provide support to workers
- Encourage and foster openness and an environment where a person can admit to having problems.
- Make counselling, mindfulness and open group work discussions available
- Promote wellbeing in the work place
- Create a drop in centre providing information but not necessarily professionally led.
- Proactive approach at GP level (before Crisis)
- Easier and quicker access back into setup or step down (self referral)
- More publicity and information available to the general public

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LEWISHAM MENTAL HEALTH CONFERENCE 2014 – workshop feedback

MENTAL HEALTH FUTURE VISION; WHAT SUCCESS WILL LOOK LIKE
PARTICIPANT GENERAL FEEDBACK

- *"Useful & engaging."*
- *"As it was an 80% interactive workshop, it was what we put into it"*
- *"I found this to be a very productive use of my time"*
- *"I liked the way we had a blank canvas to choose what services we think are needed within the borough"*
- *"Clear, interesting, meaningful, outcomes to commissioner"*
- *"Interactive group work was enjoyable and recommend this approach is maintained"*
- *"Great facilitator who listened."*

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LEWISHAM MENTAL HEALTH CONFERENCE 2014 –conference future vision

Conference 2014 feedback on future vision

SHORT TERM VISION

- **A Lewisham mental health day, borough wide** – promoting wellbeing *(it was mentioned that this is already being done)*
- **BME representation** for next year and discussion in the short term too (*specifically focusing on the problem of over representation of BME groups in hospital….8 times higher admission rates than non BME)*
- Discuss **finances & mental health**
- **Input from ex offenders** with mental health problems
- Contact with **churches/mosques** etc to be included in discussion
- **Gardening projects**: sharing resources & working together across Lewisham

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LEWISHAM MENTAL HEALTH CONFERENCE 2014 –conference future vision

Conference 2014 feedback on future vision

LONG TERM VISION

- **Holistic multicentre** for Lewisham
- **A mental health manifesto** for Lewisham
- **Directory of all services** for Lewisham (Council has the pink paper) – Bromley & Lewisham Mind have now launched their directory
- **Telephone service**

Conference delegates notes these good services and initiatives

- **Bromley by Bow**
- **London Bridge Dragon Café**
- **Time to change pledge**

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JOIN THE LEWISHAM MENTAL HEALTH CONNECTION

www.meetup.com/lewisham-mental-health-connection

All welcome: clients/ service users, professionals, family members & carers. Help us plan & deliver collaborative events and activities for better mental health in Lewisham.

Quo Vadis Trust: www.qvt.org.uk
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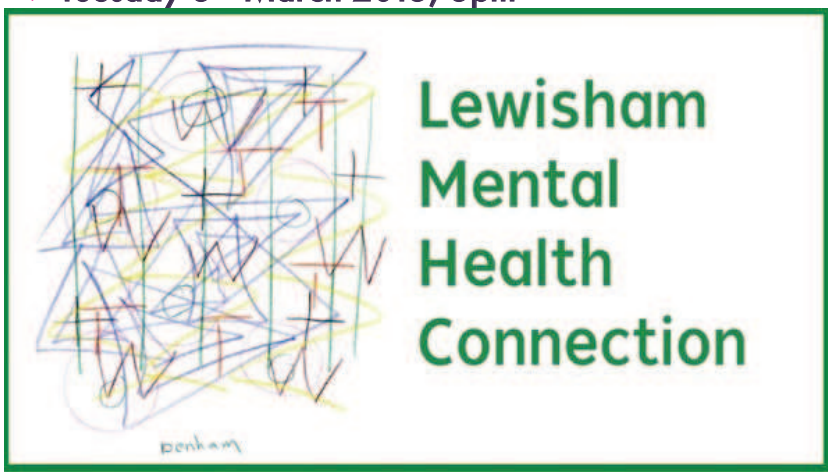
LEWISHAM MENTAL HEALTH CONNECTION

www.meetup.com/lewisham-mental-health-connection

Upcoming LMHC Meetup dates (full details online):

- Tuesday 6th January 2015, 3pm
- Tuesday 3rd February 2015, 3pm
- Tuesday 3rd March 2015, 3pm



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CHRISTMAS PARTY !!

Get your glad rags on, bring your Christmas spirit - it's time to party with Lewisham Mental Health Connection!

THURSDAY 18th DECEMBER, 2pm to 6pm
St Mary's Centre, Ladywell Road, Ladywell SE13 7UW

DJ, dancing, delicious buffet, animal therapy, relaxation therapies, mindfulness, stalls & sacks full of Christmas cheer ☺ ☺ ☺

Contact Charlotte on 07761 235 485 or c.tarrant@qvt.org.uk for more info

Thank you

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INFORMATION ITEM: C

HEALTH AND WELLBEING BOARD				
Report Title	Healthwatch – Performance Update and Recommissioning of Service 2015			
Contributors	Head of Strategy, Improvement and Partnerships		Information Item number	C
Class	Part 1	Date:	20 January 2015	
Strategic Context	Please see body of the report			
Pathway	The Health and Wellbeing Board considered a report on the performance of Healthwatch in January 2014. The Healthwatch Annual Report was presented to the Health and Wellbeing Board on 3 July 2014.			

1. Purpose

1.1 This report presents members of the Health and Wellbeing Board with an update on the performance of Healthwatch. It also updates members on activity undertaken to secure a service provider for 2015.

2. Recommendation/s

2.1 Members of the Health and Wellbeing Board are recommended to:

- Note the progress against agreed targets and action taken to improve performance.
- Note the activity undertaken to secure a service provider for 2015.

3. Policy Context

3.1 The Health and Social Care Act (2012) introduced significant changes to the provision of advice, signposting and advocacy within health and care settings. Healthwatch England was established in October 2012 to provide a national consumer champion for users of health and care services. Healthwatch England has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.

3.2 From April 2013, local authorities were required to establish a local Healthwatch organisation to replace Local Involvement Networks (LINks). The main role of Healthwatch is to:

- signpost people to local health and social care services
- collect and analyse the experiences that people have of local care to help shape local services
- feed views and any recommendations to Healthwatch England to act on at a national level.

3.3 The Council is committed to improving the health and wellbeing of citizens in Lewisham. Healthwatch will support the Council to deliver the following key objectives of *Shaping our Future – Lewisham's Sustainable Community Strategy*:

- '*Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and wellbeing'.*
- '*Empowered and responsible – where people can be actively involved in their local area and contribute to supportive communities.'*

4. Background

4.1 The tender process for the Healthwatch service was undertaken in November and December 2012. Voluntary Action Lewisham (VAL) was awarded the contract commencing 1 April 2013 for two years with the option to extend for one further year.

4.2 An initial progress report was considered by the Health and Wellbeing Board in January 2014.

5. Performance Review

5.1 A performance monitoring framework was established at the start of the contract. It was agreed that formal reviews of Lewisham Healthwatch would take place on a quarterly basis starting at the end of the second quarter. The Lewisham officer responsible for monitoring the Healthwatch contract has met with the Healthwatch Manager on a regular basis since the contract commenced.

5.2 Lewisham Healthwatch reported key challenges during the first 18 months of the contract, relating to governance arrangements and the appointment of a chair, as well as the recruitment and retention of staff.

5.3 Following the first performance review in the second quarter of Healthwatch Lewisham's operation, an improvement plan was developed, which addressed a number of areas where performance was not satisfactory. This has been monitored and updated regularly.

5.4 In some areas, significant progress has been made to address the actions within the improvement plan, including:

- Addressing governance issues by appointing a chair and establishing a reference group (new chair appointed August 2014)
- Publication of an Annual Report
- Developing a volunteer action plan
- Planning the approach to implementing 'enter and view' visits and developing a programme of joint projects with neighbouring boroughs
- Increased community engagement and attendance at events, including collaboration with the Lewisham Home Library Service to visit frail elderly people in their own homes
- Recruitment of volunteers, with 10 regular volunteers and 6 others who engage less frequently

- Production of a protocol for working with statutory partners, establishing a more formal arrangement and ensuring all parties understand the process when commissioning work from Healthwatch

5.5 In addition, areas of Healthwatch Lewisham's work have been recognised nationally as demonstrating good practice: The Healthwatch England Conference in July 2014 awarded Healthwatch Lewisham awards for both collaborative working with South East London Healthwatch partners and for outstanding volunteering.

5.6 Recent monitoring showed that Healthwatch are starting to have an impact on service improvements – notably, prompting reviews of district nursing and service changes within SLAM, however, there remains a need to co-ordinate detailed investigations and make subsequent formal reports and recommendations for service changes and improvements. The Healthwatch role on the Health and Wellbeing Board is the key mechanism for this work.

5.7 The key areas where further development is needed are:

- Market testing and the establishment of a baseline for measuring the awareness/impact of Healthwatch locally
- Engagement with commissioners demonstrating the ability to record and present robust research evidence to drive service improvements
- Development of a robust marketing and communications plan – statistics show that contacts are primarily focussed on locating a GP or other similar signposting needs. Healthwatch need to encourage contacts about other issues by raising the profile of the organisation, which in turn will enable them to respond to the key remit of representing the consumer voice with service commissioners and providers.

6. New Contract for 2015

6.1 Lewisham Council received formal notice in late November 2014 that Voluntary Action Lewisham would not seek an extension of the contract to continue providing the Healthwatch service from April 2015.

6.2 A procurement exercise will be implemented in early January to ensure a provider is in place for April 2015. At the time of writing, options in relation to the value and the length of the contract are being explored. Soft market testing has been undertaken with the existing Healthwatch team and with organisations delivering Healthwatch services in neighbouring boroughs.

6.3 In securing a new provider, officers will work closely with colleagues from the CCG to update the specification and ensure an appropriate provider is sought within the timescale. A full tendering exercise is achievable in the timescale, but there will need to be contingency plans in place to ensure service continuity if an appropriate provider is not appointed.

7. Financial implications

7.1 The current contract value for Voluntary Action Lewisham to deliver Lewisham Healthwatch is based on a pricing schedule of £299,510 over two years (£145,605 in year one and £153,905 in year two).

7.2 The contract value for 2015 is not yet agreed, but it is likely that a reduction in spend will be sought, in line with other areas across the Council.

7.3 There are no specific financial implications arising from this report.

8. Legal implications

8.1 The Health and Social Care Act 2012 requires local authorities to establish a local Healthwatch service.

8.2 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

9. Crime and Disorder Implications

9.1 There are no Crime and Disorder implications arising from this report.

10. Equalities Implications

10.1 Lewisham Healthwatch will continue to reduce inequalities through the targeted engagement of groups who are seldom heard or hard to reach.

11. Environmental Implications

11.1 There are no environmental implications arising from this report.

12. Crime and disorder implications

12.1 There are no crime and disorder implications.

13. Conclusion

13.1 An update on the appointment of a new provider for Healthwatch Lewisham will be provided in March 2015.

If there are any queries on this report please contact Carmel Langstaff, Service Manager – Strategy and Policy, Community Services, London Borough of Lewisham on 0208 314 9579 or by e-mail at carmel.langstaff@lewisham.gov.uk

HEALTH AND WELLBEING BOARD				
Report Title	Adult Integrated Care Programme, Better Care Fund and Joint Commissioning Intentions			
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group		Information Item	D
Class	Part 1	Date:	20 January 2015	
Strategic Context	Please see body of report			
Pathway	An update on the Adult Integrated Care Programme is presented at every Health and Wellbeing Board meeting.			

1. Purpose

1.1 This report provides Members of the Health and Wellbeing Board with an update on Lewisham's Adult Integrated Care Programme, the Better Care Fund and the Joint Commissioning Intentions for Integrated Care.

2. Recommendations

2.1 Members of the Health and Wellbeing Board are recommended to:

- Note the update provided on the Adult Integration Care Programme;
- Note the latest update on the Better Care Fund submission;
- Note the joint public engagement exercise is in progress on the Joint Commissioning Intentions for Integrated Care;
- Note and comment on the Joint Commissioning Intentions which will be progressed through the Adult and Children and Young People's Joint Commissioning Groups, as well as through discussion with providers.

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 Health and Wellbeing Boards 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 places a specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of their commissioning plans and when making significant revisions to those plans. The Health and Wellbeing Board must be provided with a draft commissioning plan and the CCG must consult the Board as to whether it considers the plan takes proper account of the Health and Wellbeing Strategy. The Health and Wellbeing Board's opinion on the final plan must be published within the operating plan. Health and Wellbeing Boards can refer plans to NHS England if they do not think the joint Health and Wellbeing Strategy has been taken into proper account.

3.5 The Health and Social Care Act 2012 also requires 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.

3.6 In response to the Government's stated ambition to make joined up and coordinated 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 integration care programme.

4. Adult Integrated Care Programme (AICP)

4.1 In October, the Programme Board asked officers to re-examine the programme's structure to make sure that it was aligned with, and able to support, the delivery of the key commitments outlined in various integration documents to date and meet the Better Care Fund requirements.

4.2 As part of this, officers were also asked to undertake a project prioritisation exercise, consulting colleagues as appropriate, and to identify the resources available to progress them.

4.3 Officers undertook this exercise and reconfirmed that there were 38 key projects within the Adult Integrated Care Programme. Officers recommended that these projects be realigned under five schemes to mirror the BCF schemes. Previously the programme had 10 workstreams but this had led to some fragmenting of the programme and some difficulty in ensuring that all project leads were aware of related activity in other areas.

4.4 Projects will fall under one of the following schemes:

- Prevention and Early Intervention
- Primary Care

- Neighbourhood Community Care
- Enhanced Care and Support
- Supporting Enablers

4.5 Of the 38 projects, members confirmed that a number of key areas should be prioritised for immediate focus and resources directed to supporting their delivery to ensure that significant progress can be made over the forthcoming months. These priority projects were agreed as:

1. Integrated information and advice
2. Preventative pathways and system redesign – UTIs, Dementia and Falls
3. Long term conditions and over 75s
4. Delivery of consistent and high quality care
5. Establish Neighbourhood Community Team, including mental health
6. Implement effective integrated working (including risk stratification, joint policies, tools and collaborative care planning)
7. Establish model for carers' assessments
8. Establish effective Rapid Response
9. Creating coherent and viable range of "Step up" support in the community
10. Creating coherent and viable range of "Step down" support in the community
11. Effective programme management - including activity and financial modelling and benefit realisation
12. Agree and implement workforce development plan
13. Establish effective communication and engagement plan and process
14. Effective use of technology to support integration, and health and care.

4.6 Officers are continuing to confirm the resources, both in terms of staffing and funding, that have been allocated to these areas of work and to prepare a resourcing plan for the Board to agree. Officers have been asked to report back to the programme board on 6 February 2015.

5. The Better Care Fund

5.1 Members will recall that the revised Lewisham BCF plan was submitted on 19 September 2014. As reported verbally at the last meeting, Lewisham's Better Care Fund was initially "approved with support".

5.2 Lewisham was asked to provide further information or evidence to mitigate risk areas highlighted by the Nationally Consistent Assurance Review (NCAR). Lewisham was asked to amend the scheme details that had been set out in Annex 1 of the BCF plan to include the investment requirements. In addition Lewisham was asked to provide

further details about plans to deliver the risk sharing arrangements across the partnership. This further information was submitted to NHS England at the end of November.

5.3 On 11 December, colleagues from NHS England informed the Council and the CCG that, following review and regional moderation, NHS England had recommended to the national team to approve Lewisham's BCF plan in full.

5.4 We have been informed that the results of the national agreement will be announced in mid-December but these have not been received at the time of despatch.

5.5 Work is underway to establish a new section 75 agreement for the Better Care Funds with Lewisham Council as part of taking forward appropriate risk sharing arrangements across the partnership.

6. Joint Commissioning Intentions for 2015/16-2016/17

6.1 The Joint Commissioning Intentions for Integrated Care 2015/16 – 2016/17, discussed at the last Health and Wellbeing Board meeting, are now out for a joint public consultation– 'Have your say' - until 23 January 2015.

6.2 A full copy of the Joint Commissioning Intentions for Integrated Care 2015/16 – 2016/17 can be found at:

http://www.lewisham.gov.uk/news/Pages/Lewisham-Council-and-Lewisham-CCG-want-to-know-your-health-and-social-care-priorities.aspx

Or at:

http://www.lewishamccg.nhs.uk/get-involved/Pages/Have-your-say.aspx

6.3 A summary version has been produced to facilitate wider engagement with the public and local stakeholders, which is shown at Appendix 1. Also an online questionnaire has been developed and discussions are being held with local voluntary and community groups, supported by Lewisham Healthwatch.

6.4 The outcome of this public engagement exercise will be considered by the Public Engagement Group (PEG) at the end of January 2015 and the conclusions will inform the 'translation' of the joint Commissioning Intentions into the CCG's Operating Plans for 2015/16 and 2016/17.

6.5 The Health and Social Care Act 2012 requires the Health and Wellbeing Board to provide an opinion on whether the CCG's Operating Plan has taken proper account of the Health and Wellbeing

Strategy. The Board's opinion on this issue is required to be published within the CCG's Operating Plan.

6.6 The Health and Wellbeing Board is being asked to note and review the Joint Commissioning Intentions for Integrated Care, to consider whether the plans have taken proper account of the Health and Wellbeing Strategy.

7. Financial Implications

7.1 There are no financial implications arising from this report. Any proposed activity or commitments arising from the Adult Integration Programme or the Joint Commissioning Intentions and Operating Plan will need to be agreed by the delivery organisation concerned and be subject to confirmation of resources. The funding available in future years will of course need to take account of any required savings or any other reduction in overall budgets and national NHS planning guidance, which is expected in late December 2014.

8. Legal implications

8.1 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.

8.2 Where there is an integration of services and/or joint funding, then this is dealt with as 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.

8.3 The Health and Social Care Act 2012 places a specific duty on the CCG to include the relevant Health and Wellbeing Board in the preparation of their commissioning plans and when making significant revisions to those plans. The Health and Wellbeing Board must be provided with a draft plan and consult the Board as to whether it considers the plan takes proper account of the Health and Wellbeing Strategy. The Health and Wellbeing Board's opinion on the final plan must be published within the commissioning plan. Health and Wellbeing Boards can refer plans to NHS England if they do not think the joint Health and Wellbeing Strategy is being taken into proper account.

9. Crime and Disorder Implications

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

10. Equalities Implications

10.1 Although there are no specific equalities implications arising from this report, the draft commissioning intentions address current health and care inequalities as identified in the JSNA.

11. Environmental Implications

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

12. Conclusion

12.1 This report sets out the progress of the adult integration care programme, the Better Care Fund and the draft joint Commissioning Intentions to date and invites members to note and comment on this report.

If you have problems opening or printing any embedded links in this document, please contact the above named officers or kalyan.dasgupta@lewisham.gov.uk (Phone: 020 8314 8378)

If there are any queries on this report please contact:
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or

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Lewisham

NHS
Lewisham
Clinical Commissioning Group

Working together for better health, better care, and stronger communities

A summary of our joint commissioning intentions for integrated care in Lewisham 2015 to 2017

Introduction

Lewisham Council and NHS Lewisham Clinical Commissioning Group (CCG) are working together to bring about a transformation in the way that health and social care services are provided in Lewisham, but we need your help to get it right.

Together, we have developed a joint plan which proposes how we will pool our resources and transform our systems and organisations to deliver co-ordinated and person centred care in Lewisham. By working together we aim to support you to be active participants in managing your health and well being.

We will commission (plan, buy and monitor) the right health and social care services from a wide range of providers to meet the needs of Lewisham residents. We believe that doing this together with the help of local people, will help us to deliver the proposed priorities and plans in our Joint Commissioning Intentions for Integrated Care.

However, we face big challenges. Our population is growing and people are living longer, often with one or more long term conditions. The money we receive for services is not keeping pace with the demand. Therefore we have to prioritise what we do and make sure we use our resources wisely so they have the greatest impact for as many people as possible and help to remove health inequalities in Lewisham.

Please give your views on our proposed plans. By working together we can find real solutions to the challenges we face by making sure our health and care systems are delivering the right care in the right place and at the right time to meet local needs.

This summary explains our shared plans. By answering the questions on page 11, what you tell us will help us get this right for Lewisham people.

Dr Marc Rowland
Chair, NHS Lewisham CCG

Martin Wilkinson
Chief Officer, NHS Lewisham CCG

Aileen Buckton
Executive Director for Community Services, Lewisham Council

Dr Danny Ruta
Director of Public Health, Lewisham Council

Who we are

NHS Lewisham Clinical Commissioning Group (CCG) and Lewisham Council are responsible for commissioning (planning, buying and monitoring) the majority of health and care services in Lewisham. We are members of the Lewisham Health and Wellbeing Board, which brings together organisations across Lewisham to share expertise and local knowledge to create better health and wellbeing for Lewisham residents.

Our vision is to deliver joined up and co-ordinated health and social care to all residents in the borough by working together to support 'better health, better care and stronger communities'.

Local challenges

People in Lewisham are living longer because of our success in managing particular conditions such as stroke, heart disease and respiratory disease, however often they are living with more than one long term condition.

The money we have to deliver services is not keeping pace with demand and we have big financial savings to make. This means we have to use the resources we have in the very best way possible. We must prioritise what we do to improve the performance of health and care services and meet the following challenges.

Our challenges

Population issues

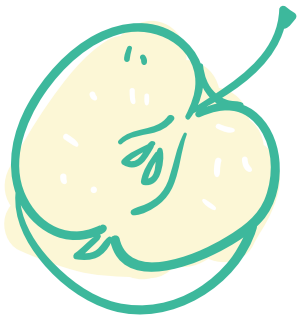
- Older people are higher users of health and social care services.
- Our residents aged over 65 have high rates of emergency admissions to hospital.
- Over 50% of people aged 75 are likely to have two or more long term conditions.
- 50% of our adult social care budget is spent on services for people aged 75 and over.
- 70% of the health service budget is spent on supporting and caring for people with long term conditions.
- People in deprived areas have poorer health outcomes.

Lifestyle challenges

- Too many people in Lewisham die early from illnesses that could be prevented through healthier lifestyles.
- 21% of Lewisham population smoke, which is more than the national average.
- About a third of adults in the borough are overweight or obese.
- Over 25% of reception age and 37% of Year 6 children are overweight or obese.
- Alcohol related harm is significant and increasing in Lewisham.

Lewisham residents have told us they would like:

- To be treated with dignity and respect.
- Better information to support people to have greater confidence to make choices and manage their own care.
- Better co-ordination and joined up health and care services including with the voluntary sector.
- Personalised and holistic care – where the user of the service is in control, whilst supported with individual care planning and shared decision-making.
- Caring, competent and compassionate staff who keep service users and their families informed about their care and treatment.
- More information about how to access services and activities that support healthy living.



Improving local services

Over the last year we have seen improvements in services due to closer working between hospital, community health, and social care teams.

There are many examples of excellent services in Lewisham but we need to make sure that high quality care is provided by all services all of the time.

We also know that people have different experiences of how long they have to wait for treatment, getting appointments with their GP and getting vaccinations for their children. This variation in the quality of care is not acceptable.

Priorities and plans

Our proposed commissioning priorities and action plans for 2015-2017

We are proposing six commissioning priorities for the next two years which will deliver integrated care across Lewisham. This will be centred around the individual, their family and their carers. These six priorities build on the work of previous health and care plans, including Lewisham's Health and Wellbeing Strategy and previous commissioning plans from the CCG.

Page 219

1

Prevention and early intervention

Help people use services across Lewisham which promote wellbeing; where people recognise their personal strength and abilities as well as those of their families, friends and communities.

To encourage people to manage and improve their health and wellbeing, live independently longer and help them to engage in building stronger, resilient and self-directing communities.

We will do this by:

- Establishing one main place where health and social care information and advice is co-ordinated and provided from within the borough.
- Providing a straight forward way for carers to get specialist advice and signposting to the right services.
- Better integration of healthy lifestyle initiatives such as smoking reduction, promoting healthy eating and exercise, support for alcohol and drug misuse, increasing childhood vaccinations and promoting mental and emotional wellbeing.
- Extending the Lewisham Community Connections project; which connects people to local support and activities, often provided by the voluntary sector, which reduces isolation and improves wellbeing.

2 GP practices and primary care

Provide strong GP practices and primary care services that are focused on delivering continuity of care which is proactive, co-ordinated and with better access, working in collaboration with other practices and neighbourhood community teams. This will help people to stay well and when they are ill to get better more quickly.

We will do this by:

- Supporting GP practices to improve early identification, diagnosis and intervention for people with diabetes, cardiovascular-disease (CVD), chronic-obstructive pulmonary-disease (COPD), dementia and cancer.
- Helping people to take charge of their own complex healthcare needs through self management of their long term conditions.
- Supporting GP practices to reduce the variation in care between GP practices and improving urgent care.
- Improving access to specialist advice for people with mental health or drug and alcohol issues in primary care.

3 Neighbourhood community care for adults

Provide co-ordinated support and care for people with long term conditions and vulnerable people, with their carers, families and communities, to effectively manage their own care, where possible, and maintain their independence.

We will do this by:

- Establishing Neighbourhood Community Teams which integrate health and care multi-disciplinary teams and are aligned to clusters of general practices.
- Having shared care plans in place which help to identify people at risk of ill health early enough to prevent them becoming seriously unwell and having to be admitted to hospital.
- Giving equal status to mental and physical health, by enhancing the range of community mental health services and interventions.
- Supporting the development of plans to enable more mothers to have a straightforward delivery and improved care after having their baby.

4 Enhanced care and support for adults

Redesign community based intermediate services so that more people are able to continue to live at home and not be admitted into hospitals. To support people who have been admitted to return home as soon as possible after being in hospital and reduce the risk of them being re-admitted.

We will do this by:

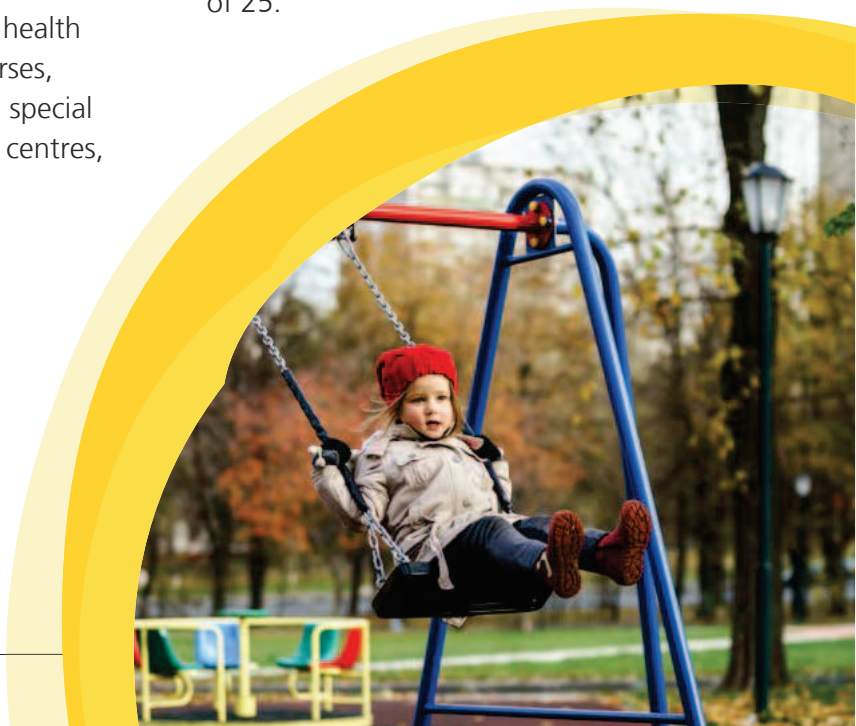
- Providing additional community based support and reshaping existing community based services to provide alternatives to having to go into hospital.
- Working in partnership with the housing department to support people to live in the community for longer.
- Improving the experience of patients when being discharged by making it more effective and timely.
- Enhancing the care, support and choice in care homes.
- Reviewing the provision of specialist continuing care services for older adults with severe mental health problems to ensure that these specialist services are commissioned in the most clinically appropriate and cost effective way.

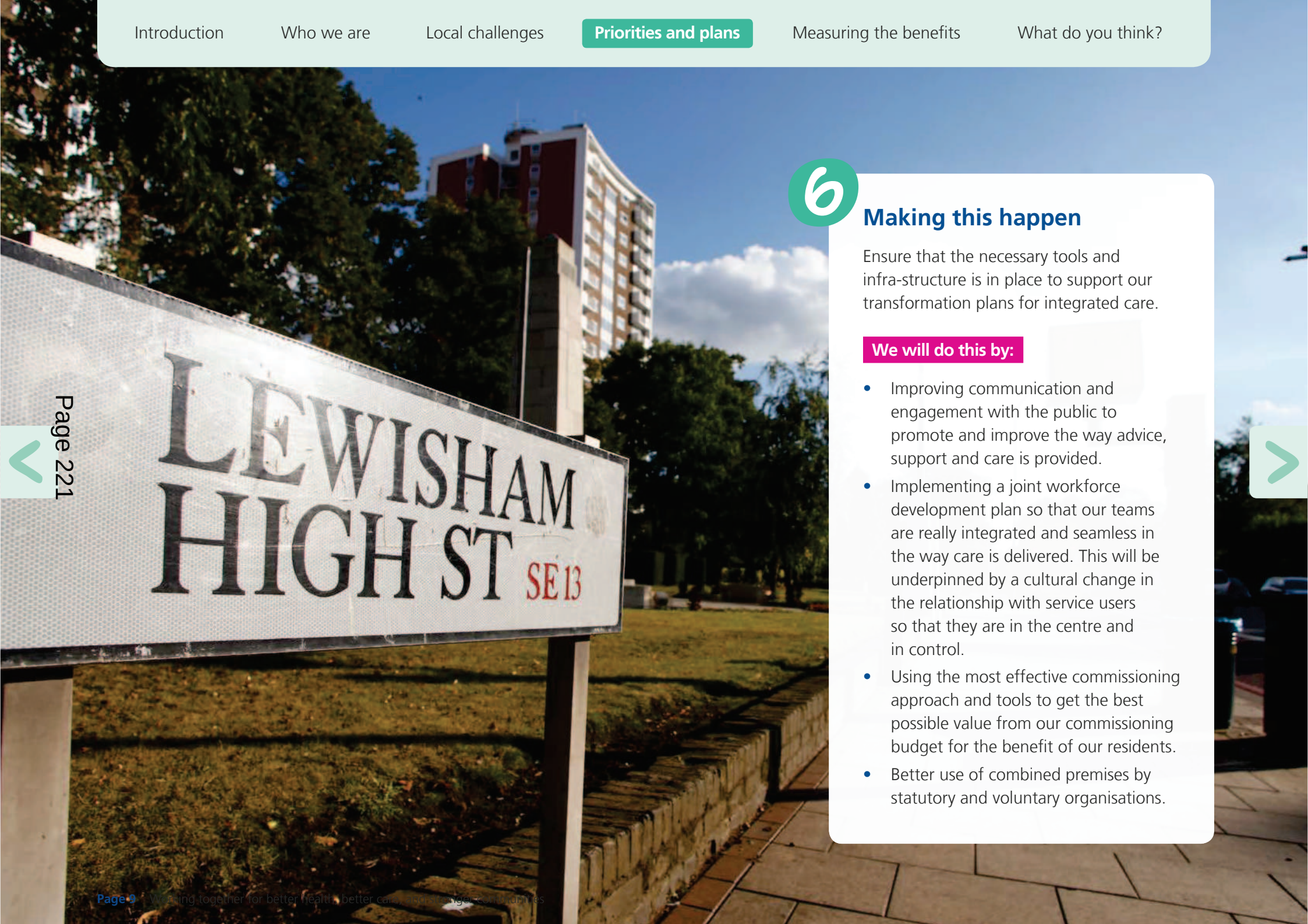
5 Children and young people's care

Provide integrated pathways that provide high quality support – with choice and control for children, young people and their families which meet their needs and deliver care at the right time and in the right place

We will do this by:

- Promoting the emotional wellbeing of young people through the Headstart programme and the submission to The Big Lottery. This awards lottery money to community groups and projects that improve health, education and the environment.
- Ensuring that all community health services, including school nurses, health visitors, therapies and special needs nursing and children's centres, are effectively delivered.
- Further developing the process and mechanisms which deliver personal health budgets to children, including those with education, health and care plans.
- Commissioning a new drug and alcohol treatment service for children and young people up to the age of 25.





6

Making this happen

Ensure that the necessary tools and infra-structure is in place to support our transformation plans for integrated care.

We will do this by:

- Improving communication and engagement with the public to promote and improve the way advice, support and care is provided.
- Implementing a joint workforce development plan so that our teams are really integrated and seamless in the way care is delivered. This will be underpinned by a cultural change in the relationship with service users so that they are in the centre and in control.
- Using the most effective commissioning approach and tools to get the best possible value from our commissioning budget for the benefit of our residents.
- Better use of combined premises by statutory and voluntary organisations.

Measuring the benefits

We need to know what Lewisham residents consider to be the most important benefits of us providing joined up, integrated care. Some of the key areas highlighted to us already and which we will use to measure our progress are:

1. People want to know and understand what is in their care plan.
2. People want to be informed so they can make decisions and have choices about their care and support.
3. People want to be able to manage their own conditions as much as possible.
4. People want health and social care professionals to better communicate with each other so, as a patient, they only have to tell their story once.
5. People want to be involved in any discussions and decisions taken about them in relation to their care, support and treatment.
6. People want to know who their main point of contact is in relation to their care.
7. People want to know where they are supposed to go when accessing health and social care services.
8. People, with the appropriate care and support, want to live their life to the best of their ability.

What do you think?

Please give us your views on our joint commissioning intentions to deliver integrated care for people in Lewisham.

If you would like more detail before giving your views, please read the full joint commissioning intentions plan which is on our websites: www.lewisham.gov.uk *(search for Improving public health)* or www.lewishamccg.nhs.uk

Your views will help us develop a really integrated system that meets the needs of our most vulnerable residents and which is effective, efficient and affordable over the long term. It will also help us to remove health inequalities in the borough.

You can help by completing our short survey which is available on the Council website www.lewisham.gov.uk/healthandcareconsult until Friday 23 January 2015 or by calling us on 020 7206 3200.

If you are part of a local community group and would like us to come and talk to you about our plans please email lewccg.enquiry@nhs.net

What we want to know

1. Are there any other commissioning priorities that you would wish us to consider in addition to those on pages 6 to 9?
2. If yes, what are they?
3. Do you have any other ideas around how we can meet the health and care needs of people living in Lewisham (bearing in mind our limited resources and increasing demands for care?)
4. If yes, what are they?

HEALTH AND WELLBEING BOARD				
Report Title	CCG Strategic Commissioning Plans			
Contributors	Head of Strategy & Organisational Development, NHS Lewisham Clinical Commissioning Group		Information Item	E
Class	Part 1	Date:	20 January 2015	

1. Purpose

1.1 NHS Lewisham CCG's first five year commissioning strategy was presented to the Board in November 2013. The strategy includes the vision and ambition of the CCG, an analysis of population health needs and health outcomes, the financial situation, public engagement feedback, and identifies eight strategic priorities and their supporting aims. Since then the six Clinical Commissioning Groups (CCGs) across south east London have worked together to develop a joint five-year commissioning strategy that complements and builds on the interventions and priorities set out in the Lewisham CCG 5 year strategic plan. The final draft south east London strategy was presented to the Board in July 2014. This report summarises key parts of the CCG strategy and the progress made on the south east London strategy in the last six months and the next steps.

2. Recommendation/s

Members of the Health and Wellbeing Board are invited to:

2.1 Note the progress of the *Our Healthier South east London* programme
2.2 Identify areas where further work is required to develop the strategy
2.3 Note the alignment of the *Our Healthier South east London* programme with the CCG strategic plan

3. Policy Context

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

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

3.3 The NHS 'Five Year Forward View' was published in October 2014. It includes a vision for a better NHS ('a new relationship with patients and communities'), the steps to be taken to get there ('new models of care'), and the actions needed.

3.4 The Forward View recognises the importance of preventative action on obesity, smoking, alcohol and other major health risks to achieve better population health. There should be greater support for patients to control their care, and for carers. Steps should be taken to break down barriers in how care is provided, between health and social care, and between different health sectors.

3.5 Better Health for London is the report of the London Health Commission. The report covers five priority areas:

- Better health for all
- Better health for London's Children
- Better care
- Science, discovery and innovation
- Making it happen

3.6 There are 64 recommendations, including:
Health improvement and workplace health initiatives
Integration of services

- Ensuring public engagement, shared decision-making and care and support planning
- Self management of long-term conditions
- Increased spending on primary and community services, with new quality standards and encouragement networking of GPs
- Access to digital mental support and psychological therapies
- Better use of data analysis
- Improved budgeting for transformation and specific population groups

4. Lewisham CCG Strategic Plan

4.1 The CCG's strategy describes the vision and ambition of the CCG based on the framework of 'better health, best care and best value'.

4.2 For better health, the ambition is to reduce the gap in key health outcomes between Lewisham and England by 10% over the five year period.

4.3 We are committed to delivering high quality support and care, working in partnership with other commissioners and our local population. Care should be provided at the simplest level and 'at the right place'; that is, so that it is least restrictive to patients and carers, localised where possible, and at the most appropriate setting. We will focus on the core elements of quality: safety, patient experience and clinical effectiveness

4.4 The vision for best value is to commission more effectively with the most efficient use of resources working with other commissioners.

4.5 The 'case for change' within the strategy has been reviewed to include updated population health needs, public and membership feedback, national and London policy development, and for financial planning. It identifies that:

- The changing health needs of the Lewisham population will increase demand on services
- We need to improve our health outcomes
- We need to improve quality and accessibility of local services to all
- We need to shift the balance of care from emergency responses to care that is proactive and planned
- We need to develop advice, care and support services that empower people to want to take control and be responsible for their health and wellbeing
- The current configuration of health services is not likely to be sustainable
- There will be gap in finances, between resources available and expenditure

4.6 We previously identified nine strategic priorities, and additional cross-cutting 'enablers', which we will focus on to transform services:

Strategic Themes	Strategic Priorities
Healthy Living for All – helped to live healthy lifestyles, make healthy choices and reduce health inequalities	1. Health promotion and prevention
	2. Maternity and children's care in hospital
Frail and Vulnerable People - supported and cared for with dignity and respect	3. Vulnerable and frail older people including end of life care
Long Term Conditions – empowering people with greater choice to manage their condition	4. Long Term Conditions pathways – eg COPD, diabetes, CVD, dementia
	5. Mental Health care
Deliver Services	6. Community based advice, support and care

Differently	7. Integrated neighbourhood community teams based in each of the four localities
	8. Primary care development and planned care
	9. Urgent Care
Cross Cutting Areas – enabling high quality and integrated care	• High quality care • Public engagement • Research and innovation • Better outcomes • Governance arrangements • Partnership working • CCG leadership

5. Our Healthier South East London - The South East London Commissioning Strategy

5.1 The strategy:

- is local commissioner led and clinically driven
- aims to improve health, reduce health inequalities and ensure the provision of health services across south east London that meet safety and quality standards consistently and are sustainable in the longer term
- is based on local needs and aspirations, listens to local voices and builds on plans and work at borough level, whilst taking into account national and London-wide policies
- focuses on those issues which need collective action by south east London's health system and local authorities' working in partnership to address successfully
- focuses on the most important health issues for people in south east London, as identified in the south east London "case for change" developed by local clinicians and social care colleagues and tested with partners, local people and other stakeholders
- runs for five years – from 2014 to 2019 – to give plenty of time to plan and deliver improvements

5.2 The clinical case for change identified a number of issues across south east London which are reflected in the health of local people and which impact on the safety, quality, effectiveness and accessibility of health services, which can be best addressed by collective action across the health and integrated care system or where working together will add value.

5.3 Health outcomes in Lewisham and across south east London are not as good as they could be and the longer we leave these problems, the worse they will get. We all need to change what we do and how we do it.

- Too many people live with preventable ill health or die too early

- The outcomes from care in our health services vary significantly and high quality care is not available all the time
- We don't treat people early enough to have the best results
- People's experience of care is very variable and can be much better
- Patients tell us that their care is not joined up between different services
- The money to pay for the NHS is limited and need is continually increasing
- We all pay for the NHS and we have a responsibility to spend the money wisely

5.4 The CCG is working on the joint strategy as a member of the Strategic Planning Group for south east London, together with the other five CCGs and NHS England. The strategy is being developed by local clinicians, social care leads and other experts, CCG commissioning leads, Healthwatch representatives and patient and public voices from across south east London. It focuses on six key areas that reflect the strategic priorities of the CCG's own strategy:

- Community Based Care*
- Urgent and Emergency Care
- Maternity
- Children and Young People
- Planned Care
- Cancer

(*This group merges two previous workstreams set out in previous reports – Primary and Community Care and Long Term Conditions – Physical and Mental Health).

5.5 Development work on the strategy to date has identified the following key characteristics which would underpin a future integrated system for south east London:

- Build strong, confident communities
- Promote health and wellbeing
- Provide accessible and easy to navigate services
- Join up services from different agencies and disciplines
- Deliver early diagnosis and intervention
- Raise the quality of services to the same high standard
- Support people to manage their own health and wellbeing

5.6 Each of the six Clinical Leadership Groups has made excellent progress over the last six months and their work has been brought together in an over-arching Whole System Model, which describes how we would propose to deliver health and care services in future. The model is underpinned by Local Care Networks in each borough. This work is still in development and is being tested against the Five Year

Forward View and recently received planning guidance, and the London Health Commission recommendations.

5.7 The Whole System Model and Local Care Networks are represented diagrammatically in Appendix 1.

6. Public Health Workstream

6.1 One of the critical success factors for Our Healthier South East London is to ensure it builds upon and supports the development of strong and confident communities. These communities will exhibit measurable improvements in public health, with reduced health inequalities, and will be served by a health system that has a focus on prevention. This requirement sits at the centre of the strategy, alongside the aims stated above, to ensure health services are fit for purpose and deliver improved outcomes for the whole population.

6.2 Improving public health is also tied into the strategy outcomes which focus on:

- Population Health
- Quality of Life
- Quality of Care
- Effectiveness of Care

6.3 Alongside the work of Clinical Leadership Groups, we have set up a specific Public Health project group. This is led and delivered through the six boroughs' Directors of Public Health and their teams. This group is overseen within the strategy governance structure by the Clinical Executive Group.

6.4 The group is currently undertaking a review of public health outcome measures and the current baseline of public health in south east London. Building on this review it has been decided that the group will focus on the public health challenges which have the biggest impact on the health of our population. It is in the process of creating a consolidated list of the most effective public health interventions that deliver the best value proposition (value = biggest health impact for the financial resource required) for those biggest areas of challenge.

6.5 The group is focusing on the following domains in order to agree the appropriate risk factors/biggest health challenges for which we need to focus our interventions:

- Health inequalities
- Preventable mortality
- Amenable mortality
- Mental health
- Sexual health

6.6 It is anticipated that the main risk factors (those which have the biggest impact on health) are likely to be:

- Tobacco
- Alcohol
- Mental health
- Obesity

6.7 The outcomes of this work will feed into the work of the Clinical Leadership Groups to identify how the best value public health interventions need to be embedded within the new models of care. Each Clinical Leadership Group and its planning group already include public health leads to support the work they are undertaking to develop models of care and the outcomes to be achieved by introducing these models of care. These public health leads will continue this support to ensure the integration of the proposed public health interventions as the models of care are further developed.

6.8 In order to understand how the work of the strategy can deliver as effectively as possible to meet the aim of improved public health we have also been engaged with public health experts across a wide range of fields. Experts include those working within Kings Health Partners, the Health Innovation Network, South London CLAHRC, Local Authority partners supporting the development of resilient communities, Public Health England and NICE.

6.9 In early 2015, the programme will be bring these experts together within a workshop to help to shape the way in which we deliver our public health outcomes within the strategy and its implementation. A key element of the workshop will be to agree an approach to coordinating public health expertise within south east London to enable delivery of these outcomes. We have a significant opportunity, by pulling expertise together, to implement public health interventions and services in the most effective way, and to gather practical evidence for investment in public health within the wider context of London and other cities.

7. Public engagement

7.1 The co-commissioners are taking a strong engagement approach to the strategy development, aiming to involve partner organisations, patients and local people in the process of developing the strategy. Initial thinking is being developed and amended through the engagement process. Engagement is being undertaken through a number of complementary activities, including the following.

- Using existing borough-level channels and planned activities, supplemented by engagement on a wider basis where this is helpful. Initial engagement included developing the emerging and draft case for change, testing emerging strategic opportunities across south east London and the scope and vision and the ambition of the programme.

The focus of engagement is moving onto priorities and proposed models of care as the programme develops

- Our Plain English version of the case for change has been updated and is available on our website
- Regular updates on the strategy development have been provided at local public meetings of CCGs' Governing Bodies and Health and Well-Being Boards
- CCGs' GP memberships are being provided with briefings on the clinical developments and progress with the strategy

7.2 Patient and public participation within the programme is also key. Healthwatch representatives and local patient and public voices have been recruited and are working in each of the six Clinical Leadership Groups with clinicians and social care leads from organisations across south east London. Healthwatch representatives and local patient and public voices are members of the Partnership Group, Clinical Executive Group and the Clinical Commissioning Board and therefore involved in shaping the overall strategy.

7.3 Patient and public voices also meet monthly as a single body – the Public and Patient Advisory Group – advising the programme on all aspects of public engagement and involvement. The Patient and Public Advisory Group has recently set up a Reading Panel, which supports the programme by ensuring that all published materials are understandable, jargon free and in Plain English. To complement existing local engagement work, wider engagement events across south east London with voluntary and stakeholder organisations, patients and local people has taken place. Two deliberative events for voluntary organisations and other stakeholders took place on 3 June and 18 June 2014. The feedback from these events (and other feedback from local people) contributed to the first 'You Said We Did' report, summarising and responding to feedback on the strategy, which was published in November. A further 'You Said We Did' report will be published early in 2015.

8. Alignment with CCG Plans

8.1 Throughout the development of the south east London strategy to date, the work has been tested against existing CCG plans for alignment and it has, in turn, contributed to shaping these plans. Specifically, CCG Operating Plans and borough-based Better Care Fund Plans have been reviewed and contributed to the strategy. The Community Based Care programme has held two workshops this year to enable CCGs to share best practice and innovative approaches in integrated care and in primary care/local care networks. On 2 December, Chief Officers and colleagues came together to review the elements of the strategy and assess their current position on implementation and this work will inform the next stages of planning.

9. Conclusion and Next Steps

9.1 The south east London commissioning strategy, Our Healthier South East London, has continued to develop since last reviewed by the CCG Governing Body in June last year. The focus has been on:

- further development and testing of the clinical models,
- the development of the whole system model to frame the individual elements
- work to define the intended outcomes of the strategy
- modelling the impact
- testing alignment with the plans of individual CCGs and taking stock of progress towards implementation
- work with public health colleagues to begin to identity how the greatest impact on public health can be achieved

9.2 This work will continue through the first part of 2015, with extensive engagement with partners, stakeholders, patients and local people to test and develop the strategy further.

10. Financial implications

10.1 The strategic plans reflects the financial plan and savings required to deliver a financially balanced position over the five year period, as described in the CCG's operating plan.

11. Legal implications

11.1 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.

12. Crime and Disorder Implications

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

13. Equalities Implications

13.1 An equalities analysis was completed on the CCG's strategic priorities and objectives and has been reviewed to consider the updates to the strategy. Both analyses have concluded that the strategy will contribute to reducing inequalities, and highlights potential positive outcomes for disadvantaged groups and for those that share protected characteristics.

13.2 An early Equality Impact Assessment was carried out in 2014 to ensure that the final south east London strategy reflects the diverse needs of local people and that we meet our obligations under the

Equalities Act 2010 to identify and address any adverse impacts on groups with 'protected characteristics'. An action plan was developed following the Equality Impact Assessment and is now being implemented. A further Equality Impact Assessment will be carried out between March and May 2015. The programme is committed to ensuring that the strategy is proactively informed by equality considerations and the need to ensure that the needs of all groups and any potential adverse impacts on groups with protected characteristics are fully taken into account.

14. Environmental Implications

14.1 There are no environmental implications arising from this report.

Background Documents

Our Healthier South East London www.ourhealthiersel.nhs.uk

The NHS Five Year Forward View:
http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Better Health for London:
http://www.londonhealthcommission.org.uk/better-health-for-london/

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

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

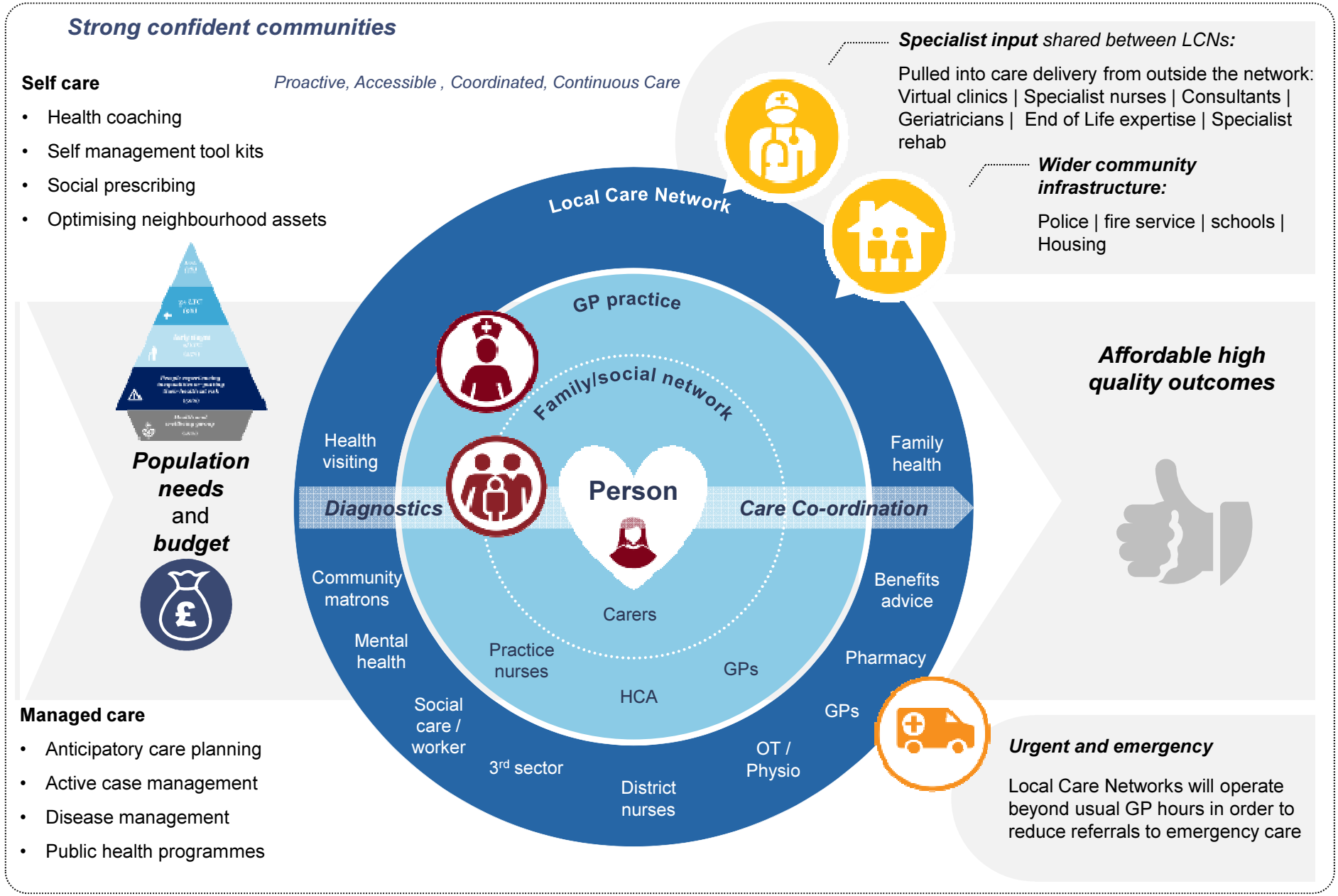
Our Healthier South East London
Improving health and care together

NHS

Whole System Model

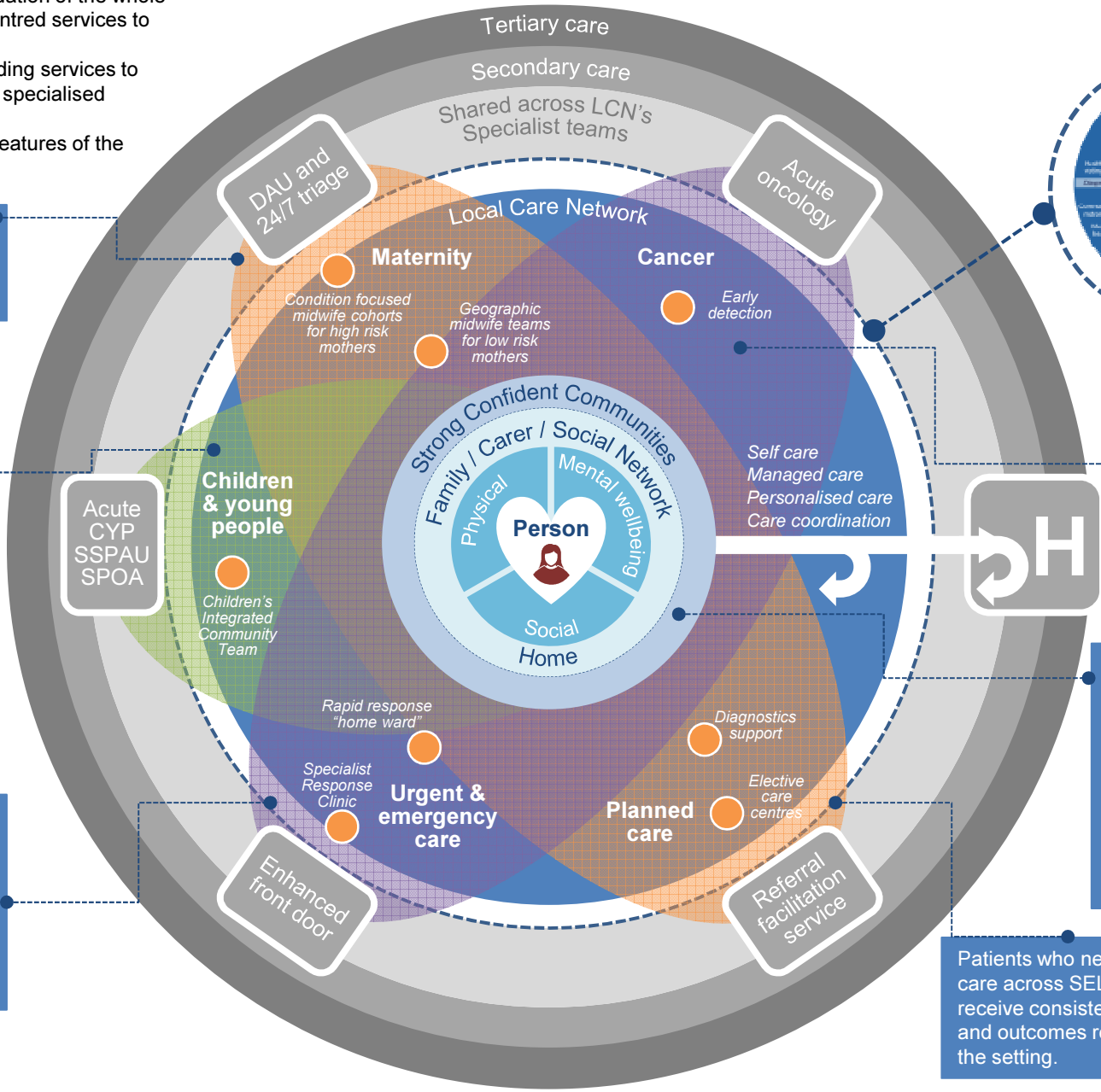
Appendix A

Local Care Networks are the foundation of the whole system model providing person centred services to populations



This is Our Healthier South East London health and care whole system model

- This is our integrated system model.
- Local Care Networks are the foundation of the whole system model providing person centred services to populations
- The petals are the pathways providing services to cohorts of people and drawing on specialised services
- The orange circles represent key features of the model



Mums-to-be will receive a personalised service, continuity of care and a range of birthing options

Children and young people will be able to access more specialised services through children's integrated community teams

A rapid response team will make sure patients who need urgent and emergency care will receive the treatment they need in the right place at the right time and will support patients to return home and move back to local health and care services

Improve patient outcomes through prevention and early detection and diagnosis of cancer; stronger support for people living with and beyond cancer

Strong confident communities are a critical part of the foundation of the model. Initiatives will seek to build community resilience so that they support local people to be physically and mentally healthy and take care of peoples social needs.

Patients who need planned care across SEL will receive consistent quality and outcomes regardless of the setting.