

Health and Wellbeing Board Agenda

Tuesday, 19 May 2015

3.00 pm,

Committee Room 3 - 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

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Health and Wellbeing Board Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 19 May 2015.

Barry Quirk, Chief Executive
Monday, 11 May 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, 24 March 2015 at 3.00 pm

ATTENDANCE

PRESENT: Mayor Sir Steve Bullock (Chair), Cllr Chris Best (Cabinet Member for Community Services), Aileen Buckton (Executive Director for Community Services, LBL), Elizabeth Butler (Chair, Lewisham and Greenwich NHS Trust), Jane Clegg (Director of Nursing, South London, NHS England), Dr Danny Ruta (Director of Public Health, LBL), Tony Nickson (Director, Voluntary Action Lewisham), Peter Ramrayka (Voluntary and Community Sector representative), Dr Marc Rowland (Chair of Lewisham Clinical Commissioning Group and Vice-Chair of the Health and Wellbeing Board), Brendan Sarsfield (Family Mosaic).

IN ATTENDANCE: Carmel Langstaff (Service Manager, Strategy and Policy, Community Services, LBL), James Lee (Service Manager, Prevention and Inclusion, LBL), Kalyan DasGupta (Clerk to the Board, LBL).

ALSO PRESENT: Cathy Ashley (Lewisham Pensioners' Forum).

APOLOGIES: Apologies were received from Dr Simon Parton (Chair of Lewisham Local Medical Committee), Rosemarie Ramsay (Healthwatch Lewisham), and Frankie Sulke (Executive Director for Children and Young People, LBL).

Welcome and Introductions

The Chair welcomed everyone.

1. Minutes of the last meeting and matters arising

- 1.1 The minutes of the last meeting (20 January 2015) were agreed as an accurate record.
- 1.2 There were no matters arising.

2. Declarations of Interest

There were no declarations of interest.

3. Revised Joint Strategic Needs Assessment Process (Dr Danny Ruta)

- 3.1 Dr Danny Ruta (Director of Public Health, LBL) presented the report. He explained that the purpose of the report was to inform the Health and

Wellbeing Board of the revised process to oversee the development of the JSNA and to propose that the Health and Wellbeing Strategy Implementation Group take responsibility for reviewing and assessing recommendations from completed JSNA topics.

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

- The HWB Strategy Implementation Group periodically needs to review its membership, marketing strategy, and engagement strategy.
- Public Health to engage with a wider group of organisations, to ensure that priorities are relevant.
- Undertake more focussed work on selected topics. Currently, only one or two deep dives are feasible out of the five or six topics addressed each year.

3.3 The Board:

1. Agreed the revised process for the development of the Joint Strategic Needs Assessment (JSNA);
2. Suggested that the Health and Wellbeing Strategy Implementation Group should regularly review its membership to ensure full and appropriate representation.
3. Suggested that Public Health explore the potential to align engagement activity with existing Borough events..
4. Agreed that relevant experts should be engaged to support the development of specific needs assessments.

4. Lewisham's Pharmaceutical Needs Assessment (Dr Danny Ruta)

4.1 Dr Danny Ruta (Director of Public Health, LBL) presented the report on the revised Lewisham Pharmaceutical Needs Assessment (PNA).

4.2 Dr Ruta apologised for the length and complex format of the report and explained that the publication of a PNA is a statutory responsibility for the London Borough of Lewisham and that the document needed to be submitted to NHS England by 1 April 2015. He added that the revised PNA had been designed to meet this statutory responsibility and to further inform Lewisham's priorities for the future.

- 4.3 In the discussion, it was agreed that members required additional time to read the assessment as they had been unable to access it through the link provided.
- 4.4 Jane Clegg (Director of Nursing, South London, NHS England) confirmed that the task of reading the document could also be delegated.
- 4.5 The Board asked that the link to the revised Lewisham PNA and a PDF version of the PNA consultation report be circulated after the meeting, for members to feed their comments back to the Board's Chair or Vice-Chair by 30 March 2015.

5. St Mungo's Broadway's Charter for Homeless Health (James Lee)

- 5.1 The Chair introduced the item by noting that St Mungo's Broadway Assessment and Recovery Centre has a significant presence in Lewisham and that the Board's proposed subscription to the Charter for Homeless Health reflected the known link between issues relating to homelessness and those relating to health.
- 5.2 James Lee (Service Manager, Prevention and Inclusion, LBL) presented the report detailing the current activity designed to address the health needs of homeless people in Lewisham.

The following points were highlighted:

- St Mungo's is encouraging all Health and Wellbeing Boards in the country to sign up to the charter.
- To date, four more boroughs (Hounslow, Hammersmith and Fulham, Waltham Forest, and Greenwich), in addition to the ones listed in the report, had signed up to the charter.
- The count of Lewisham homeless included in the report was based on a street count conducted in November 2014. This could be updated.
- Consideration should be given to incorporating Homeless Health into Lewisham's JSNA and to indicators of homelessness within the Health and Wellbeing dashboard.

5.3 The Board:

1. Noted the current activity to address homeless health needs in Lewisham;
2. Agreed to become signatories to the St. Mungo's Broadway's *Charter for Homeless Health*; and

3. Agreed that Lewisham should seek to create a needs assessment for homelessness. In the meantime, a specific section on homelessness should be created within Lewisham's JSNA.

6. Health and Wellbeing Board Work Programme (Carmel Langstaff)

6.1 Carmel Langstaff (Service Manager, Strategy and Policy, Community Services, LBL) presented the draft work programme for discussion and approval.

6.2 In addition to the listed items and changes to their scheduled appearance, the following recommendations were highlighted:

- The Board was invited to agree the frequency of Health and Wellbeing Board meetings for the forthcoming year, with a suggestion that an increasingly effective agenda planning process may enable the Board to meet less frequently in future;
- The Board was requested to propose items to be scheduled for the forthcoming year; and
- The Board was asked to agree the proposed process for agenda planning and the distribution of reports.

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

- The current frequency of six Board meetings per year should be retained. This will be reviewed in the event that Task and Finish groups are developed.
- Dr Danny Ruta to add the JSNA priorities, based on the discussion under Item 3, above;
- Key priorities for the work programme require further discussion;
- A draft agenda for the next HWB meeting should be circulated to members following the Board Agenda Planning Group meeting.
- All embedded links should be available in the form of PDF attachments.
- Officers agreed to explore whether reports could be packaged as PDF documents before being circulated to members for comment.

6.4 The Board:

1. Agreed the recommendation that papers be distributed to HWB members 5 days before the public despatch.

2. Approved the draft Work Programme.
3. Asked Dr Danny Ruta to add JSNA priorities to the Work Programme.
4. Asked that a draft agenda for the next HWB meeting should be circulated to members following the Board Agenda Planning Group meeting.

7. Information items

- 7.1 The items were noted.

8. Any Other Business

- 8.1 Cathy Ashley (Lewisham Pensioners' Forum) asked the Board to consider the reduction in the number of clinical beds for people with severe mental health problems in Lewisham, specifically the closure of the Inglemere facility. Ms Ashley asked the HWB to evaluate the time and resources spent in implementing the reduction and the impact of the closure.
- 8.2 In response, Aileen Buckton thanked Ms Ashley for her comments and explained that consultation was being undertaken by SLaM. The Healthier Communities Select Committee would be consulted as part of that process. Aileen highlighted the limited resources available to commission research on this scheme but suggested that lessons learnt could usefully inform the Adult Integrated Care Programme, specifically work to improve information and advice.

The meeting ended at 17:00 hrs.

#	MEETING REF	ACTION	LEAD/OWNER	ASSIGNED TO	DUE DATE	STATUS
1	3 July 2014	<p><u>Housing and Health in Lewisham</u></p> <p>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.</p>	Martin Wilkinson	Martin Wilkinson / Genevieve Macklin	TBC	<p>The 2014/15 Winter Pressures Schemes were agreed by the System Resilience Group.</p> <p>The March HWB signed up to St Mungo's Broadway's Charter for Homeless Health and agreed to consider Homelessness within Lewisham's JSNA.</p> <p>Item Closed</p>
2	3 July 2014	<p><u>Voluntary and Community Sector Response to Poverty, with a Focus on Food Poverty</u></p> <p>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.</p>	Tony Nickson	Voluntary Action Lewisham	The 'food summit' will be re-scheduled. Date TBC.	An update is scheduled for the September HWB.
3	25 November 2015	<p><u>Adult Integrated Care Programme, Better Care Fund and Draft Joint Commissioning Intentions</u></p>	Susanna Masters	Susanna Masters	TBC	The CCG Operating Plan was planned to be on the HWB's agenda in

		The Board will consider the implications of national guidance on the development of the CCG Operating Plan in early 2015.				May. However due to late notification of changes in the national requirements, the CCG's Operating Plan for 2015/16 has not been completed. This item has been deferred to the Health and Wellbeing Board meeting in July 2015.
4	25 November 2014	<u>Health and Wellbeing Board Strategy</u> <u>Progress update: HWB Strategy</u> <u>Performance Dashboard</u> A more refined monitoring schedule will be produced to explain the overall direction of travel.	Danny Ruta	Patricia Duffy	19 May 2015	A Performance Dashboard Update has been scheduled for the July Health and Wellbeing Board meeting.
5	25 November 2014	<u>Lambeth Southwark and Lewisham Sexual Health Strategy</u> 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	Ruth Hutt	November 2015	The next Sexual Health Strategy report has been scheduled for November 2015 in the HWB work programme.
6	20 January 2015	<u>Primary Care Development Strategy</u> The Chair, on behalf of the Board, to write to GPs in support of the proposed model for Primary Care.	The Chair	TBC	TBC	Awaiting update.
7	20 January 2015	<u>Primary Care Development Strategy</u>	TBC	TBC	TBC	To be included in the Work Programme.

		The Board to develop a vision / blueprint for the whole health and care system.				
8	24 March 2015	<u>St Mungo's Broadway's Charter for Homeless Health</u> Lewisham should aspire to creating a bespoke joint strategic needs assessment model for Homelessness. In the meantime, a specific place can be created for Homelessness within Lewisham's JSNA.	Danny Ruta	Danny Ruta	TBC	Awaiting update.
9	24 March 2015	<u>Health and Wellbeing Board Work Programme</u> Danny Ruta to add JSNA priorities to the Work Programme, based on the 24 March 2015 HWB discussion on the Revised JSNA.	Danny Ruta	Danny Ruta	TBC	Awaiting update.
10	24 March 2015	<u>Health and Wellbeing Board Work Programme</u> A draft Agenda of the next Health and Wellbeing Board meeting to be circulated to the Board immediately after each relevant meeting of the Health and Wellbeing Board Agenda Planning Group.	Carmel Langstaff	Kalyan DasGupta	1 April 2015	Actioned.
11	24 March 2015	<u>Health and Wellbeing Board Work Programme</u> Reports and background documents to be made available in PDF format; embedded links should also be available as PDF documents.	Kalyan DasGupta	Kalyan DasGupta		Actioned.

HEALTH AND WELLBEING BOARD			
Report Title	Declarations of interest		
Contributors	Chief Executive – London Borough of Lewisham	Item No.	2
Class	Part 1	Date:	19 May 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	Adult Integrated Care Programme, Better Care Fund and Draft Joint Commissioning Intentions		
Contributors	Executive Director for Community Services and Chief Officer, Lewisham Clinical Commissioning Group	Item No.	3
Class	Part 1	Date:	19 May 2015
Strategic Context	Please see body of report		

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 asked to:
- Note the update provided on the Adult Integration Care Programme;
 - Approve the process for approving the Better Care Fund quarterly return and note the progress on the establishment of pooled budget arrangements (section 75) for the Better Care Fund plan;
 - Note the findings of the joint public engagement exercise and the draft Commissioners response on the impact on the joint commissioning plans for integrated care.

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.

4. Adult Integrated Care Programme (AICP)

- 4.1 In March 2015, the Programme Board formally agreed to the refresh of the programme. Although there are no plans to make any changes to the scope of the Adult Integrated Care Programme the need for a refresh has been further reinforced by work recently undertaken by Optimity Matrix¹. This work was undertaken on behalf of Lewisham's Health and Care Partners to assess Lewisham's health and care system readiness to implement a whole systems model of care.
- 4.2 The Readiness Assessment Report highlighted a number of strengths on which Lewisham can build a whole-system model of care including:
- A shared purpose and understanding at senior leadership level;
 - Partnerships founded on strong collaborative relationships;
 - Some early progress on integrated health information technology with the implementation of Connect Care.
- 4.3 However it also identified some areas for further development, which included a need to:
- Increase focus on Lewisham's population and patient/user analysis;
 - Examine different contracting approaches between commissioners and providers
 - Develop capabilities and capacity within the workforce
 - Ensure there are resources, capabilities and capacity to deliver the potential benefits of integrated care

¹ Optimity Matrix are an advisory and consultancy firm with over 25 years' experience in the health and care, working with providers, commissioners, and national bodies. Optimity Matrix supported Lewisham's bid to be part of the New Models of Care Vanguard Programme (pilot sites selected to support the improvement and integration of services).

- Refresh the programme structure to improve decision-making and accountability.
- 4.4 The programme refresh is now underway. Health and Care Partners will continue to be supported over the coming weeks by Optimity Matrix as the team start working more closely with the providers and commissioners of health and social care in Lewisham to refresh and develop plans.
- 4.5 4.5 Whilst the refresh of the programme takes place, work will continue in a number of key areas where agreement has already been reached on specific actions. This includes work in relation to neighbourhood community teams (focusing on co-location of teams, joint assessments and joint care planning) and on enhanced care and support (focusing on case note audits, mapping of existing services and the scope of hospital at home type services).
- 4.6 The refreshed programme will continue to comprise of 4 key workstreams, supported by developmental work on workforce, ICT, and Estates. The workstreams will continue to focus on:
- Prevention & early intervention
 - General Practice and Primary Care
 - Neighbourhood Care Networks
 - Enhanced Care and Support

5. The Better Care Fund

5.1 Better Care Fund – Section 75 update

- 5.2 Section 121 of the Care Act 2014 requires the BCF arrangements to be underpinned by pooled funding arrangements with a section 75 agreement. (A section 75 agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England. It can include arrangements for pooling resources and delegating certain NHS and local authority health related functions to the other partner).
- 5.3 Lewisham's local agreement will be based on the template that has been suggested by the Department of Health. Officers have produced an initial draft for further discussion between partners. This will be presented to be signed off by the Mayor and Cabinet on 3 June 2015 and by the LCCG Board on a date to be confirmed.
- 5.4 Subject to formal agreement, key elements of the proposals within the s75 are:
- Establishment of a pooled budget to be hosted by the Council.
 - All expenditure to be accounted for through the pooled budget.

- Financial governance through a specific s75 group which monitors the s75 agreement and which considers actual or potential overspends/underspends on a monthly basis. The group will link to the Adult Integrated Care Partnership Board (AICPB).
 - Monthly reporting to members of the AICPB on BCF financial and performance measures.
 - Overspends which are unavoidable and accepted by accountable bodies to be managed, where possible, within the pool through reallocation of resources from other schemes. Where this is not possible, residual overspends to be funded on an agreed % basis by both partners.
 - The Partners have made provision in 2015/16 for a contingency fund should the performance element of the BCF fund not be met. Arrangements for 2016/17 onwards to be agreed in the course of 2015/16.
 - Plans for use of any underspends to be agreed by the CCG and the Council.
 - A requirement for Business Cases to be agreed by the Programme Board in accordance with prime financial policies before any expenditure is incurred on new schemes; this includes some schemes in the BCF Plan where detail has not been fully finalised.
- 5.5 The Health and Wellbeing Board is required to approve the completed Better Care Fund Quarterly Reporting Template. The HWB is also required to submit a written narrative to explain any changes to plan and any material variances against the plan to accompany the quarterly report.
- 5.6 A draft quarterly reporting template was published in March 2015 as an annex to the Operational Guidance. The published template is currently under revision and further guidance is expected by mid May. If available, the final template will be circulated at the HWB meeting. Although the deadline for submissions will remain 29th May 2015, assurances have been provided that the draft template represents the maximum quarterly data requirements and the expectation is that some of the data requirements will be removed or pre-populated from pre-existing datasets and returns.
- 5.7 The deadlines for the quarterly returns are as follows:
- Q4 14/15 - 29/05/2015
 - Q1 15/16 - 28/08/2015
 - Q2 15/16 - 27/11/2015
 - Q3 15/16 - 26/02/2016
 - Q4 15/16 - 27/05/2016
- 5.8 The deadlines for the returns do not align with the current schedule for HWB meetings (with the exception of the quarter 2 return). It is proposed that the quarterly returns are approved by the Chair and Vice Chair on

behalf of the HWB. It is proposed that a copy of the completed return and accompanying narrative will be included as information items at the subsequent HWB meeting.

6. Joint Commissioning Intentions for 2015/16-2016/17

6.1 A public engagement programme was undertaken of the Joint Commissioning Intentions for Integrated Care - 'Have your say' - which ended in January 2015. The outcome of this public engagement exercise has resulted in the following conclusions and recommendations being made by joint commissioners.

6.2 People generally supported the draft Commissioning Intentions, while highlighting some of the challenges and/or opportunities ahead in delivering these:

- The role of the voluntary and community sector needs to be considered in supporting delivery of services, but also in reaching people.
- People need assurance that delivery of integrated services will be supported by robust training for staff to ensure safe, person-centred services.
- It is important that we recognise potentially marginalised groups in designing and commissioning services.
- There needs to be ongoing engagement with service users around information sharing between health professionals.
- The causes of poor experiences of existing services should be put right addressed in the commissioning of new services, eg primary care, mental health access, re-enablement services.

6.3 Lewisham CCG and the Council greatly appreciate the public giving us their views on our joint Commissioning Intentions. As a result of this consultation exercise commissioners will have a much greater focus on and attention to the following areas that were highlighted by Lewisham people as mattering most:

- proactively sharing health and wellbeing information with local people - 'knowing the facts'.
- ensuring that the advice, support and care is jointly decided with the individual, respecting their preferences and responsive to the individual's circumstances – 'treated as people'.
- improving the patient experience and outcomes in GP Practices.

- supporting workforce development and training to ensure the delivery of safe, person centred care by multi-disciplinary, neighbourhood community teams.
 - supporting information sharing with the individual and between health professionals working in neighbourhood care networks, including the implementation of Connect Care.
- 6.4 To make this happen, joint commissioners are committed to working together with local providers to make sure that we have put in place the necessary infrastructure and commissioning approaches to support our transformational plans for providing joined up care and person centred care for all residents of Lewisham . To do this we will have a specific focus on:
- Supporting collaborative working with all providers to develop the best delivery model of care which joins up primary, community and hospital care in Lewisham. This will include working with the voluntary and community sector
 - Working towards ensuring that mental health has the same importance as physical health.
 - Reducing inequalities using the findings of the Equality Impact Assessment of our joint Commissioning Intentions to prevent discrimination against people who may be disadvantaged or vulnerable within our communities
- 6.5 The conclusions of this public engagement exercise is informing the ‘translation’ of the joint Commissioning Intentions into the CCG’s Operating Plans and Communities Services plans and priorities for 2015/16.
- 6.6 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.
- 6.7 It was planned that the Health and Wellbeing Board would review the CCG’s Operating Plan for 2015/16 to consider whether the plan has taken proper account of the Health and Wellbeing Strategy at this meeting in May 2015. Unfortunately due to late notification of changes in the national guidance for national tariff ,activity and performance requirements, the CCG’s Operating Plan for 2015/16 has not been finalised. So this consideration has been deferred to the Health and Wellbeing Board meeting in July 2015.

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 can be found at:

<http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-planning.pdf>

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 under an agreement under Section 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, an Equalities Analysis is being undertaken of the Joint Commissioning for Integrated Care to be considered by the Adult Joint Strategic Commissioning Group.

11. Environmental Implications

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

12. Conclusion

12.1 This information report provides an update on the adult integration care programme; the Better Care Fund and the draft joint Commissioning Intentions to date and invites members to note this information and agree the process for approving the quarterly return.

12.2 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)

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

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

HEALTH AND WELLBEING BOARD			
Report Title	Key Messages from the Joint Strategic Needs Assessment and Engagement Process for Selection of Topics for 2015-16		
Contributors	Director of Public Health, London Borough of Lewisham	Item No.	4
Class	Part 1	Date: 19.05.15	
Strategic Context	Provides an overview of the health of the population of Lewisham and key challenges to inform the Health and Wellbeing Board and the Strategy and outlines the process for selecting future topics.		
Pathway	Health and Wellbeing Strategy and Implementation Group		

1. Purpose

- 1.1 Provides an overview of the health of the population of Lewisham and key challenges to inform the Health and Wellbeing Board and the Strategy. Additionally the report describes the process for engaging stakeholders and the wider community in the selection and production of needs assessment topics for the JSNA.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Consider the key messages and direct as required any further analysis;
- 2.2 Agree the proposed process for engaging stakeholders and the wider community in the selection and production of needs assessment topics for the JSNA.

3. Policy Context

- 3.1 The production of a JSNA became a statutory duty on PCTs and upper tier local authorities in 2007. The Health and Social Care Act 2012 placed a new statutory obligation on Clinical Commissioning Groups, the Local Authority and the NHS England to jointly produce and to commission with regard to the JSNA. The Act placed an additional duty on the Local Authority and CCGs to develop a joint Health and Wellbeing Strategy for meeting the needs identified in the local JSNA
- 3.2 Lewisham's Joint Strategic Needs Assessment provides access to a profile of Lewisham's population, including demographic, social and environmental information. It also provides access to in-depth needs assessments which address specific gaps in knowledge or identify

issues associated with particular populations/services. These in-depth assessments vary in scope from a focus on a condition, geographical area, or a segment of the population, to a combination of these. Needs assessments in Lewisham are carried out to an agreed standard as outlined in the joint Community Services/Public Health guide. The overall aim of each needs assessment is to translate robust qualitative and quantitative data analysis into key messages for commissioners, service providers and partners.

- 3.3 The most recent version can be found here: www.lewishamsna.org.uk
- 3.4 The priorities of The Health and Wellbeing Strategy 2013-2023 were informed by the JSNA.

4. Background

- 4.1 To undertake its responsibilities the Board needs to be periodically updated on the local population and its health needs.
- 4.1 A JSNA process was implemented in 2011. This included a standardised process for prioritising the topics on which needs assessments should be undertaken. There has been no systematic approach since 2012/13 to identify priorities for JSNA topics due to scarcity of resource to complete JSNAs topics; however topics have been completed when resources have become available.
- 4.2 Individual JSNA topics provide in-depth analysis and recommendations for that specific service/population group.
- 4.3 A Revised Process was agreed at the last Health and Wellbeing Board. It proposes a greater involvement of the Health and Wellbeing Implementation Group. It is proposed that this group now takes on the responsibility to oversee the prioritisation and final sign off of completed JSNA topics and presents the priorities for JSNA topics to be undertaken, and the conclusions from completed JSNA topics to the Health and Wellbeing Board.
- 4.4 The Health & Wellbeing Board requested further clarification on the process of engaging stakeholders and the wider community in selecting and prioritising topics for future JSNA needs assessments and agreeing an annual programme of work.

5. Population Profile and Health Challenges

5.1 Population

- 5.1.1 The Lewisham population is projected to grow across all age groups over the next five years. For this period the largest increase in numbers is in the 20-64 year old age group. Over the next fifteen years the greatest percentage increase will be in the 65+ age group.

- 5.1.2 The increasing number of births is expected to plateau towards the end of the decade. The population of children, in particular those aged 5 to 14 will continue to rise for the foreseeable future because of the previous rise in births.
- 5.1.3 Lewisham is the 14th most ethnically diverse local authority in England and Wales. Black and Ethnic Minority (BAME) groups make up 49.3% of the population, the two largest groups are Black African (12%) and Black Caribbean (11%). In the school population 77% are from BAME, with over 170 languages spoken. The ethnic profile of the older population, which has been predominately White will change.

5.2 Health Inequalities

- 5.2.1 There have been improvements in the health of Lewisham residents. However Lewisham experiences significantly worse health outcomes than London and England. The 2013 Standardised Mortality Ratio (SMR) for All Cause Mortality in Lewisham was 98 compared to London (SMR 91) and England (SMR 99). This was a notable decrease for Lewisham compared to 2012.
- 5.2.2 Health outcomes are variable across Lewisham. Recent data indicate that Life Expectancy for males in New Cross, Sydenham and Lewisham Central wards is 75 years; five years lower than for males living in Crofton Park. Female Life Expectancy in New Cross is 77 years, nine years lower than for females living in Crofton Park.
- 5.2.3 The premature mortality rate for Lewisham is significantly higher than that of London. There are higher rates of overall and specific causes of mortality in the more deprived areas of the borough. Rates of Premature All Persons, All Cause Mortality are significantly higher in Lewisham Central, Bellingham and New Cross wards compared to the Lewisham average. Cancer, Circulatory disease and Respiratory disease are the main contributors to the gap in life expectancy between Lewisham and England for both men and women. Whilst there are other concentrations of deprivation and poor health outcomes in some wards, these change from year to year and high levels of deprivation are found throughout Lewisham.
- 5.2.4 Long term conditions are more prevalent amongst the poorest in society. Compared to social class I (the most affluent), people in social class V (the least affluent) have 60 percent higher prevalence of long term conditions and 60 percent higher severity of conditions.
- 5.2.5 In addition to deprivation impacting on inequalities in health outcomes, other populations such as those with mental health problems, homeless people, asylum seekers and Black and minority ethnic groups experience health inequalities. For example 70% of people with mental health problems smoke, please see 5.6.2 below for further information. Additionally for inequalities seen in Sexual Health see 5.7.

5.3 Cancer

5.3.1 Cancer is now the main cause of death (28.3%), followed by circulatory disease (28.1%), respiratory disease (13.8%) and dementia (9%).

5.4 Health Risks

5.4.1 More people smoke in Lewisham than the national average, reducing the number of people who smoke would make a major impact on the key causes of premature death. Obesity rates in children are high compared to England although similar to rates in London. Reducing levels of obesity, alcohol intake and inactivity would also contribute to improving health outcomes.

5.5 Long-Term Conditions

5.5.1 There will be increasing numbers of people who have long-term conditions and this will further increase with the ageing population, particularly the likelihood of having more than two conditions.

5.5.2 Lewisham's Black and Minority Ethnic communities are also at greater risk from health conditions such as diabetes, hypertension and stroke.

5.5.3 Identifying those with disease early and treating them optimally will be essential to managing this increasing demand.

5.5.4 Dementia - with the increasing age of the population the number of dementia cases will rise; prevalence increases particularly in the population older than 65.

5.6 Mental Health

5.6.1 Prevalence of mental illness is high in Lewisham both for Common Mental Illnesses and Severe Mental Illness. Poor mental health is more prevalent in disadvantaged communities in Lewisham. Demand for services is high.

5.6.2 Mental ill health is more prevalent in certain Black and Minority Ethnic groups, those who identify as Lesbian, Gay or Bisexual, those who are divorced/widowed/separated and those living in deprived areas.

5.7 Sexual Health

5.7.1 Lewisham has very high rates of abortion, teenage pregnancy and Sexually transmitted infections. HIV rates are high and over half of all cases are diagnosed 'late'. Certain groups are disproportionately affected by sexual ill-health. For example, HIV has had a greater impact on several groups such as men who have sex with men and those from Black African communities.

5.8 Birth Weight

- 5.8.1 The percentage of low birthweight babies has been a challenge in Lewisham, however for 2013 Lewisham was slightly lower than the London average. Smoking in pregnancy is the single most important modifiable factor contributing to low birthweight. Early access to antenatal care, careful management of high risk pregnancies and smoking cessation can significantly improve neonatal and maternal outcomes including low birthweight.
- 5.8.2 The highest risk of low birth weight is in babies born to mothers of Black African and Black Caribbean ethnicity, to mothers of any Asian ethnic group, and to mothers from deprived areas.

5.9 Children

- 5.9.1 The main health risks for children are premature delivery, high levels of obesity, and high levels of toxic stress defined as exposure to strong, frequent, and/or prolonged adversity, such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship. The level of child poverty in Lewisham is significantly worse than the England average. The rate of family homelessness is also worse than the England average.
- 5.9.2 Lewisham has significantly higher emergency admissions for diabetes, asthma and epilepsy in children aged under 19, than England.

5.10 Young People

- 5.10.1 The main health risks for young people are mental health issues, often as a consequence of exposure to toxic stress during early development, and sexual ill-health. High levels of obesity, and use of tobacco alcohol and cannabis also adversely affect young people's health in Lewisham.

5.11 Adults

- 5.11.1 Health risks for adults are the increasing numbers of people diagnosed with long term conditions and their management, in particular, Diabetes, COPD, CVD and hypertension.
- 5.11.2 Level of mental health needs for both common and severe mental illness are significantly higher for adults in Lewisham compared to London and England. None of the cancer screening programmes meet the national targets. The prevalence of risk factors such as obesity and overweight affect 61% of the adult population. Around 1 in 5 adults smoke, rising to 1 in 4 for routine and manual workers and there is a high rate of alcohol harm in Lewisham.

5.12 Older People

- 5.12.1 The prevalence of having a long term condition increases with age and over fifty percent of those aged 75+ will have two or more long term conditions.
- 5.12.2 The prevalence of dementia increases markedly with age, at about 1% of 65 to 69 year olds and almost one in four people aged over 90. In 2012/13 it was estimated that under half of all people with dementia are undiagnosed in Lewisham.
- 5.12.3 The rate of emergency hospital admissions for accidental falls is significantly higher in Lewisham than the England average, at 3,367 per 100,000 in 2012/13.

6. Proposed Engagement Process for Selecting JSNA Topics

- 6.1 At the beginning of each financial year, it is proposed that the chair of the Health & Wellbeing Strategy Implementation Group writes to: all member organisations of the Health & Wellbeing Board, the Boards reporting to the Health & Wellbeing Board, Health & Wellbeing Strategy Delivery Groups, main health & social care providers, and key voluntary organisations. The chair will invite submission of suggested JSNA topics for needs assessment using a standard JSNA registration form.
- 6.2 The Health & Wellbeing Strategy Implementation Group will also utilise existing engagement events to invite submission of suggested JSNA topics for needs assessment. Examples include the proposed engagement on the refresh of the 2015-2018 Health & Wellbeing Strategy Delivery Plan and engagement events forming part of the Well London programme in Bellingham, North Lewisham and Central Lewisham.
- 6.3 The Lewisham JSNA website will allow online submission of suggested JSNA topics for needs assessment using the same JSNA topic registration form.
- 6.4 The Health & Wellbeing Strategy Implementation Group will aggregate all submissions of suggested JSNA topics for needs assessment, undertake a prioritisation process using agreed criteria to select a proposed priority list of JSNA topics for needs assessments to be undertaken in 2015-16, and schedule a work plan and timetable for publication of topics to the JSNA website.

7. Financial implications

- 7.1 There are no specific financial implications. The Public Health team will have to allocate the appropriate human resources to manage and

coordinate the JSNA process. Relevant commissioners will also be required to allocate appropriate human resources to the relevant JSNA Topic Expert Group.

- 7.2 Both the development of the JSNA and any expenditure proposed as a result of it will be met either from existing budgets or from new external funding.

8. Legal implications

- 8.1 The requirement to produce a JSNA is set out above.
- 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 their area.

9. Crime and Disorder Implications

- 9.1 There are no Crime and Disorder Implications from this report.

10. Equalities Implications

- 10.1 JSNAs are a continuous process of strategic assessment and planning, with a core aim to develop local evidence, based priorities for commissioning which will improve health and reduce inequalities. Equalities Implications have been highlighted throughout the body of the report.

11. Environmental Implications

- 11.1 There are no Environmental Implications from this report.

12. Conclusion

- 12.1 Lewisham continues to face notable health challenges. With a fast growing population these issues need to continue to be addressed through the Health and Wellbeing Board and its Strategy.
- 12.2 The proposed process for engaging stakeholders and the wider community in selecting and prioritising JSNA topics for future needs assessments will ensure that the process is systematic and improved and overseen by the Health And Wellbeing Implementation Group which is accountable to the Health and Wellbeing Board.

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 Trish Duffy, Public Health, Lewisham Council, on 0208 314 7990, or by email at: ***patricia.duffy@lewisham.gov.uk***

HEALTH AND WELLBEING BOARD	
Report Title	Children and Young People's Plan 2015-18: Engagement Process Progress Update
Contributors	Frankie Sulke, Executive Director of Children and Young People
Class	Item No. 5 Date: 19 May 2015
Pathway	The report has been through the Children and Young People's (CYP) Strategic Partnership Board, the CYP Joint Commissioning Group, the Clinical Commissioning Group and the CYP Select Committee, among others.

1. Purpose of the report

- 1.1 The purpose of this report is to provide the Health and Wellbeing Board with an update on the development of the Children and Young People's Plan 2015-2018 (CYPP) and informs the Board of the timetable for publication.

2. Recommendation

- 2.1 The Board is asked to note the contents of the report and consider the proposed content of the Children and Young People's Plan 2015-18 for comment.

3. Background

- 3.1 Lewisham's Children and Young People's Plan sets out the strategic aims for all agencies working with children and young people across the Borough. We are currently in the process of developing Lewisham's fifth Plan to cover the period 2015-18. The new Plan will continue to structure and support the work of the Children and Young People's Strategic Partnership. It will evidence how we will work together to deliver high quality services that make a measurable difference to outcomes for our children and young people.

4. The Lewisham Context

- 4.1 Lewisham's Children and Young People's Plan will deliver against the Council's priorities, specifically:
- Young people's achievement & involvement
 - Protection of children
- 4.2 Additionally, the CYPP underpins Shaping Our Future – Lewisham's Sustainable Community Strategy 2008–2020 and sets out how partnership agencies working with children, young people and their families will support the delivery of the borough's priorities for the wider community: ambitious and achieving; safer; empowered and responsible; clean, green and liveable; healthy, active and enjoyable; and dynamic and prosperous.

The CYPP also takes forward our Health and Wellbeing priorities on behalf of the Health and Wellbeing Board and reflects the strategy for children and young people with the CCG.

- 4.3 Lewisham has a high proportion of 0-19 year olds, and has had a steady increase the number children in the borough in recent years. Births have increased by 34% between 2000/02 and 2009/10. Our population and in particular our school population continues to be extremely diverse with more than 170 languages spoken in our schools. Deprivation is also increasing. In the specific indicator of Income Deprivation Affecting Children Index (IDACI 2010) Lewisham was ranked 19 out of all London Authorities. It is estimated that 30.3% of children in the borough live in poverty.
- 4.4 The Plan is being developed at a time of increasing demand on services, and reduced resources. In this environment we must be even more vigilant to ensure resources are targeted appropriately, using the right intervention at the right time, focused on making a real difference to children's lives.

5. Process for developing our CYPP

- 5.1 **Needs analysis:** To ensure we include the right priorities in the new CYPP, we are conducting a thorough needs analysis and reviewing the progress made in our previous Plan (2012-15). While we have made significant improvements across many of our priorities to improve outcomes for children and young people, the majority remain significant and relevant and will continue to be prioritised in the new CYPP.

Priorities in which we are performing well include:

- Health Assessments for our Looked After Children (LAC) have improved following partnership action, with LAC aged under 4 who have a health check within the last twelve months consistently meeting 100%.
- There has been a significant increase in the number of children receiving a short break.
- Our universal and targeted support services are reaching more families.
- There is a continued strong performance in our adoption scorecard.
- Our children continue to achieve well at Early Years Foundation Stage and Key Stage 1.

Priorities where further improvement is needed include:

- Ensuring that our rate of immunisation for MMR2 (5th birthday) improves
- Although improving, teenage conceptions rates remain a challenge.
- Obesity rates both nationally and in Lewisham continue to rise.
- There is an increase in the number of children reaching the threshold for Children Social Care
- While improving, placement stability for looked after children remains a concern.
- Education standards at Key Stage 4.

- 5.2 **Collaboration and Consultation:** The CYPP 2015-18 will be developed with and informed by key partners including health, schools, the police and the voluntary and community sector, as well as children and young people, parents and carers.

In November 2014, the Strategy team attended Voluntary Action Lewisham's CYP Forum to review our 2012-2015 CYPP, and discuss priorities for the future.

A draft structure for the 2015-2018 CYPP was then developed, and taken to the Children and Young People's Strategic Partnership Board in January 2015 to seek agreement to consult more formally.

Papers presenting the outline of the new CYPP have been taken to key partnership fora and working groups to seek feedback and agree key outcomes, actions and performance measures for the new plan, including Lewisham CCG, CYP Joint Commissioning Group, the Healthy Child Programme Board, the SEND programme board, the Health of LAC group and Secondary Heads.

This consultation programme will continue to ensure that all stakeholders are fully engaged to ensure that our CYPP 2015-18 continues to reflect our collective ambition and commitment to work together to improve outcomes for our children and young people.

6. Proposed Structure & Content of the CYPP 2015-18

- 6.1** It is proposed to develop a structure for our CYPP that will be suitable for web based publication. Key messages that are central to our partnership and CYPP will remain: our aim, vision and values and our culture:

Our Vision and Values:

Together with families, we will improve the lives and life chances of the children and young people in Lewisham

- We will put our children and young people first every time
- We will have the highest aspirations and ambitions for all our children and young people
- We will make a positive difference to the lives of children and young people

Our Culture:

- We all work for children
- All Lewisham's children are all of our concern
- All money is children's money
- We intervene early and target children and families at risk of poor outcomes – including siblings
- We all have personal responsibility to integrate and share information
- There can be no resignation from the Team Around the Child/Family (TAC) – we do not just refer on, we have no wrong door

6.2 Priorities

We will deliver our CYPP 2015-2018 through **priority areas**, which will include our partnership actions linked to robust performance measures for the

next three years, and **key areas for impact**, which are areas where we know that partnership action is required to achieve our outcomes.

Informed by our needs analysis and our consultation to date, it is proposed that we have four priority areas as set out below –

- **Stay safe** - All our children and young people will live in safe and stable homes, where they are kept safe and are able to thrive. Abusive relationships will be challenged by all, so that children grow up surrounded and supported by secure and healthy relationships. The priority Stay Safe will remain to ensure safeguarding remains a central focus across the work of the Partnership.

To ensure that our children and young people stay safe we will:

- Reduce child abuse and neglect
- Reduce harm to children and young people at risk.
This includes risk from domestic violence and abuse inc Female Genital Mutilation and forced marriage, Child Sexual Exploitation, the 'Prevent' agenda.
- Provide secure and consistent support for LAC
- Provide early help and support to families at risk of poor outcomes
- Ensure young people feel safe, including victims of crime
- Reduce anti-social behaviour and youth offending.

- **Resilience** - Children, young people and families are able to sustain their own emotional and physical health and wellbeing, knowing when and where to go for support. Strong, supportive relationships with parents, peers and their communities will help children and young people to overcome challenges and adversity, leading to improved life outcomes.

To ensure that we build the resilience of our children and young people, and their families we will:

- Increase breastfeeding and promote attachment
- Reduce toxic stress in the early years
- Provide an integrated Early years offer (Health Visiting, Children's Centres and Maternity Services)
- Promote emotional resilience (Headstart)
- Ensure access to holistic support for children, young people and families
- Provide integrated support for young children with SEND
- Provide secure and safe family housing for children and young people
- Strengthen further participation and involvement

- **Achieve and attain** - All children will enter school at a good level of development and continue to be engaged and participate in learning, with a secure range of opportunities that meet their individual needs and interests, including extracurricular and social opportunities as they move into adulthood and work.

So that our children and young people achieve their full potential, at school and as they move into employment, education and training post 16, we will:

- Ensure all our children are 'school ready'

- Raise achievement for all our children and young people at all Key Stages
 - Provide support for young carers.
 - Improve attendance, especially in Secondary school
 - Ensure there are sufficient school places for every Lewisham child
 - Reduce the number of young people who are NEET 16-24
 - Raise participation and achievement at age 19.
- **Healthy and active** - Children and families will be confident and able to make healthy lifestyle choices including diet, nutrition and activity, and will understand how this can improve development and wellbeing.

To ensure that our children, young people and families are enabled to lead healthy lives we will:

- Improve our rate of Immunisations
- Reduce low birth weight
- Reduce childhood obesity
- Promote mental and emotional wellbeing
- Improve the health of Looked After Children
- Promote culture, sport, leisure and play activities
- Further reduce teenage conceptions and the rate of STIs
- Reduce substance misuse

6.3 Key Areas for Impact

The Partnership remains committed to our key areas of impact, and those in our 2012-2015 CYPP remain relevant now:

- **Intervene Early to Make a Difference** - Continue the work achieved by the partnership so far in embedding early intervention and targeted support approaches so that they have direct impact for children.
- **Involve Children and Young People and their families** - Ensuring that children and young people are involved in every part of the services that they receive – at an individual level, for example in their Education, Health and Care Plans, and at a strategic level, for example in the commissioning cycle, and our young people’s forum guiding our Headstart programme.
- **Have the best people working for our children and young people** - All organisations working with, and for our children and young people will have a strong, committed and highly skilled workforce supported by outstanding leadership and management.
- **Close the gaps and secure social mobility** - To ensure that the highest ambitions and aspirations for all our children are promoted across the partnership, with a focus on closing the gaps

6.4 Governance, resources & joint commissioning intentions

As part of the development of the CYPP 2015-2018, the Partnership will review governance arrangements, especially in light of the proposals developed as part of Lewisham’s ‘A Better Start’ Bid, to ensure that children and young people, residents, the voluntary and community sector, service

providers and the public sector have full engagement and ownership of outcomes and impact for our children and young people.

The Children and Young People's Strategic Partnership Board will be the board overseeing the delivery and impact of the CYPP 2015-2018, providing leadership and direction across agencies that deliver services to children, young people and their families in the borough.

The Joint Commissioning Group (JCG) sits below the CYPSPB and has responsibility for bringing together resources across the partnership and to ensure that these are aligned to deliver efficient and effective services, designed to improve outcomes. The JCG will be responsible for delivery and monitoring of partnership resources and the joint commissioning intentions within the CYPP 2015-2018.

The Lewisham Safeguarding Children Board also reports into the CYPSPB and has responsibility for ensuring that safeguarding practice and process are robust and effective across the partnership.

As part of the infrastructure of the Partnership, a number of working groups are in place to deliver against priorities in the Children and Young People's Plan. These are time limited groups that are reviewed regularly.

7. Next steps and key dates

7.1 Below are key dates in the development and completion of the Children and Young People's Plan 2015-18

Activity	By when
Consultation and Engagement with key stakeholders	January - April 2015
Stakeholder event	May 2015
Final Draft of the Plan presented for agreement by: <ul style="list-style-type: none"> • Children and Young People's Joint Commissioning Group – Commissioning Intentions • Children and Young People's Strategic Partnership Board • Mayor and Cabinet 	June 2015 July 2015 September 2015
<ul style="list-style-type: none"> • Publication of the Children and Young People's Plan 2015-18 	September 2015

8. Financial implications

8.1 There are no direct financial implications associated with this report.

9. Legal implications

9.1 There are no direct legal implications associated with this report.

10. Environmental implications

10.1 There are no direct environmental implications associated with this report.

11. Crime and disorder implications

11.1 There are no direct crime and disorder implications associated with this report.

If there are any queries on this report please contact:

Frankie Sulke, Executive Director, Children and Young People's Directorate,
Lewisham Council.

Agenda Item 6

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.	6
Class	Part 1	Date:	19 May 2015

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:

- Approve the draft work programme
- Consider additional items proposed
- Propose additional items to be included in 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.
- 3.3 There are a number of core duties defined in the Health and Social Care Act 2012 which underpin the work of Health and Wellbeing Boards. These include:
- To encourage the integration of health and social care commissioning and provision;
 - To undertake a Joint Strategic Needs Assessment (JSNA) to identify the health and wellbeing priorities of the local population;
 - To develop a joint Health and Wellbeing Strategy outlining how the board intends to achieve improvements to local health outcomes.

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 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
- 4.3 The HWB is also required to consider the Joint Strategic Needs Assessment. It has been proposed that the Health and Wellbeing Strategy Implementation Group takes responsibility for reviewing and assessing recommendations from completed JSNA topics and proposing priorities to the Health and Wellbeing Board.
- 4.3 The HWB has agreed to consider and approve the work programme at every meeting. In adding items to the work programme, the Board has agreed to specify the information and analysis required in the report, so that report authors are clear as to what is required.
- 4.4 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. Work programme

- 5.1 The HWB agreed at the meeting on 24 March to retain the current frequency of six Board meetings per year. This will be reviewed in the event that Task and Finish groups are developed to support the HWB to deliver its priorities.
- 5.2 The draft work programme (see Appendix 1), includes those items which the Board has identified it needs to consider over the course of next year. The Board has indicated that a review of key priorities is likely to impact on the work programme.
- 5.3 Danny Ruta agreed at the HWB meeting on 24 March to provide an update on key messages and the outline approach to engagement regarding the JSNA. Further progress updates on the JSNA are to be scheduled.
- 5.4 Exception reporting on the Performance Dashboard has now been scheduled. HWB members are asked to consider whether the format of exception reporting is appropriate and agree the frequency of future reporting.
- 5.5 The item on the CCG Operating Plan has been deferred from the May meeting to the July meeting.
- 5.6 The item on Integrated Inspections and Joint Inspections of the Local Safeguarding Children Board (scheduled for May 2015) has been withdrawn as Ofsted are no longer undertaking integrated inspections.
- 5.7 An information item providing an update on the Health Checks programme as requested by the HWB has been scheduled for the July meeting.

- 5.8 The following items have been requested by the HWB but are yet to be scheduled:
- Blueprint for the health and care system
 - Brief interventions update
- 5.8 At the 23 March Safer Lewisham Partnership meeting, a paper on tackling FGM was presented to the Board. The Chair of the Board, Cllr Daby, proposed that this paper should be discussed at the next available HWB. If members agree to this request the item will be added to the agenda for July.
- 5.9 As agreed at the HWB meeting on 24 March, a draft agenda for the 19 May meeting was circulated to the HWB following the Agenda Planning Group meeting.
- 5.10 HWB members requested that all embedded links should be available in the form of PDF attachments. Officers will ensure that embedded links in the body of reports are attached as separate PDF documents. However, it is proposed that papers continue to include links to background documents rather than provide separate PDF documents. Members also requested that reports should be packaged as a single PDF document before being circulated to members for comment. Unfortunately, this isn't possible in advance of the public despatch of papers.

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

Health and Wellbeing Board – Work Programme

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
7 Jul 2015	20 May 2015	11 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	Health and Wellbeing Board Work Programme		Agreement	Age UK / VCL
3	Performance Dashboard Update	Deferred: from May 2015	Information	LBL
4	Healthwatch Annual report		Information	Healthwatch
5	Community Connections Evaluation		Information	LBL
6	Update on the Health Checks programme		Information	LBL
7	CCG Operating Plan 2015/16	Deferred: from May 2015	Information	CCG

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Meeting date	Agenda Planning	Report Deadline		Agenda Publication
22 Sept 2015	22 July 2015	27 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
3	Findings from 2015 Food Summit	Deferred: from March and May 2015.	Agreement	VAL/LBL
4	Annual Public Health Report		Information	LBL
5	Performance Dashboard: Exceptions Reporting		Information	CCG/LBL

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
24 Nov 2015	30 September 2015	29 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	LSL Sexual Health Strategy		TBC	LBL
3	Health and Wellbeing Board Work Programme		Agreement	LBL
4	Performance Dashboard: Exceptions Reporting		Information	CCG/LBL

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
Jan 2016 (Date TBC)	W/C TBC	TBC		TBC
Agenda item	Report Title	Deferred	Information / Agreement	Lead Organisation(s)
1	Adult Integrated Care Programme Update		TBC	LBL/CCG
2	Performance Dashboard Update	Deferred: from Nov 15 HWB	TBC	LBL
3	Health and Wellbeing Board Work Programme		Agreement	LBL

Meeting date	Agenda Planning	Report Deadline		Agenda Publication
Mar 2016 (Date TBC)	W/C TBC	TBC		TBC
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

Health and Wellbeing Board			
Report Title	Health and Wellbeing Strategy Implementation Group: Action Plan report		
Contributors	Danny Ruta, Director of Public Health	Information Item No.	7A
Class	Part 1	Date:	19 th May 2015

1. Purpose

- 1.1. The purpose of this report is to inform the Board on progress made in implementing the Lewisham Health and Wellbeing Strategy 2012-2015 Delivery Plan and the proposal to develop a new plan for initially 1 year.

2. Recommendations

- 2.1. Members of the Health and Wellbeing Board are recommended to note:
- a) progress made in implementing the activities contained in the 2012-2015 Delivery Plan.
 - b) future activities proposed at the Delivery Plan review workshop of 20th April 2015.
 - c) proposal to develop a Delivery Plan initially for the next 1 year, during which the current Health and Wellbeing Strategy priorities are streamlined to a more strategic focus that reflects the whole system approach.

3. Policy Context

- 3.1 The Health and Social Care Act became law in March 2012 and provided the legal basis for the transfer of public health functions from the NHS to local authorities as part of the wider NHS Transformation Program. Under the Act, the majority of Public Health responsibilities and functions transferred to the Council on 1 April 2013.
- 3.2 The Health and Social Care Act (2012) places a statutory obligation on the Council, Clinical Commissioning Group (CCG) and the NHS Commissioning Board to develop a Joint Strategic Needs Assessment and produce a joint Health & Wellbeing Strategy to meet the needs identified.

4. Strategic Context

- 4.1 The Health & Wellbeing Strategy Delivery Plan contributes to the priority outcome in Shaping our Future that communities in Lewisham should be Healthy, Active and Enjoyable – where people can actively participate in maintaining and improving their health and wellbeing. The Health & Wellbeing Strategy Delivery is consistent with this priority, and with the priorities of the Children and Young People’s Plan
- 4.2 The Better Care Fund (BCF) is part of a wider Adult Integrated Care Programme (AICP). The focus of AICP is to establish better planned and co-ordinated care closer to home, thus reducing demand for emergency/crisis care in acute settings and preventing people from requiring mental health and social care services. Since the development of the Delivery Plan those actions aimed at delaying and reducing the need for long term care and support (Priority 8) and at reducing the number of emergency admissions for people with long term conditions (Priority 9) have been

refreshed so that they directly contribute to health and social care integration, and to ensure compliance with the new Care Act. These priorities are therefore now being delivered jointly by LBL, Lewisham CCG and its partners through the AICP.

5. Background

- 5.1 The Lewisham Health and Wellbeing Strategy was developed in 2012/13 by the Council together with its partners using the Lewisham JSNA evidence. The 9 priorities listed in sections 6 to 14 of this report were agreed to be delivered over a period of ten years.
- 5.2 A Delivery Plan that underpins the Health and Wellbeing Strategy sets out the actions that were to be taken, initially in the first three years, to achieve the improvements and outcomes required.
- 5.3 The Health and Wellbeing Board, in September 2013, delegated the responsibility for the monitoring the implementation of the Delivery Plan to the Implementation Group. The purpose of the Implementation Group was to provide an overview of progress on delivering the Health and Wellbeing priorities and report to the Health and Wellbeing Board. Since the introduction of the AICP, implementation of Priorities 8 and 9 have largely been overseen by the AICP Board and reported through it to the Health and Wellbeing Board.

There has been good progress made in many of the priority areas. Appendix 1 provides summary of progress in delivering all the activities and actions in the Delivery Plan over the three years. Red Amber and Green (RAG) rating has been used to assess progress, where Green is good, Amber is fair, and Red is poor. Majority the actions have been rated Green.

A workshop was held on 20th April 2015 with leads and partnership groups for each of the 9 Health and Wellbeing to review progress and identify activities/interventions for the 2015-2018 Delivery Plan, including overarching themes that the Health and Wellbeing Board might consider taking responsibility for.

Key achievements in delivering each of the 9 priorities during the period 2012-2015 are highlighted in the sections that follow below. Also included under each priority are 2015-2016 activities/interventions proposed in the workshop.

6. Priority 1: Achieving a Healthy Weight

- 6.1 Breastfeeding: Community and maternity services achieved UNICEF Baby Friendly Initiative stage 2 award in 2014.
- 6.2 Nutrition initiatives: Implementing universal vitamin D scheme reaching 30% of eligible women and 50% of infants under 1 year.

Physical activity: Implementing the Let's Get Moving physical activity care pathway training of primary care staff and the wider community to deliver brief advice on physical activity.

- 6.3 Healthier built environment: The Development Management Local Plan (2014) includes a DM policy (18) on hot food take-ways. This includes a restrictive policy based on an

exclusion zone (400m) around schools and maximum percentages outside exclusion zones.

- 6.4 Obesity surveillance: High participation rate in National Child Measurement Programme. Also weight management support providing a range of programmes available for children and adults as part of a tiered referral pathway accessed by nearly 2,500 residents a year.

Workshop proposal for future activity

- *Create a partnership to work with schools to support healthy lifestyle initiatives*
- *Achieve and maintain Baby Friendly accreditation across maternity and community*
- *Implement the Healthier Catering Commitment (HCC) scheme with eligible fast food businesses*

7. Priority 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years.

- 7.1 Review of Cancer: CCG and Public Health have completed a review of cancer in February 2014. Reducing variation in early detection has been incorporated into the work of the CCG Primary Care Development Strategy Board.

- 7.2 Cancer awareness raising: Public Health incorporated cancer awareness raising as part the services delivered by the Community Health Improvement Service in Lewisham & Greenwich Trust).

- 7.3 Be Clear on Cancer Campaigns: Public Health England's National Be Clear on Cancer Campaigns that have focussed on Bowel Cancer, Bladder and Kidney Cancer, Lung Cancer, Ovarian Cancer and Breast cancer in older have been promoted to Primary care and communities.

Workshop proposal for future activity

- *Develop a collaborative between health professionals and local communities to deliver targeted Awareness Programme to promote recognition of bowel, breast and lung cancer symptoms and earlier presentation to GP Practices.*
- *Promote cervical, bowel, breast and cervical cancer screening programmes in the community and work with GP Practices so that they are more proactive in following up cancer screening non-attenders*

8. Priority 3: Improving Immunisation Uptake

- 8.1 Further development and implementation of care pathways: A new Children's Centre Pathway was launched in July 2014 to improve uptake of preschool booster and MMR2.

- 8.2 Support for GPs in aiming for best practice, in implementing care pathways fully: Monthly dashboard being mail-out by Public Health to GP practices, detailing individual surgery performance on uptake of MMR and quarterly performance on uptake of preschool booster.

8.3 Annual action plan to improve uptake of influenza: Plan agreed for 2013/14 and for 2014/15. In the 2014/2015 Flu season, Lewisham saw its best performance yet and its greatest levels of improvement on uptake of flu vaccine.

Workshop proposal for future activity

- *Work with GP Practices/Neighbourhood Practice Groups, Pre-school and Early Years settings to improve Pre-School Booster/MMR2 vaccination.*
- *Work with GP Practices to improve access to GP-based vaccinations.*
- *Develop and disseminate public information to 'normalise' childhood vaccination and promote earlier and more timely delivery of vaccination.*

9. Priority 4: Reducing Alcohol Harm

9.1 Brief advice on alcohol: Trained at least 750 front line workers to be skilled in the Identification and Brief Advice on Alcohol.

9.2 Improved provision of alcohol support: Re-designed and recommissioned Lewisham's alcohol and drugs providers in response to a review, in order to increase access to alcohol advice and support.

9.3 Enforcement: Focussed on enforcing the sensible supply of alcohol, including a review of the licensing policy and the introduction of the Director of Public Health as a 'Responsible Authority'.

Workshop proposal for future activity

- *Work with alcohol support providers and GPs to increase the number of people accessing detoxification and treatment services.*
- *Reduce the illegal sale of alcohol and super strength beer & lager.*
- *Deliver Alcohol Identification Brief Advice (IBA) Training to partnership agencies and front line staff on a Neighbourhood Model, including a network of peer support for those trained.*

10. Priority 5: Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking

10.1 Reducing the supply of cheap and illegal tobacco: Lewisham had the biggest seizure of any local authority of illegal tobacco in the UK and has been cited as a model of success regionally.

10.2 Brief advice on smoking: Trained at least 1200 front line workers in very brief advice on smoking ie skills and confidence to raise the issue of smoking and refer for support.

10.3 Reaching the heavily addicted: Successfully reached and helped the most heavily addicted smokers to quit, including pregnant smokers, smokers with mental health problems and smokers on low incomes.

10.4 Tobacco peer education programme: Trained more than 300 pupils aged 12 to 13 years to persuade more than 3000 of their peers not to start smoking.

Workshop proposal for future

- *Continue to focus on motivating and assisting the most heavily addicted smokers to quit, aligning services with neighbourhood care networks.*
- *Promote smoke free environments including homes, cars, hospital grounds and children's playgrounds.*
- *Prevent the uptake of smoking by young people through reducing the availability of cheap/illegal tobacco and peer education.*

11. Priority 6: Improving mental health and wellbeing

Skills for mental health support: Successful delivery of mental health first aid training to all front line public and voluntary sector workers to support them to respond to the needs of people with mental health needs.

Focussed work with the at risk groups: A large proportion (31% to 33 %) of people referred to IAPT were from BME groups, compared to 46.6% in the population.

Targeted Family Support: Over 400 families have benefited from targeted family support in the year ending March 2015.

Workshop proposal for future activity

- *Work with GP neighbourhood to identify Serious Mental Illness (SMI) populations and improve access to mainstream health screening and health improvement activity.*
- *Develop and deliver tiered training programme on mental health awareness for frontline workers, community workers/volunteers and health and social care professional.*
- *Support children at risk of deteriorating mental health or those exposed to risk factors for mental health.*

12. Priority 7: Improving sexual health

12.1 Increase access to sexual health services in pharmacies: A total of 19 pharmacies offering emergency contraception & chlamydia and gonorrhoea screening.

12.2 Increase access to online STI screening through promotion of the services available: Number of online screening requests in 2014/15 increased on previous year. Plans to extend offer to over 25s.

12.3 Ensuring that Lewisham secondary schools are offered access to Sex and Relationships Education (SRE) lessons from local services: All secondary schools were offered access to free SRE in the 2013/14 school year. 9 schools took up this offer.

12.4 Ensuring that staff in GP practices have the opportunity to be trained in sexual health and HIV: 75% of Lewisham GP practices have now got of Sexual Health in Practice

(SHIP) trained staff. Training is being extended to include basic contraception module for practice nurses and HCAs.

Workshop proposal for future activity

- *Ensure service provider delivers pre-TOP contraceptive counselling and follow-up or onward referral. Develop and implement a clear pathway post-pregnancy termination in order to increase uptake of Long Acting Reversible Contraceptive (LARC) and reduce the numbers of repeat abortions.*
- *Implement NICE guidance for HIV testing by testing in key departments of Acute Trusts. Develop targeted HIV community testing settings whilst raising awareness of the value of testing and early detection in these communities.*
- *Develop and implement a clear pathway for onward referral of women presenting for Emergency contraception to either GP or S&RH Clinics for LARC.*

13. Priority 8: Delaying and reducing the need for long term care and support.

- 13.1 Admissions avoidance and enablement: The Adult Integrated Care Programme Board (AICPB) has reviewed a service map of intermediate care, rehabilitation, admissions avoidance and enablement.
- 13.2 Providing Integrated Care and Support :Co-location of key healthcare staff in each of the four neighbourhoods is being progressed. Estates issues being resolved in order to enable the co-location of key staff.

Future activity

To be decided by the Adult Care Integration Programme Board.

14. Priority 9: Reducing the number of emergency admissions for people with long term conditions

- 14.1 Implementing the key principles for treatment and care for all people with long term conditions: The CCG has supported GP practices to deliver the National Unplanned Admissions Enhanced Services (ES) and 40 of the 41 GP practices have used the Risk Stratification Tool to identify patients who are at most risk.
- 14.2 Encouraging GPs to identify undiagnosed Chronic Obstructive Pulmonary Disease (COPD), Diabetes and Cardiovascular Disease (CVD) among their patients: Delivered a structured programme to support practices to increase the numbers of NHS health checks, increased stop smoking and improving immunisations was delivered in 2013/14.
- 14.3 Redesign of all key Long Term Condition pathways: Improving access to structured education programmes - DESMOND (Diabetes Education and Self-Management for On-going and Newly Diagnosed). This has been commissioned by the CCG and is enabling patients to 'self-refer for support.

Future activity

To be decided by the Adult Care Integration Programme Board.

15. Overarching actions for the Health and Wellbeing Board

The workshop proposed that the Health and Wellbeing Board considers taking on the responsibility for overarching areas that would support the delivery of the 9 priorities. The following 3 areas were proposed for the Board consider:

- *Stronger communities – gaps analysis and identifying assets and how public services might better support communities to support themselves.*
- *Cross cutting themes – this could include workforce development and brief intervention training to enable staff to use every contact with individuals to support healthy lifestyles.*
- *Geographical focus – actions that might be targeted at more deprived areas or those places in borough with much poorer health outcomes.*

16. Next steps

- a. Implementation Group to produce a draft Delivery Plan for the next year.
- b. The Health and Wellbeing Board and the Implementation Group will take steps to streamline the current Health and Wellbeing Strategy priorities so that they are more strategic and support a whole system approach.
- c. The Implementation Group will work with the Joint Public Engagement Group (JPEG), to undertake public/community engagement on the development of a streamlined Health and Wellbeing Strategy.

17. Financial Implications

- 17.1 There are no specific financial implications arising from this report; all activities to be delivered within the existing budgets.

18. Legal Implications

- 18.1 There are no specific legal implications arising from this report. Members 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.

19. Crime and Disorder Implications

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

20. Equality Implications

- 20.1 There are no specific equalities implications arising from this report however addressing health inequalities is a key element of the Lewisham Health and Wellbeing Strategy.

20.2 An Equality Impact Assessment (EIA) was carried out on the Lewisham Health and Wellbeing Strategy

21. Environmental Implications

There are no specific environmental implications arising from this report.

Background Documents

a) Lewisham Health and Wellbeing Strategy

<http://www.lewishamjsna.org.uk/>

b) Adult Integrated Care Programme, Better Care Fund and Draft Joint Commissioning Intentions

<http://councilmeetings.lewisham.gov.uk/documents/s34716/Information%20item%20E%20-%20AICP%20BCF%20and%20Draft%20JC%20intentions.pdf>

c) Reducing Emergency Admissions for people with Long Term Conditions – Lewisham CCG Progress Report.

<http://councilmeetings.lewisham.gov.uk/documents/s32246/05b%20Reducing%20Emergency%20Admissions%20for%20People%20with%20long%20Term%20Conditions%20-%20CCG.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 Danny Ruta on 020 8314 8637

Appendix 1: Health and Wellbeing Strategy Delivery Update 2012/13 to 2014/15

Priority Area	Objectives	Activity and actions	Timescale	Indicator	Achievement	Final RAG rating
1. Achieving a healthy weight	Capacity building/training-development of knowledge and skills around nutrition, physical activity and healthy weight to deliver effective brief interventions	To deliver training for midwives on maternal obesity and introducing solids for health visitors	annual	Number of staff attending training	Training for both courses now mandatory for staff. Since 2013 over 100 midwives attended annual training sessions on maternal obesity. Five training sessions on introducing solids have been delivered to 56 health visiting staff	Green
		To deliver training to frontline staff on weight and nutrition guidelines	annual	Number of staff attending training	A range of bespoke training sessions available to staff, topics included obesity, raising the issue, nutritional guidelines and weight management. 250 staff attended training during the period. A primary care protected learning event on obesity was attended by representatives from over 24 GP practices in December 2013. 30 staff also attended a workshop on obesity as part of a behaviour change event and workshop on obesity in December 2014.	Green
		To deliver Let's Get Moving (LGM) Physical Activity Care Pathway training to primary care staff and the wider community	annual	Number of staff attending training	20 GP Surgeries and 120 primary care staff received the LGM Physical Activity Care Pathway training which included physical activity brief advice training and capacity building. Wider Community training and events included:	Green

					<p>NHS Health Check event ;</p> <p>Lewisham Physical Activity Network event – 40+ attendance;</p> <p>Obesity GP Event - 40+ attendance;</p> <p>North Lewisham steering group – 20+ attendance;</p> <p>Community Health Improvement Service 20 + attendance;</p> <p>Lewisham Volunteer Walk Leaders team 15+ attendance;</p> <p>Total 305 received the LGM Training</p> <p>In addition Let's Get Moving/Brief Advice was delivered at the GP PLT (Protected Learning Time) which was attended by 60+ GP's. Two tailor made workshops were delivered to update GP's on key physical activity documents, guidance and training on Brief advice. In total 28 GP's attended the two workshops.</p> <p>February 2015 LGM and brief advice training delivered as part of the NHS Health Check programme to Pharmacy, primary care staff and community. In total 11 participants attended the training session.</p>	
		To deliver Fitness for Life training programme to primary school teachers	annual	Number of teachers attending training	<p>A total of 12 schools ran the programme in 2014 and 50 classes across these schools participated in programme. This averaged 27 children per class, giving an approximate total of 1,350 children.</p> <p>Fitness for Life in primary schools programme continues in the 4 or the original schools as part of the</p>	Green

					curriculum. The programme will be offered to primary schools who wish to use the school premium to pay for the programme.	
	Breastfeeding support services-providing easier access to breastfeeding and infant feeding support	To improve staff skills on infant feeding by delivering training and audit staff skills	Feb 2014	Achieve UNICEF stage 2	<p>The UNICEF Baby Friendly community stage two award was achieved in February 2014. Maternity services achieved the UNICEF baby friendly stage 2 award in August 2014. The community and hospital are now working towards the stage 3 award due in the October 2015. Children's centres have also registered their intention to work towards accreditation.</p> <p>As part of the initiative over 100 Health Visitors and Midwives attended 2 day breastfeeding management training during this period. Also more than 75 of the Health visiting team and children centre staff attended Baby Friendly awareness training in August 2014.</p>	Green
		To expand number of local breastfeeding cafes and peer supporters reaching women ante natal and post natal	March 2015	Increase prevalence of breastfeeding at 6-8 weeks	<p>Nine breastfeeding support groups are currently available in Lewisham. Seven of these operate as weekly breastfeeding 'Baby café local' drop-ins in Lewisham supporting nearly 800 new mothers and over 2000 attendances during January to December 2014.</p> <p>Two cohorts of breastfeeding peer support training has been delivered each year. This successful breastfeeding peer support programme has resulted in 30-38</p>	Green

					active volunteer peer supporters helping to support mothers within the breastfeeding groups and on the postnatal ward in Lewisham during this period.	
		To develop Infant Feeding Care Pathway incorporating all UNICEF Baby Friendly Practice Standards	March 2015	Mother's audit of infant feeding support report experience of care in line with UNICEF standards	Peer supporters have been trained to help undertake audits mothers experience of support on feeding their baby which started in February 2015 as part of the preparation for the stage 23 assessment process	Green
	Healthier catering - working with early years settings, schools and fast food outlets to increase the range of healthy food options available	To roll out Eat Better, Start Better training for early years settings	March 2015	50% of early years settings signed up to voluntary food and drink guidelines	The local target to engage early years settings in adopting the voluntary food and drink guidelines for early years settings has proved challenging. Settings express interest but fail to commit to attend training, alternative ways of engagement are being explored. 47 settings attended training during the period.	Green
Priority Area	Objectives	Activity and actions	Timescale	Indicator	Achievement	Final RAG rating
		To work with school caterers to improve the uptake of school meals	March 2014	Increase uptake of free and paid school meals	Joint promotional events (Public Health and Chartwells) held to increase uptake of school meals included activities in libraries during family learning festival. In 2014 an annual Meet the Grower event held where 180 school children were provided the opportunity to meet and interact with the farmers who	Amber

					<p>grow their food (food to fork).</p> <p>The take up of school meals in 2014 remained constant over the year. In July 2014 the take up of school meals was 54.1% in primary schools and 27.9% in secondary schools.</p> <p>In September 2014 every child in reception, year 1 and year 2 (Key stage 1) in state-funded schools became entitled to free school meals.</p> <p>A section on school meals was included in the 'Well!' magazine (The Lewisham Annual Public Health Report) to encourage take-up of the offer.</p>	
		To implement the Healthier Catering Commitment (HCC) scheme with eligible fast food businesses	March 2016	75% of all eligible fast food outlets awarded HCC certificate	The HCC scheme was successfully implemented with 16 businesses in 2012/13 but no further progress was made in 2013/14. The Environmental Health team plan to implement the Healthier Catering Commitments in fast food outlets in Lewisham with the aim to recruit up to 40 business in 2015.	Red
Healthier built environment - working with others to create spaces and homes that support health and wellbeing	Restrictive policy on new hot food take-away in Development Management Local Plan		December 2014	No new hot food take-away approved	<p>The Development Management Local Plan (2014) includes a DM policy (18) on hot food take-ways. This includes a restrictive policy based on an exclusion zone (400m) around schools and maximum percentages outside exclusion zones.</p> <p>Since the policy has been adopted, 5 planning applications for take away</p>	Green

					use have been refused, 3 have appealed with one allowed and a further 2 awaiting decision. The policy has also been used in discussion with applicants resulting in a number of withdrawn applications.	
		To support development of community gardens and community food growing initiatives	March 2015	Increase number of community gardens and food projects	Existing community gardens have been supported through the provision of small grants funding of activities as part of e.g. the participatory budgeting process in Bellingham	Amber
		To ensure health perspective incorporated into large scale Housing developments	March 2016	Increased active travel	This will be considered for 2015/16	N/A
	Physical activity programmes - providing access to a range of activities in schools and in the community.	To develop Healthy lifestyle programmes promoting healthy eating and physical activity and offer them to all primary schools.	March 2015	Increased participation in extra curricular physical activity. Increased number of chane4life clubs.	Sports based healthy lifestyle programmes are available to primary schools, examples include 32 schools participated in the Hoops4health programme, an accredited healthy lifestyle programme based on basketball in 2013-15. Schools have been encouraged to register with the new Healthy Schools London programme, 30 schools are currently registered for this award. One school has achieved the bronze award and a further two schools have submitted evidence for the bronze award and are awaiting the outcome.	Amber
		To work with School to encourage Fitness for Life sessions to be incorporated into school curriculum	March 2015	Increased fitness of primary school aged children	Schools will be offered the Fitness for life programme as part of the school premium.	Amber
		To support children and	March 2015	Number of	Quarter 1 & 2 of 2015 the number of adult beginner and improver cycle	Green

		adults to participate in physical activity through subsidised courses		children and adults who access swimming, cycling	lessons delivered was 129. The borough bike loan scheme for Q 1&2 was taken up by 300 people. Year 6 school children completed Bikeability Level 1 /2 and 1932 school children completed the training . Year 6 school children completed a Road Safety and physical activity training course 1877 children. Free swimming in Q1&2 was attended by 1776 adults and Under 16's swimming figure was 6835.	
		To support uptake of targeted activity programmes e.g. Exercise on Referral, Active Heart, NHS Health Checks Get Moving and walking for health	March 2015	Increase proportion of adults who participate in activity	<p>In Quarters 1 and 2 of 2015 the number of people attending regular walks was 1432 and 80% of new walkers were recorded.</p> <p>Number of referrals to Exercise on Referral was 1346 and the number who attended their initial assessment was 338.</p> <p>The NHS Health Check programme; 749 (24%) of patients were recorded as inactive. And 1167 (38%) of health check patients recorded as Active from a total of 3090 health checks.</p> <p>The Health Check Get moving exercise programme had 254 health check referrals attending at least one 10 week exercise programme.</p>	Green
Priority Area	Objectives	Activity and actions	Timescale	Indicator	Achievement	Final RAG rating
	Nutrition initiatives- working with communities to	To implement universal free vitamin D scheme to pregnant women, one year	March 2014	Uptake increases to 25% of all	'FreeD' scheme launched in November 2013, free vitamins available from over 60 distribution sites in Lewisham including 45	Green

improve healthy eating and cooking skills of residents	post natal and children under 4 years		those eligible (from baseline of 10%)	community pharmacies, health centres and most children centres. Since the launch over 11,500 bottles of women's tablets and nearly 20,500 bottles of children's drops have been issued. The scheme is reaching 20-30% of eligible women and 50% of infants under 1 year. About 18% of those registered on the scheme are beneficiaries of the Healthy Start scheme.	
	To roll out healthy eating on a budget cooking courses	March 2014	Number of participants report improved healthy eating	Cookery courses commissioned and delivery started in December 2013. A total of 12 courses run annually in a variety of community venues, including libraries, with approximately 100 participants per year. The courses are popular with males (44%) and females (56%). Some participants have registered interest in attending accredited healthy eating courses.	Green
	To support community projects in development of cookery/healthy eating	March 2014	Number of participants (DNP, 170 project, participatory budgeting)	A variety of groups have been supported during the period by Downham Nutrition Partnership and North Lewisham Plan. These include nursery schools, community groups, food co-op, community café and cook and eat sessions. Participants that graduated from the OCN healthy eating and running a cookery workshop attended a facilitation skills workshop and community groups attended a healthy eating workshop. The Open College Network (OCN) accredited healthy eating and running	Green

					a cookery workshop training offered as part of Public Health promotion training resulted in 75 local people completing the course. Several of these now delivering or volunteering in community cookery programmes in the borough.	
		To monitor access to food banks in Lewisham	annual	Number of participants accessing food banks	As of September 2014 6 food banks are now operational in Lewisham. Processes are being implemented to monitor quarterly access. Using data from October to May 2013 as baseline when 1,000 people accessed food banks Access to food banks will be one of the areas covered in a forthcoming food summit in June/July 2015	Amber
		To work with partners to ensure evidence-based nutrition guidelines are adopted and disseminated	March 2015	Number of organisations signed up to nutrition guidelines	This is to be considered for 2015/16 onwards	Red
	Workplace health initiatives - assisting employers to help their own employees improve their health	To work initially with the Council and partner agencies that are represented on the Health and Wellbeing Board to promote healthy eating and physical activity with their own employees.	March 2014	Evidence that employees have been given information on healthy eating and feedback from staff	A total of 52 Health Checks and Wellbeing assessments were undertaken for local authority staff at Laurence House in over 5 weeks in January and February. A number of other staff opted for general information on health, including on healthy eating. Staff who the health check team saw and spoke to were very pleased with the service. A total of 31 staff members signed up for some form of follow up lifestyle support programme	Amber

					including healthy walks, Get Moving physical activity programmes and Health Trainer one-to-one lifestyle change programme. Work with partner agencies is yet to be progressed. Achieved endorsement for the Council to go for the London Healthy Workplace Charter accreditation as the first step to the Council leading partners by example and is to be progressed 2015/16 onwards..	
		To deliver workplace events where healthy eating / options are promoted, beginning with the Council and partner agencies that are represented on the Health and Wellbeing Board	March 2014	Feedback from staff	The 5 week Health Checks and Wellbeing assessments delivered to Council staff included information on healthy eating. Feedback from staff indicated they were very pleased with the event. Work with partner agencies is yet to be progressed as above.	Amber
Priority Area	Objectives	Activity and actions	Timescale	Indicator	Achievement and	Final RAG rating
		To develop agreements with the caterers to ensure that food supplied for Council and partner agencies that are represented on the Health and Wellbeing Board have healthy options labelled	March 2015	Copy of agreement and monitoring report on food supplied	This has not been progressed due to capacity but will form part of the Healthy workplace accreditation agreed in principle for 2015/16 onwards	Amber/Red
		To develop and implement Nutrition guidelines, which demonstrate the Council's and its partners	March 2015	Copy of the Nutrition guidelines monitoring	As above	Amber/Red

		commitment to healthy eating and provide an outline of what is expected from catering providers.		report on food supplied		
Obesity surveillance – monitoring levels and trends of overweight and obesity in the population ¹		To increase the participation in National Child Measurement Programme (NCMP)	annual	Over 90% of eligible children measured	Participation rate for 2012/13 of 92% which exceeded national target of 85% and was similar to the national average. NCMP results for 2013/14 published on the 3rd Dec 2014. Local participation rates - Reception: 95.5% (3,487 children measured) Year 6: 93.1% (2,672 children measured). This is similar to the national participation rates and exceeds the national target of 85%.	Green
		To produce annual data set on BMI in pregnancy at booking appointment	annual	Determine prevalence of maternal obesity	Data for 2012 show that 51% of women are overweight or obese at their booking appointment Data for 2013 indicate that 43.1% of women were overweight or obese at their booking appointment. Data for the first two quarters of 2014/15 show that 41.6% of women were overweight or obese at their booking appointment at Lewisham Hospital. Currently analysing the data on ethnic background of women to see if this is a reason for the decrease in the proportions overweight or obese	Green
		To record and monitor overweight and obesity in adults aged 40-74 as part of	annual	Determine prevalence of excess	Data monitored on a quarterly basis. NHS Health Check data (Oct 2012-Oct 2013) show that over 58% of	Green

¹ This reflects the work of a number of strategies and plans. Detailed action plans are available for Breastfeeding, Promoting Healthy Weight in Children and Families Strategy, Physical Activity Plan, Food Strategy and Workplace Health

		the NHS Health Check programme		weight in adults aged 40-74 years	adults are identified to be overweight or obese. The data for 2013/14 show that 58.3% of adults screened as part of the NHS Health Checks were identified as overweight or obese. The data for Q1 2014/15 show a similar figure of 57.3%.	
Weight management programmes - targeting those adults and children already identified as overweight or obese		To follow up proactively all children identified as very overweight in the NCMP by school nurses	annual	Number advised and attending appointments	Healthy weight school nurse team telephoned families of all children identified as very overweight as part of 2012/13 programme (over 400 contacts). In 2013/14 they contacted families of nearly 600 children to offer advice and support and option of referral to family weight management programmes. The majority of children have been measured as part of the 2014/15 programme. The school nursing service are in the process of sending feedback letters to parents.	Green
		To develop targeted weight management programmes in community settings	March 2015	Increased number of referrals and positive outcomes	A range of targeted weight management programmes are available in community settings as part of the children and adult weight management pathways. Families with children who are overweight can self refer or be referred to Mini-Boost, New Mum New You and Mend programmes. (217 families were recruited to the programmes in 2013/14). Adults with a BMI above 28 can be referred to free community group programmes (Shape-Up and Weight	Green

					Watchers). In 2013- 14 there were over 1800 referrals to these services)	
		To develop borough wide specialist community weight management services for children and adults	March 2015	Increased number of referrals and positive outcomes	Specialist weight management services are available to adults and children as part of the weight management care pathways. Families with children who are very overweight or have complex needs can be referred to a specialist weight management service (Active Boost). This offers either a group or one to one sessions delivered in community venues for children. (188 families accessed the service in 2013/14). Adults with a BMI over 40 can be referred to a specialist obesity dietetic service, hosted in GP practices in each Neighbourhood. (263 adults accessed service in 2013/14)	Green
Priority Area	Objectives	Activity and actions	Timescale	Indicator	Achievement	Final RAG rating
	Streamline healthy lifestyle referral pathways following NHS Health Check	To commission a Lifestyle Referral Hub for those identified at high CVD risk after NHS Health Check	March 2014	Increased referrals to weight management and physical activity programmes	Lifestyle Hub has been operational since July 2013. Referrals being received from GP surgeries, Pharmacies and community teams. Referrals to weight management and physical activity programmes increased between April 2013 to March 2014. A total of 1642 clients were referred to the new lifestyle hub during that period. Clients engaged in a variety of physical activity programmes and weight management. In 2014/15 in the first 3 quarters, a total of 2,807 people were referred to the lifestyle hub a and of these, 795	Green

					were for physical activity and 607 were for weight management.	
2. Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years	Improved awareness of early signs and symptoms of key cancers such as bowel cancer, lung cancer and breast cancer.	To develop a cancer awareness raising programme in collaboration with the community and health improvement practitioners.	March 2014	Programme developed with appropriate activity indicators and incorporated into the work of the health improvement provider	CCG and Public Health have completed a review of cancer in Feb2014. Reducing variation in early detection has been incorporated into the work of the CCG Primary Care Development Strategy Board. Incorporated awareness raising in the service specification of the Community Health Improvement Service (Lewisham & Greenwich Trust) Public Health England's National Be Clear on Cancer Campaigns that have focussed on Bowel Cancer, Bladder and Kidney Cancer, Lung Cancer, Ovarian Cancer and Breast cancer in older have been promoted to Primary care and communities	Green
		To deliver cancer awareness raising programme in collaboration with the community and health improvement practitioners.	March 2015	Cancer Collaborative with local communities developed and involved in targeted cancer awareness programme in at least 2 wards and identified population groups with worse	Lack of capacity impacted on the developing work with communities on creating a collaborative cancer prevention programme. Nevertheless, the Community Health Improvement Service has worked with the North Lewisham Health Improvement Programme to raise awareness of cancer in New Cross Gate Ward and Evelyn Ward, as well as Bellingham Ward and other parts of the borough	Amber

				outcomes for cancer		
		To review and expand cancer awareness raising programme implemented in collaboration with the community and health improvement practitioners.	March 2016	Cancer Collaborative and cancer awareness programme expanded to other wards with poor outcomes for cancer	As above	Amber
	Improved awareness of cancer screening programmes	Bowel, Breast and Cervical Cancer Screening training developed as part of the Lewisham Health Improvement Training Programme aimed at improving the skills and knowledge of individuals with paid or unpaid health promotion role in Lewisham	March 2014	Two training courses developed	<p>Bowel Cancer Screening was included in the Public Health run Health Improvement Training Brochure Nov 2013- April 2014, but the course was cancelled as there was low uptake</p> <p>Subsequently in 2014/15 The Specialist Health Promotion Officer post for Bowel Screening (based at L&GHT) that delivers this training fell vacant. This impacted on the delivery of the training, but Bowel Cancer UK was used as a alternative and the following three training courses were delivered:</p> <p>On the 23rd February 2015, Bowel Cancer UK delivered a Bowel Cancer Awareness session to 24 pharmacists</p> <p>On 24th March 2015 half-day training session of Bowel Cancer was delivered to community and voluntary sector agencies. 10 Participants attended the course.</p>	Green

					On 10th March Bowel Cancer UK delivered an awareness session to 13 members of the Health Improvement Team and their volunteers.	
		Work with the health promotion specialist for the South East London boroughs to promote the Bowel Cancer Screening Programme, providing resources and training for primary care and community and voluntary groups	March 2014	Course on Bowel Cancer Screening delivered to at least 12 key individuals from primary care and community and voluntary groups who have a health promotion role	The post of health promotion specialist for the South East London boroughs to promote the Bowel Cancer Screening fell vacant but Bowel Cancer UK was used as described above to deliver training to: 24 pharmacists 10 people from the community and voluntary sector agencies. 10 Participants attended the course. 13 staff and volunteers from the Community Health Improvement Service team.	Green
		Delivery of Bowel, Breast and Cancer Screening training delivered as part of the Lewisham Health Improvement Training Programme aimed at improving the skills and knowledge of individuals with paid or unpaid health promotion role in Lewisham	Nov 2015	At least 2 training courses for a total of 24 individuals with health promotion role in Lewisham	As above	Green
		Work with NHS England to promote uptake of cancer screening for cervical, bowel and breast cancer	Oct 2015	Improved uptake of cancer screening in	Be Clear on Cancer Campaigns: Public Health England's National Be Clear on Cancer Campaigns that have focussed on Bowel Cancer, Bladder	Green

				Lewisham	and Kidney Cancer, Lung Cancer, Ovarian Cancer and Breast cancer in older have been promoted to Primary care and communities and this will continue in 205/16.	
	Greater awareness within primary care on the signs and symptoms of cancer and the appropriate management of patients presenting	Distribution of Cancer profiles to each GP practice in Lewisham providing information on incidence and mortality, cancer screening uptake, 2 week referrals and emergency presentations for cancer.	March 2015	Improved 2 week GP referral figures	This has not been progressed due to capacity.	Red
		Application to Macmillan to fund GP lead for Cancer and if successful to work with practices on education for primary care to improve cancer awareness and early diagnosis, screening uptake and improved survivorship.	2013-15	Successful application Work programmes developed with appropriate activity indicators and incorporated into the work of the Lead Cancer GP	Application to Macmillan has been successful and process of recruiting a lead GP has been recruited	Amber
Priority Area	Objective	Activity and Action	Timescale	Indicator	Achievement	Final RAG rating
3. Improving immunisation uptake	Further development and implementation of care pathways –	To ensure Health Visitor (HV) pathway, similar to that in MMR pathway, becomes an integral part of	April 2014	Pathway agreed and reports on implementation	The development of a HV pathway in order to increase uptake of the pre-school booster (PSB) and MMR 2 was not possible, and attention has been	Green

active management of individual children to ensure that they are immunised is key to success	the preschool booster pathway		ion submitted to Immunisation Strategy Group	re-focussed instead on the development of a Children's Centre Pathway to achieve the same end. A new pathway was launched in July 2014 with the aim of improving uptake of preschool booster and MMR2. This involves using information provided by parents themselves to identify families that might require support to have their children immunised. Such support will be provided by Children's Centres. The impact of this pathway is now being reviewed.	
	To agree with SANS and with NHS England a care pathway for immunisation of school aged children in Lewisham	April 2014	Pathway, and relevant contracts, agreed.	A pathway for the immunisation of school aged children was agreed in September 2014, and is in operation. Meetings with Head Teachers of secondary schools have been held to ensure that they are all fully engaged with the new pathway and with efforts to improved uptake of the three vaccines delivered in Secondary schools.	Green
	To develop and disseminate care pathway for immunisation of all children under one.	April 2015	Pathway agreed and reports on implementation submitted to Immunisation Strategy Group	This work has not been undertaken because of other actions became more of a priority. Uptake of vaccines at the age of one has, however, improved, and is now just one percentage point short of the target.	Red
	Support for GPs in aiming for best practice, in	To agree and deliver a training programme for GP facilitators so they can	Sept 2013	Training Programme Delivery.	Training Programme was delivered to GP Facilitators in January 2014.

	implementing care pathways fully and to ensure good flow of data. Support to include feedback of information to practices.	support practices in maximising the uptake of vaccines				
		To produce monthly dashboard mail-out for GP practices, detailing individual surgery performance on uptake of MMR and quarterly performance on uptake of preschool booster	Monthly for MMR Quarterly for PSB	Dissemination of Dashboards	Monthly GP dashboards are being disseminated.	Green
		To support GPs in introducing changes to national immunisation schedule through providing training for practice nurses, advice on formulation of patient group directives, and promoting new vaccines.	Respond as soon as possible as changes are announced.	Uptake of newly introduced vaccines.	In 2013/14 training for Practice Nurses was delivered within two weeks of the introduction of changes. Information was provided to all GPs on changes. NHS England are now in charge of development of PGDs	Green
Priority Area	Objectives	Activity and actions	Timescale	Indicator	Achievement	Final RAG rating
		To agree annual action plan aiming to improve uptake of influenza vaccine. Those at risk require immunisation each year, against the predicted prevailing types of the virus for that year.	Annual	Plan Agreed	Annual Action Plan were agreed for 2013/14 and for 2014/15. A significant development in the latest plan has been the commissioning by the CCG of a new programme to ensure that pregnant women are immunised against influenza and pertussis by midwives. In the 2014/2015 Flu season, Lewisham saw its best performance yet and its greatest levels of improvement on uptake of flu vaccine. At the end January, uptake showed improvements in all the main groups	Green

					targeted. This means that Lewisham was the most improved borough in London and safely in the top ten performers in the Capital. The greatest area of improvement was uptake in pregnant women; Lewisham ranked fourth in London and achieved an increase of 11% over last year's performance. The service provided by maternity services at Lewisham Hospital clearly had an important impact.	
Working with children's centres and schools to ensure their full engagement.	To review arrangements for schools BCG and for provision of BCG to others who require the vaccine as part of TB needs assessment	Sept 2014	Completed Report	Schools arrangements were not reviewed because of the move of the commissioning of immunisation in schools to NHS England. Lewisham will, however, now be co-commissioning this service, allowing for better review of the service. Services for others who require BCG have been agreed with the Three Borough TB service.	Amber	
	To ensure incorporation of collection of information on immunization status into school entry procedures	Sept 2015	%Return of Health Checklists	This work has been completed and will be repeated in future school years.	Green	
Identifying, and attempting to remove barriers to successful completion of immunisation	To conduct survey on parental perceptions of barriers to immunisations	Sept 2014	Completed Report	Survey completed and report written. the Immunisation Working Group plan is using the findings to develop the 2015/16 Immunisation Action Group Work Plan	Green	
	Annual work plans to include measures to minimise barriers	Annual	Uptake of vaccine	Annual work plan for 2015/2016 includes such measures. Further work in development.	Green	

4.	Reducing Alcohol Harm	Strengthening population based approaches to prevention through effective enforcement of regulations relating to alcohol supply	Strengthen and Review LBL licensing policy	March 2014	New policy agreed	Licensing policy is currently out to consultation until May 2015.	Amber
			To ensure Licensing Law and Regulations are used whenever possible	ongoing	Evidence of license reviews and refusal	Enforcement undertaken on an ongoing basis and a number of licenses have been reviewed. 18 license applications have been received and logged onto the new system. Two representations from public health have been made and one license has been logged as suspended by the police. All license applications are logged.	Green
			To develop a system for the Director of PH to consider and respond to Licensing applications	March 2013	Clear process established and being used	A clear and robust system has been established within the PH team to enable the Director of Public Health to exercise his role as a 'Responsible Authority' and respond to licensing applications and reviews using the Safe stats screening tools. This system is now being used..	Green
Priority Area	Objective	Activity and Action	Timescale	Indicator	Achievement	Final RAG rating	
4.	Reducing Alcohol Harm		To develop a rolling programme for test purchasing operations by Trading Standards for 'off sales' and Under Age Sales	ongoing	Number of test purchases per annum	There were 132 visits which identified 13 under age sales. In addition there were 42 multi-agency visits to various premises which found 17 bottles & 500 litres of counterfeit wine, and 17 bottles and 103 litres of counterfeit spirits.	Green
		Improving referral pathways and expand interventions to support those	To review and improve locally defined referral routes and care pathways for alcohol (to include referral procedures), including	March 2014	No. of people accessing and	Plans are underway to review locally defined referral routes and care pathways for alcohol (to include referral procedures) in 2015 to	Amber

	<p>most at risk</p>	<p>specific groups such as vulnerable adults, young people and those 40-74 having health checks)</p>		<p>completing treatment services will increase.</p> <p>Implementation of Lewisham hospital Alcohol CQUIN</p> <p>No. of people aged 40-74 accessing and completing treatment services will increase.</p> <p>No. of young people exiting treatment in a planned way being maintained at 90% or better each year up to 2016</p> <p>Number of people aged 40-74 accessing and completing</p>	<p>ensure that these are embedded within partnership agencies</p> <p>There will also be opportunities provided feedback on pathways.</p>	
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				treatment services will increase. The number of young people exiting treatment in a planned way being maintained at 90% or better each year up to 2016		
		To monitor, review and develop the capacity of the alcohol treatment system for Lewisham	Oct 2014	Review implemented	Some treatment services have been re-commissioned, including primary care from a combination of GPs and Blenheim CDP to start April 2015. CRI will continue to provide services to those with complex needs.	Green
		To provide satellite and outreach provision from alcohol services into partnership agencies, the community and targeted specific areas	March 2015	Decrease in the number of alcohol-related hospital admissions.	As above – treatment services have been re-commissioned which are likely to contribute to decrease in alcohol related admissions	Amber
	Training for practitioners working in Lewisham to deliver effective screening and brief interventions for alcohol misuse.	To deliver Alcohol Identification Brief Advice (IBA) Training to partnership agencies and front line staff	March 2016	By 2016, most practitioners will be skilled in identifying those at risk from alcohol harm and in delivering brief	IBA high quality training has been delivered to more than 750 front line workers from a range of agencies in Lewisham, including GPs, pharmacies, Lewisham and Greenwich Healthcare Trust, Job Centre Plus, housing providers, voluntary and community sector, and the criminal justice system	Green

				interventions.	<p>Another four Alcohol IBA Training sessions were delivered to hospital staff as part of the Alcohol CQUIN and 40 Staff attended the training.</p> <p>In February and March two Alcohol IBA Training sessions delivered to health professionals on the NHS Health Check training programme in total 23 participants received the training.</p>	
		To deliver alcohol IBA training sessions for the GP Protected Learning Time Event.	Aug 2013	50% practices have trained staff in IBA	<p>In 2013 a total of 49 GPs attended a training event as part of Protected Learning Time.</p> <p>In 2014, Alcohol IBA training update was provided at the GP PLT (GP's protected learning time) which was attended by over 60 GP's. Two Alcohol IBA workshops were provided during the event with over 35 GP's attending the tailor made workshops to update their skills and knowledge.</p>	Green
		To undertake an evaluation of alcohol IBA Training to be undertaken and produce recommendations for the future.	Oct 2013	Evaluation report	<p>The evaluation was completed on the Alcohol IBA training delivered between April – Sept 2014. The evaluation showed that most participants found the training useful and that it improved their confidence to use brief intervention with their clients/patients. The 2014/15 evaluation to be completed mid to the end of April 2015</p>	Green
	Co-ordination and enforcement of existing powers against alcohol-related crime,	Responsible Retailers Agreements to be signed with off licences in drinking hotspots to remind them of their licensing responsibilities and identify	March 2014 & ongoing	No. of agreements No of problem premises	<p>31 retail outlets in Deptford and New Cross agreed not to supply super strength alcohol.</p> <p>Responsible Retailers Agreements have been signed with retail outlets in</p>	Green

	disorder and anti-social behaviour	problem premises.			Catford. Two multi agency enforcement visits have also been undertaken in the area with two written warnings being issued to two problematic off licences	
		To review the needs of street drinkers/street communities/Rough Sleepers	March 2015		There has been an ongoing targeted outreach work and the most prolific street drinkers are being identified for support. A rough sleepers count has also been undertaken.	Amber
		Audit offenders with alcohol related offences once a year to ensure appropriate support has been offered and review how Probation clients access alcohol services and embed Alcohol Treatment Requirements with alcohol care pathway	ongoing		Alcohol Treatment Requirements work continues to be delivered by CRI Lewisham IOM Service, with an increase in successful completions. All procedures remain and will continue to be regularly reviewed in partnership with Probation	Green
	Workplace health policies – assisting employers in developing policies and schemes that promote consistent messages about alcohol harm	To work with partners to review and/or develop workplace alcohol policies to support improvement of health of the working population and reduce sickness absence	2014	Evidence of policies demonstrated	LBL has reviewed its alcohol policy and Public Health commented on this. Work with other partners is yet to be progressed and will form part of Public Health work plan for promoting the uptake of the London Healthy Workplace Charter accreditation by the Council and its partner organisations in 2015/16 and beyond.	Amber
	To produce and widely distribute consistent alcohol messages & signposting to support services.	Communications strategy including websites, posters, twitter, Lewisham Life, press and bus stops & billboards	March 2014	Awareness raised of the physical and mental short-term and long-term effects	Key campaigns delivered in Nov - Alcohol Awareness week, Dec - Lewisham Town Centre Drink Drive/Cycling Campaign & Seasonal Alcohol Awareness Outreach event messages and Dry January has been promoted via the Council website and	Green

				of drinking alcohol	Lewisham Life magazine.	
		To raise awareness of alcohol harm amongst children & young people through SE Lesson, Health Days and Junior Citizens.	ongoing	Increase in knowledge, development of skills and attitudes to support making informed choices and decisions	More than 4000 Children and young people have been reached via awareness sessions delivered by the LBL Drugs and Alcohol Action Team since April 2013	Green
		To develop partnerships between community groups, including those in Bellingham Well London & North Lewisham and alcohol treatment agencies.	March 2014	Numbers of residents reached	<p>Delivered two presentations to the North Lewisham Stakeholder Group on alcohol treatment services.</p> <p>Two meetings were held with Bellingham community co-ordinator to discuss Alcohol training/briefing session for Well London Volunteers.</p> <p>Two Alcohol IBA training sessions been delivered to Bellingham Well London and North Lewisham community groups. Over 35 people attended the training which included IBA skills as well as knowledge of local services .</p> <p>Updates on alcohol services and campaigns have been provided to the North Lewisham groups via Stakeholder Group. New groups who received funding through the North</p>	Green

					Lewisham Participatory Budgeting are all expected to attend Alcohol IBA training as part of their funding condition. Health Trainers continue to signpost clients to the Alcohol services. In 2013/14 the number signposted into alcohol pathway following screening was 57, and in 2014/15 for the first 3 quarters was 99.	
		To develop a social marketing campaign to include raising awareness of alcohol harm amongst young women and a mobile one application aimed at those most at risk to reduce alcohol related harm	March 2014	Usage of application Alcohol related admissions among young women	Mobile phone APP development was completed in Quarter 4 of 2013/14 and tested in Quarter 1 of 2014/15.	Green
	Share intelligence to ensure a targeted approach to tackling alcohol related violence.	To establish a process that allows alcohol related assault data to be collected by UHL A&E and shared with the police and public health to inform a targeted response.	2014	Data shared	There was initially some difficulty in obtaining data from L> since the Routine data now being sent through regularly from A & E. Report to be produced shortly to inform targeted interventions.	Green
		To collate and analyse UHL A&E and Police Data on quarterly basis, to Map Alcohol Related Issues	2015	Quarterly reports	This has not been progressed due to lack of capacity but is planned for 2015/16	Red
		To identify key hotspots and produce action plan for response	2015	Action plans	Data has been used to inform DPH response to licensing applications. No clear hotspots for targeted action have emerged to date.	Green
Priority Area	Objective	Activity and Action	Timescale	Indicator	Achievement	Final RAG rating

5. Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking ²	Vision for tackling tobacco use is understood and shared across the Health and Well Being Board partners	To develop a clearly articulated and shared vision.	March 2014	All partners report demonstrate an shared understanding of the vision	Paper to Health and Wellbeing Board Sep13 & approach endorsed Mayor & Cabinet signed Local Declaration on Tobacco Control Dec 2013	Green
		To ensure shared understanding across all partners on the effective methods for reducing tobacco harm and progress.	March 2014	Partners demonstrate a shared understanding of how to reduce tobacco harm	Health and Wellbeing Board Sep 2013 & approach endorsed. Smokefree Future Delivery group – good representation on this from across agencies	Green
		To disseminate evidence to inform and engage strategic groups	ongoing	Dissemination by each partner	Paper to Health and Wellbeing Board Sep 2013 & approach endorsed. Regular programme provided by Stop Smoking Service (SSS)	Green
	Motivate and assist smokers to quit	To promote and deliver <i>Very Brief Advice</i> training as widely as possible. (including all health visitors & all school nurses) and primary care	Annual and ongoing	Frontline staff trained from a range of agencies including all member agencies of Smokefree Future Delivery Group	Regular training programme provided by Stop Smoking Service . At least 1200 front line trained in brief advice including SLAM, mental health staff, GP practices, LGT, Maternity Staff, voluntary community sector, housing providers, & children's centres School nurses attended next level, Level 2 training to become stop smoking advisors	Green

² This is part of the Smokefree Future Delivery Plan 2013/16. The overall indicators for actions in delivery plan are:

Reduce smoking prevalence to 15% by 2016

Reduce the number of primary smoking related fires (those that cause harm to people, damage property or require five or more fire engines)

Reduce the number of secondary smoking related fires being all other (less serious) fires such as rubbish fires.

				Increased numbers of referrals to stop smoking services, including following NHS health check		
		To target smoking parents of asthmatic children and work with CCG, primary care and others on identification and developing action plan	2014-15	Implementation of Action plan	In CCG strategy and Commissioning intentions Trained A+E paediatrics, outpatients and doctors. New pathway established whereby all parent smokers of children with asthma referred to SSS automatically. Level 1 training offered to ward nurses.	Green
		To ensure that service spec and action plan of SSS incorporates recommendations from health equity audit 2013.	annual	50 quits x pregnancy 40 quits x acute patients 20 quits x mental health 5% increase in routine and manual quitters	Recommendations reflected in 2014/15 and 2015/16 Service Specifications for SSS.	Green

				<p>10% increase in quitters aged 30-35</p> <p>10% increase in women quitters over 60</p> <p>5% increase in Black African quitters</p>		
		To contact people who have received service and to re-engage them in service if they have relapsed.	ongoing	All service contacts called at 52 weeks to establish status	<p>SSS following up people who have relapsed.</p> <p>All lost to follow ups are called.</p> <p>Monthly messages to clients to invite them into group session.</p>	
		To develop communications plan for Stop Smoking service .	Ongoing	Systematic and planned response to national and local campaigns	<p>Stoptober campaign supported by LBL</p> <p>Integrated smokefree communications plan in place encompassing Stop Smoking Service, Smokefree Homes and Preventing the uptake of smoking among young people</p> <p>Stop Smoking referral form on LBL website and targeted emails sent encouraging smokers to quit for 2015. Also promoted on social media.</p> <p>Web pages updated to reflect additional stop smoking drop-ins.</p> <p>Infographic being prepared for use</p>	Green

					with young people focussing on manipulation by tobacco companies and cost to developing countries	
		To improve referral pathway to stop smoking services	annually		Primary care – electronic referral form created in EMIS. PLT event to promote VBA. SLAM – electronic referrals from ePJS system – opt out referrals for all smokers. L+GT – Level 1 training across departments	
Engage schools and colleges in 'tobacco free' agenda and commission education programmes to influence young people not to start smoking.		CYP Forum to promote tobacco free agenda	2013/16	Evidence demonstrated	No update available	Red
		To offer a minimum of 5 secondary schools will be offered a tobacco peer education programme .	2013/14	Reduce the % of smokers at 15 years 5 schools 50 peer educators trained 1000 pupils reached	As of January 2014, programme completed with year 8 in 3 schools and was positively received and evaluated As of June 2014 the programme was completed in a total of 5 schools. The programme continues to be delivered in schools, to be completed March 2015	Green
		Cut Films to work with LeSoCo on design/ film making curriculum to involve young people in tobacco peer education.	2013/14	Workplan agreed and implemented	LeSoCo Lewisham College 14-16 year olds -completed making films (18 young people) Worked directly with 320 young people, with a total of 43 films in 12 youth clubs/schools. A total 76 films made in the borough in 2013/14	Green

Regulate tobacco products effectively	Trading Standards to reduce access to illicit tobacco through gathering intelligence, targeting suppliers and enforcement.	2013/15	Minimum of 250 retail premises visited. Evidence of action against covert sources of supply where detected	At least 394 inspections of premises including 170 with detection dog. At least 40 underage tobacco sales test purchases including e cigarettes/e shisha, with 7 actual sales At least 3 prosecutions & 103 warnings At least 64 seizures including the biggest local authority seizure in UK Intelligence suggesting a sophisticated and locally organised criminal supply chain.	Green
	To appoint dedicated officer to work on tobacco regulation and continue monitoring compliance with legislation.	Sep 2013	Officer Appointed and work plan delivered	Lewisham is a member of the SELTA of Trading Standards and Public Health Professionals who are working together on tobacco control activities. Dedicated officer recruited and started Dec 2013.	Green
	To undertake a Shisha (tobacco) users survey in Lewisham	March 2014	Survey completed	Local survey completed on shisha use – 26% of smokers & 12% of non-smokers. Young people more likely to use shisha. The very high levels of shisha use seen among young cigarette smokers are of concern. Shisha may be acting as a gateway into regular cigarette smoking. poor knowledge of its potential health impacts and legality. Report completed with recommendations disseminated in SE London.	Green
	Communicate tobacco free agenda effectively.	To raise awareness of the risk of cheap illicit tobacco, including the use of social	2013/14	SE London social marketing	Integrated communications Plan in place.

	marketing tools such as Twitter/Facebook		campaign	Several media releases about seizure and prosecutions for illicit tobacco, linked to stop Smoking Services Facebook/Twitter/LBL website utilised re: illegal tobacco information and stop smoking services	
	To promote images of 'Smokefree' and align local comms to national campaign on Smokefree	Ongoing Dec 2013	Range of outlets utilised; min of 1 item in Lewisham Life per annum Website pages completed	Stoptober campaign linked locally with social media, website and press releases. Plans to link local campaign with No Smoking Day in March.	Green
	To contribute to Bellingham Well London, North Lewisham Health Improvement programme & other local initiatives by providing information about SSS, developing creative projects and training staff and volunteers	March 2014	Evidence demonstrated	Tobacco Control Officer attends meetings of named organisations and has made valuable community contacts in communities blighted by illegal tobacco. Work is ongoing. In Bellingham – 7 volunteers trained to Level1 by SSS	Green
Reduce exposure to second hand smoke	To engage animal organisations to promote smokefree homes	March 2014	Increase in number of homes that are smokefree	Work undertaken with Veterinary Surgeries so that they can provide information to raise awareness about second hand smoke with pet owners who visit their surgeries. Smokefree leaflets developed and distributed to all Veterinary Surgeries	Green

					in Lewisham to raise awareness with pet owners who visit their surgeries – well received by vets & their customers	
		To promote smokefree homes and cars systematically with all staff working with pregnant women, children and families and housing staff through publicity & training	March 2014	Increase in number of homes that are smokefree Evidence demonstrated	Training undertaken with some small housing providers. Smokefree home posters produced by local primary school pupils Promoted by Phoenix Housing & libraries	Amber
		To commission training on smokefree homes and prevention of CYP uptake of smoking.	March 2014	20% staff trained in CYP trained each year	Training took place and was attended by 8 people who work with young people	Amber
	Workplace health	To ensure brief advice provided to all staff smokers by all partners	ongoing	Numbers referred to SSS	LBL staff have access to SSS quit line on website and a drop in at Laurence House. Additional quit smoking drop-ins publicised on LBL staff intranet. New SSS clinic at Forest Hill Library. No update on other partners.	Amber/ Green
		To work with organisations to enforce no smoking policy outside entrances and in grounds	On going	No smoker smoking outside buildings of partner agencies	SLAM became smokefree in October 2014. Lewisham site has been reported as the most successful site. L+GT became smokefree in March 2015 at Lewisham and QE hospital sites.	Green

6. Improving mental health and wellbeing	Ensuring those in BME groups and at high risk of anxiety and depression get access to IAPT services	To actively promote IAPT services through GP practices in BME groups	April 2014	Percentage of IAPT referrals from BME groups	As of June 2014, 31% of people referred to IAPT were from BME groups, compared to 46.6% in the population (although a significant proportion of population is under 18 and not eligible for IAPT services). 62% of referrals come from GP. As of Q3 14/15 a similar proportion, though slightly higher (32.8%) was from BME groups, broken down as follows: 5.8% mixed ethnicity, Asian or Asian British 5%, Black or Black British 19.4%, Chinese or other ethnicity group 2.6%	Green
		Patients with long term conditions from BME groups to be assessed for anxiety and depression & referred where appropriate	April 2015	Percentage of patients assessed for depression with diabetes (QOF)	As of Q4 14/15 the IAPT service has increased group provision for people with LTHC in order to provide a more specialist offer to individuals suffering from LTHC and requiring some psychological therapy support.	Green
		To encourage self referral to IAPT from BME communities through active promotion of services	April 2014	Increase in the number of BME referrals which come through self referral route	When comparing the service with Q1 12/15 the service has managed to increase participation from BME communities. This may be due to the service increasing throughput over the reporting period.	Amber/ Green
	Targeting those individuals and families at high risk of long term mental health problems through	To implement CYP IAPT model in Lewisham improving the quality of service delivered to child and their families in Lewisham	December 2014	2 staff trained from Voluntary sector in accredited parenting therapy	CYP IAPT in Lewisham includes delivery of psychological therapies and training for people working with children and young people outside of health settings. It focuses on extending training to staff and service managers in CAMHS, embedding	Green

	early intervention and parenting support delivered in schools and childrens centres			programme s (specifically for families of 3 - 10 year olds, with behaviour and conduct issues)	evidence based practice across services. A report in November 2014 documented that over 50 additional young people have received cognitive behaviour therapy for anxiety and depression with parent/carers benefiting from parenting support, where their child has a behaviour/conduct disorder. Early finding showed that families have welcomed support in these areas.	
		Targeted Family Support to work with 400 families a year.	April 2015	Demonstrated improvement in 3 key outcomes; improved child and family resilience; improved school participation and engagement; and prevention of escalation	Over 400 families have benefited from targeted family support in the year ending March 2015. The three key outcome areas and others were considered for all families, and outcomes set for those relevant to each family. It is estimated, based on returns from the first three quarters of the year that over 90% of outcomes agreed with families were achieved.	Green
Priority Area	Objective	Activity and Action	Timescale	Indicator	Achievement and final RAG rating	
		Lewisham schools to be offered the opportunity to participate in place2be or similar models of	April 2015	Number of schools offering Place2be or	A report to the Children and Young People's Select Committee in November 2014 documented that Place 2B was currently available in	Green

		psychological support to school age children		similar intervention	tens schools, mainly primary, across Lewisham. Between April 2013 and November 2014, P2B had supported in excess of 800 pupils, with 90 children and young people having accessed 1:1 counselling sessions and approximately 500 group sessions had been delivered. In addition to this, over 500 Lewisham based professionals had benefited from P2B well-being training. Consistent improvements in the children accessing their services have been reported by teachers, parents/carers and children. Since this report, an additional six schools were to be recruited to this scheme.	
	Supported discharge – those who access mental health services will be supported at discharge to prevent relapse	To develop care pathways which support individuals as they transition through care services eg. Inpatient to community mental health services, community mental health services to primary care.	October 2015	Percentage of people discharged to primary care with a recovery and support plan in place.	No report	Red
	Improve recognition of poor mental health by front line workers (statutory and voluntary sector) and equip them to support individuals experiencing mental illness.	To offer a programme of mental health first aid training to all front line public and voluntary sector workers to support them to respond to the needs of people with mental health needs.	Reviewed annually from April 2014	4 mental health first aid training courses to be offered 'free' to front line workers in Lewisham Number of course participants	In 2013/14, 2 Adult Mental health first aid course were delivered and were attended by a total of 25 participants. In 2014/15, 2 Adult Mental Health First Aid courses were delivered and were attended by a total of 18 participants	Green

				completing courses		
		Youth Mental Health First Aid training courses to be delivered prioritising those working with vulnerable young people	April 2014	Number of courses run and participants completing the course.	In 2013/14 a total of 5 Youth First Aid Courses were delivered and were attended by a total of 55 participants In 2014/15, 1 Youth Mental Health First Aid course was delivered and was attended by a total of 17 participants.	Green
		To offer tier 1 mental health awareness training to all front line staff working with children and young people	March 2015	Uptake of tier 1 training across the borough	Covered as part of Youth Mental Health First Aid courses above	Green

Priority Area	Objective	Activity and Action	Timescale	Indicator	Achievement and final RAG rating	
	Improve the physical health of those with poor mental health.	To offer support to all patients seen by SLAM identified as smokers to stop smoking	April 2014	Percentage of service users involved in developing their smoking cessation care plan	Over performing on quit target for SLAM	Green
		To offer Annual physical health checks to all patients on GP SMI registers		Uptake of physical health checks	As of January 2014, Lewisham practices performed worse than London and England on specific health checks for patients with SMI including BP, Cholesterol, HBA1c and cervical screening. As of June 2014, percentage of service users who had been in SLAM hospital / long term health care for more than one year had a physical health check in the previous 12 months was reported at 100%	Green
7. Improving sexual health	Continue to develop new and innovative ways to deliver sexual health services to the population, including through pharmacies, GP	To increase access to sexual health services in pharmacies including: <ul style="list-style-type: none"> • Emergency contraception • Condom distribution 	April 2015	Number of pharmacies offering sexual health services; number of individual	19 pharmacies offering emergency contraception & chlamydia and gonorrhoea screening. A pharmacy primary care review has been undertaken and the findings will inform a recommissioned pharmacy sexual health service offer from April 2016.	Green

	practices, online as well as clinic settings	<ul style="list-style-type: none"> • Pregnancy testing • Chlamydia and gonorrhoea screening 		visits to pharmacies for these services		
		To increase access to online STI screening through promotion of the services available	October 2014	Number of online screening requests	Number of online screening requests in 2014/15 increased on previous year. Plans to extend offer to over 25s	Green
		To review sexual health clinic provision across Lewisham in partnership with stakeholders	October 2014	Re-specification of Sexual health services in Lewisham	New specification developed for 2015/16. Plan to review whole service in 2016 – with potential to retender with Greenwich Council	Green
	Ensure that all young people know how to access and use free condoms, and are equipped with negotiation skills through the SRE programmes to use them to protect themselves.	To develop a Lewisham Sex and Relationships Education (SRE) curriculum and lesson plans with school nursing and sexual health	April 2015	Development of lesson plans which can be used in all schools	Lesson plans developed by sexual health and school nurses, but do not appear to have been used outside of formal sessions commissioned from sexual health.	Amber
		To ensure that all Lewisham secondary schools are offered access to SRE lessons from local services	April 2014	Number of schools taking up offer of SRE lessons	All secondary schools were offered access to free SRE in the 2013/14 school year. 9 schools took up this offer.	Green
		To continuously improve the quality of SRE provision in Lewisham	October 2014	Feedback from pupils and teachers on content	Schools were previously contacted for feedback but none received.	Red

	To ensure young people are able access sexual health services in a variety of settings in a timely manner	April 2014	Feedback from young people on local services Numbers of young people accessing different types of service provision	Young people's focus groups held as part of the sexual health strategy. Overall a smaller proportion of young people appear to be accessing services, however, this could be due to better uptake of contraceptive methods such as implants which require fewer visits.	Amber
Ensure all our GP practices have the opportunity to be trained in sexual health and HIV	To deliver a sustainable programme of Sexual Health in Practice (SHIP) training across Lambeth, Southwark and Lewisham	April 2014	Number of GPs and practice nurses attending Sexual Health in Practice Training; number of practices who have at least 1 GP and practice nurse who have completed training	75% of Lewisham GP practices have now got SHIP trained staff. Training is being extended to include basic contraception module for practice nurses and HCAs	Green
Continue to expand the opportunities to promote and	To develop and commission pathways for Long Acting Reversible Contraception for primary care	April 2014	Re-commissioned LARC contracts	LARC primary care service specification was reviewed for April 2014 to enable more GPs to participate.	Green

access LARC			across primary care		
	To improve the experience of women accessing LARC across Lewisham	October 2014	Feedback from women in LARC providers reported annually	Not delivered due to capacity constraints	Red
	To ensure all women accessing emergency contraception and abortion services are offered rapid access to LARC	April 2014	Proportion of women under going TOPs who choose LARC as a method	Service Specification for pharmacy emergency contraception from April 2014 includes offer of LARC	Amber
Increase the offer and uptake of HIV testing in primary care (GP practices) as part of routine practice	To provide all practices with rapid HIV tests following attendance at SHIP training	April 2014	Increase in the number of positive HIV tests performed in primary care	Rapid tests available, but there remain problems with the delivery of tests where no new patient check operates. Practices will be working across neighbourhoods to improve the sexual health offer available and HIV testing may be offered as part of this.	Amber
	Offer a rolling programme of HIV training and updates for all primary care staff	Sept 2014	Increase in the testing rate per 1,000 patients per practice	SHIP HIV training offered x3 per year across Lambeth, Southwark and Lewisham. Significant variation in testing rates between practices, but not enough data yet to compare years.	Amber/ Green

8. Delaying and reducing the need for long term care and support	Providing support for people with complex needs to live at home	Admissions avoidance and enablement	Ongoing	Update reports from the ACIP Board	The Adult Care Integration Partnership Board (ACIPB) has reviewed a service map of intermediate care, rehabilitation, admissions avoidance and enablement. Board members also discussed the use and impact of the additional Winter Funding for 2013/14 and 2015/16 and looked at the Business Cases that are being developed on the Virtual Ward (hospital@home model) and the Ambulatory Care Unit. The Board agreed that a workshop should take place as soon as possible to progress this work	Green
	Providing integrated care and support (Transforming care planning and streamlining care pathways)	Establishing the Neighbourhood Community Care Model	Ongoing	Update reports from the ACIP Board	Co-location of key healthcare staff in each of the four neighbourhoods is being progressed. Estates issues yet to be resolved in order to enable the co-location of key staff, in a way that will enhance the growth of these teams in the medium term as care shifts from acute to community settings, and the successful realisation of shared values and co-ordinated working practices.	Amber

Priority Area	Objective	Activity and Action	Timescale	Indicator	Achievement	
9. Reducing the number of emergency admissions for people with long term conditions (This priority is has been superseded and is now being delivered via the Adult Integrated Care Programme and supported by the Better Care Fund).	Implementing the key principles for treatment and care for all people with long term conditions; Risk profiling, Integrated Care Teams and Self Care.	To ensure the implementation of the Register, Recall and Review (3Rs) used to support the management and treatment Diabetes in partnership with patients is embedded in Primary Care (GPs)	Ongoing	Patient Feedback Peer to Peer Review & Evaluation	The 3Rs work was completed in 2013/14 and has been superseded by the National Direct Enhanced Scheme (DES) for unplanned admissions. The scheme was launched by NHS England in July 2014 and LCCG supported and developed toolkits, which enabled all Lewisham GPs to sign up to the scheme. NHS England has advised that it is likely that the DES will run again in 2015/16. In addition, locally LCCG has included additional elements to support integrated Neighbourhood Community Teams, Risk Profiling and Care Plans in its 2014/15 scheme, which will also continue into 2015/16.	Green
Priority Area	Objective	Activity and Action	Timescale	Indicator	Achievement	Final RAG rating
	Encouraging GPs to identify undiagnosed COPD, Diabetes	1. To utilise national schemes to support practices (E.g. QP QOF: Quality and	Ongoing	GP Disease Prevalenc	LCCG implemented its local scheme in September 2014, which ran until March 2015. The Lewisham Neighbourhood Primary Care Improvement Scheme	Green

	and CVD (hypertension, atrial fibrillation, arrhythmia, heart failure, CHD) among their patients	Productivity – Quality Outcomes Framework, Direct Enhanced Schemes; Dementia – DES)		e Registers (CMS)	<p>(LNPCIS), had several aims;</p> <ul style="list-style-type: none"> • To increase self-management for people with long term conditions • To have a positive impact on access to primary care services. • To build on the collaborative working within Neighbourhoods in Lewisham • To reduce variation. • To improve the health outcomes for people with Long Term Conditions in Lewisham • To provide a platform for the delivery of population based care <p>LTCs covered include; Diabetes, COPD, Hypertension and Cancer. The scheme has provides some positive outcomes (E.g. 5000 care plans, 574 newly recorded/diagnosed Type 2 diabetes patients, 220 newly diagnosed COPD patients, 309 referrals to Diabetes self-management courses since the scheme commenced) and will be implemented for 2015/16 as BAU.</p>	
		2. To support practices in order to standardise processes and share best practice in identifying the undiagnosed	Ongoing	GP Disease Prevalence Registers (CMS) Patient feedback (Breatheasy, Diabetes Forum and LTC	See above. The scheme has enabled neighbourhoods to work more collaboratively in certain areas. Neighbourhoods are now meeting monthly with representatives from their respective practices to discuss their progress under the improvement scheme.	Green

				Group)		
	Providing support, training and development to primary care in the management of long term conditions.	To continue GP Education and Training Programmes	Ongoing	GP Feedback	LCCG has an annual programme of training events for GPs and is developing via HESL bids programmes for practice nurse. LCCG has appointed a training officer and developed a draft primary care education strategy.	Green
Priority Area	Objective	Activity and Action	Timescale	Indicator	Achievement	Final RAG rating
	Redesign of all key LTC pathways	To continue to integrate the diabetes pathway, including primary care, community care and self care aspects	2014/15	Quality Innovation Productivity and Prevention (QIPP) Programme Patient Feedback	Diabetes pathway work has been complete and a review/refresh of the CCG Diabetes Strategy is underway with the joint (LGT and CCG) clinical reference group.	Green
		To review the asthma pathway to ensure that it is efficient, effective and provides quality outcomes for patients	2014/15	Quality Innovation Productivity and Prevention	Review completed and Protected Learning Time event for Primary Care took place in 2014.	Green

				(QIPP) Programme Patient Feedback		
		To undertake a Holistic review CVD pathways from diagnosis to treatment.	2014/15	Quality Innovation Productivity and Prevention (QIPP) Programme Patient Feedback	Review of the pathway was not prioritised in 2014/15 and has been superseded by the National DES.	N/A

HEALTH AND WELLBEING BOARD			
Report Title	Update on Autism in Lewisham		
Contributors	Corinne Moocarme – Joint Commissioning Ekuba Edjah – Joint Commissioning	Information Item No.	7 B
Class	Part 1	Date: 19 th May 2015	
Strategic Context	The report provides an update on work being undertaken to support the Health and Wellbeing strategic aim of improving mental health and wellbeing; and delaying and reducing the need for long term care and support		
Pathway	<p>3 July 2014 – Health and Wellbeing Board (Progress Report on Implementing the National Autism Strategy in Lewisham)</p> <p>4 March 2015 – Mayor and Cabinet – Contracts (Using the DoH Autism Innovation Capital Grant to support local work on implementing the National Autism Strategy in Lewisham).</p> <p>12 March 2015 - Adult Joint Strategic Commissioning Group (Future Commissioning Arrangements for Burgess Autistic Trust).</p>		

1. Purpose

- 1.1 This report provides members of the Health and Wellbeing Board with an update on the work undertaken by Lewisham to continue and strengthen the implementation of the National Autism Strategy “Think Autism” in Lewisham.

2. Recommendation/s

- 2.1 It is recommended that Members of the Health and Wellbeing Board:
- Note NHS Lewisham Clinical Commissioning Group’s intention to renew the Burgess Autistic Trust contract for the Information advice and Support Service for Adults with Autism/Asperger syndrome in Lewisham for another year from July 2015- June 2016.
 - Note how the £18,500 Autism capital grant was awarded and details of spend.
 - Note the outcome of the Autism Self-assessment framework and the main areas of self-assessment where Lewisham rated itself Red including planned actions.

3. Policy Context

3.1 The contents of this report are consistent with the Council's policy framework. It supports the achievements of the Sustainable Community Strategy policy objectives:

- Ambitious and achieving: where people are inspired and supported to fulfil their potential.
- Empowered and responsible: where people can be actively involved in their local area and contribute to tolerant, caring and supportive local communities.
- Healthy, active and enjoyable: where people can actively participate in maintaining and improving their health and well-being, supported by high quality health and care services, leisure, culture and recreational activities.

3.2 The content is also in line with the Council's policy priorities:

- Strengthening the local economy – gaining resources to regenerate key localities, strengthen employment skills and promote public transport.

3.3 The content also supports the Health and Wellbeing strategy priorities areas of:

- improving mental health and wellbeing; and
- delaying and reducing the need for long term care and support

4. Background

4.1 Lewisham has the highest prevalence of children with Asperger's Syndrome Disorder (ASD) known to schools of all local authorities in England (1.74%). As a result, there is strong advocacy for this population group via the presence of several active and vocal campaign groups in Lewisham.

4.2 In response to the Autism Act 2009 and Autism Strategy in 2010 (later updated in 2014), a secondary care ASD diagnostic service was commissioned with South London and Maudsley NHS Foundation Trust; and an Information Advice and Support Service for Adults with Autism/Asperger syndrome was commissioned with Burgess Autistic Trust (BAT) from July 2012 to June 2015. BAT's service was mainly for FACs ineligible Autistic adults in Lewisham.

4.2.1 Since commissioning the service with BAT, over 300 people and families have accessed the service and currently 180 clients are accessing on-going support. The service has delivered in four broad areas for the client group as follows:

- information development pre and post diagnosis ;
- facilitated peer support and shared social activities
- provided support in decision making and accessing generic services
- provided an advisory function on Autism for Health and Social Care professionals

4.2.2 BAT's achievements based on evidence and feedback from service users include:

- Accessing the service has improved the mental well-being of majority of service users by helping them understand and cope better with the condition.
- The socialising activities delivered by BAT have made service users and their families feel less isolated. It has also resulted in greater proportions of Autistic adults in Lewisham regularly socialising with both other Autistic people and a 25% increasing in those who are socialising with non-Autistic people.
- The independent living and budget skills training has also improved Autistic adults' independence. Consequently, some are now able to cook, manage their personal financial affairs and undertake other independent living activities. This has increased confidence in service users and given carers more time to themselves which makes them feel less stressed and burdened.
- The employment support service has resulted in several service users having gained and maintained employment since accessing BAT.
- BAT has also developed a strong relationship with service users and their families who are actively engaged in future service development.

4.3 On 7 November 2014, the Department of Health wrote to all Local Authorities including Lewisham Council to advise that a non-recurrent Autism Innovation (Capital) Grant of £18,500 would be made available to Local Authorities during 2014/15. The communication made it clear that the funding should support work on implementing Think Autism, the recent update to the 2010 Adult Autism Strategy for England; and that the grant should be used to purchase Capital, IT developments, or for improving environments used by people with autism.

5. Progress Report

5.1 On 4 March 2015, the Mayor and Cabinet (Contracts) Committee approved the award of the £18,500 DoH Autism Capital Grant to Burgess Autistic Trust (BAT) in order to purchase Autism friendly technology and equipment. BAT has purchased the relevant equipment and service users are now able to access additional training opportunities.

5.2 On 13 March 2015, Lewisham submitted a completed Self-Assessment to assist the Department of Health in assessing progress against the implementation of the Adult Autism Strategy.

- 5.2.1 There were 24 questions in the SAF that attracted a RAG rating. Lewisham rated itself Green on 5 questions, Amber on 15 questions and Red on 4 questions. The four areas rated Red were:
- Making reasonable adjustments to general council services to improve access and support for people with autism.
 - People diagnosed with autism accessing post diagnostic specific or reasonably adjusted occupational therapy assessments
 - Engaging with the Criminal Justice Services (police, probation and, if relevant, court services) as key partners in planning for adults with autism.
 - Availability of access to an appropriate adult service for people on the Autistic Spectrum in custody suites and nominated 'places of safety'.
- 5.2.2 The SAF exercise also highlighted issues around unavailability of information regarding numbers of Autistic people in various categories including:
- the numbers assessed as having autism but not meeting eligibility criteria for social care
 - total number of people currently known to social care services with a diagnosis of autism (whether new or long-standing) meeting eligibility criteria for social care (irrespective of whether they receive any)
 - the total number of people meeting social care eligibility criteria with autism
 - the number of people meeting social care eligibility criteria with autism who also have learning disabilities
 - the number of people meeting social care eligibility criteria with autism who also have mental health problems
 - the number of children with autism who are currently identified and receiving assistance in the transition ages (14 to 17) in 2013/14
 - the number of children with autism who have been through the transition process in 2013/14
- 5.2.3 There are on-going discussions on effective ways to identify issues and challenges listed above including improve the data collection of the various categories of Autistic people in Lewisham. A progress update will be provided in 6 months.
- 5.3 To further support the local work on implementing Think Autism, NHS Lewisham CCG undertook a service review of the Information Advice and Support Service for Adults with Autism/Asperger syndrome in Lewisham. Part of the reason for the review was that the current contract expires in June 2015 and that provided an opportunity to identify any gaps in the service and determine future provision. The findings from the review based on the current demand, projected needs and feedback from service users highlighted that the service provides a cost-effective intervention for this client group and should therefore be re-commissioned. As there were no local comparable competitor, NHS Lewisham CCG confirmed its future commissioning intention by

renewing the contract with the current provider, BAT, for another year until June 2016. BAT has been contacted and the formal contract, terms and conditions will soon be in place.

6. Financial implications

- 6.1 NHS Lewisham CCG has agreed to renew the contract with Burgess Autistic Trust for Information, Advice and Support Service at a cost of £60,763 per annum for a period of one year from July 2015 – June 2016.
- 6.2 The £18,500 Autism capital Grant awarded to Burgess Autistic Trust was a one-off grant which was funded by the Department of Health.
- 6.3 No other financial implication has been identified.

7. Legal implications

- 7.1 There are no legal implications arising from this report.
- 7.2 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

8. Crime and Disorder Implications

- 8.1 There are no Crime and Disorder Act implications arising from this report.

9. Equalities Implications

- 9.1 Lewisham has the highest prevalence of children with Autism Spectrum Disorder (ASD) known to schools of all local authorities in England (1.74%). People with ASD who have other conditions including mental health and learning disabilities are supported by the services commissioned for those conditions. However, those autistic people who have no other condition apart from autism tend to have little or no support as there are usually no definitive services available to meet their needs. It is predicted that there are 1,963 Autistic adults in Lewisham but the number / proportion who are not FACS (Fair Access to Care Services) eligible is unknown.
- 9.2 The decision to renew BAT's contract means continued provision of the local Information Advice and Support service for adults in the borough with Autistic Spectrum Disorder (ASD) who are not FACS eligible. In

addition, the award of the capital grant to BAT will help to increase support to this client group.

- 9.1 Furthermore, the work that is planned to be undertaken around data collection of the various categories of Autistic people in Lewisham and the support they may require, will inform future commissioning plans for this client group to ensure that they are not marginalised and/or inadequately cared for.

10. Environmental Implications

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

11. Conclusion

- 11.1. Lewisham is looking to establish a community that accepts and understands Autism and which has an infrastructure that provides opportunities for adults with Autism/Asperser's syndrome to live fulfilling and rewarding lives.
- 11.2 The Council will continue to work with partners in Health, Voluntary Sector and those with Autism and their Carers to ensure we maximise opportunities to achieve the above aim.

Background Documents

Think Autism

<https://www.gov.uk/> Think Autism Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update. April 2014

Lewisham Sustainable Community Strategy

<http://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Sustainable%20Community%20Strategy%202008-2020.pdf>

Lewisham Health and wellbeing Strategy

<https://www.lewisham.gov.uk/myserices/socialcare/health/improving-public-health/Documents/Health%20and%20Wellbeing%20Strategy.pdf>

If there are any queries on this report please contact Corinne Moocarme and Ekuba Edjah Lewisham Joint Commissioning on 020 8314 3342/8315, or by email at: corinne.moocarme@nhs.net / ekuba.edjah@nhs.net

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.

HEALTH AND WELLBEING BOARD			
Report Title	Health and Wellbeing Performance Dashboard - Exceptions Reporting		
Contributors	Danny Ruta and Trish Duffy	Information No.	7C
Class	Part 1	Date:19.05.2015	
Strategic Context	To report on key performance indicators which are currently exceptions and are impacting on the borough's ability to achieve the aims of the Health and Wellbeing Strategy.		
Pathway			

1. Purpose

- 1.1 The purpose of the report is to update members of the Health and Wellbeing Board on indicators within the Performance Dashboard which are currently exceptions. Exceptions have been defined as indicators which require improvement to become comparable with the average performance across England **and** have a negative direction of travel, i.e. the indicator has seen performance deteriorate compared to the previous reporting period.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

- 2.1 Note the contents of the report.

3. Policy Context

- 3.1 The Health and Wellbeing Strategy has nine priorities. Each priority relates to a number of performance and contextual indicators held within a Performance Dashboard. Additionally there are Overarching Indicators including life expectancy and indicators monitoring the Integration of Health and Social Care.

4. Background

- 4.1 At the Health and Wellbeing Board which met on the 25th November 2014 it was discussed that future reports of the Health and Wellbeing Board Strategy Performance Dashboard need only focus on exceptions. Indicators may relate to more than one priority but are presented in this report as they appear within the Health and Wellbeing Strategy Performance Dashboard.

5. Reporting of Exceptions by Health and Wellbeing Strategy Priority

5.1 **Overarching Indicators:** Although there were a number of overarching indicators that were significantly worse than the England benchmark, all these indicators showed an improved direction of travel compared to the previous time period.

5.2 **Priority Objective 1: Achieving a Healthy Weight - Excess weight in Children - Reception Year (%)**

Current Performance (13/14)	Previous Performance (12/13)	London (13/14)	England (13/14)
39.3%	38.3%	37.6%	33.5%

5.2.1 **Comments:** Local analysis of the data reveals that for the eight years data has been collected (2006/7-2013/14) there is slight variability but no consistent trend over the period in obesity rates in this cohort of children.

5.2.2 **Actions:** Building the local capabilities of the workforce through training on a variety of topics to promote healthy weight, provision of targeted and specialist weight management services accessible in community venues and the development of a 'Health in Lewisham' webpage on the council website to provide information and advice to support families achieve a healthy lifestyle.

5.3 **Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years - Cancer screening coverage - Breast cancer (%)**

Current Performance (2014)	Previous Performance (2013)	London (2014)	England (2014)
65.0%	66.0%	68.9%	75.9%

5.3.1 **Comments:** Breast screening coverage in Lewisham does not meet the national target of 70% and has remained at approximately 65% for the past 7 years. Screening performance may have dipped due to the transfer of responsibilities to NHS England and due to less focused and collaborative work locally.

5.3.2 **Actions:** Possible activity proposed for 2015-2018 includes promoting cervical, bowel, breast and cervical cancer screening programmes in the community and work with GP Practices so that they are more proactive in following up cancer screening non-attenders. The dialogue with NHS England will also continue.

5.4 **Priority Objective 3: Improving Immunisation Uptake - Uptake of the second dose of Measles Mumps and Rubella Vaccine (MMR2) at five years of age**

Current Performance (Q3-14/15)	Previous Performance (Q2-14/15)	London (Q3-14/15)	England (Q3-14/15)
71.6%	72.6%	80.5%	88.5%

5.4.1 Comments: Improving levels of uptake of immunisation continues to be a challenge in Lewisham. Since the changes introduced in April 2013 as a result of the Health & Social Care Act 2012, the responsibility for commissioning national immunisation programmes is no longer a local one. Despite continuing support at local level and some improvement in uptake of vaccines as a result, significant challenges remain. Uptake of MMR2 at five is the most important of these challenges.

5.4.2 Actions: 1). Review the implementation of the preschool booster pathway to incorporate the use of school entry health check information and action by children's centres, and possibly others to maximize uptake of PSB and MMR2 at age five and prior to re-launch for school year 2015/2016; 2). Programme of visits by Clinical Directors to practices that fail to respond to input from Clinical Commissioning Facilitators; 3). Work with provider and with NHS England to maximise opportunities offered by new schools immunisation commissioning arrangements in increasing uptake of MMR2 and PSB.

5.5 **Priority Objective 3: Improving Immunisation Uptake - Uptake of the fourth dose of Diphtheria vaccine (D4) at five years of age**

Current Performance (Q3-14/15)	Previous Performance (Q2-14/15)	London (Q3-14/15)	England (Q3-14/15)
78.5%	80.4%	78.0%	88.4%

5.5.1 Comments: Uptake of the pre-school booster, for which uptake of D4 at five is the indicator, is the second of these challenges.

5.5.2 Actions: As for MMR 2.

5.6 **Priority Objective 3: Improving Immunisation Uptake - Uptake of the Human Papilloma Virus (HPV) Vaccine in girls in Year 8 in Lewisham Schools**

Current Performance (13/14)	Previous Performance (12/13)	London (13/14)	England (13/14)
82.9%	84.8%	80.0%	86.7%

5.6.1 Comments: Despite improved performance in recent years because of increased involvement of schools in helping to increase uptake, the upward trend is now reversing and increased effort is necessary to ensure a return to an upward trend in uptake.

5.6.2 Actions: Ensure a rescue plan to address the lower uptake of the first dose of the HPV vaccine in 2015/2016 and to consider how this problem can be avoided in future with earlier implementation of

awareness programme in 2015/2016. Work with schools to return uptake to higher levels.

5.7 *Priority Objective 5: Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking - Under 75 Mortality from Lung Cancer (DSR per 100,000 population)*

Current Performance (2013)	Previous Performance (2012)	London (2013)	England (2013)
46.9	31.2	31.0	33.7

5.7.1 Comments: Although the rate is a notable rise on 2012, a three year average for 2011-2013 of 42.9 reveals that the indicator is subject to large yearly changes. The three year average is also comparable to similar authorities: Lambeth (41.9); Greenwich (42.7) and Southwark (41.1). The high smoking prevalence in the 1960s-80s is the main contributor to lung cancer deaths.

5.7.2 Actions: Smoking prevalence has continued to decrease in the borough over the last ten years, which will eventually reduce lung cancer deaths. There are a number of key actions identified at a local level in addition to national measures to reduce smoking prevalence. These include continued focus on enforcement (there has been significant success in seizures of illegal tobacco) and a stop smoking service for heavily addicted smokers.

6. Financial implications

6.1 There are no Financial Implications arising from this report.

7. Legal implications

7.1 There are no Legal Implications arising from this report.

8. Crime and Disorder Implications

8.1 There are no Crime and Disorder implications arising from this report.

9. Equalities Implications

9.1 The Performance dashboard contains very little data by protected characteristic, however it is important to monitor and consider all the indicator in the context of equalities implications.

10. Environmental Implications

10.1 There are no Environmental Implications arising from this report.

11. Conclusion

11.1 In total there are six red exceptions within the Health and Wellbeing Strategy Performance Dashboard, three of which are within Priority 3: Improving Immunisation Uptake. These indicators and their respective actions should be monitored closely for progress.

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 Trish Duffy, Public Health, Lewisham Council, on 0208 314 7990, or by email at: ***patricia.duffy@lewisham.gov.uk***