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HEALTH AND WELLBEING BOARD

Date: THURSDAY, 1 MARCH 2018 at 2.00 pm

Committee Room 1
Civic Suite
Lewisham Town Hall
London SE6 4RU

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MEMBERS

Sir Steve Bullock	London Borough of Lewisham	L
Councillor Chris Best	Community Services, London Borough of Lewisham	L
Aileen Buckton	Directorate for Community Services, London Borough of Lewisham	
Val Davison	Lewisham and Greenwich NHS Trust	
Gwen Kennedy	NHS England	
Tony Nickson	Voluntary Action Lewisham	
Roger Paffard	South London and Maudsley NHS Foundation Trust	
Dr Simon Parton	Lewisham Local Medical Committee	
Peter Ramrayka	Voluntary and Community Sector	
Marc Rowland	Lewisham Clinical Commissioning Group	
Dr Danny Ruta	Public Health, London Borough of Lewisham	
Brendan Sarsfield	Family Mosaic	
Folake Segun	Healthwatch Bromley and Lewisham	
Sara Williams	Directorate for Children & Young People, London Borough of Lewisham	

Members are summoned to attend this meeting

Janet Senior
Interim Chief Executive
Lewisham Town Hall
Catford
London SE6 4RU
Date: Wednesday, 21 February 2018

INVESTOR IN PEOPLE

The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. Copies of reports can be made available in additional formats on request.

ORDER OF BUSINESS – PART 1 AGENDA

MINUTES OF THE

HEALTH AND WELLBEING BOARD

Thursday 2nd November 2017 at 2pm

ATTENDANCE

PRESENT: Mayor Sir Steve Bullock (Chair); Dr Marc Rowland (Vice Chair); Cllr Chris Best (Cabinet Member for Health, Wellbeing and Older People); Aileen Buckton (Executive Director for Community Services, LBL); Val Davison (Chair of Lewisham & Greenwich Healthcare NHS Trust);Tony Nickson (Director, Voluntary Action Lewisham); Roger Paffard (Chair, South London and Maudsley NHS Foundation Trust); Dr Simon Parton (Chair of Lewisham Local Medical Committee); and Peter Ramrayka (Voluntary and Community Sector Representative); Dr Danny Ruta (Director of Public Health, LBL); and Sara Williams (Executive Director for Children & Young People, LBL)

IN ATTENDANCE: Michael Preston-Shoot (Chair, Lewisham Safeguarding Adults Board); Nicky Pace (Chair, Lewisham Safeguarding Children's Board); Warwick Tomsett (Head of Targeted Services and Joint Commissioning); Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group); Sarah Wainer (Programme Lead, Whole System Model of Care, LCCG); Freddie Murray (Estates and Property Service Group Manager); Salena Mulhere (SGM Inter-agency, Service Development and Integration) and Stewart Snellgrove (Clerk to the Board, LBL).

APOLOGIES: Brendan Sarsfield (Chief Executive, Family Mosaic) and Folake Segun (Director, Healthwatch Bromley and Lewisham).

Welcome and Introductions

The Chair welcomed everyone to the meeting and shared the apologies from those Board members not in attendance.

1. Minutes of the last meeting

1.1 The minutes of the last meeting were agreed as an accurate record.

2. Declarations of Interest

2.1 There were no declarations of interest.

3. One Public Estate Update

3.1 Freddie Murray presented this report. One Public Estate (OPE) is an initiative delivered in partnership by the Cabinet Office Government Property Unit and the Local Government Association. It provides practical and technical support and funding to Councils to deliver ambitious property-focused programmes.

3.2 The Lewisham Partnership submitted an expression of interest in May 2016 and received £50k to fund the preparation of a full bid. Lewisham's bid was successful and the Partnership were awarded £200k, from an initial ask of £500k, to facilitate the progress of three main projects:

- Development of a Strategic Plan for Ladywell, centring around the former Ladywell Leisure Centre site.
- Reconfiguration of the Lewisham Hospital site for the provision of a neighbourhood "hub", mental health bed / SLaM re-provision and other new service facilities.
- Reconfiguration of Downham Health and Leisure Centre to facilitate a neighbourhood "hub".

3.3 Lewisham Strategic Plan – This has not progressed as quickly as hoped due to the complexity of land ownership and the need for more extensive public consultation. It is intended that work over the next six months will give more focus to the long term future of the former Leisure Centre site.

3.4 Lewisham Hospital Site Reconfiguration – Design and consultation work has started to identify the development opportunity on the hospital site. These proposals focus around land and buildings which don't form part of the acute service provision. The outline proposals include potential for new service accommodation including: a neighbourhood "hub", a new SLaM mental health facility; Stepdown facility, Care Home and Skills Academy. Lewisham and Greenwich Trust (LGT) have begun to engage the Council's Planning Department with a view to entering into a formal pre-application process in the New Year.

3.5 Downham – First stage of the feasibility study was completed earlier in the year. This was around understanding the building and the PFI contract in more detail as well as which areas of the building could be released and the resulting financial effects on the income within the building. Alongside this has been work to identify which and what type of services could move into the building. Space planners have been appointed to look at the building and opportunities in more detail.

3.6 Funding for Phase 6 of OPE is now open and existing partnerships have been invited to make further applications. Specifically Lewisham's application will seek funding for:

- Further work to support development of the Lewisham Hospital site reconfiguration and neighbourhood "hub";
- Work to further develop the potential "hub" opportunity in Downham;

- Potential for redevelopment of Sydenham Green health facility for new health facilities and housing;
- Redevelopment potential of health centres in Lee and Honor Oak for new health facilities and housing.

3.7 The Board raised the following questions regarding the One Public Estate update:

Q: How effectively can the NHS respond to pressures in London re estates?
A: The One Public Estate initiative has better links into NHS estates personnel, with earlier engagement and more effective lines of communication. Local-level discussions are robust, with clear partnership arrangements and plans.

Q: What effect has the Naylor Review had on OPE?
A: This review doesn't propose local solutions re capital receipts, rather money would be returned to the Treasury for re-allocation. In contrast OPE provides solutions re capital receipts that will bring about improvements to housing, health and employment at a local level.

Q: Has there been any thought to buying-out relevant PFIs?
A: PFIs are under constant review. To date there are no sound business cases re buy-out and advice received is that buy-out does not provide value for money.

3.8 Action: The Board noted the contents of the report.

4. Annual Public Health Report

4.1 Danny Ruta presented this report. It provided members of the Health and Wellbeing Board with the proposed content of the Annual Public Health Report (APHR) for 2017. The theme of the APHR this year is 'Mental Health and Wellbeing' and it aims to:

- Provide user-friendly information about the levels of mental health and wellbeing in Lewisham, including information about risk and protective factors.
- Provide real-life stories from Lewisham residents across the course of life about living with and through mental ill health.
- Provide information on the strategies, initiatives and interventions being delivered in Lewisham that aim to promote mental wellbeing and prevent mental ill health.
- Provide information about where residents can seek help if concerned about their mental ill health to ensure that mental ill health is identified and treated at the earliest possible opportunity.

4.2 The 2017 APHR will adopt a new online format to enhance accessibility of the report for members of the public. The following sections will be included in the online microsite:

- Introduction
- Why is this topic important to Lewisham?
- What is it like to live with metal ill health?
- What we do to keep mentally well?
- What can we do to help others keep mentally well?
- What is happening to help improve mental health and wellbeing in Lewisham?
- Where can you go if you need help with your mental health?

4.3 The online microsite is currently being developed within the Public Health team in liaison with the Council's Communications Team. The microsite is planned to go live at the end of November 2017.

4.4 This revised approach to the APHR is intended to keep it more user-friendly and interactive, through the use of videos and Infographics. The target audience is Lewisham residents rather than professionals, and in particular young males.

4.5 In response the Board made the following comments:

- Lewisham is leading the way in its approach to the APHR, particularly relevant where the borough has a high incidence of mental health compared to the national average (1.3% versus 0.9%).

4.6 Action: The Board noted the contents of the report.

5. Safeguarding: New Protocol and Lewisham Safeguarding Boards Annual Reports 2016-17

5.1 These reports were jointly presented by Nicky Pace and Michael Preston-Shoot.

5.2 Both the Lewisham Children Safeguarding Board (LCSB) and Lewisham Adult Safeguarding Board (LASB) are required to publish an annual report to outline the work of their Boards in the previous year and identify areas where further work will be required in the forthcoming year.

5.3 Both Boards are statutory bodies set up to coordinate work to safeguard children and adults and to challenge the effectiveness of local arrangements.

5.4 The proposed '*Protocol for safeguarding partnerships*' outlines the cooperative relationship between the Lewisham Safeguarding Children Board, Lewisham Safeguarding Adults Board, Health and Wellbeing Board, Children and Young People's Strategic Partnership Board, Safer Lewisham Partnership and the Youth Justice Management Board to safeguard, promote the welfare of children and adults in the Borough of Lewisham.

5.5 The Protocol describes how partners can work together more effectively on cross-cutting issues and where there is value to be added by adopting this approach. It looks to avoid work taking place in silos or parallel workstreams and ensure that there is a uniformity in approach. In this context, the Protocol confirms:

- Role and responsibility of the partnerships
- Accountability and governance arrangements
- Conflict resolution and challenge

5.6 Collaboration between the partnerships is based on these agreed key principles:

- Commitment to working together to shared aims;
- Respect for each other's partnership roles, responsibilities and work within the agreed protocol;
- Culture of mutual challenge and professional accountability; and
- Effective interface and regular communication.

5.7 The Board made the following comments regarding these reports:

- The LCSB/LSAB do excellent work in networking through the faith communities in Lewisham. Training for faith groups on adults safeguarding is up and running.
- More work could be done in hearing the voices of carers and family members through VAL, Healthwatch and other VCS organisations.
- Training and awareness in Primary Care must remain a priority, especially on financial abuse. Referrals pathways need to be explicit.
- Practitioners need to recognise racial and disability hate crimes as a form of neglect.
- Data protection protocols remain a barrier to sharing data between organisations regarding potential safeguarding issues.
- There is a need to manage the balance between duty of care and autonomy/self-determination.

5.8 Action: The Board noted the contents of the LCSB and LASB annual reports and agreed the '*Protocol for safeguarding partnerships'*.

6. Whole System Model of care – Accountable Care System Update

6.1 Martin Wilkinson presented this report. The attached presentation provided the Board with a short update on the activity and progress that has been made by Lewisham Health and Care Partners across the system over the summer period. This included updates on:

- Integrated commissioning (including agreement to combine Adults and Children's Joint Commissioning Groups)

- Provider alliances (including exploration of alliances for Community Based Care and Mental Health)
- Population health system
- Prevention and early intervention
- Neighbourhood care
- Enhanced care and support

6.2 The Board made the following comments regarding the report:

- 12 week pilot currently underway on a neighbourhood basis. Creating database of frail/vulnerable patients that may be under the radar. Rapid response actions to prevent A&E admission. Regular weekly meetings with OTs, physio, SALT, GPs and social workers.
- Need to harness IT to increase flexibility and free up the time for professionals to engage with one another, the patients/clients and understand each other's limitations.
- London Devolution agreement pilot expected very soon. Our pilot work on integration will examine whether to combine domiciliary and nursing care roles.
- Pharmacies are essential in working with minor ailments, medicine usage, medicine optimisation and poly-pharmacy drug use, all of which help to reduce A&E admissions.
- New online wellbeing forms available for users and their carers. Builds in self-help, self-management and self-assessment. Smart links from GPs, libraries and Day Centres. Also being piloted in hospitals.

6.3 Action: The Board noted the contents of the report

7. South East London Sustainability and Transformation Plan (STP) Update

7.1 Martin Wilkinson presented this report which provided members of the Board with an update on the NHS South East London Sustainability and Transformation Plan.

7.2 NHS England and the Department of Health recently announced the first ratings for STPs. OHSEL was rated as 'advanced' – the second highest rating. The collective OHSEL leadership was rated as advanced – the highest grade. NHS Leadership have published this baseline assessment in the 'STP progress dashboard' which will be updated annually.

7.3 Experts in the development of integrated organisations, Credo, have been appointed for a two month role to look at the complex organisational and care structures in south east London, speak to stakeholders, and make some recommendations on the options available for moving forward. This is about how the SEL health and care services can work in a more integrated way.

7.4 OHSEL has received around £20 million through the Estates and Technology Transformation Fund to support ten new estates projects across south east

London. All these projects are expected to be completed by 2019/20 – the majority are in Primary Care. In addition, there is around £3.5 million being invested in improving GP premises across south east London in 2017/18.

7.5 The proposal for orthopaedic elective centres on two sites is not proceeding. OHSEL are progressing with establishing an Orthopaedic Clinical Network to drive the improvements expected over existing sites instead with close monitoring to ensure expected outcomes are delivered. If not, further consideration of a different configuration may be revisited.

7.6 Action: The Board noted the contents of the report.

8. Health and Wellbeing Board Work Programme

8.1 Salena Mulhere presented this report which advised the Board of the current work programme and provided them with an update on the latest work of the Health and Wellbeing Strategy Review Group.

8.2 The Board were reminded that a workshop on mental health has been scheduled for 29 November 2017.

8.3 Action: The Board noted the contents of the report.

The meeting ended at 15:35 hours.

Agenda Item 2

Health and Wellbeing Board		
Title	Declarations of interest	
Contributor	Chief Executive – London Borough of Lewisham	Item 2
Class	Part 1 (open)	1 March 2018

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		
Title	Matters referred by the Healthier Communities Select Committee – social prescribing in-depth review	
Contributor	Healthier Communities Select Committee	Item 3
Class	Part 1 (open)	1 March 2018

1. Purpose

1.1 This report presents the final report and recommendations arising from the Healthier Communities Select Committee's social prescribign in-depth review, which is attached as Appendix A.

2. Recommendations

2.1 The Health and Wellbeing Board is recommended to note the views and recommendations of the Committee set out in the main report, attached as Appendix A, and agree to provide a response.

3. Context

3.1 The review was scoped in June 2017 and evidence sessions were held between September and December 2017. The Committee agreed the final report and recommendations at its meeting on 7 February 2018.

4. Financial Implications

4.1 There are no financial implications arising out of this report per se, although the financial implications of the recommendations will need to be considered in due course.

5. Legal Implications

5.1 The Constitution provides for the Healthier Communities Select Committee to make reports and recommendations to the Executive/Council (including the Health and Wellbeing Board) who are obliged to consider the report and report back to the Committee within two months (not including recess).

6. Equalities Implications

6.1 The Council works to eliminate unlawful discrimination and harassment, promote equality of opportunity and good relations between different groups in the community and recognise and take account of people's differences.

7. Crime and Disorder/Environmental implications

7.1 There are no specific implications.

Background Information

If you have any queries on this report, please contact John Bardens, Scrutiny Manager (020 8314 9976).

Overview and Scrutiny

Social prescribing

March 2018

Membership of the Healthier Communities Select Committee in 2017/18:

Councillor John Muldoon (Chair)
Councillor Susan Wise (Vice-Chair)
Councillor Paul Bell
Councillor Peter Bernards
Councillor Colin Elliot
Councillor Sue Hordijenko
Councillor Stella Jeffrey
Councillor Olurotimi Ogunbadewa
Councillor Jacq Paschoud
Councillor Joan Reid

Social prescribing in Lewisham

Chair's introduction

Social prescribing has received considerable media coverage in recent months. Radio 4's "Today" programme reported how South Dakota's Department of Health national park prescription scheme aimed to provide access to the physical, mental, and social benefits of exercise in nature.

Theodore Zeldin, the academic who established the Oxford Muse Foundation and who twice visited Lewisham, has paid much attention to questions such as how we may find more inspiring ways of spending each day and what roles there could be for those who feel isolated or different, or misfits. His thoughts on the future of work ask what roles there will be for the many of us who live to be 100 years old. Suggestions such as mentoring younger people and other ways of transmitting skills and experience will benefit many, on both sides of the arrangement. This is not, I submit, social prescribing.

Social prescribing involves a referral, by a primary care clinician, of a patient with social, emotional or practical needs to an appropriate non-clinical resource, with an identified desired outcome, involving that patient's wider health and wellbeing.

Even the most ardent advocates of social prescribing would concede little is known of long-term outcomes. There have been few systematic reviews on the effectiveness of social prescribing on health. There is little recent evidence to support the cost-effectiveness of social prescribing compared to that of traditional primary care, although there may be cost savings when considering referral to specialist and secondary care.

This review endeavours to examine local forms of social prescribing, to assess the beneficial impact on those in receipt of it, and recommend potential future developments.

Councillor John Muldoon (Chair of the Healthier Communities Select Committee)

Executive Summary

1.1 Social prescribing is a way of enabling GPs, nurses and other primary care professionals to refer people with social, emotional or practical needs to a range of local, non-clinical services. Typically provided by local community and voluntary sector organisations, social prescriptions often include activities such as volunteering, gardening and arts activities.

1.2 Interest in social prescribing has increased in recent years as the NHS looks for ways of caring for an ageing population with an increasing number of long-term conditions. The NHS England General Practice Forward View also highlighted social prescribing as a mechanism to reduce demand on stretched primary care services.

1.3 There is emerging evidence that social prescribing can lead to a range of positive health and well-being outcomes, and that getting people involved in community life, keeping them active and improving social connections is good for both health and wellbeing. There are now more than 100 schemes across the UK, a quarter of which are in London.

1.4 In Lewisham, the use of social prescribing is part of the wider shift by health and care providers towards prevention, early action and enabling people to look after themselves. Key social prescribing initiatives in Lewisham include *Community Connections*, which supports vulnerable adults to access a range of community groups, and *Lewisham SAIL*, which is specifically targeted at older people (60+).

1.5 There is also a wide range of voluntary and community-sector organisations in the borough involved in the provision of or referral to social prescribing activities. During the course of the review, the Committee heard from, among others, Sydenham Garden, Lewisham Carers, Lewisham Speaking Up, Bromley and Lewisham Mind, and Lewisham Disability Coalition.

1.6 There is good evidence of the effectiveness of a number of social prescribing interventions in Lewisham. For example, in 2016/17, 68% of those supported by *Community Connections* and 79% of those supported by Bromley and Lewisham Mind's Community Support Service reported an improvement in their wellbeing.

1.7 Witnesses told the committee, however, that more consideration needs to be given to how social prescribing interventions are evaluated and that more services should have clear outcome measures so that evidence on the effectiveness of interventions can be shared more easily.

1.8 The majority of social prescribing activity in Lewisham is targeted at specific groups and there remains a variety of unmet need in the borough. This includes provision for the under 60s, men, people unable to leave their home and, in particular, people with learning disability and mental ill health.

1.9 GPs in Lewisham would like to see more social prescribing – 35-40% of consultations relate to social issues, such as debt, family and general wellbeing problems. However, awareness of social prescribing among GPs needs to be improved and social prescribing referral pathways need to be quick, easy and effective for GPs to continue to use.

1.10 The committee has carefully considered the evidence put before it and has made a series of recommendations to improve the evidence base for social prescribing interventions and address the gaps in social prescribing provision. The committee's recommendations are set out in full in the following section.

Recommendations

Community and voluntary-sector organisations

1. *Given the importance of those involved in social prescribing, both prescribers and providers, building a better understanding of the usefulness and effectiveness of different referrals and interventions for different people and different needs, the committee recommends that following up on referrals and gathering feedback from all parties becomes a compulsory part of the Community Connections referral process. This would allow GPs and other organisations better understand each referral and better target social prescribing interventions.*

Evidence of effectiveness

2. *The committee notes that there is evidence of the effectiveness of social prescribing interventions in the borough. However, given that there is still a significant lack of a coherent body of evidence, generally and locally, the committee recommends that officers look into ways of building a more comprehensive database of evidence and feedback. This should include statistical analysis of wellbeing outcomes where available, but it should also include patient-reported feedback and case studies.*

3. *In order to build a more comprehensive database of statistical data the committee also recommends that officers look into the possibility of drawing up a set of clear outcome measures for social prescribing interventions, which could be reported on and shared with health and care partners, particularly GPs and services users. The committee suggests that it may be helpful to link this information to the Lewisham health and social care directory of services so that prescribers, providers and service users can view it when searching for services.*

Gaps in provision and awareness

4. *Given the evidence the committee has received on the loneliness rates among people with learning disability and the rates of mental ill health among young adults, and the long-term health impacts of these, the committee recommends that Lewisham health and care partners pay particular attention to addressing the gaps in support for young adults with learning disability, men's groups and those experiencing mental ill health.*

5. *There is evidence that existing services in the borough need more support with capacity building, and the committee recommends that Lewisham health and care partners continue to help with this, but the committee also recommends that officers also explore appropriate opportunities to work with national and neighbouring borough services.*

6. *Given that lack of awareness and knowledge of social prescribing among GPs appears to be acting as a barrier to its wider use, the committee recommends that Lewisham health and care partners focus on raising awareness of social prescribing, including evidence of effectiveness, among GPs and the wider clinical community as a priority.*

7. *One measure that should be further explored is locating more social prescribing representatives in key GP practices. Without high levels of awareness among the GP community, people will miss opportunities to access activities and support which could help them. And without high levels of awareness and use by GPs, officers will be unable to accurately assess local gaps and the effectiveness of particular interventions.*

8. *The committee also notes the concern that organisations which signpost people can end up adding an extra step to the patient's journey and recommends that Lewisham health and care partners ensure that any social prescribing mechanism developed is as quick and easy-to-use as possible, for both prescribers and service users.*

The purpose and structure of this review

4.1 At its meeting on 25 April 2017 the Healthier Communities Select Committee agreed to hold an in-depth review of social prescribing.

4.2 At its meeting on 13 June 2017, the Committee agreed the scope of the review.

4.3 The key lines of enquiry were:

The extent of social prescribing in Lewisham: Who are the partners and organisations currently involved in the development and provision of social prescribing services? What types of activities and interventions are provided, and how many people are being referred? What types of problems is social prescribing commonly used for, and which groups of people tend to be most commonly referred?

The plans for social prescribing in Lewisham: What is the potential for expanding social prescribing in Lewisham? For which problems and groups of people could it play more of a role? What further partners and organisations could be involved in the development and provision of social prescribing? What is the capacity of local partners and organisations to provide more services?

The effectiveness of social prescribing in Lewisham: For which problems and groups of people has social prescribing been used most effectively? How are the outcomes of activities and interventions captured and measured? How is the effectiveness and efficiency of social prescribing schemes evaluated?

The gaps in social prescribing coverage: For which problems and groups of people is social prescribing coverage lacking? What further help and support do providers and other local organisations need to reach more people? What help and support do providers and local organisations need to improve the way they work more generally?

4.4 The timetable for the review was:

First evidence session – 20 July 2017
Council officers, Lewisham Clinical Commissioning Group (CCG), Community Connections, Lewisham Safe and Independent Living (SAIL).

Second evidence session – 7 September 2017
Lewisham Disability Coalition, Rushey Green Time Bank, Sydenham Gardens, Lewisham Local Medical Committee, Healthy Living Centre, the Big Group.

Report – 1 November 2017
Committee to consider the final report presenting all the evidence and agree recommendations for submission to Mayor and Cabinet.

Introduction and policy context

5.1 Interest in social prescribing has increased across the UK primarily because of the increasing burden on the NHS of long-term conditions and the growing crisis in general practice.[1] The challenge of caring for an ageing population and supporting people with long-term conditions is one of the most important the country faces – chronic illnesses consume approximately 70% of the health budget.[2]

5.2 Professor Sir Michael Marmot's 2010 review, *Fair Society, Healthy Lives*, pointed out that the majority of health outcomes are attributable to social-economic factors. In fact, it is estimated that around a fifth of visits to GPs are for a social problem rather than medical one.[3] It is also acknowledged within primary care that around 30% of all consultations and 50% of consecutive attendances concern some form of mental health problem, usually depression or anxiety.[4]

5.3 Given the increasing pressure in primary care, the fact that there is often no cure for many long-term conditions, and that GPs are not necessarily equipped to handle all the social and psychological burdens that patients present, some health experts argue that it is necessary to look beyond the traditional clinical model the NHS offers and develop new approaches, including social prescribing.[5]

5.4 Some commentators believe that, by connecting people with local community services and activities, we can help improve the health and wellbeing of large numbers of people. Social prescribing, and a more holistic approach, is increasingly being seen as a potential solution to the burden of managing long-term conditions and repeat attendees in surgeries.[6]

5.5 Social prescribing was highlighted in NHS England's General Practice Forward View as a mechanism to support more integration of primary care with wider health and care systems to reduce demand on stretched primary care services. The south east London Sustainability and Transformation Plan (STP), in common with all of London's STPs includes a commitment to self-care and social prescribing. (officer report)

5.6 Industry experts recognise, however, that links between primary care and third sector organisations are often underdeveloped, and that there is currently little robust evidence demonstrating the effectiveness and efficiency of social prescribing schemes.[7]

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[1] Kimberlee, R. (2015) What is social prescribing? *Advances in Social Sciences Research Journal*, 2 (1), p102
[2] Local Government Association, *Just what the doctor ordered: social prescribing – a guide for local authorities*, May 2016, p2
[3] *ibid*
[4] Kimberlee, R. (2015), p102
[5] *ibid,* it is anticipated that consultation rate will increase by 5% over the next 20 years.
[6] Kimberlee, R. (2015), p102
[7] *ibid*

What is social prescribing?

6.1 Social prescribing, or "community referral", is a way of enabling GPs, nurses and other primary care professionals to refer people with social, emotional or practical needs to a range of local, non-clinical services. Social prescribing, recognising that people's health is determined by a range of social, economic and environmental factors, seeks to address people's needs in a holistic way, and to support individuals to take greater control of their own health.[8]

6.2 Social prescribing schemes can involve a variety of activities, which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. It can also involve simply putting people in contact with services that can provide help and advice with issues such as debt, benefits and housing.[9]

6.3 Social prescribing and similar approaches have been used in the NHS for many years, with several schemes dating back to the 1990s. The Bromley by Bow Centre, for example, one of the oldest and best-known social prescribing projects, was established in 1984 (see case study below). However, interest in social prescribing has increased over the past decade or so, with more than 100 schemes now running across the UK, more than 25 of which are in London.[10]

Social prescribing in Lewisham

7.1 In Lewisham, the use of social prescribing is part of the wider shift by health and care providers towards prevention, early action and enabling people to look after themselves – by finding information or making connections in the local community, for example. Lewisham health and care partners said that social prescribing is not necessarily a medical model; it is more concerned with supporting an individual's wider health and wellbeing including any underlying issues such as social isolation.

7.2 Social prescribing is also a key focus of the four Neighbourhood Care Networks being developed in the borough (a central part of the wider integration of health and social care in Lewisham), and a number of tools have been developed at a neighbourhood level to support social prescribing.[11] This includes Neighbourhood Community Teams,[12] Multi-Disciplinary Meetings and Neighbourhood Co-ordinators,[13] and Lewisham's Single Point of Access.[14]

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[8] King's Fund, *What is social prescribing? (webpage)*, February 2017 (accessed May 2017)
[9] Local Government Association, *Just what the doctor ordered: social prescribing – a guide for local authorities*, May 2016, p4
[10] King's Fund, *What is social prescribing? (webpage)*, February 2017 (accessed May 2017)
[11] Lewisham's Neighbourhood Care Networks aim to provide more integrated, higher quality, more timely, and cost-effective community-based care by bringing together, at a local level, the different organisations, individuals and agencies involved in a person's health and care. They also aim to establish connections with other local support available, such as that provided by local voluntary and community organisations or by housing, welfare or education providers. (Source: Health and adult social care integration, HCSC in-depth review final report, March 2017)
[12] virtual teams of district nurses and adult social care staff
[13] to support health and care staff to improve multi-disciplinary working
[14] To provide general health and care information and advice

7.3 An overview of some of the other key initiatives related to social prescribing in Lewisham is set out below.

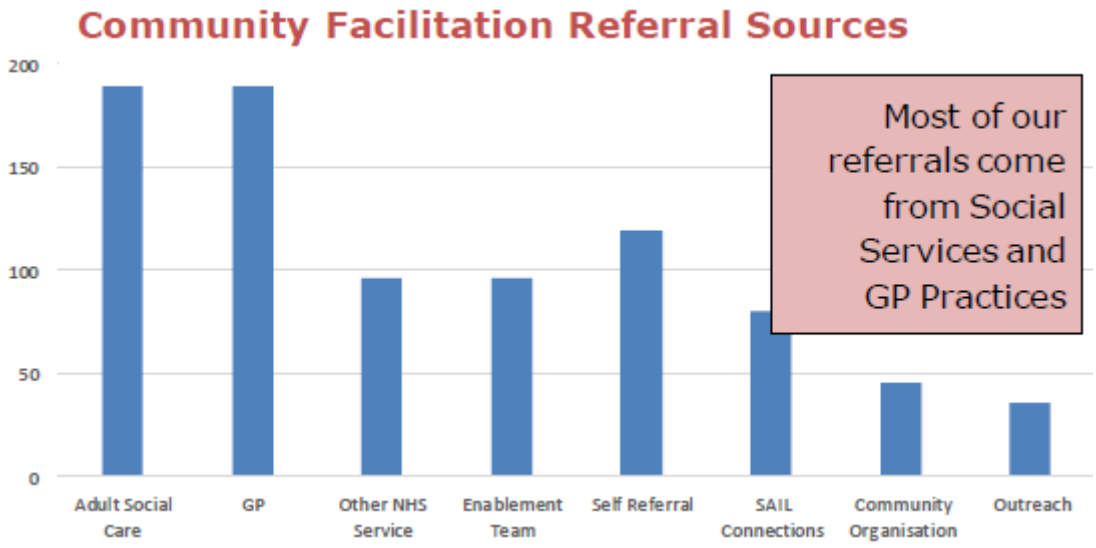
Community connections

8.1 Established in 2013 by a consortium of voluntary sector organisations led by Age UK Lewisham and Southwark, *Community Connections* is a community-development programme with the aim of decreasing social isolation and improving mental wellbeing.

8.2 The programme helps vulnerable adults access community-based groups and activities, such as lunch clubs, befriending services and community learning, and it supports local voluntary and community-sector organisations to build capacity and develop services to meet local needs.

8.3 *Community Connections* was commissioned to provide greater access to social prescribing activity, in recognition that social isolation and loneliness can be bigger predictors of ill health than smoking and obesity.[15]

8.4 In 2016/17, *Community Connections* received more than 900 referrals. This included 200 from adult social care, 200 from GPs, 120 self-referrals, and 40 from outreach work. 690 of these received a person-centred support plan following a home visit from a Community Facilitator. 57% of people supported were over 65 years old.[16]



Source: Community Connections Annual Report 2016/17

8.5 The needs that people are most often referred for include social isolation, mental ill health, dementia, access to activities and groups, and information and advice. The support people are most often referred to include social activities, groups for those with learning disabilities, volunteering opportunities, men's groups, and mental health support.

[15] UK must tackle loneliness, says Jo Cox Commission report, *BBC News*, 14 December 17
[16] Community Connections Annual Report 2016/17, p9

Neighbourhood Community Development Partnerships

9.1 With one in each of the four neighbourhood areas in the borough, Neighbourhood Community Development Partnerships (NCDPs) work with local community groups and organisations to help them to connect to statutory providers and build capacity by recruiting, supporting and training local volunteers. In 2016/17, community-development workers developed 55 organisation-support plans, working with various community groups and organisations to develop new projects and increase the capacity of existing projects.

9.2 Each Neighbourhood Community Development Partnership will be responsible for producing a Neighbourhood Community Development Plan. This will use the findings from Community Connections' analysis of gaps in local services in order to identify key priorities for the neighbourhood. A grant of £25k per partnership will be available to deliver local solutions to the local priorities identified. Health and care partners stated that NCDPs have the potential to expand the role of the voluntary and community sector in social prescribing.

Social prescribing review group

10.1 The Social Prescribing Review Group was established in December 2016 to develop a system-wide approach to the development of social prescribing in Lewisham. The group includes representation from secondary care, primary care, public health, social care and *Community Connections* and aims to review the activity in the borough that might be considered social prescribing, identify gaps in provision to improve targeting of activity, and consider a more coherent social prescribing model. The review is considering the infrastructure and capacity of the local voluntary and community sector and whether social prescribing is always an appropriate and reliable resource. There will be a particular focus on projects where there is a link worker in place (as per the Social Prescribing Network definition).

The three key components of a social prescribing scheme:

- a referral from a healthcare professional,
- a consultation with a link worker, and
- an agreed referral to a local voluntary, community and social enterprise organisation.

Social Prescribing Network (January 2016)

10.2 There will also be a particular focus on the mechanism by which social prescribing referrals are made and what support the council can provide to ensure this operates as effectively as possible. Health and care partners stated that while there is considerable data on individual interventions, there is much less on the different referral mechanisms in use.

10.3 As well as those who may need support face-to-face or over the phone, health and care partners stated that it is important to consider how to support those

who are able to navigate the health and care system themselves, for example, by making online information easier to access.

10.4 Given that the evidence on social prescribing shows that the most effective social prescribing schemes are targeted at particular groups, the review will also consider whether the appropriate groups are being targeted. Officers noted that Healthy London Partnership has recently carried out analysis of GP practice data in Lewisham in order to work out which groups, if targeted, could benefit most from social prescribing.[17]

Lewisham SAIL

11.1 Fully launched in 2017, Lewisham SAIL (Safe and Independent Living) is intended to provide a quick and simple way of accessing local services to support older people (60+) with their independence, safety and wellbeing.

11.2 Lewisham SAIL has formed partnerships with a range of organisations to provide referrals for support with, among other things, health and wellbeing, mental resilience, social Isolation, financial inclusion, fire safety, home security, safeguarding and personal safety and security. Anyone can make a SAIL referral by completing the one-page checklist (see appendix).

11.3 Between July 2016 and March 2017, Lewisham SAIL received 194 referrals from more than 50 different organisations, including GPs, adult social care, the police, fire brigade, local NHS trusts, and various voluntary sector and community groups. 25% of referrals came from GPs.[18]

[17] The Healthy London Partnership advocates the increased use of social prescribing and has been working to identify, using existing data sets, the numbers of people who may benefit in London from social prescribing. It also intends to calculate the return to the NHS in London on investment in implementing social prescribing initiatives over a five year period to March 2021.
[18] Lewisham Safe and Independent Living (SAIL) Connections Impact Report July 2016- March 2017, p2

11.4 The service is targeted at those aged 65 and over because older people are more likely to have more than one long-term condition, to become socially isolated, to need help finding support, and less likely to have access to the internet. But SAIL will "do everything [they] can to help people access the services required even if they don't fit perfectly onto the checklist". The average age of those who have use SAIL is 78.[19]

11.5 SAIL works closely with *Community Connections* and the Neighbourhood Community Development Partnerships in order to maintain its knowledge of the various groups and providers in the borough.

11.6 Lewisham health and care partners are planning a review of the SAIL initiative. This will evaluate the early stages of the programme and consider gaps and recommendations for improvement.

Lewisham health and social care directory

12.1 The development of the Lewisham health and social care online directory of services is closely linked with the future development of social prescribing in the borough. The online directory will allow people to search by postcode for a broad range of services and activities. Improvements are currently being made to the content and functioning of the site, including the development of a screening tool, in the form of a questionnaire, which will be linked to the services in the directory.

Community and voluntary-sector organisations

13.1 In Lewisham, there are a wide range of voluntary and community-sector organisations involved in the provision of or referral to activities that could be described as social prescribing. During the course of the review, the Committee heard from a number of these organisations including: Sydenham Garden, Lewisham Carers, Lewisham Speaking Up, Bromley and Lewisham Mind, Lewisham Disability Coalition, and the Lewisham Local Medical Committee.

13.2 Sydenham Garden provides fixed-length social and creative activity for people experiencing a wide range of mental ill-health. They also provide similar activities for people recently diagnosed with dementia. This is Sydenham Garden's core provision and all of their "co-workers" (the name they give people who access their services) are referred by health professionals. In 2016/17, Sydenham Garden received 421 referrals. In 2015/16 they received 403 referrals and in 2014/15 they received 269.[20]

13.3 Lewisham Carers operates on a neighbourhood model throughout Lewisham, providing regular "pop-up" advice and information sessions in GP practices. They provide a wide range of advice, information and advocacy, emotional support and specialist support. Lewisham Carers also seek and respond to

[19] ibid, p9
[20] Annual Evaluation of Sydenham Garden 2016 – 2017, p3

feedback and understand that the services they provide are much needed and helpful.

13.4 Lewisham Speaking Up works exclusively with adults with learning disability. They run a number of groups and activities that could be described as social prescribing and make referrals to other schemes that could be described as such. They are aware of other groups for people with learning disability, such as “Heart n Soul”, an arts-activity group. From being based in the Albany in Deptford, they are also aware of a number of schemes specifically for older people, such as “Meet me at the Albany”, which is another arts-based programme.

13.5 Lewisham Speaking Up has recently received funding from the Deptford Challenge Trust to set up a “Speak Up and Wellbeing” group for adults with learning disability who receive little or no support from statutory services. This stemmed from organising a “People’s Parliament” event on loneliness and friendships, at which 60% of people with learning disability said that they experienced loneliness. Those who said they were lonely were often those who received traditional services such as a day service or support in the community.

13.6 The Lewisham Disability Coalition (LDC) provides an advice service primarily for adults living with a long-term health problem or disability. They are part of *Community Connections* and signpost to other groups and organisations. Many people who approach LDC for advice are in fact lonely. LDC said that being part of Community Connections makes it easier to refer people on to more appropriate support.

13.7 Bromley and Lewisham Mind provides a range of community-based mental health support services, This includes the Community Support Service (CSS), Peer Support Service, MindCare (for people with dementia), and Mindful Mums (for pregnant and new mums).

13.8 Support from the CSS usually lasts for 12-20 weeks. Towards the end of their support, Mind often signposts people to other community groups and organisations in order to sustain the mental health improvements made during their short-term support. Mind will also follow up to check if there are any barriers to people engaging. Mind noted that it’s easy to pick out a community-based activity, but “whether it’s suitable, understanding, welcoming and appropriate for a particular person with a mental health problem is another matter altogether”.

13.9 In 2016/17, Mind’s Community Support Service received 540 referrals. 33% of these were from secondary care, 18% were self-referred and 17% were from GPs. GP referrals came from 25 practices in the borough. Nine of these provided 76% of all GP referrals. The issues most often mentioned in referrals include: motivation and confidence (85%), meaningful use of time (75%), developing skills (65%), money, budgeting and social activities (50%).

13.10 The committee noted the importance of following up on referrals and gathering feedback and drew attention to written evidence from a local GP

who had not received any feedback after making referrals to Community Connections, which he said makes it very difficult to understand how useful or effective a referral has been. The committee also recalled a previous visit to Downham Leisure Centre where GPs were not following up and it seemed that people were being referred but not attending. As an example of good practice, the committee cited the Abbots Hall Road Healthy Lifestyle Centre, which provides follow-up, mentoring and coaching.

Recommendation

1. *Given the importance of those involved in social prescribing, both prescribers and providers, building a better understanding of the usefulness and effectiveness of different referrals and interventions for different people and different needs, the committee recommends that following up on referrals and gathering feedback from all parties becomes a compulsory part of the Community Connections referral process. This would allow GPs and other organisations better understand each referral and better target social prescribing interventions.*

Evidence of effectiveness

14.1 There is emerging evidence that social prescribing can lead to a range of positive health and well-being outcomes, and that getting people involved in community life, keeping them active and improving social connections is good for both health and wellbeing.[21]

14.2 Studies have pointed to improvements in areas such as quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety.For example, a study into a social prescribing project in Bristol found improvements in anxiety levels and in feelings about general health and quality of life.[22]

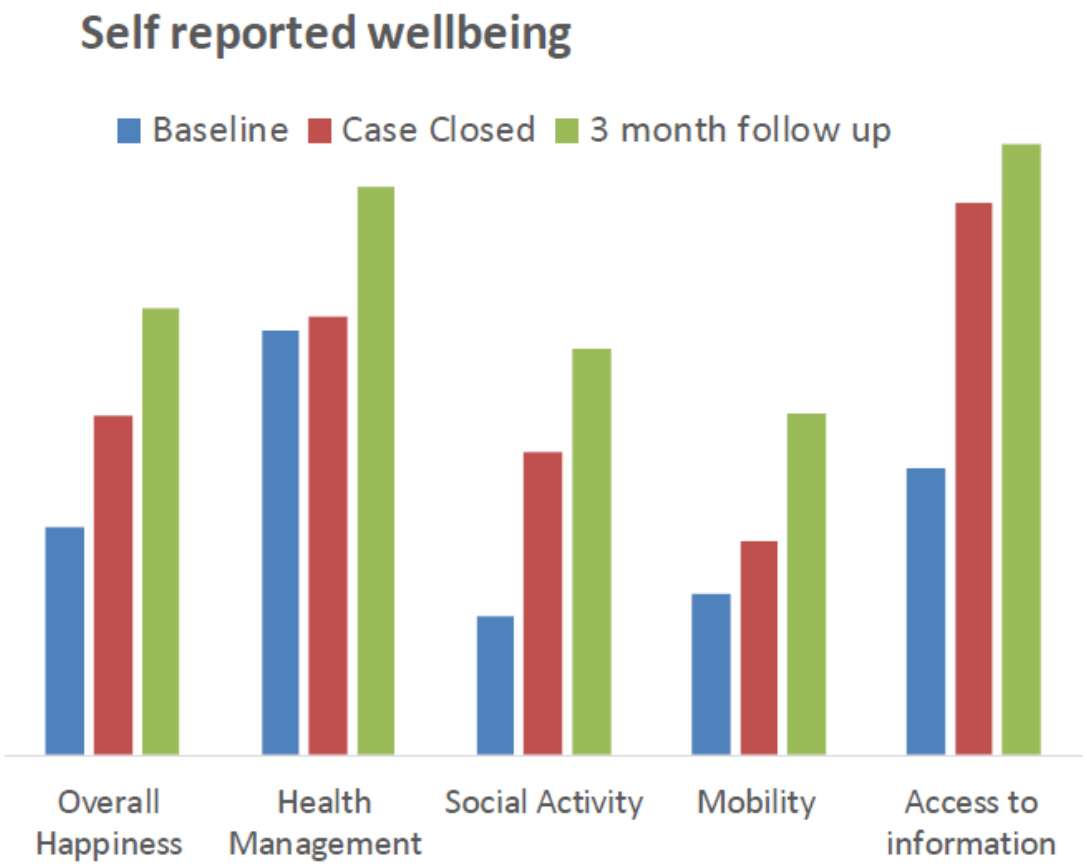
14.3 Social prescribing schemes may also lead to a reduction in the use of NHS services. A study of a scheme in Rotherham found, for more than 8 in 10 patients referred, that there were reductions in NHS use in terms of accident and emergency attendance, outpatient appointments and inpatient admissions.[23]

14.4 However, commentators have noted that systematic and robust evidence on the effectiveness of social prescribing is very limited. Quantitative evidence deploying robust methodologies to demonstrate effectiveness is particularly hard to find.[24]

14.5 In Lewisham, 68% of those supported by *Community Connections* in 2016/17 reported an increase in mental wellbeing. This is based on a five-item wellbeing checklist completed at the start and end of the intervention. A three-month follow-up found that self-reported wellbeing continued to increase after the end

[21] *ibid*, p5
[22] King's Fund, *What is social prescribing? (webpage)*, February 2017 (accessed May 2017)
[23] *ibid*
[24] Kimberlee, R. (2015), p108

of Community Connections' involvement. From the point of referral to three months after the intervention was completed, there was a 10% increase in average wellbeing score.



Source: Community Connections Annual Report 2016/17

14.6 Sydenham Garden said that in their experience a number of their projects are "some of the most effective non-clinical interventions". Based on their scores on a recognised wellbeing scale, co-workers leave Sydenham Garden with their wellbeing at normal levels. This has been confirmed through case studies, focus groups, questionnaires and carer feedback. With Sydenham Garden's Garden Project, for example, in 2016/17, 68% of co-workers recorded a positive change to their mental wellbeing.[25]

14.7 In 2016/17, 79% of those supported by Mind's Community Support Service recorded a meaningful improvement in their wellbeing. The biggest improvements were in "feeling significantly better about themselves, more cheerful and confident, and that they were dealing with their problems well". In a survey rating satisfaction with the service at point of discharge, 150 clients expressed an average 91.2% satisfaction.

14.8 Lewisham Speaking Up noted from their experience of supporting people with learning disability that the most important non-clinical interventions are those that address the social problems this group can face. This includes helping people with debt, benefits, and housing problems, and providing self-advocacy

[25] Annual Evaluation of Sydenham Garden 2016 – 2017, p5

which addresses issues with self-esteem, confidence, meeting friends and socialising. Activity-based groups such as arts, gardening and sports also work well. Lewisham Speaking Up recognised that much of the evidence on social prescribing is more anecdotal than quantitative, but stressed that in their experience people “really value these groups and activities”.

14.9 The committee heard from a number of witnesses that more consideration needs to be given to how social prescribing interventions are evaluated. More services should have clear outcome measures so that more evidence on the effectiveness of interventions can be shared. As well as data, the committee noted that patient-reported feedback is also important evidence of effectiveness, which should be capable of being captured, analysed and shared. The committee discussed with a number of witnesses whether a lack of coherent evidence on social prescribing, generally and locally, could be one of the barriers to greater take-up among GPs and the wider clinical community.

Recommendations

2. *The committee notes that there is evidence of the effectiveness of social prescribing interventions in the borough. However, given that there is still a significant lack of a coherent body of evidence, generally and locally, the committee recommends that officers look into ways of building a more comprehensive database of evidence and feedback. This should include statistical analysis of wellbeing outcomes where available, but it should also include patient-reported feedback and case studies.*
3. *In order to build a more comprehensive database of statistical data the committee also recommends that officers look into the possibility of drawing up a set of clear outcome measures for social prescribing interventions, which could be reported on and shared with health and care partners, particularly GPs and services users. The committee suggests that it may be helpful to link this information to the Lewisham health and social care directory of services so that prescribers, providers and service users can view it when searching for services.*

Gaps in provision and awareness

15.1 The Social Prescribing Review Group has so far found that the majority of social prescribing activity in Lewisham is targeted at specific groups, such as people aged over 60, or people with long-term conditions, for example. The group also found that there is clear gap in support for people under 60.

15.2 SAIL Lewisham noted that there is unmet need for a range of support, particularly home visits to provide information and advice to people who are unable to leave their home. The committee also heard that social prescribing needs to be accessible to those who are unable to leave their home to engage with support because they have social phobia.

15.3 SAIL is aware of a gap in social prescribing support for people under 60, as they continue to receive referrals from people in their 40s and 50s. SAIL said

that GPs in particular have difficulty finding support for people who are over 50, but under 60 – often people who are vulnerable.

15.4 The Lewisham Disability Coalition (LDC) said that social prescribing could play more of a role for people with learning disability in particular. There are only two organisations that people with learning disability can be referred to, and during the school holidays there are none. There is also significant gap in support for people who need help navigating the health and care system, including social prescribing.

15.5 Among people with learning disability, there is a demand for more support with developing a social life, which can be very difficult for some people with learning disability and autism. Lewisham Speaking Up noted that disabled people experience higher levels of loneliness, which is detrimental to overall health. More support and interventions around making friends and developing relationships, including sexual ones, would help people with learning disability live happier and healthier lives.

15.6 There is an appetite for more social prescribing activity among the adults with mental ill-health that Sydenham Garden work with, and among the professionals that refer to them – Sydenham Garden receive a third more referrals than they can place. Ecotherapies, creative and social activities, peer support and physical activity are all social prescriptions that would benefit people with mental ill-health.

15.7 Mind noted that there is a lack of social prescribing options for younger people (14-25) in particular. Mind's own services are predominantly used by the 35-55 age group (as this tends to be the age at which people are more vulnerable to relationship, debt or social exclusion problems), but Mind noted that 75% of mental health problems begin before the age of 14 and that one in six young people have a mental health problem. The Chair of the Lewisham Local Medical Committee (LMC) also noted that a significant number of younger people are not accessing mental health support services.

15.8 GPs in Lewisham would like to see more social prescribing for social issues in particular. 35-40% of GP consultations relate to social issues, such as debt, family and general wellbeing problems. One of the main barriers to the greater use of social prescribing among GPs is a lack of knowledge and awareness of the services available. Some GP practices are used to and confident making social prescribing referrals, but many are unaware of what's available or how to access it.

15.9 The committee heard that social prescribing needs to be continuously promoted to GPs and that social prescribing referral pathways need to be quick and easy. GPs need to be confident that if they make a referral something will happen and people will not just return to them. The SAIL referral is a good step forward in increasing awareness of social prescribing among GPs – but there need to be more integrated pathways with a quick tick-box referral process like SAIL.

15.10 The committee heard that the link work between the prescriber and the prescription is vital. In Sydenham Garden's experience, separate organisations set up to signpost or link people do not work, as they serve their own interests and add an extra step to the patient's journey. Sydenham Garden has found funding their own link worker to be most effective. They also support the idea of having a link worker based in practices.

15.11 The committee expressed concern at the apparent difficulty finding activities and support for support for younger people with learning disability mental health needs – particularly around the ages 14-25. The committee stressed that without activities during the daytime younger people can become socially excluded and start to feel demotivated. The committee noted that there are a number of services specifically for older people which younger people are excluded from and expressed concern that the whole community was not being considered.

Recommendations

4. *Given the evidence the committee has received on the loneliness rates among people with learning disability and the rates of mental ill health among young adults, and the long-term health impacts of these, the committee recommends that Lewisham health and care partners pay particular attention to addressing the gaps in support for young adults with learning disability, men's groups and those experiencing mental ill health.*
5. *There is evidence that existing services in the borough need more support with capacity building, and the committee recommends that Lewisham health and care partners continue to help with this, but the committee also recommends that officers also explore appropriate opportunities to work with national and neighbouring borough services.*
6. *Given that lack of awareness and knowledge of social prescribing among GPs appears to be acting as a barrier to its wider use, the committee recommends that Lewisham health and care partners focus on raising awareness of social prescribing, including evidence of effectiveness, among GPs and the wider clinical community as a priority.*
7. *One measure that should be further explored is locating more social prescribing representatives in key GP practices. Without high levels of awareness among the GP community, people will miss opportunities to access activities and support which could help them. And without high levels of awareness and use by GPs, officers will be unable to accurately assess local gaps and the effectiveness of particular interventions.*
8. *The committee also notes the concern that organisations which signpost people can end up adding an extra step to the patient's journey and recommends that Lewisham health and care partners ensure that any social prescribing mechanism developed is as quick and easy-to-use as possible, for both prescribers and service users.*

Monitoring and ongoing scrutiny

16.1 The recommendations from this review will be referred for consideration by the Mayor and Cabinet at their meeting on 28 February 2018 and their response reported back to the Committee within two months of the meeting, or at the earliest opportunity following the 2018 local elections. The Committee will also receive a progress update six months after this in order to monitor the implementation of the review's recommendations.

Appendix

lewisham s.a.i.l. connections
safe and independent living
supporting lewisham residents over 60

working NHS together

Tel 020 7358 4077 | Fax 020 7378 9217
Email sailconnections@ageuklands.org.uk
Stones End Centre | 11 Scovell Road
London | SE1 1QQ

Name:	DOB:	Gender:
Address:		Postcode:
Rented (Council) ☐ Rented (Private) ☐ Housing Association ☐ Owned ☐		Ethnicity:
Telephone:	GP Surgery:	

Please tick the services you would like and return checklist to: sailconnections@ageuklands.org.uk

HEALTH AND WELLBEING

Would you like a pendant alarm to keep you safe and secure? Linkline Telecare Service	☐
Would you like to talk to someone about Telecare equipment e.g. sensors that could help you stay independent in your home for longer? Linkline Telecare Service	☐
Have you had a fall or a near miss in the last year that has **NOT** been investigated or treated? Lewisham Falls Services	☐
Do you have dementia, or do you care for someone with dementia and would like to speak to someone about support available? MindCare	☐
Are you blind, partially sighted, or do you have a specific visual impairment? BlindAid	☐
Have you lost weight recently without meaning to or are you eating less than usual and have **NOT** been referred to a dietician? Lewisham Primary Care Dietetics Service	☐
Do you smoke? If so would you like to stop? Stop Smoking Service	☐
Has your drinking or drug use increased slowly over the years, would you like to talk to someone? Do you use alcohol or drugs to unwind/relax? - would you like to talk to someone? Lewisham Drug and Alcohol Teams	☐
Do you care for someone, or does someone care for you on an unpaid basis due to frailty, disability, addiction, physical or mental illness? Would you like to talk to someone about support available for carers? Carers Lewisham	☐
Would you like to talk to someone about social activities including: volunteering, befriending, social groups, exercise classes, lunch clubs, help with using the internet? Community Connections	☐

LIVING CONDITIONS

Is your home cold? Would you like in-home advice about keeping warm, saving energy and funding available for heating and insulation? Warm Homes Healthy People Project	☐
Do you have any difficulties using the bath/toilet/kitchen facilities? Do you have difficulties getting in and out of your home, or using stairs? If yes, please specify your area of difficulty. Lewisham Council Occupational Therapy	☐
Do you have an odd job around the home that you need help with? Lewisham Handyperson	☐
Are you worried about the condition/repair/maintenance of your home? Advice Lewisham	☐

SAFETY, SECURITY AND INCOME

Would you like advice from your Local Police Team regarding crime prevention, home security, or a recent incident of crime or anti-social behaviour in your area? Police	☐
Have you ever been concerned about services or goods you have bought from someone who knocked at your door? Crime Enforcement and Regulation Service	☐
Have you sent money to anyone who contacted you by phone or mail saying you had won money or a gift unexpectedly, and that money or gift never materialised? Crime Enforcement and Regulation Service	☐
Do you have a working smoke alarm? Would you like a free Home Fire Safety Visit? London Fire Brigade	☐
Would you need help leaving your home in the event of an emergency? London Fire Brigade	☐
Are you having trouble paying your bills or would you like someone to help check that you are receiving all the income that you are entitled to? Advice Lewisham	☐

Visited by:	From:
Date:	Telephone/Email:

IMPORTANT: This must be read to the client: "In signing this form you are consenting to this information being shared with partner organisations in accordance with the Data Protection Act 1998".
Please tick here if completing by phone to demonstrate you have discussed this with the client. ☐

Signed (client/representative):

Version 1 created September 2016

HEALTH AND WELLBEING BOARD				
Report Title	Joint Strategic Needs Assessment Update			
Contributors	Director of Public Health, London Borough of Lewisham		Item No.	4
Class	Part 1	Date: 01.03.18		
Strategic Context				

1. Purpose

1.1 To update the board on progress made since the new Joint Strategic Needs Assessment (JSNA) process was agreed in July 2017.

2. Recommendation/s

Members of the Health and Wellbeing Board are recommended to:

2.1 Note progress and comment on completed JSNAs.

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 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 The objective of a JSNA is to provide 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. 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 of the JSNA can be found here: www.lewishamjsna.org.uk. The content is currently being reviewed and updated, with older JSNA Topic Assessments being archived. The Picture of Lewisham, describing the population in terms of the key health and socio-demographic characteristics, including mortality, morbidity,

ethnicity and inequalities is currently being produced, due for completion by the end of March 2018.

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. Individual JSNA topics provide in-depth analysis and recommendations for that specific service/population group.

5. JSNA Steering Group

5.1.1 Following the July 2017 Health and Wellbeing Board, requests were made for membership of the JSNA Steering Group. The group met for the first time in November 2017, with representation from Public Health, Lewisham CCG, Voluntary Action Lewisham, a representative of the local community organisations, Children and Young People's Commissioning and the Local Medical Committee.

5.1.2 The agreed JSNA process was recapped and a prioritisation matrix for future JSNA topic assessments was agreed. Submissions for JSNA Topic Assessments opened in January for a four week period.

5.1.3 Eight topic assessment proposals were received, ranging from Respiratory, to Mental Health to Inequalities, submitted by the CCG; Public Health; Adults Joint Commissioning; CYP Joint Commissioning and Prevention and Inclusion. The proposed topics will be tabled at the board meeting, following the prioritisation process at the JSNA Steering Group on 21st February 2018.

5.2 Recently completed JSNAs

5.2.1 A number of JSNA topic assessments were initiated prior to the new process:

- Cancer - finalised and approved by JSNA steering group (see Appendix A)
- Repeated Removals of Children into Care
- Domestic Violence affecting Young People
- Youth Justice
- Peri-natal Mental Health
- Air Quality (Refresh)

5.3 JSNA Topic Assessment Refreshes

5.3.1 A number of the JSNA Topic Assessments currently available on the JSNA website are several years old. Following a review a decision was made to archive a number and refresh the critical assessments where

new data is available. The archived content will still be viewable, however with the warning that the information, particularly the data, is somewhat decayed.

6. Financial implications

6.1 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. This will be funded from the ring fenced Public Health Grant. Relevant commissioners will also be required to allocate appropriate human resources to support the relevant JSNA Topic Assessments. The financial implications of any recommendations arising from the assessments will be considered either during or once the assessments are completed as appropriate.

7. Legal implications

7.1 The requirement to produce a JSNA is set out above.

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 their area.

8. Crime and Disorder Implications

8.1 There are no Crime and Disorder Implications from this report.

9. Equalities Implications

9.1 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.

10. Environmental Implications

10.1 There are no Environmental Implications from this report.

11. Conclusion

11.1 The new JSNA process is progressing and aims to become embedded in strategic planning in future years.

If you have any difficulty in opening the links above or those within the body of the report, please contact Stewart Snellgrove (Stewart.Snellgrove@lewisham.gov.uk; 020 8314 9308), who will assist.

If there are any queries on this report please contact Patricia Duffy, Public Health, Lewisham Council, on *0208 314 7990*, *or by email at:* ***patricia.duffy@lewisham.gov.uk***

Lewisham Local Authority Cancer JSNA

MAY 2017

Alexander Allen, Public Health Registrar
ALEX.ALLEN@LEWISHAM.GOV.UK

Table of Contents

Executive Summary and Key Messages

- Cancer is the single most common cause of death in Lewisham, both in the young and old.
- Lewisham has significantly higher mortality in under 75s, and this increase is primarily due to an increase in lung and bowel cancer deaths.
- Despite a higher than average incidence of prostate cancer, Lewisham's mortality rates are similar to our neighbours. This may in part due to Lewisham's higher proportion of prostate cancer diagnosed at early stages.
- Lewisham still lags behind the England average for screening coverage for breast and bowel cancer, although there is an upward trend, and significant gains have been made over the last few years.
- Lewisham has a much higher 2 week wait referral rate than the London average, and a lower conversion of these referrals into a diagnosis of cancer. This difference is primarily driven by referrals for suspected breast and skin cancer.
- Approximately one fifth of the difference in life expectancy between the highest and lowest quintile is due to cancer, with lung cancer being the most common single type of cancer responsible for this difference.
- There is some evidence that those of black African ethnicity are less likely to attend screening or be referred via the 2 week wait pathway. Why this occurs and how we can reach these communities will be key to improving Lewisham's cancer outcomes.

Introduction

Cancer is an ever-growing health issue in the UK, with almost 300,000 diagnoses and 130,000 deaths per year. [1] Ageing populations mean that it is predicted that almost 50% of people currently under the age of 65 will receive a diagnosis of cancer within their lifetime[2]. While national level trends are well documented and analysed, Lewisham faces specific challenges due to the differences in demographic factors such as age structure, ethnicity and deprivation levels. This Joint Strategic Needs Assessment (JSNA) aims to collate local level data from a variety of sources and provide an overall picture of cancer in Lewisham across the entire pathway, and use suitable benchmarks to put Lewisham performance in context with similar boroughs. This will identify gaps both in terms of our knowledge and in our services that will inform recommendations that should be made to improve the our cancer outcomes and the quality of service we provide

What we know

Fact and Figures

Prevalence

The prevalence of cancer in Lewisham (the proportion living with a diagnosis of cancer) is 1.5%. In 2015, cancer caused 29.2% of all deaths in Lewisham, making it the highest single cause of mortality in Lewisham, ahead of circulatory disease (22.4%) and respiratory disease (17.2%). Cancer is a significant cause of death in both older populations (27.8% of over 65 year olds), and the younger population (34.4% of deaths in under 65 year olds). The most common causes of cancer mortality are lung (23%), bowel cancer (10%), prostate (8%) and breast (7%).

Comparing trends in these data is difficult, as changes to the number of people living with cancer could be due to better diagnosis, changing risk factor profiles (e.g. aging population) or improved survival times. Changes in the proportion of deaths caused by cancer could be due to increased cancer mortality rates, but could also be caused by a reduction in deaths from other causes.

Incidence

Table 1. Age standardised rate of cancer registration for any age, per 100,000 population - 2014

	Male	Female	Combined
Lewisham	710.3	503.2	606.8
London	662.1	528.0	595.1
England	670.3	546.6	608.5

Source: PHE Fingertips

[1] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases

[2] Ahmad A.S., Ormiston-Smith N. & Sasieni P.D. (2015). Trends in the lifetime risk of developing cancer in Great Britain: comparison of risk for those born from 1930 to 1960. (link is external), British Journal of Cancer.

When comparing the entire population in terms of the number of new cancer registrations, Lewisham has a rate similar to that of England and London. When this is stratified by gender, Lewisham actually has significantly higher rate of cancer registrations in men and significantly lower cancer registrations in women.

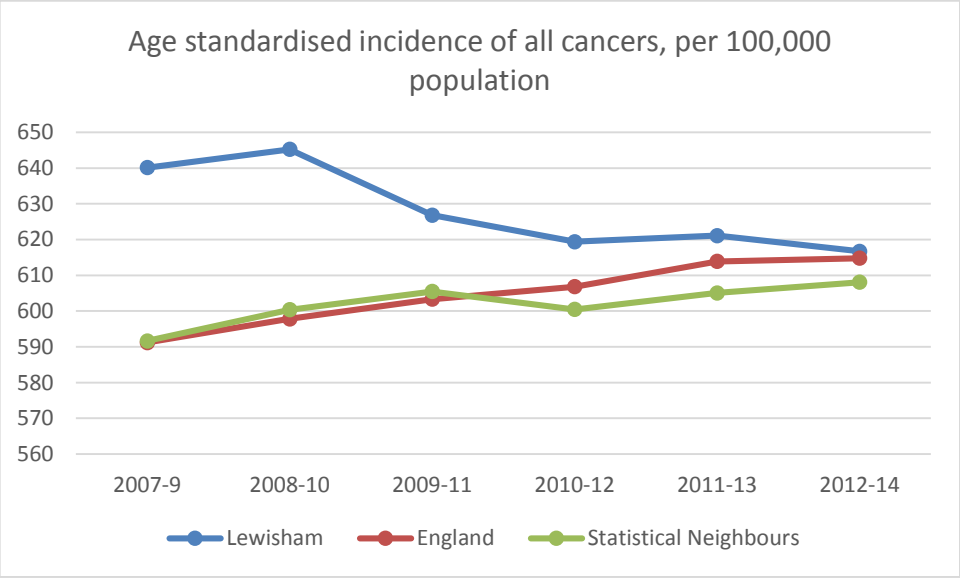
Table 2. Age standardised incidence by type of cancer, per 100,000 population, 2012-2014

	Breast (female only)	Colorectal	Lung	Cervical	Prostate
Lewisham	149.5	72.5	87.7	7.6	223.1
London	172.3	65.5	78.5	8.0	191.0
England	169.9	72.9	79.8	9.5	181.4

Source: PHE Fingertips

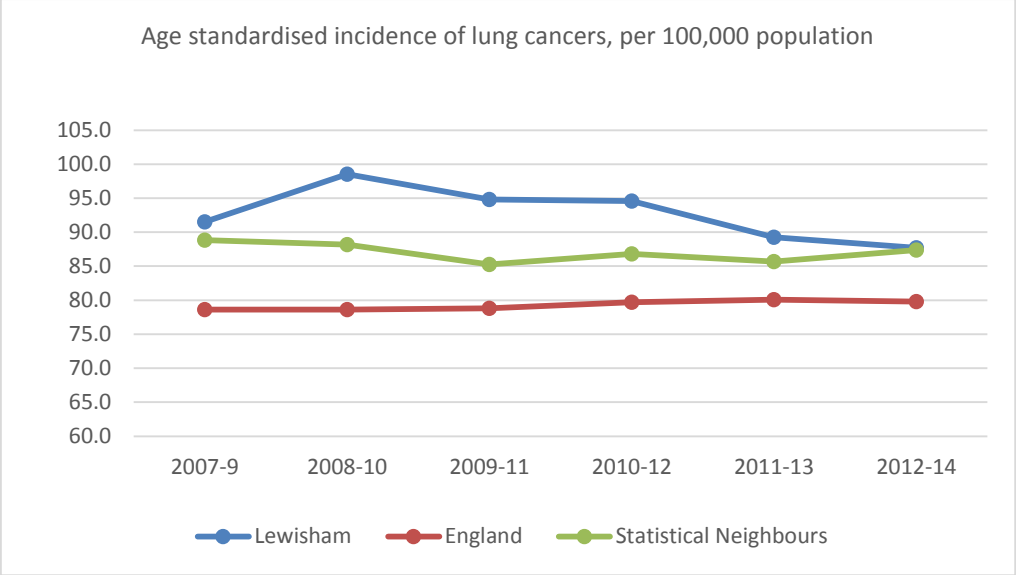
When this is broken down by type of cancer, we see that prostate cancer has by far the higher incidence. Lewisham has significantly higher incidence of lung, prostate and colorectal cancer than the London or England average, while having a significantly lower rate of cervical cancer and breast cancer incidence. This may reflect the makeup of our population, as the incidence of prostate cancer is known to be higher in black ethnic groups. For reference, in 2 boroughs with similarly large black populations, Lambeth and Southwark, the incidence was 197.6 per 100,000 population in Southwark and 248.2 per 100,000 population in Lambeth. Also of note is that the mortality rates also differ by gender, with men having a much higher incidence for both lung cancer (97.7 vs 45.9), likely reflecting historical smoking habits.

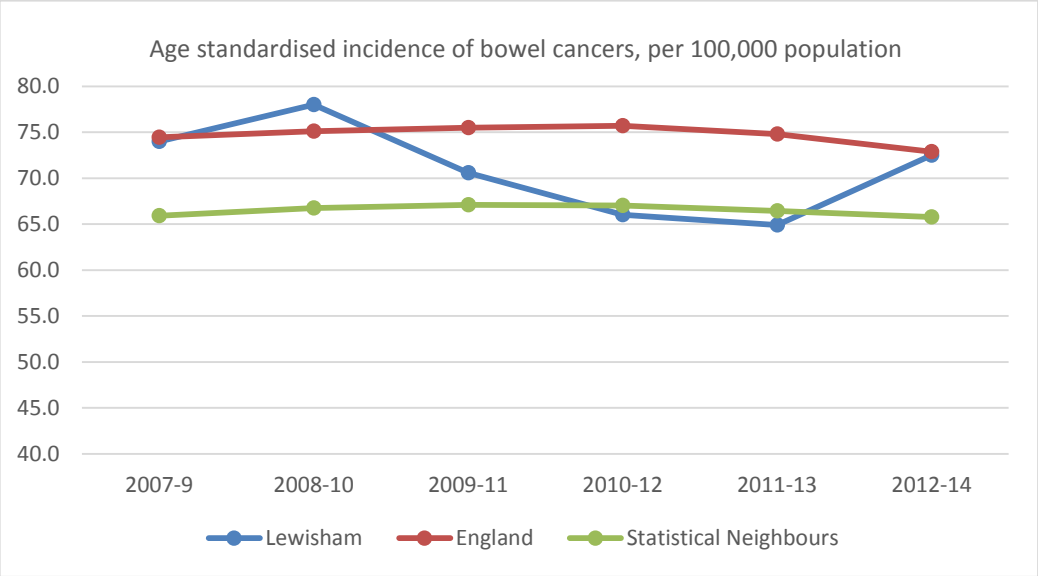
Trends

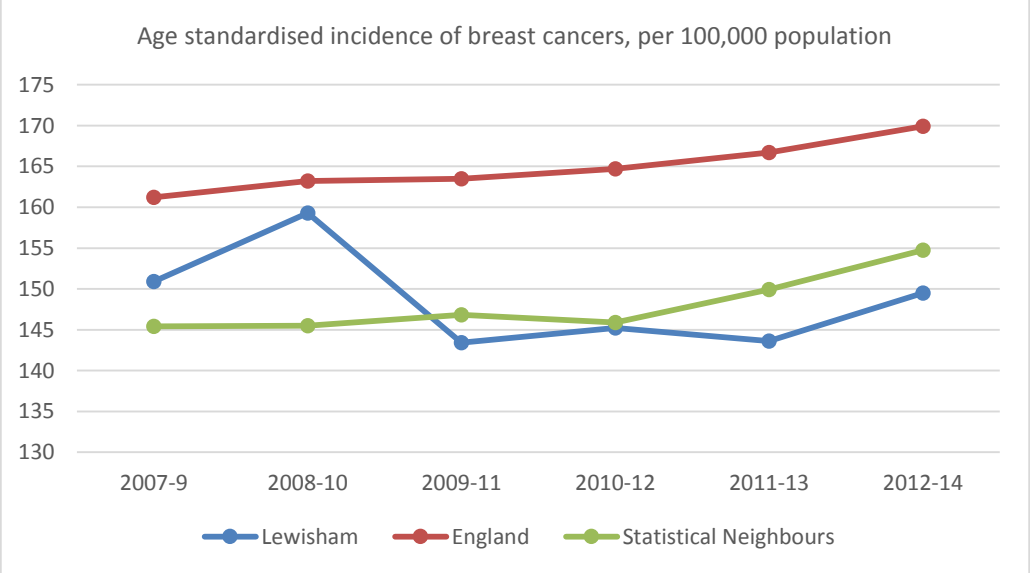


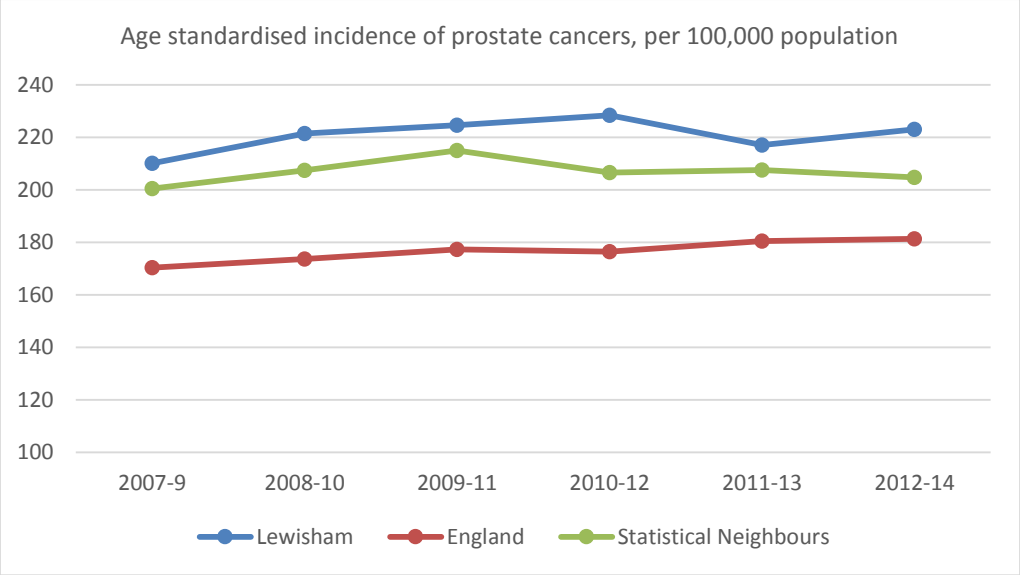
Source: PHE Fingertips

Lewisham's overall incidence of cancer has been decreasing over recent years, going from above the England average to matching it.


Age standardised incidence of lung cancers, per 100,000 population
105.0
100.0
95.0
90.0
85.0
80.0
75.0
70.0
65.0
60.0
2007-9
2008-10
2009-11
2010-12
2011-13
2012-14
Lewisham
England
Statistical Neighbours


Age standardised incidence of bowel cancers, per 100,000 population
80.0
75.0
70.0
65.0
60.0
55.0
50.0
45.0
40.0
2007-9
2008-10
2009-11
2010-12
2011-13
2012-14
Lewisham
England
Statistical Neighbours


Age standardised incidence of breast cancers, per 100,000 population
175
170
165
160
155
150
145
140
135
130
2007-9
2008-10
2009-11
2010-12
2011-13
2012-14
Lewisham
England
Statistical Neighbours



Lewisham incidence of breast cancer is significantly lower than the England average, however the incidence of prostate cancer is significantly higher, than both the England average and the average of Lewisham's statistical neighbours. This may be due to Lewisham having a relatively high proportion of residents of black ethnicity.

Mortality

Table 3.Age standardised rates of mortality for all cancers, per 100,000 population, 2012-2014

	Male	Female	Combined
Lewisham	345.6	232.1	288.8
Lambeth	331.0	232.9	282.0
Southwark	356.7	230.3	293.5
England	332.3	231.4	282.4

Source: CancerData

Table 4.. Age standardised mortality for all cancers, per 100,000 population, 2013-2015

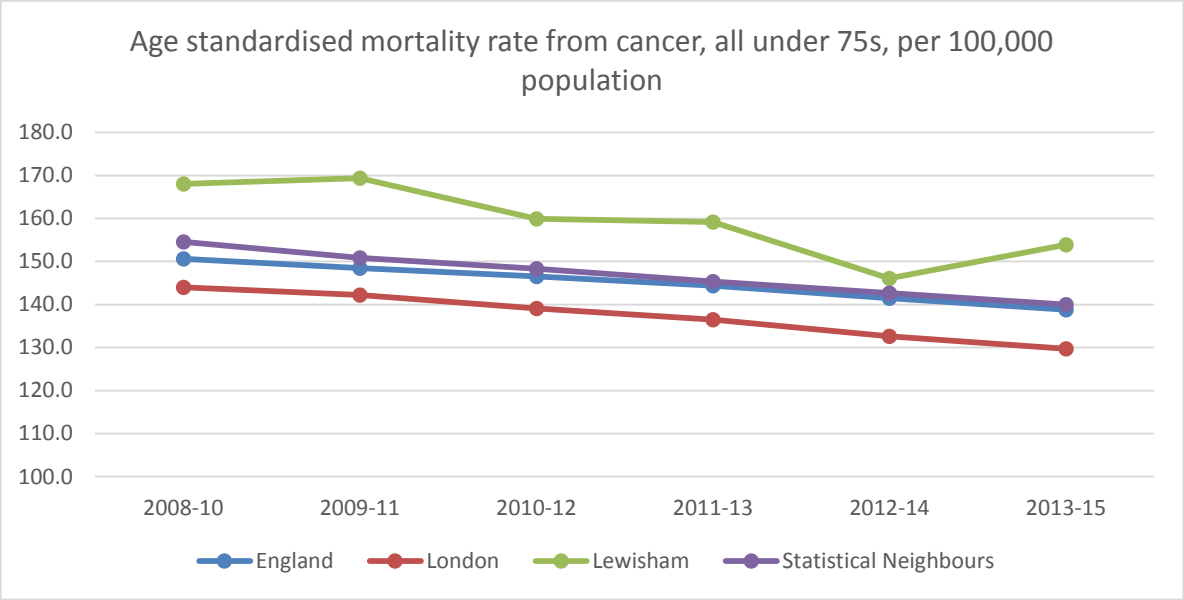
	Under 75 male	Under 75 female	Combined
Lewisham	187.5	124.0	153.9
London	147.7	113.8	129.7
Statistical Neighbours	162.5	124.2	140.0
England	154.8	123.9	138.8

Source: CancerData

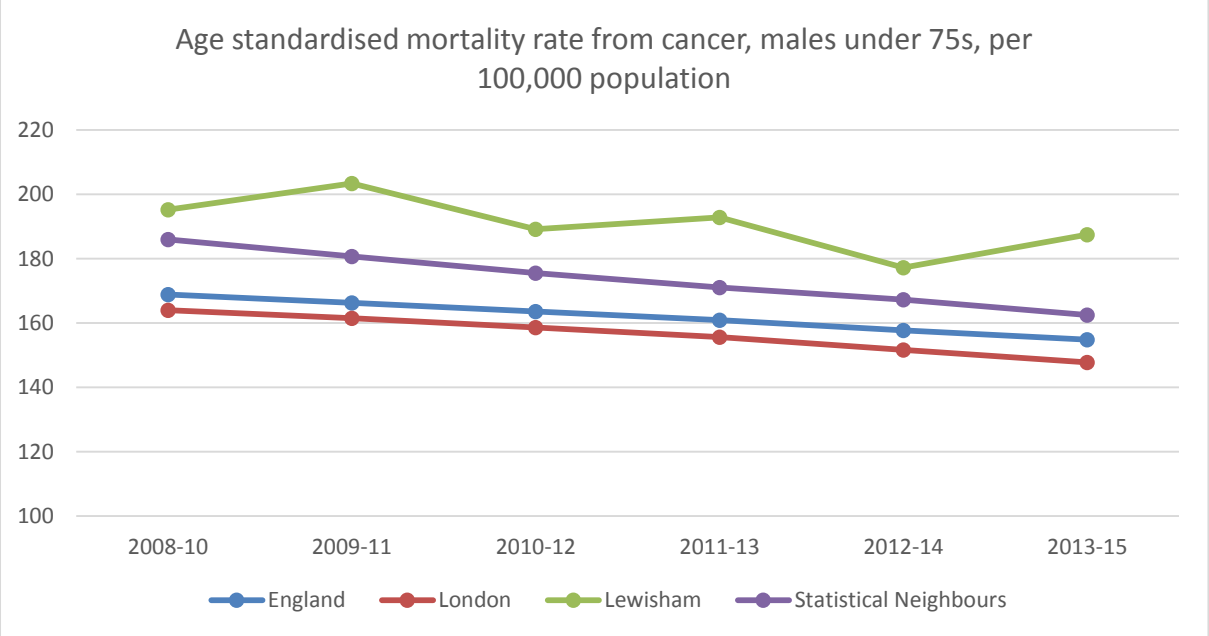
Looking at the mortality we see that, like incidence, there is a large gap between male and female rates, however in this case, both the male and combined mortality rates are significantly higher that the London or England averages. Given that the incidence is similar to the London average, the

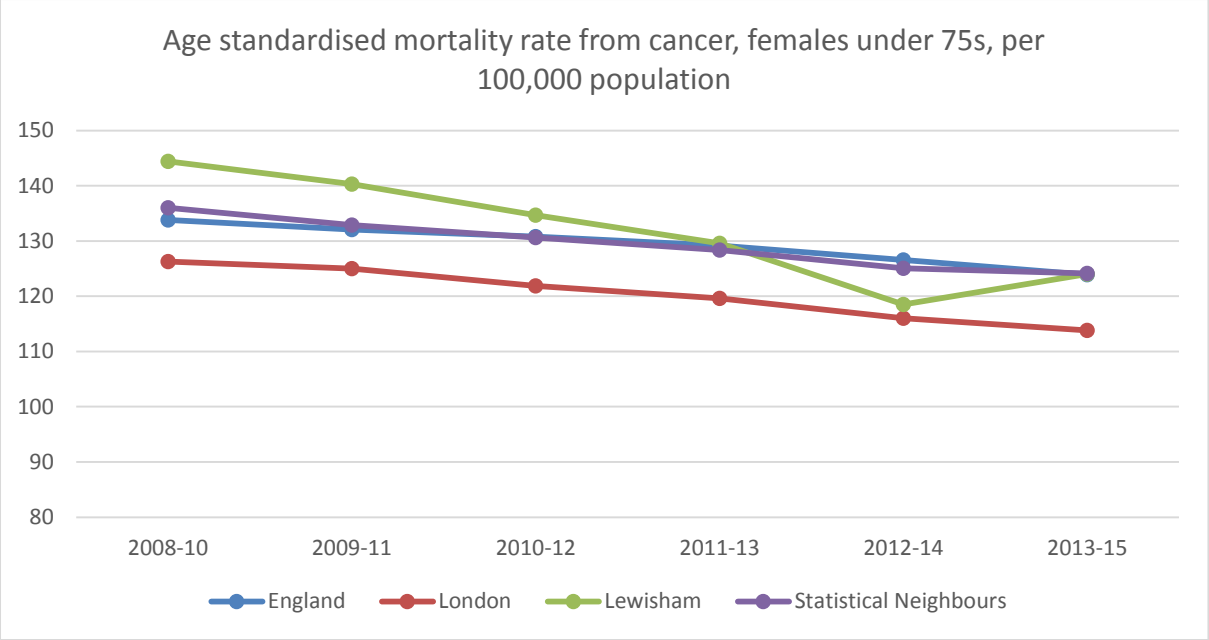
increased mortality rates may indicate that our population are presenting with more severe or later stage cancer, possibly indicating issues with screening, early diagnosis or treatment.

Trends – all cancers



Source: PHE Fingertips





Source: PHE Fingertips

Lewisham's mortality rates for all cancers have generally been decreasing, as have the rates across London and the country. Of note it appears that the male mortality rates are decreasing more slowly than the female rates in Lewisham, leaving Lewisham with a significantly higher mortality rate in under 75 year old men than London, its neighbours, and England.

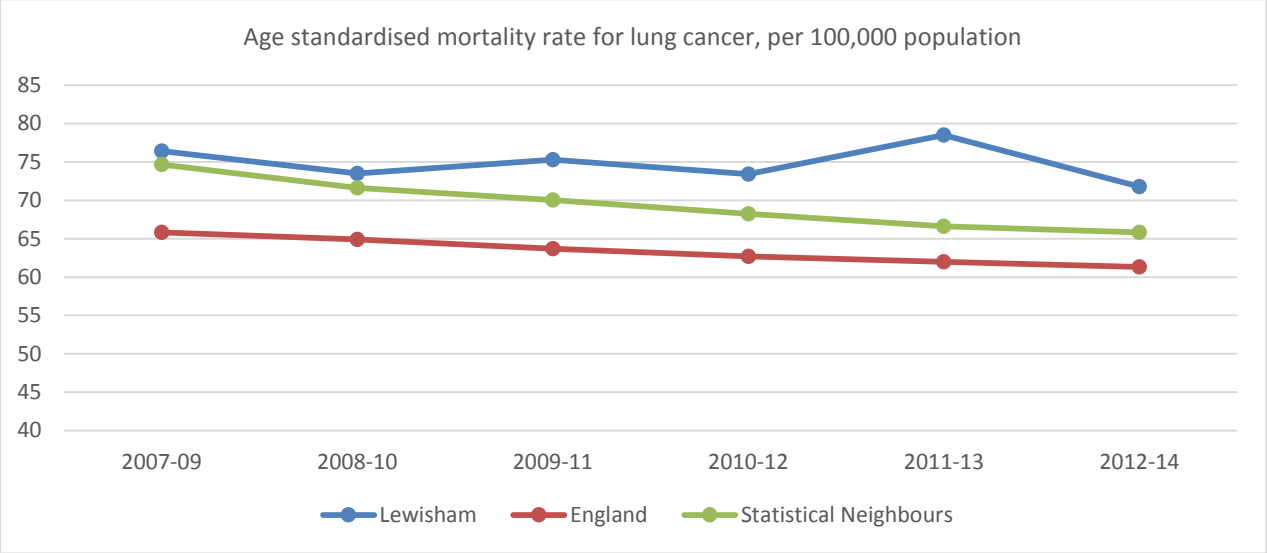
Table 5. Age standardised mortality rates by cancer type, per 100,000 – 2012-14

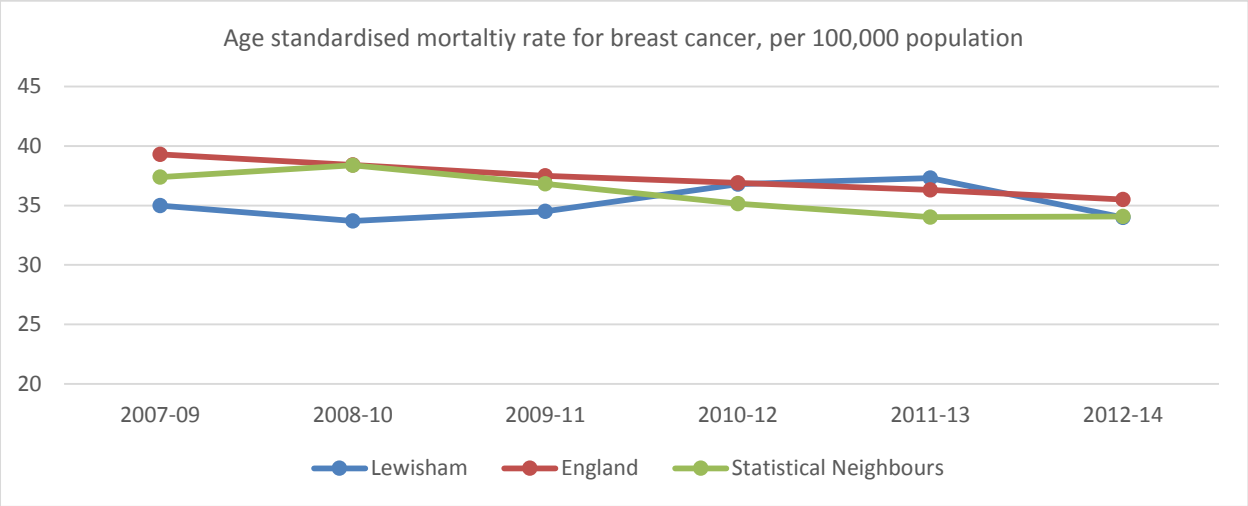
	Lung	Breast	Colorectal	Prostate
Lewisham	71.8	34.0	31.7	46.6
England	61.3	35.5	27.7	45.9
Lambeth	67.7	31.5	25.6	60.6
Southwark	72.8	33.3	29.5	38.6

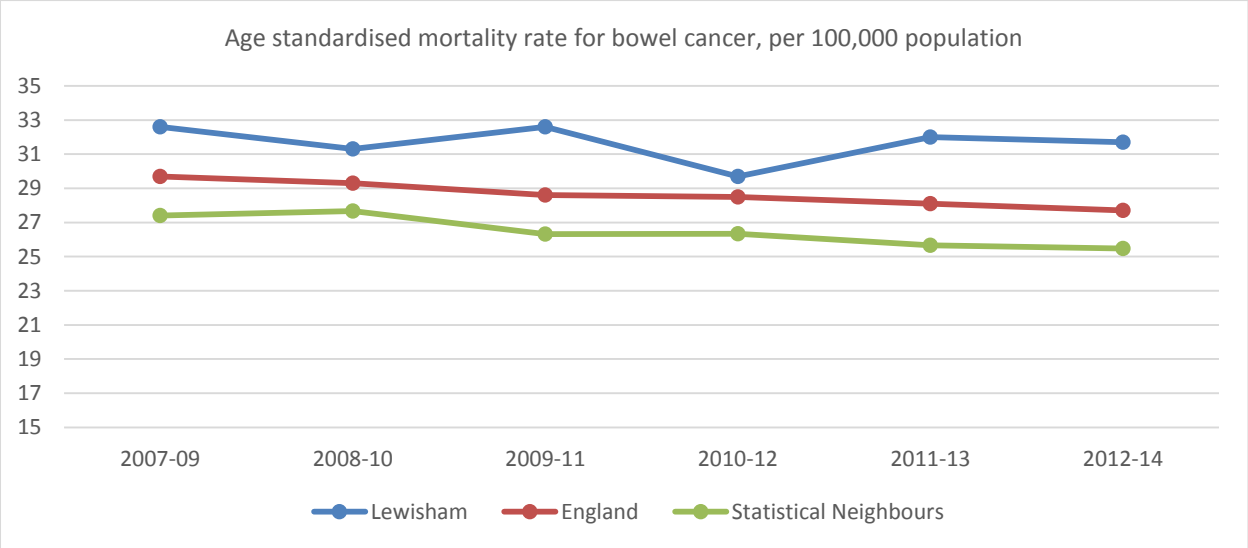
Source: CancerData

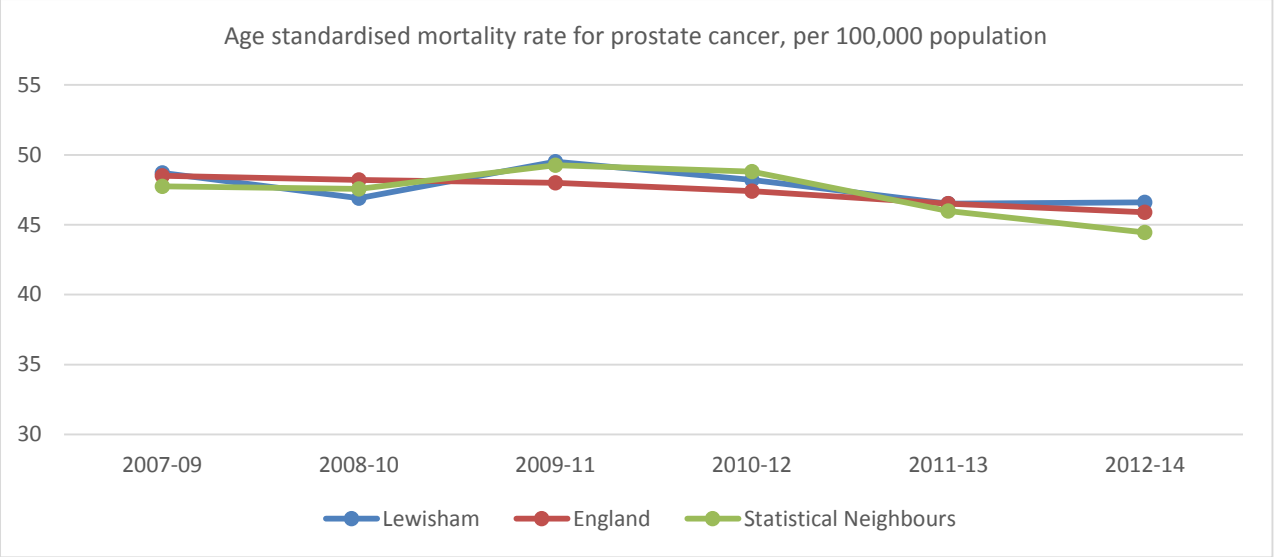
Lewisham has a higher mortality rate for lung cancer compared to England, but is similar to its neighbouring boroughs. Of note, despite Lewisham's higher incidence of prostate cancer, the mortality rate from prostate cancer is similar to that of the England average, and considerably lower than the neighbouring borough of Southwark. A possible interpretation of this result is that prostate cancers in Lewisham are detected and treated promptly, and therefore the increased incidence does not result in increased mortality. Another possible interpretation is that because of the slow growing nature of prostate cancer, many of these cancers are detected in elderly patients. These patients may then go on to die from another condition, and are classified as dying 'with' rather than 'from' prostate cancer.

Trends – by cancer type









Overall, for Lewisham the age standardised mortality rates for the most common cancers have decreased, although the rate of decrease has been slower than that of England, and that of neighbouring boroughs. In particular Lewisham's bowel cancer mortality rate is significantly higher than the comparison benchmarks.

Screening

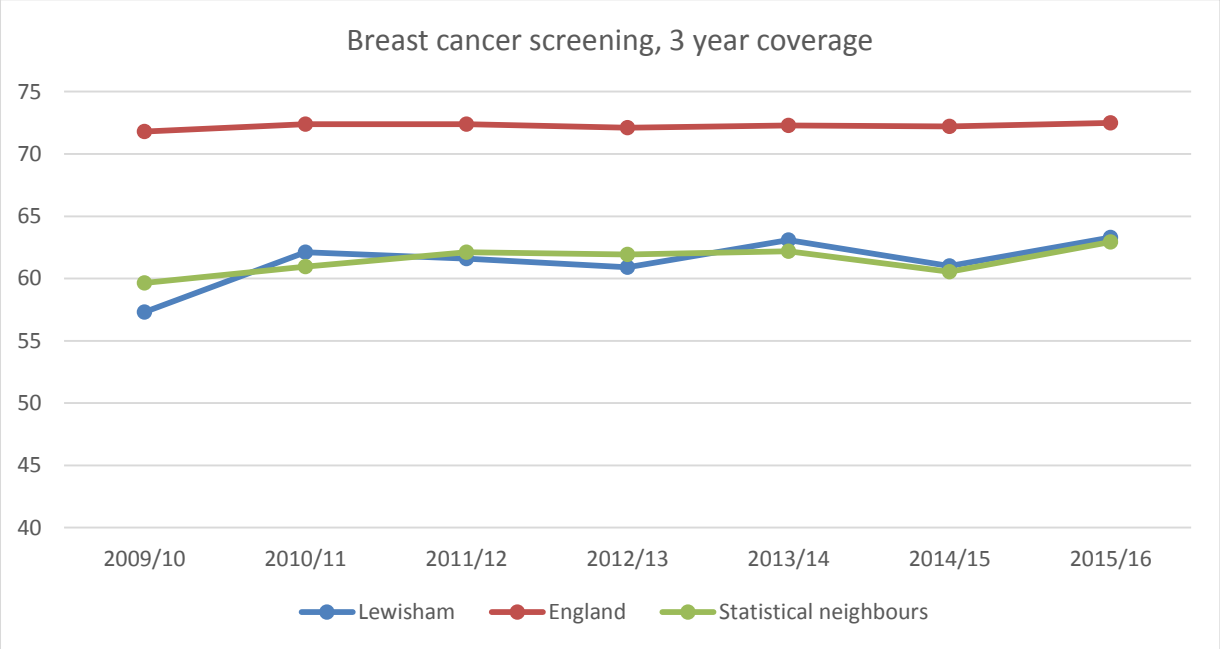
Table 6. Screening up take rate (% coverage in last 3 years for breast 2.5 for bowl, 3.5-5.5 years for cervical cancer), 2015/16

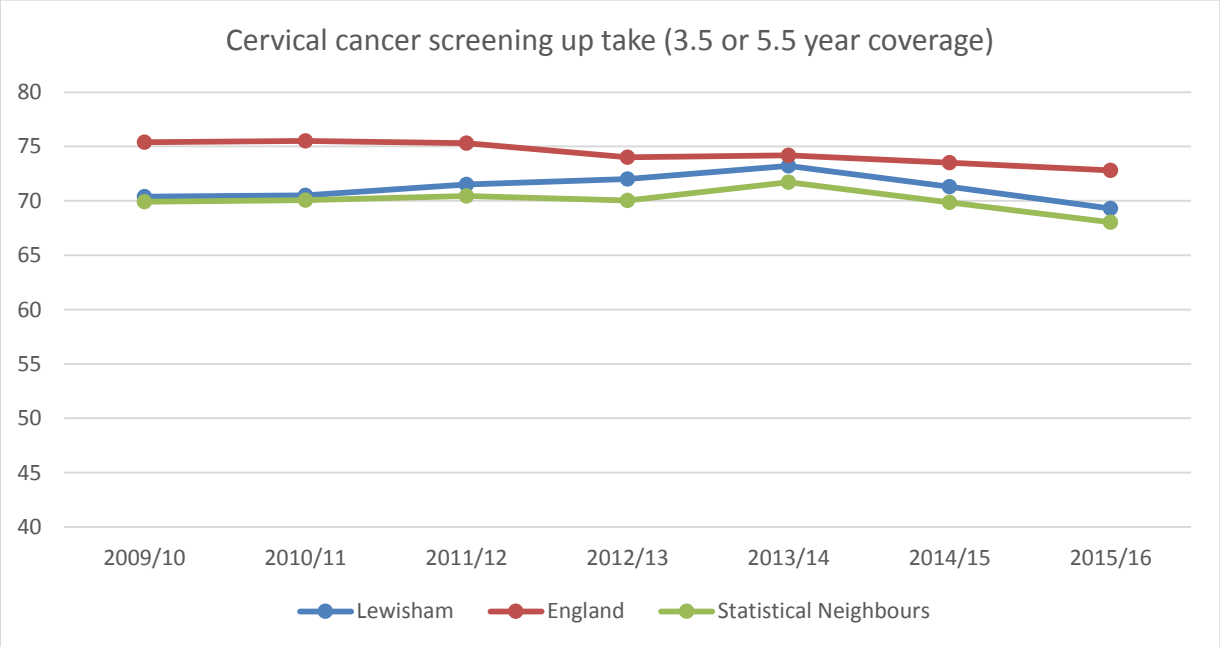
Cancer (age range)	Lewisham uptake	Statistical Neighbours	London uptake	England Uptake
Breast (50-70)	63.3%	62.9%	65.1%	72.5%
Cervical (25-64)	69.3%	68.0%	66.8%	72.8%
Bowel (60-69)	45.5%	45.2%	49.0%	58.5%

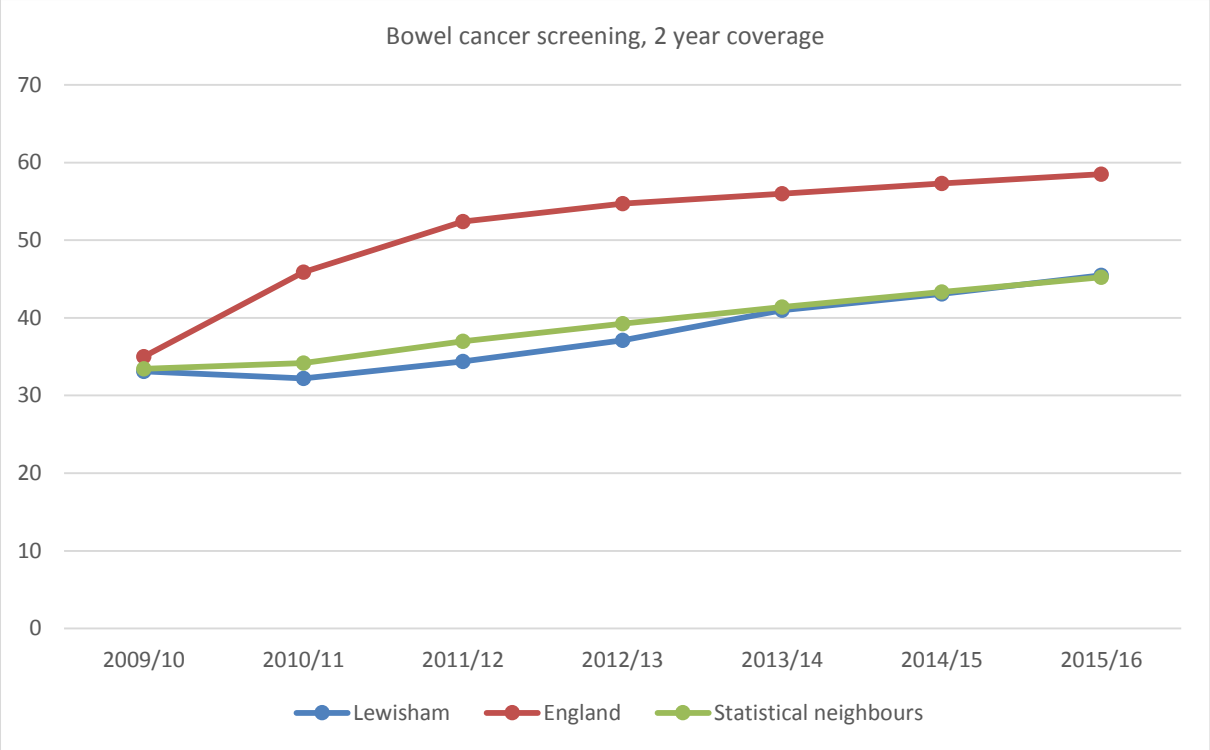
Source: PHE Fingertips

Lewisham's screening rates from 2015/16 are similar to those of London overall but significantly worse than average England screening uptake rates, and generally worse than our neighbouring boroughs (as seen by comparison of the STP foot print).

Trends


Breast cancer screening, 3 year coverage
75
70
65
60
55
50
45
40
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
Lewisham
England
Statistical neighbours


Cervical cancer screening up take (3.5 or 5.5 year coverage)
80
75
70
65
60
55
50
45
40
2009/10
2010/11
2011/12
2012/13
2013/14
2014/15
2015/16
Lewisham
England
Statistical Neighbours



Source: PHE Fingertips

Lewisham's breast screening coverage has been increasing over the years, but still remains below the England average. Both Lewisham and England's bowel screening uptake has increased but Lewisham's uptake has been increasing at a slower rate over the last 5 years, leading to a significant difference in uptake. Cervical screening uptake has remained relatively steady in Lewisham but has seen a recent decline in line with has been seen in England as a whole.

Route to diagnosis

The most common routes to diagnosis are via screening programs, GP referrals (either urgent 2 week wait referrals for those with suspicious symptoms as outlined in the NICE guidelines, or a routine referral when cancer is not the suspected diagnosis), hospital inpatient or outpatient visits and via emergency presentation at an A&E department. Research has shown that patients with a diagnosis made when they present as an emergency, generally have higher stage cancers, and poorer outcomes. Those that are diagnosed at screening or by GP referral are diagnosed earlier and have higher rates of survival. [3] When all cancers are combined, the proportion being diagnosed on emergency admission in Lewisham is 20.5%, in line with the England average of 20.3%. A more detailed breakdown by cancer type is shown below.

In the tables below, emergency diagnoses refer to all diagnosis after admission from A&E, admitted after a GP emergency referral, or admitted as an emergency from an outpatient clinic. A managed

[3] http://www.ncin.org.uk/publications/data_briefings/routes_to_diagnosis

diagnosis refers to all diagnosis made after a two week wait referral, a normal GP referral, or a non-emergency referral or diagnosis from an outpatient clinic.

Colorectal cancer

	Screen	Managed	Emergency
Lewisham	**4%**	**53%**	**25%**
Statistical Neighbours	**4%**	**49%**	**30%**
England	**7%**	**49%**	**26%**

Breast cancer

	Screen	Managed	Emergency
Lewisham	**22%**	**63%**	**4%**
Statistical Neighbours	**24%**	**62%**	**6%**
England	**29%**	**59%**	**4%**

Lung cancer

	Managed	Emergency
Lewisham	**42%**	**40%**
Statistical Neighbours	**41%**	**41%**
England	**47%**	**37%**

Prostate cancer

	Managed	Emergency
Lewisham	**80%**	**7%**
Statistical Neighbours	**71%**	**10%**
England	**74%**	**9%**

Source: NCRAS – Routes

Lewisham compares well with its statistical neighbours, generally having a lower proportion of cancers diagnosed at the A&E department, particularly in colorectal and prostate cancer, however is still significantly below the England average for lung cancer. Lewisham also has a significantly lower proportion of cancers diagnosed via the screening route than the England average, likely reflecting the comparatively low screening uptake that Lewisham has for these cancers.

Table 7. Number of two week weight referrals, per 100,000 population. 2015/16

	All	Breast cancer	Lower Gastro-intestinal	Lung cancer	Skin
Lewisham	3522	817	430	107.7	714
London	2539	485	463	98.6	482
England	**2975**	**541**	**453**	**103.3**	**572**

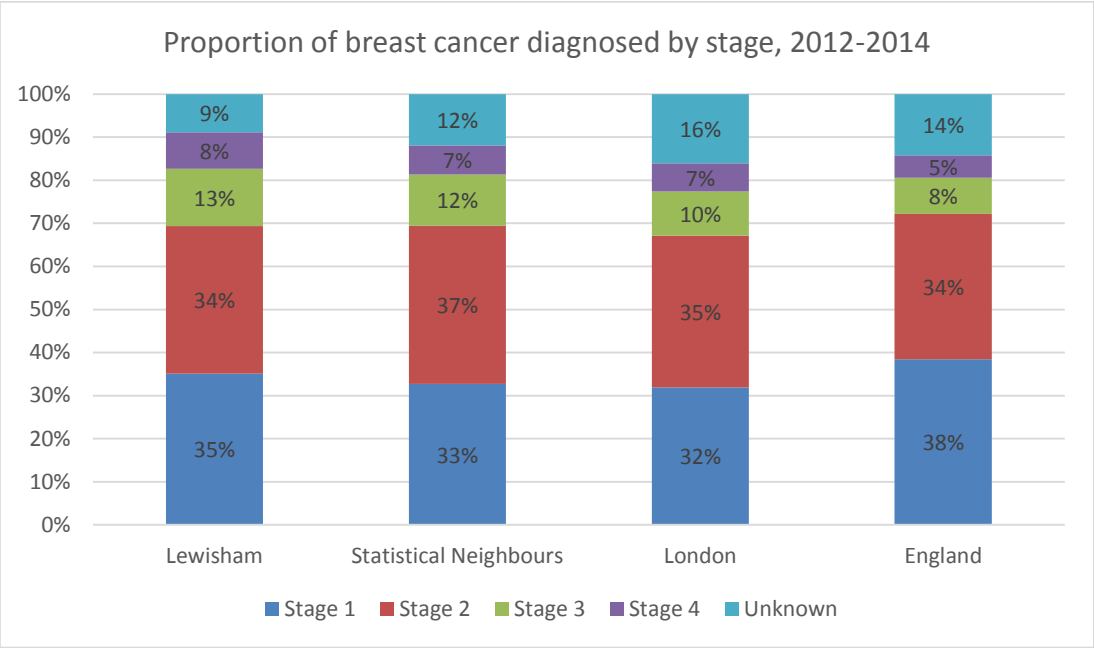
Source: PHE Fingertips

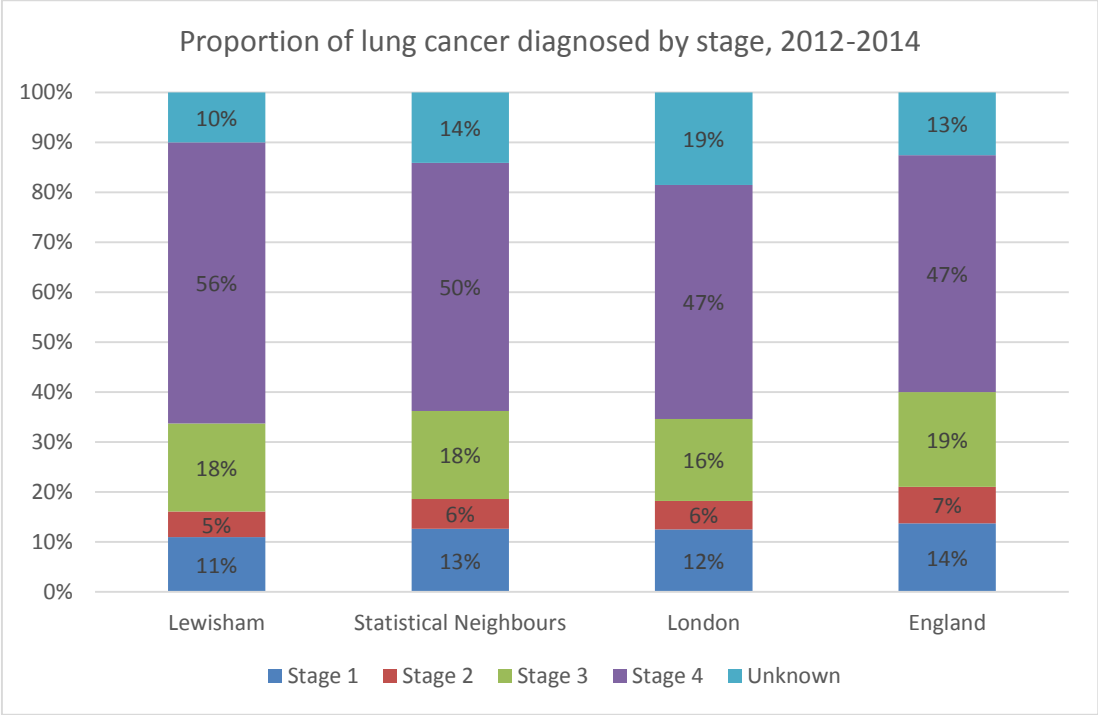
Lewisham refers considerably more patients and has a lower conversion percent of referrals being diagnosed with cancer, 4.2% compared to 5.5% in London and 7.8% in England. When this is broken down by the higher mortality cancers, we can see that most of the disparity is caused by an increased number of referrals for suspected breast and skin cancer.

Staging by cancer type

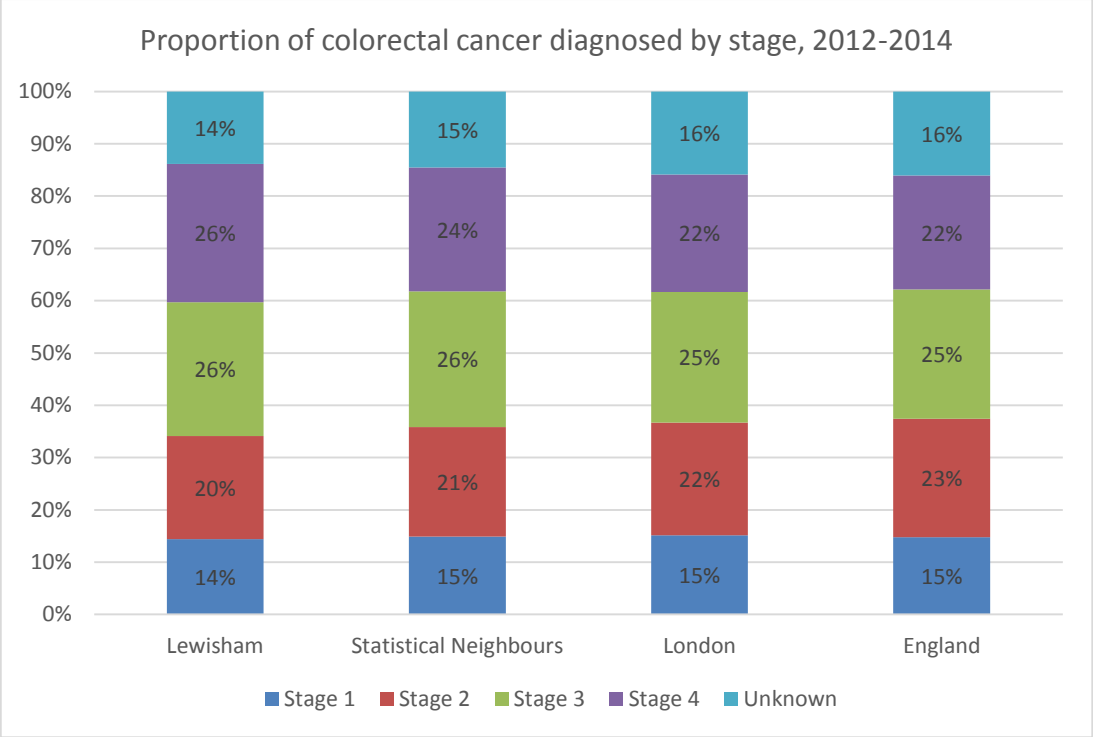
Cancer stages refer to the extent to which the cancer has spread. Each cancer type will have different criteria that defines each stage, but in general, for stage 1 and 2 the cancer is still restricted to the organ and local lymph nodes, and are easy to treat and sometimes curable. In stage 3 and 4 the cancer will have spread far from the initial organ, and in some cases metastasised. These cancers are harder to treat and often incurable. This underlines the importance of early diagnosis; to detect cancer at an

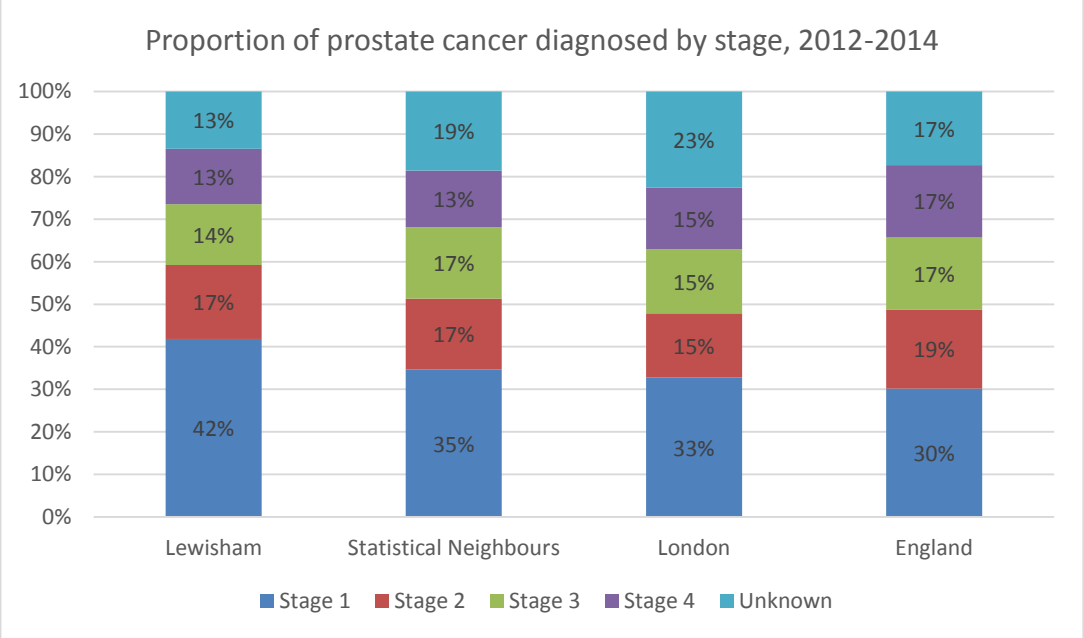
early stage, when they are at their most amenable to treatment. Patient diagnosed with stage 1 or 2 cancers are three times more likely to survive to 10 years than those diagnosed with stage 3 or 4 [4]





[4] http://www.ons.gov.uk/ons/rel/cancer-unit/a-cancer-survival-index-for-clinicalcommissioning-groups/adults-diagnosed-1997-2012-and-followed-up-to-2013/index.html





Source: NCRAS

Lewisham is significantly better than England, London and its neighbours at diagnosing prostate cancer at an earlier stage, possibly partially explaining our normal mortality rates yet increased incidence rates of prostate cancer. Lewisham diagnoses Lung and Bowel cancer at stage 4 more often compared to London or England, also possibly explaining the increased mortality rate of those two cancers in Lewisham.

Survival

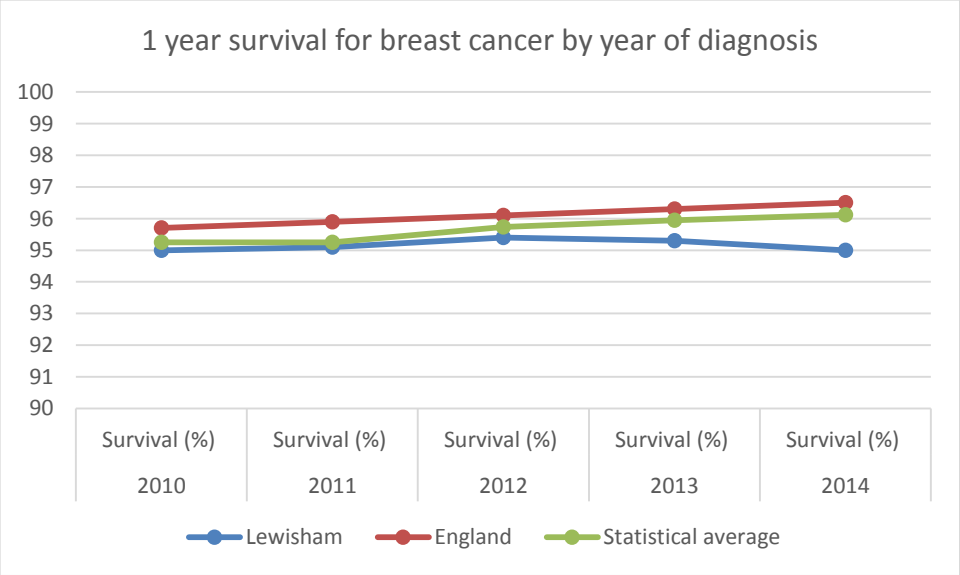
The 1 year survival rates provide an effective surrogate measure of how well diagnosed and treated the more later stage and higher mortalities cancers are, while 5 year survival rates are a more effective measure of how longer term treatment and management of cancer is handled.

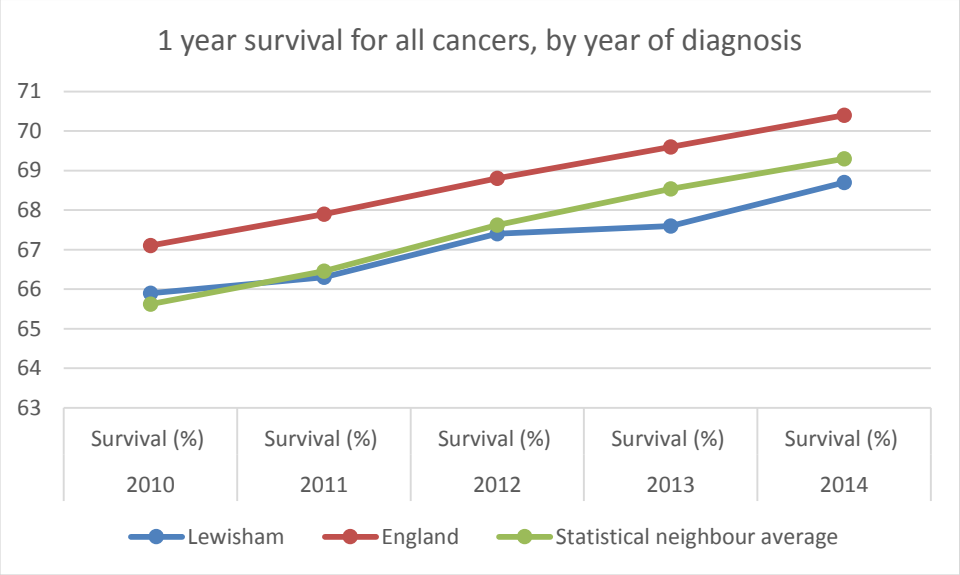
Table 8. 1 year survival percent, from year of diagnosis, 2014

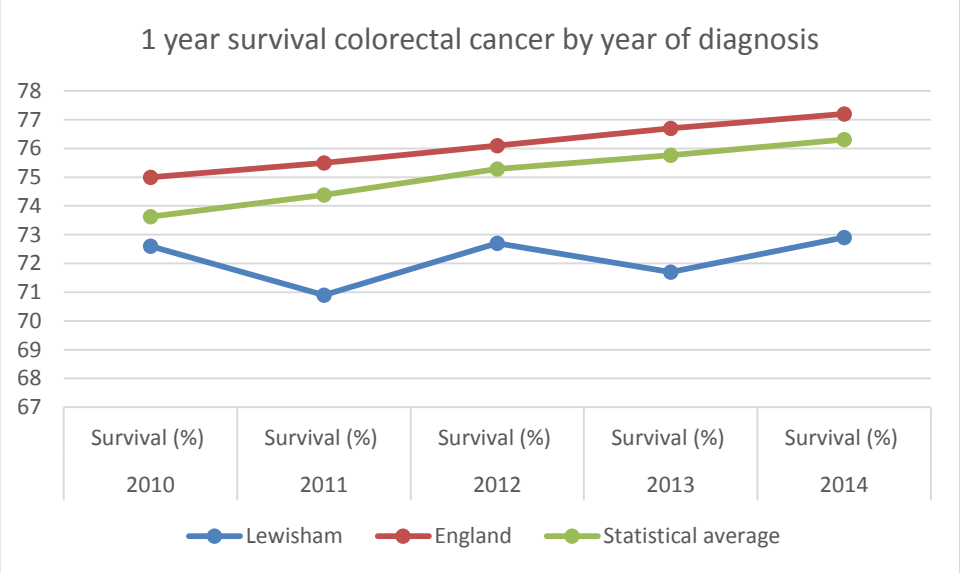
	All	Breast cancer	Colorectal	Lung cancer
Lewisham	68.7	95	72.9	35.8
Lambeth	70.1	96.1	78.9	37.4
Southwark	70.3	96.9	75.3	42.1
England	70.4	96.5	77.2	36.8

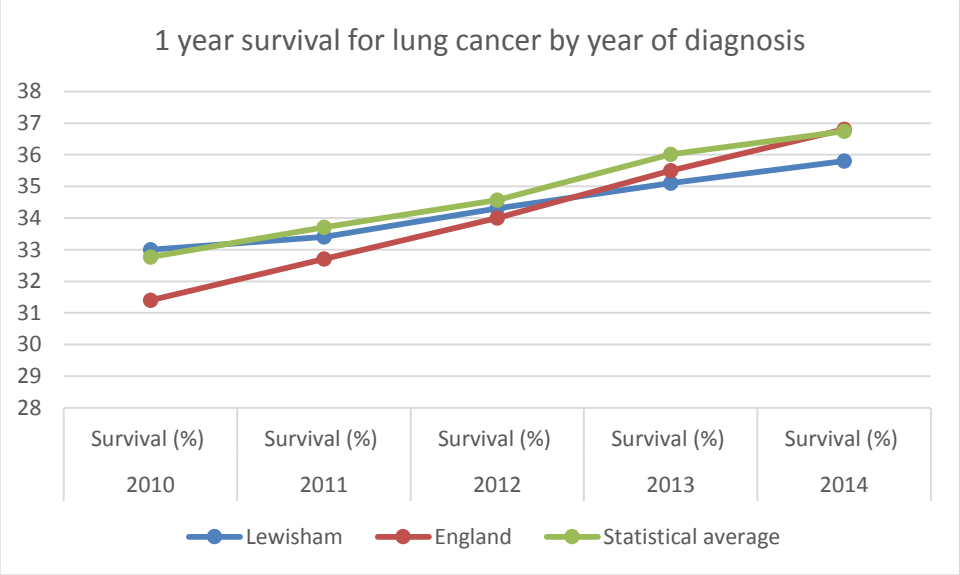
Source: Office of National Statistics

Trends




1 year survival for all cancers, by year of diagnosis
71
70
69
68
67
66
65
64
63
Survival (%) 2010
Survival (%) 2011
Survival (%) 2012
Survival (%) 2013
Survival (%) 2014
Lewisham
England
Statistical neighbour average


1 year survival colorectal cancer by year of diagnosis
78
77
76
75
74
73
72
71
70
69
68
67
Survival (%) 2010
Survival (%) 2011
Survival (%) 2012
Survival (%) 2013
Survival (%) 2014
Lewisham
England
Statistical average



Source: Office of National Statistics

Lewisham is significantly below England and its neighbours in terms of one year survival rates for both breast and colorectal cancer specifically, and when all cancers are considered together. The trend for 1 year survival for all cancers combined has been trending up, but for breast cancer there has been a recent decline. It is worth noting that while the difference between Lewisham and England 1 year survival rates for all cancers are statistically significant, the absolute difference is small, in the range of 1-2%. Lewisham's lower performance for both breast and bowel cancer may be due to Lewisham's lower coverage of screening for these cancers, leading to later diagnosis, more advanced cancers on diagnosis and therefore lowered survival.

End of life care

When given the choice, most people would prefer to die in their home, and have their palliative care conducted in the community, where they are more comfortable and their friends and family better can visit and care for them.

Table 9. Proportion of cancer patient that die in place of usual residence. 2015

	% of Cancer Patients Dying in Usual Place of Residence
Lewisham	27.3
London	35.4
England	44.4

Source: PHE Fingertips

Lewisham has a significantly lower proportion of cancer patients dying at home than both England and London, but is comparable to our statistical neighbours. This could reflect a lack of capacity in the community palliative care services in Lewisham, a higher proportion of cancer patients not having a suitable home life situation (in terms of carers or accommodation) for community care, or reflect patient choice, with more patients preferring to stay in hospital.

Targets and Performance

There are no national targets for 1 or 5 year survival, or mortality rates.

The national screening targets for screening uptake are 80% for cervical cancer, 70% for breast cancer, and 60% for bowel cancer. As seen above, Lewisham is not currently hitting the national targets, although the overall uptake has been increasing for breast and bowel screening.

The CCG commissioning strategy for 2013-2018 aims to reduce the rate of under 75 cancer mortality by 20% by 2018. Since 2013, the under 75 mortality has been decreasing, and as of 2015 had decreased by 5%.

Local Views

In 2009, the Healthy Cancer Collaboration undertook a programme to promote early presentation and diagnosis of breast lung and bowel cancer symptoms in New Cross, Evelyn and Bellingham wards, by improving public awareness and GP engagement, making use of volunteer peer mentors. As part of this a survey of the general public was conducted to find out why they did not see their GP with early signs and symptoms of cancer. Common responses included: fear of what they might find out, lack of awareness about cancer, embarrassed about wasting GP's time, being unable to get an appointment, unable to describe symptoms to GPs due to language barriers, cultural issues or anxiety. The programme aimed to remedy these problems and recruited over 20 volunteers and were involved in over 80 events with over 7,500 Lewisham residents being reached. After 6 months there was a fivefold increase in cancer referrals leading to a quadrupling of cancers being diagnosed within two weeks. Key factors in the success included effective partnerships with the voluntary and charity sector and the local health services. In particular an effort was made to reach out to minority communities and over 70 local minority volunteer groups were contacted.

The National Cancer Patient Experience Survey, carried out annually across the UK, asks patients 50 questions across the entire spectrum of cancer care from screening through to end of life care. Lewisham scored 8.5 on a scale of 0 (very poor) to 10 (very good) in regard to overall cancer care, a score in line with that obtained from the entire country (8.7). 89% of patients were given a named Clinical Nurse Specialist, and 82% said they were treated with respect and dignity while they were in hospital. Almost three quarters of patients felt that they were definitely involved as much as they wanted to be in decisions about their care and treatment. One theme that emerged from the survey where Lewisham does less well (consistently scoring under the national average) is in support outside of the clinical setting. Only 35 % of patients felt they were given enough support from social services during treatment (compared to the national score of 54%) and only 31% felt they were given enough support afterwards (compared to the national score of 45%). This shows that there may be a gap in the integration between health and social care in Lewisham and that more should be done to support cancer patients outside of hospital.

National and Local Strategies

What we know works:

Cancer prevention: More than half of cancers could be prevented by changes in peoples' behaviours. The main modifiable risk factors are smoking and tobacco use (for lung cancer) low fruit and vegetable intake and high intake of red and processed meat (for bowel cancer), exposure to UVB radiation (for skin cancer) and obesity and increased alcohol consumption (various cancers of the gastro-intestinal system)[5]. Other important means of cancer prevention include vaccines: Human Papilloma Virus (HPV) for all girls between 13-15 year old for cervical cancer, and Hepatitis B vaccines for babies whose mother are infected reduces risk of liver cancer.

Early detection and treatment: The earlier cancer is detected and treated the better the prognosis. It is estimated that up to 10,000 deaths per year from cancer could be prevented with earlier diagnosis and treatment. [6] The major strategies that improve early detections are increased uptake of screening programs (for breast, cervical and bowel cancer), increased public awareness of common symptoms of cancer and swift referral from primary care to specialist assessment if cancer is suspected (the two week wait).

Evidence based high quality treatment and care: This includes access to cost effective chemotherapy and surgery as defined by the National Institute for Health and Clinical Excellence (NICE), as well as lifestyle modifications for cancer survivors aimed at reducing reoccurrence, and finally compassionate and effective palliative care for those who are approaching the end of life.

National Strategies

Improving Outcomes: A Strategy for Cancer - Fourth annual report. [7] This strategy, initially written in 2011, was created by the Department of Health and Public Health England and sets out the national strategy to improve survival and patient experiences of dealing with cancer. The focus is on early diagnosis and improved access. This involved the opening of bowel screening centres, public awareness campaigns, supporting GPs in make appropriate and prompt referrals, and running of Cancer Patient Experience Survey's.

One of the flagship goals was to halve the 5 year cancer survival gap between England and the top performing countries in Europe. In terms of lives saved this would mean a total of 5,000 per year. The aim was to achieve this goal for patients diagnosed 2011-2015, although of course the final data for this goal won't be collected until 2020, the current best estimate is that over 12,000 patients are surviving with cancer for 5 years or longer, compared to those diagnosed in 2006-2010.

Achieving World-Class Cancer Outcomes, [8] published in 2015 and produced by the Independent Cancer Taskforce. This strategy report follows on from the National Cancer Strategy above, picking six key priorities and targets that will deliver improved outcomes. These include a focus on prevention

[5] Parkin DM, Boyd L, Walker LC. The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010. Summary and conclusions. Br J Cancer 2011;105 (S2):S77-S81.
[6] Richards, M. (2009). The size of the prize for earlier diagnosis of cancer in England British Journal of Cancer, 101
[7] https://www.gov.uk/government/publications/the-national-cancer-strategy-4th-annual-report
[8] https://www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf

with an aim to reduce smoking prevalence to less than 13% by 2020, an ambition to have 95% of patients referred for testing to have a definitive diagnosis (or exclusion of cancer) within four weeks. There is also a strong drive to improve patient experience, including access to all test results online and access to a key worker to coordinate care and improved follow up care to improve the quality of life of patients after treatment has ended.

Be Clear on Cancer – This campaign [9], led by Public Health England in partnership with NHS England, is a public awareness engagement campaign aimed at increasing public awareness of the early signs and symptoms of selected cancers. It carries out numerous campaigns both locally and nationally. The most recent campaign focused on lung cancer. Evaluations of the various campaigns have shown that they increase public awareness of the early symptoms of the cancer, reduce diagnosis of cancer at presentation to A&E and increase the number of urgent referrals from GPs for cancers of the type which the campaign was focused.

The Five Year Forward View- Written by Simon Stevens [10], Chief Executive of NHS England, this strategy was updated in March 2017 and sets out the aims with regard to cancer for the next two years. These include an expanded screening programme for cancer, and in particular a new bowel cancer screening test that will be available to 4 million people from April 2018, with the expectation that this will be more acceptable to more people, leading to a fifth of bowel cancers being caught earlier. Introduction of HPV testing at cervical screening is also expected to prevent around 600 cervical cancers per year. A new cancer wait standard will be introduced in 2020, to give patients a definitive diagnosis within 28 days, and diagnostic capacity will be extended to ensure all patients meet the 62 day target of referral to treatment. Radiotherapy programmes will be updated across the country, with over 50 new machines across 34 hospitals. The headline goal will be for 5,000 extra people to survive cancer per year.

Local strategies

Be Clear On Cancer – Lewisham pilot

In 2014, Lewisham (along with 5 other boroughs high populations of black men) was involved in a pilot under the Be Clear on Cancer campaign focused on increased awareness of prostate cancer in black men. One in four black men will be diagnosed with prostate cancer compared to one in eight of all men [11] The campaign aimed at black men over 45, as well as their wives/partners and friends and family, using targeted outdoor advertising at roadside locations, train stations and barber shops. The campaign also worked with black radio stations and held community events to raise awareness.

The Lewisham Health and Wellbeing Strategy outlines the nine key health and wellbeing challenges in Lewisham, of which one is increasing the number of people who survive colorectal, breast and lung cancer who survive for 1 and 5 years from diagnosis. Many of the other priorities also have strong links to improving cancer outcomes, including reducing uptake and number of people smoking, reducing alcohol harm and improving immunisation uptake. Lewisham Clinical Commissioning Group strategy from 2013-2018 aims to reduce under 75 cancer mortality rates by 20% by 2018. It plans to do this by improving early diagnosis and uptake of screening programs.

[9] https://www.nhs.uk/be-clear-on-cancer

[10] https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

[11] Prostate Cancer UK 2014 http://prostatecanceruk.org/we-can-help/african-carribbean-communities

Current Activity and Services

Prevention

Lewisham Local Authority provide a Stop Smoking service that provides one-to-one sessions to help people quit, along with access to nicotine replacement therapy and Champix. More information can be obtained from http://www.smokefreelewisham.co.uk/Home.aspx

Lewisham Local Authority also provide community alcohol services such as the Lewisham Primary Care Recovery Service (PCRS). It includes screening, detoxifications, group and peer support, and onward referral to more specialised services if needed. The Prevention and Inclusion team also work to reduce alcohol harm, by providing information, education and training to groups, and run public awareness campaigns to help the general public recognise a drug or alcohol problem. More information can be found here: https://www.lewisham.gov.uk/myservices/socialcare/health/Drugs-and-alcohol/where-to-go/Pages/Community-alcohol-services.aspx

Lewisham local authority provide several services to assist residents in maintaining a healthy weight. Shape Up is available to anyone with a BMI over 28, when assessed at an NHS Health Check[12]. It features group session on topics including how to limit weight gain, achieve moderate weight loss, eating a balanced diet and becoming more physically active. Also available to those with a BMI over 28, by referral only, is Weight Watchers, providing 12 weekly meeting and 16 weeks access to the Weight Watchers online tools. Community dieticians are also available to provide specialist weight management clinics for those with a BMI of over 35, and who have been referred by their GP. For more information please see https://www.lewisham.gov.uk/myservices/socialcare/health/screening/nhs_health_checks/lewisham-lifestyle-hub/Pages/Lewisham-lifestyle-hub-weight-management.aspx

The Public Health team at Lewisham Local Authority also have run training sessions for pharmacists, aiming to improve their knowledge and understating of the early symptoms and signs of cancer, so they can alert patients and encourage father referral. So far 34 pharmacists have been trained, with further plans to extend the programme.

Human Papilloma Virus vaccination to immunise against selected strains of HPV has been shown to reduce the change of cervical cancer by over 70%.[13] Vaccination is offered to all girls between the ages of 11-13. It given as two injections taken 6 months apart, provided directly at schools via the school nurses. Lewisham's uptake of the vaccine has dipped slightly over the few years to 75.8% of pupils receiving both doses below the London average of 80.7% and below the national target of 90%. [14]

Screening

Cervical cancer screening is provided to all women aged 25 to 64, every three years up till age 49, then every five years till age 64. Invitations are sent by post. The test is normally conducted at your GP by the practice nurse and involves a small sample of cervical tissue being taken and sent for testing. For more information please go to https://www.gov.uk/guidance/cervical-screening-programme-overview

[12] http://www.healthcheck.nhs.uk/
[13] NHS Choices http://www.nhs.uk/conditions/vaccinations/pages/hpv-human-papillomavirus-vaccine.aspx
[14] https://www.gov.uk/government/statistics/annual-hpv-vaccine-coverage-2015-to-2016-by-local-authority-and-area-team

Breast cancer screening is provided to all women aged 47-73 every three years. The screening programme is managed by King College Hospital in Denmark Hill, but mobile units also operate to provide the service closer to home. Invitation to screening are issued by post every three years. The screening test involves an examination and mammogram (x-ray). Further information can be found here: http://www.selbreastscreening.org.uk/userhome.aspx

Bowel cancer screening is offered to all men and women aged 60 to 74 every 2 years. The test can be carried out in the privacy of your home, and involves the use of a Faecal Occult Blood Test, which tests bowel motions for tiny amounts of blood that are not detected to the eye. A sample kit is sent out to your home. For more information please go to https://www.lewishamandgreenwich.nhs.uk/bowel-cancer-screening

Treatment

Lewisham and Greenwich Trust has a multi-disciplinary service that provides an acute oncology service, breast and lung chemotherapy at Lewisham. Many of the team also work at St Thomas and Guys, providing links with specialist tertiary services. Lewisham hospital also has dietetic clinics to help cancer patients manage their nutrition and appetite. Macmillan also work closely in the hospital, providing a Palliative Care team, both in the hospital and in the community, and also a welfare benefits advice service for patients with financial concerns due to their diagnosis.

More information is available here: https://www.lewishamandgreenwich.nhs.uk/cancer-services-in-lewisham

What this is telling us?

Overview

Lewisham overall cancer mortality rates are in line with those expected in the UK, however this figure masks a significant increase in the mortality figures for under 75 males. This is due to an increase in mortality from bowel and lung cancer. The reasons behind this are likely to be multi-faceted. There is a greater than average prevalence of smoking (20.2% versus 17.8% for London) that will constitute a strong component of increased incidence and mortality of lung cancer. There is also a known link between smoking and lower-social economic status, and Lewisham has a high level of deprivation, being within the 20% of most deprived Local Authorities (Index of Multiple Deprivation 2015). In addition, there is evidence in the literature that ethnic minorities often present later than average, with higher stage cancer, and Lewisham has a substantial BAME population.

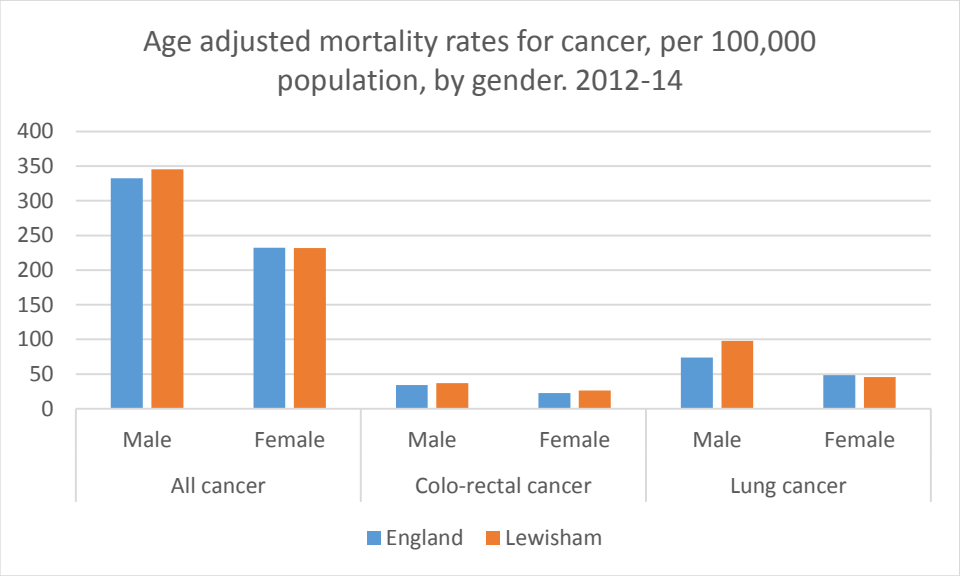
On the upside, despite a higher incidence of prostate cancer, likely driven by the large black population, the mortality rate on prostate cancer remains similar to that of England. This is likely helped by the early diagnosis of prostate cancer, as seen by the higher proportions of prostate cancer diagnosed at stage 1 or 2.

What are the key inequalities?

Gender

When compared to the England life expectancy, Lewisham men have a lower life expectancy. 30% of this difference is due to cancer, and the majority of this is caused by increased mortality due to lung cancer. This is likely to be due to smoking. While smoking prevalence has fallen for both genders rapidly over the last two decades and are now similar between men and women, historically men were much more likely to smoke. [15] As lung cancer can take many years to present, men's increased mortality may reflect this lag between smoking prevalence and lung cancer.

Lewisham men also have an increased mortality due to bowel cancer compared to Lewisham women. The reasons for this are less clear cut, and may also reflect lifestyle factors, such as historical smoking, alcohol consumption and diet. It may also reflect differences in screening attendance with women being more likely than men to attend screening. This would lead to earlier diagnosis and better outcomes.

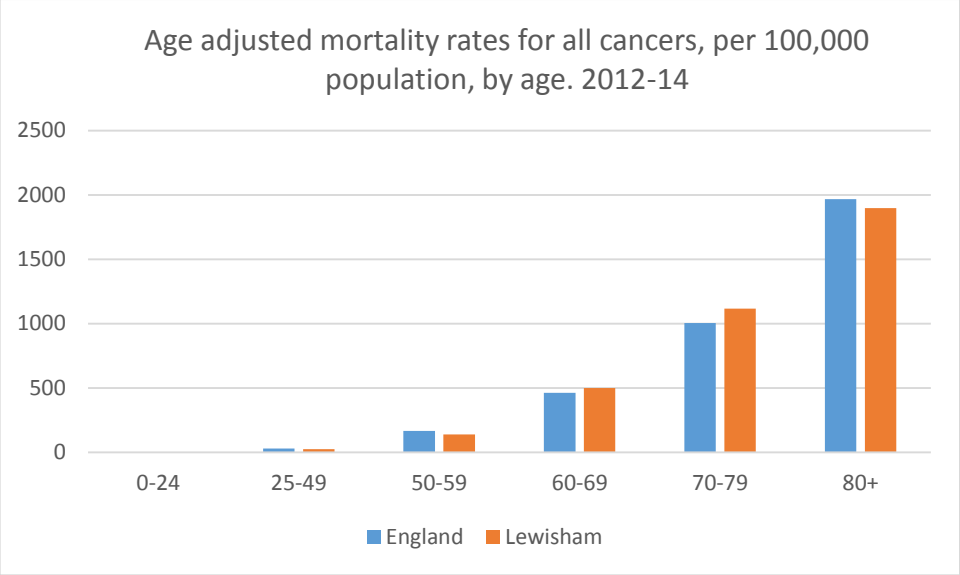


Source: CancerData

Age

Lewisham appears to have a lower mortality rate for all cancers for over 80s than the England average, however a higher mortality rate in the 60-69 and 70-79 age brackets.

[15] http://content.digital.nhs.uk/catalogue/PUB20781/stat-smok-eng-2016-rep.pdf



Source: CancerData

Deprivation

When comparing the most deprived wards of Lewisham to the least deprived the difference in life expectancy is about 6 years, of which approximately 20% of that is thought to be due to cancer, with around 60% of this cancer mortality difference in men being due to lung cancer (i.e. 12% of the total difference in life expectancy), and 45% of women (around 10% of total difference in life expectancy.[16]

Ethnicity

While data about ethnicity is often difficult to come by, and incompletely recorded, there is evidence from the literature that may be applicable to Lewisham. The National Cancer Patient Experience Survey does break down the response by ethnicity, but only at the national level, however these results may be somewhat generalisable and can provide a guide as to what inequalities may exist in Lewisham based on ethnicity. [17] On a national level, black ethnicities, on average, rated their overall care as significantly lower than white ethnicities, with an average score of 8.29 vs 8.73. While black ethnicities scored slightly lower across many of the sections of the survey, the most stark differences were firstly having diagnosis and treatment options explained in a manner that could be understood, with over a 10% difference between black and white scores, and secondly social support during and after treatment, with around a 15% difference between black and white scores on this questions. As mentioned earlier, on the local level Lewisham also scored lower than average in these questions, and as the borough has a large population, it would be reasonable to suggest that these low scores may be driven by a significant inequality in the social support black ethnicities receive.

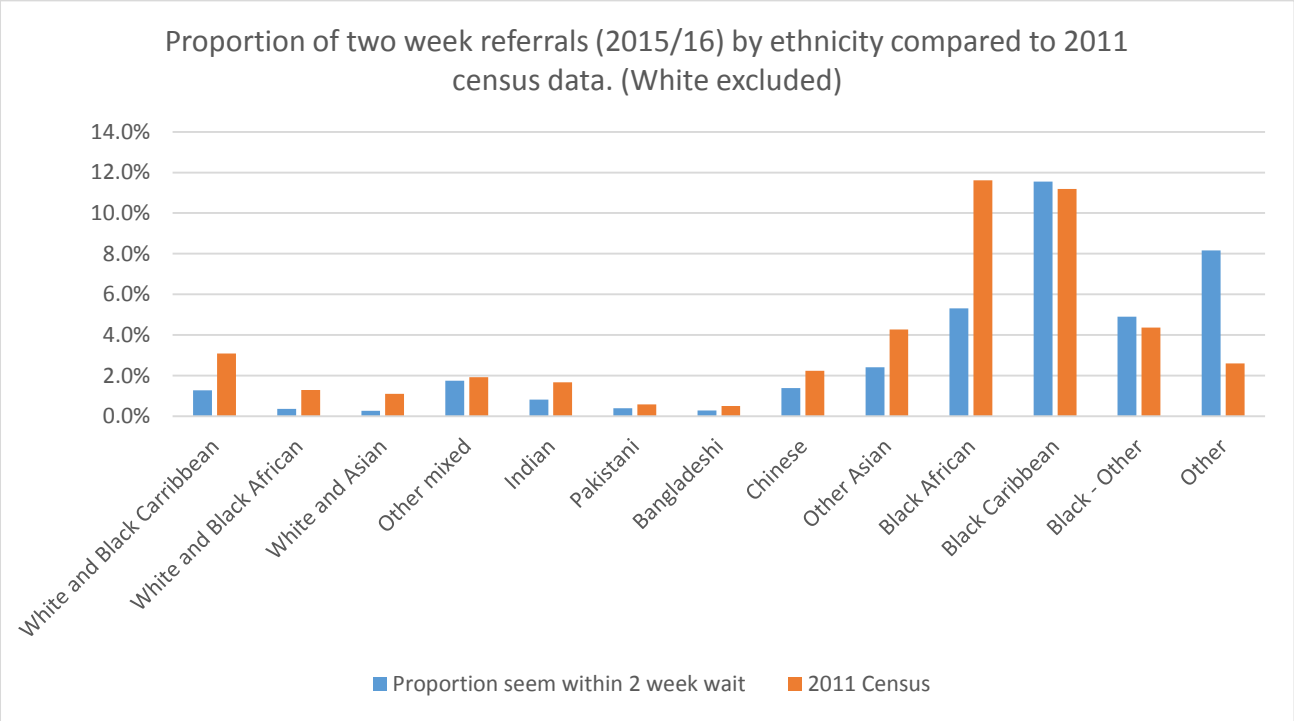
[16] Source: PHE Segment Report
[17] http://www.ncpes.co.uk/index.php/reports/national-reports

For breast cancer, there is evidence that black women are less likely to attend screenings [18] and less likely to be diagnosed via the screening route, [19] and therefore are more likely to be diagnosed with higher stage cancers, with the expected poorer outcomes in terms of mortality and survival rates.

Data on ethnicity is gathered by Lewisham CCG on the Two Week Wait and some screening programmes. These can be compared to the 2011 census results to see if any ethnic group is over or under-represented.

For the Two Week Wait data, this shows that white British residents make up a higher proportion of 2 week referrals compared to their expected population (50.2% vs 41.5%). In particular Black Africans are underrepresented compared with their census data (5.3% vs 11.6%). This data cannot tell us why there is this disparity, it could be due to lack of awareness of cancer symptoms, not wanting to or being unable to access an GP, or being less likely to attend follow up appointments.

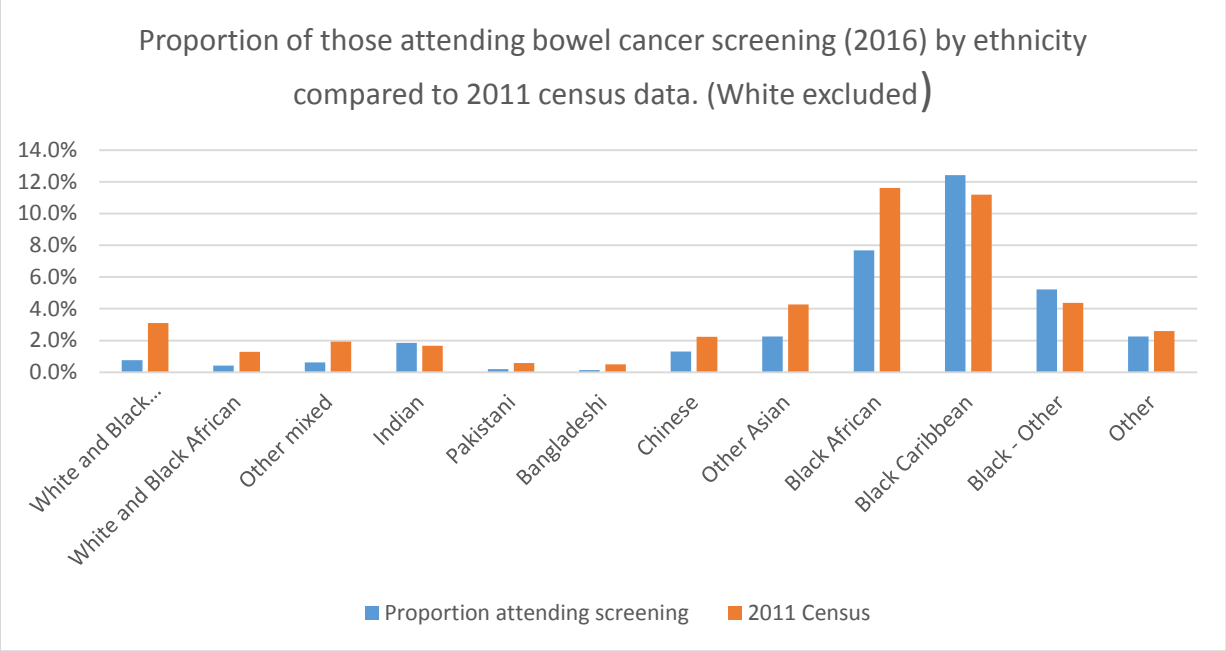
Other ethnicities are graphed below, with white ethnicities excluded, to allow an easier comparison.



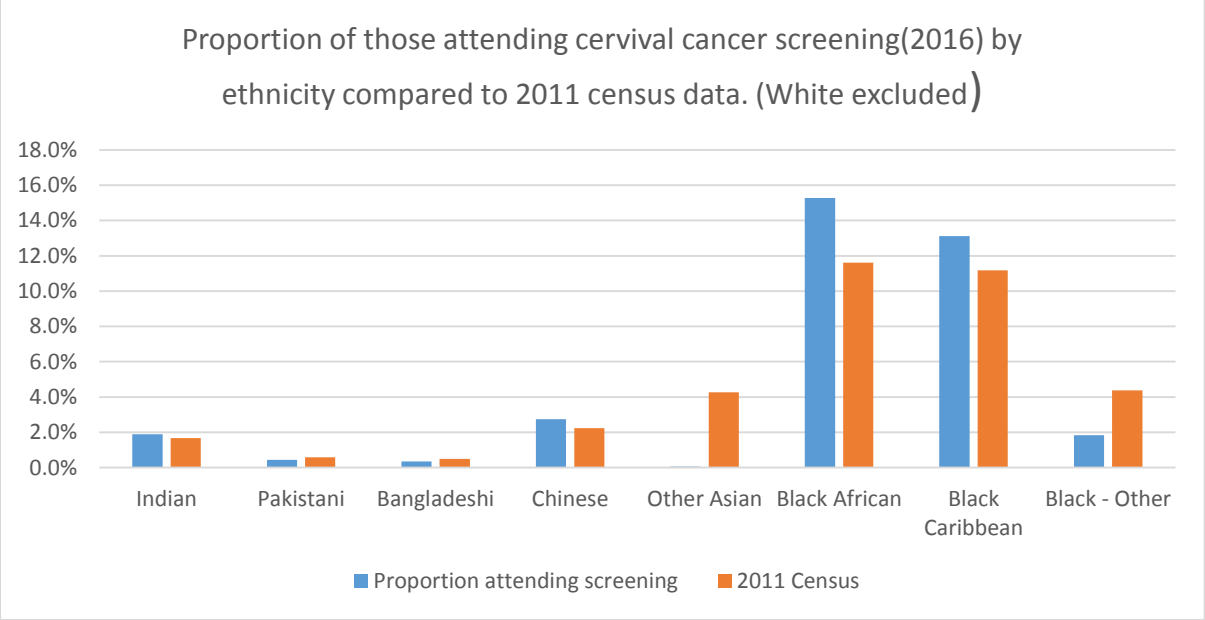
For screening CCG data for ethnicity exists for the bowel and cervical screening programmes, although the categories of ethnicity are not exactly the same as the data used in the census, some comparisons can still be made.

[18] Jack RH, Møller H, Robson T, et al. Breast cancer screening uptake among women from different ethnic groups in London: a population-based cohort study. BMJ Open

[19] http://www.ncin.org.uk/publications/data_briefings/breast_cancer_ethnicity



Again black African ethnicity appear underrepresented compared to their 2011 census population levels. Whether this is due to not being registered with a GP, not being invited or not attending screening is unknown.



Source: Lewisham CCG data

For cervical screening, there were no ethnic groups that were underrepresented, although again the ethnic categories for the cervical screening were not directly comparable to the census categories, most notably the mixed categories were not well defined and therefore some of those of mixed ethnicity may have been miscategorised.

Not knowing the reasons for the low referral and screening uptake in specific ethnic groups represents an important gap in our knowledge and given Lewisham highly diverse population could potentially represent a large amount in the difference in Lewisham cancer outcomes compared to those of England. Further and more detailed information would allow a more focused analysis of the issues facing these communities and allow targeted interventions to improve uptake of

An important caveat of all these comparisons is that the census data is now 5-6 years out of date, so there is the possibility that Lewisham's population structure could have changed in that time period.

What are the key gaps in knowledge or services?

We have incomplete data on the role of ethnicity for incidence, mortality and survival at a local level, which given the extremely diverse population of Lewisham, is a significant knowledge gap. This could also represent a gap in services if the public awareness and screening campaigns are less effective at reaching these minorities, and we would need to consider how we can target or reconfigure services to reduce inequalities and ensure widespread engagement and access.

Lewisham has a higher than average mortality and lower than average one year survival for both bowel and lung cancer. While the data suggest this difference seems to be driven by men under the age of 75, and that higher levels of deprivation are a factor in lung cancer mortality we have little data what gap in our services are directly causing this mortality and survival gap. There is therefore the potential for work to be done to investigate what are the major causes of these outcomes, whether they are for example, due to diagnosis, referrals or treatment, and this can be used to target our resources m most efficiently.

Similarly, while there is some evidence that some ethnic minorities are less likely to attend screening and be referred via the 2 week wait pathway, we do not know why this occurs, and therefore how we can rectify this. Is it a lack of knowledge in the community, cultural stigma or lack of access? Again knowing how best to direct our resources is vital to improving this population's cancer outcomes.

Is what we are doing working?

As the data shows, overall Lewisham's overall mortality from all cancers has been decreasing. The screening coverage has been increasing and the survival times have been improving. In addition Lewisham does particularly well at diagnosing and treating prostate cancer at the early stages leading to good mortality rates for this cancer despite a higher incidence when compared to the rest of the country.

What is on the horizon?

The Sustainability and Transformation Plans (STP) [20] are overarching strategies devised by collaboration between multiple CCGS, Local Authorities and NHS trusts. The six boroughs in the South

[20] http://www.ourhealthiersel.nhs.uk/Downloads/Strategy%20documents/South%20East%20London%20STP%20October%202016.pdf

East London STP footprint are Lewisham, Southwark, Lambeth, Bexley, Bromley and Greenwich. They aim to increase the efficiency of the organisations while maintaining or improving services by taking advantage of shared resources and assets, and reducing the amount of overlap in services. To support this work, the South East London Cancer Alliance has been formed and consists of clinicians, public health, voluntary and community sector groups (Macmillan and Cancer Research UK) and patient representatives.

The STP plan involves the development of Local Care Networks (LCNs), organisations made up of GPs, pharmacists, the voluntary sector, social care, community nurses, and many other community based providers, covering between 50,000 and 150,000 people and tailored to the community they serve. By pooling resources across the boroughs into these LCNs, they hope to improve the efficiency of services, while also expanding the scope of service that are offered in the community, thereby improving patient experiences.

Specifically for cancer the STP suggests 19 interventions, including:

- A focus on increasing screening uptake, with a central 'hub' coordinating.
- Professional development for primary care staff, including the implementation of the Cancer Decision Support Tool across all boroughs which will assist and standardise identifying patients that are at risk of cancer, and support early detection.
- Pooling resources and expertise to provide specialist services more effectively, including an acute oncology service, more chemotherapy treatment options in the community (such as GP practices or at home).
- The use of the Cancer Recovery Package, a combination of multiple interventions that aim to integrate primary, secondary and social care to support patients at home.
- Better management of patients after cancer treatment, including access to physical health support intervention, psychological interventions and social care. In addition greater will be made to support patients to return to work or study. Support for carers will also be a key factor in managing the discharge and care planning for cancer patients.

What should we be doing next?

Filling gaps in knowledge

As mentioned above, there are two major gaps in our knowledge that would provide important information for improving the future outcomes in cancer patients. The first is investigating what is causing our increased burden in mortality in our under 75 year old male population. The data indicates this is due to bowel and lung cancer, but does not provide information on the causes, whether it be lack of knowledge, late presentation, not engaging with treatment, or not attending screening. The second area would be a deeper dive into the issues surrounding ethnicity. At a national level we know that black ethnicities feel less support by social care out of hospital, and at a local level it appears that some black ethnic groups are less likely to attend screening. Finding out why this occurs, whether it be due to lack of outreach to their communities, or any other cultural or social barriers is vital to ensuring that we can reach these communities more effectively.

Improving public awareness. Focusing campaigns particularly on areas where the data indicates Lewisham is weaker, such as the increased mortality of under 75s particularly men, and the late presentation of bowel and lung cancers, again particularly in men. Better public awareness of

screening campaigns and of the early symptoms of common cancers may also result in better uptake of screening, and fewer cancer diagnosed on emergency presentation. Given the financial constraints of local government this will mean tapping into the national PHE campaigns such as Be Clear on Cancer, and mobilising our voluntary sector. By making use of the third sector this will give us greater reach into communities that are otherwise hard to reach with conventional public awareness campaigns.

An effort should also be made to improve vaccine uptake in the 11-13 year age group, as once a sufficiently large number of girls are vaccinated, the cervical cancers caused by these strains are almost completely eliminated, and these viruses are the cause of approximately 70% of cervical cancers. This will require engagement of school staff and nurses, and a campaign to inform parents of the importance of the vaccine. It will also require 'catch-up' rounds of vaccinations to ensure that those who are miss a round of vaccination still have a chance to receive it later.

The lessons learnt from the Health Communities Cancer program should be, where possible, expanded across the borough. Key points include: the recruitment and retention of volunteers through training and support to ensure they remain motivated, gain relevant skills and are shown their work is a valuable contribution, effective working with partners in the voluntary sector particularly minority groups, and tailoring the message and deliver of the message to the audience, ensuring that a range of age, gender and ethnicity are represented on the volunteer team.

Improving early diagnosis. Ensuring all staff have access to Make Every Contact Count (MECC) training in smoking cessation, alcohol harm reduction and weight management. These sessions train staff in brief intervention, a method of discussing, educating and signposting people to help in short conversations. These interventions are designed to be applicable in a wide variety of situations and contexts, such as at the end of a GP consultation, by teachers to parents or even amongst colleagues and friends. They have been shown to be effective in reducing alcohol consumption[21], weight management [22] and smoking cessation, and is recommended by NICE. [23]

Continue to increase uptake of screening. For bowel cancer screening letters will be sent out from each invitees personal GP, which has been shown to increase uptake of screening by 13% when compared to generic invitations. In addition GP surgeries will receive financial rewards for improving or maintaining screening coverage, incentivising surgeries to be more pro-active in encouraging patients to attend screening.

Increased training opportunities for healthcare professionals. This could involve more education for GPs on the current situation of cancer in Lewisham and the new NICE two week wait guidelines, and the other referral pathways. This should increase the conversion rate of two week referrals.

Training aimed at clarifying who should be offered Prostate Specific Antigen (PSA) testing in primary care, given Lewisham's high incidence and large black population should also be carried out, aiming to reduce the number of inappropriate referrals and subsequent invasive tests

Following on from the work in training pharmacists in the early signs and symptoms of the cancer, this programme could be extended to more pharmacies, but also to other healthcare professionals, such as social workers and mental healthcare workers.

[21] http://www.cochrane.org/CD004148/ADDICTN_effectiveness-of-brief-interventions-in-primary-care-populations
[22] www.hse.ie/eng/health/child/healthyeating/weightmanagement.pdf
[23] https://www.nice.org.uk/guidance/ph1/chapter/1-recommendations

The Suitability and Transformation Plan and Integration of care

As the planning and the implementation of the STP continues to evolve, Lewisham must take an active role in ensuring that the cancer services in the borough are maintained, and that the merger and integration of services takes into account the local needs.

For Lewisham, this will require a particular focus on social care. The most recent results of the National Cancer Patient Experience survey showed that Lewisham patients felt less supported outside the hospital by social services and the that this may be due to black ethnicities feeling particularly unsupported. The STP's plan to implement the Cancer Recovery Package, a combination of interventions aimed at integrating health and social care, must therefore take into account the local needs of the population. Planning how this Recovery Package must be accessible and acceptable to black ethnicities, and how, for example any cultural and social barriers can be overcome must therefore be paramount.

HEALTH AND WELLBEING BOARD			
Report Title	**Health and Wellbeing Board Performance Dashboard Exceptions Report**		
Contributors	Director of Public Health	Item No.	6
Class	Part 1	Date:	01 March 2018
Strategic Context	Please see body of report		

1. Purpose

This report provides members of the Health and Wellbeing Board with an update on performance against its agreed priorities within the Health & Wellbeing Strategy.

2. Recommendations

Members of the Health and Wellbeing Board are recommended to note performance as measured by health and care indicators set out in the attached dashboard at Appendix A.

3. Strategic Context

3.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. 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 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.

3.3 The Health and Social Care Act 2012 placed a duty on local authorities and their partner clinical commissioning groups to prepare and publish joint health and wellbeing strategies to meet needs identified in their joint strategic needs assessments (JSNAs). Lewisham's Health and Wellbeing Strategy was published in 2013.

3.4 The Health and Social Care Act also required Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

4. Background

4.1 In response to the request from members of the Board, the Director of Public Health has worked alongside colleagues within Adult Social Care, Children's Services and the Clinical Commissioning Group (CCG) to produce a dashboard of indicators which would assist members in monitoring health and wellbeing improvements across Lewisham and the effectiveness of the integrated adult care programme.

4.2 The dashboard also includes a number of indicators (including those on low birth weight, immunisation and excess weight) that are also included in the 'Be Healthy' priority of the Children and Young People's Partnership Plan.

5. Health and Wellbeing Board Performance Dashboard Update

5.1 The dashboard is based on metrics drawn from the Quality and Outcomes (Primary Care), Public Health, NHS and Better Care Fund Frameworks. These metrics have been selected to assist members in their assessment of the impact and success of the plans and activities in relation to the Health and Wellbeing Strategy.

5.2 Updated indicators since the previous period of data availability ('worsening' indicators are marked with a red arrow in the dashboard in Annex A) which are significantly worse than England are highlighted below, together with a commentary on actions being taken to improve the position.

5.3 Overarching Indicators of Health & Wellbeing

The **premature CVD mortality rate in Lewisham has increased from 80.4 to 81.8** (DSR per 100,000) resulting in Lewisham again being significantly higher than England. This bucks a previous downwards trend since 2000. Work is continuing to counter this as the CCG has commissioned One Health Lewisham (OHL) to improve the prevalence and management for people with diabetes and hypertension. This includes ensuring the establishment of risk registers, thresholds for raised blood sugar and blood pressures and referral to the diabetes prevention programme for people with pre-diabetes and relevant services for newly diagnosed. OHL is also now commissioned to provide clinical follow up and self-management plans for people with CVD risk above 20% following a NHS Health Check. Follow up includes the offer of statin medication and recording of blood pressure as well as brief intervention and a referral to lifestyle services. The majority of Lewisham GP surgeries and 16 pharmacies offer NHS Health Checks. Plans are in place to offer Health Checks via the GP Extended Access Service which will increase the availability of appointments for evenings and weekends.

Both **male** and **female life expectancy** have increased and are both comparable to the national average. There was also improvement in **Low Birth weight of all babies**, which is now in line with England.

5.5 Priority Objective 1: Achieving a Healthy Weight

A new methodology has been introduced regarding collection of the **adult excess weight** indicator, hence no trend data is available. Lewisham is seen to be in line with the national average.

New figures regarding **children with excess weight** have been released, these show a marginal improvement for children in Reception year but an increase for those in Year 6, meaning Lewisham remains significantly higher on this indicator than the national average in 2016/17. However the proportion of Year 6 pupils who are obese has decreased. Work on the Whole System Approach to Obesity continues, including specific actions on supporting schools to get the Bronze Healthy Schools Award; the Daily Mile is now taking place in 22 schools, 17 schools have become Sugar Smart and Public Health are working with the school catering provider to increase school meal uptake. Further work is also taking place with the School Nurse and Oral Health Team to coordinate work in schools.

Maternal obesity has also increased. As this is local data provided by LGT we do not have benchmarking, however this is illustrating an upwards trend and now almost half of women weighed at their first midwife appointment are carrying excess weight. Action being taken includes the implementation of a LGT pathway for women with a BMI over 35 in which Midwives receive additional training in giving advice on healthy eating and physical activity. Weight Watchers and Slimming World have also been commissioned to accept referred pregnant women for additional support. Further work is continuing to encourage Pregnancy Plus midwives to incorporate physical activity into their programme. The Maternity Voices Partnership are also planning a free weekly walk to prevent parental isolation and improve mental health and wellbeing.

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

The Under 75 cancer mortality rates have decreased slightly, however it remains significantly higher than England. This difference continues to be largely due to male cancer mortality, with lung and bowel cancer deaths increasing. Nationally there has been a general trend of decline over the past 10 years.

There is no new data available on cancer screening coverage.

A joint strategic needs assessment (JSNA) for cancer has now been completed by Public Health. This suggests areas to explore going forward to improve outcomes: Filling gaps in knowledge (particularly around our increased burden in mortality in our under 75 year old male population and issues surrounding ethnicity); Improving public awareness; Improving early diagnosis; Continue to increase uptake of screening and Increased training opportunities for healthcare professionals.

5.7 Priority Objective 3: Improving Immunisation Uptake

The Over 65 flu immunisation uptake rate has fallen slightly and remains below the England average. At 67.5% it is also below the national target of 75%.

The HPV vaccine uptake rate in 2015/16 remained significantly lower than England. However the team providing the vaccinations has since changed to improve the delivery of the service this year, which is seen to be having a significant impact on the outcomes. Schools with the lowest uptake figures are being targeted in order to improve delivery. Communication from schools already takes place, with the immunisation team providing letters for the schools to use from a standard template. They also provide additional follow up communications on catch-up sessions outside of the school to help uptake.

New benchmarking data is not available for **MMR2 uptake,** however local data shows sustained performance well over 80%.

5.8 Priority Objective 4: Reducing Alcohol Harm

No new data is available since the last report. Practitioners continue to be trained in Brief Interventions and Making Every Contact Count.

5.9 Priority Objective 5: Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking

The smoking prevalence in 2016 among 18+ adults (current smokers) has returned to be significantly higher than England at 21.2%. Public Health is therefore continuing to lead on partnership work to reduce smoking and its impact in

Lewisham via the Smokefree Future Delivery Group (SFDG). The SFDG is currently setting out its annual delivery plan for 2018-19 to incorporate aspirations from the new Tobacco Control Plan for England published in 2017. In line with the national plan, the SFDG is likely to include actions on the role of the NHS in contributing to smoking cessation particularly by delivering brief advice around smoking to patients, in addition to maximising the effectiveness of smoke free initiatives in the borough.

The rate of 4 week smoking quitters (crude per 100,000) has decreased since the last reporting period, and is now similar to the London and England averages. The local stop smoking service has recently launched a new online quitting smoking portal for smokers to access support to quit online. The online portal allows smokers who live, work or study in Lewisham to sign up on-line to receive digital support including access to behavioural support resources, motivational text messages, and medications. The system has links with the specialist service if a smoker requires more support at any point in their journey. This new initiative will help to mitigate against the declining number of quitters in Lewisham by offering an accessible and convenient option to support residents to quit smoking.

Smoking status at time of delivery has increased marginally but remains well below the national average.

5.10 Priority Objective 6: Improving mental health and wellbeing

Prevalence of Serious Mental Illness has remained stable, yet significantly higher than England. **Prevalence of Depression in Adults has risen from 7.0% in 2015/16 to 7.5% in 2016/17**, however remains significantly lower than England.

The 2017 Annual Public Health Report is focused on Mental Health. The aim of the report was to provide user-friendly information about the levels of mental health and wellbeing in Lewisham, including information about risk and protective factors. The content can be summarised as:

- Providing real-life stories from Lewisham residents across the course of life about living with and through mental ill health.
- Providing information on the strategies, initiatives and interventions being delivered in Lewisham that aim to promote mental wellbeing and prevent mental ill health.
- Providing information about where residents can seek help if concerned about their mental ill health to ensure that mental ill health is identified and treated at the earliest possible opportunity.

5.11 Priority Objective 7: Improving sexual health

All the sexual health indicators have improved since the last reporting period**:**

- Rate of chlamydia diagnoses per 100,000 young people aged 15-24 years
- Percentage of people presenting with a late diagnosis of HIV
- Abortion rate per 1,000 women aged 15-44
- Teenage pregnancy rate (15-17 year olds)

However the Abortion rate remains significantly higher than England.

5.12 Better Care Fund Performance Metrics

No new data is available in the current format. The board may wish to discuss which indicators could be used going forward to reflect/monitor strategic Priority 8 (Delaying and reducing the need for long term care and support) and Priority 9 (Reducing the number of emergency admissions for people with long-term conditions).

6. Financial implications

There are no specific financial implications arising from this report. A range of activity designed to improve performance against these indicators is funded from the Public Health budget using the ring fenced Public Health Grant. This expenditure is reviewed regularly and reallocation to address indicators with poor performance is possible.

7. Legal implications

As part of their statutory functions, members of the Board 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 well-being 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. Crime and Disorder Implications

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

9. Equalities Implications

There are no specific equalities implications arising from this report or its recommendations, but the dashboard highlights those areas where health inequalities exist in Lewisham and can be monitored.

10. Environmental Implications

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

11. Summary and Conclusion

Challenges remain around a number of indicators. Work on improving HPV vaccine uptake is of particular note, highlighting how specific and coordinated targeting can improve vaccine uptake.

Although there are a number of indicators that show a decline in performance, issues have been identified and actions are being taken forward.

If you have any difficulty in opening the links above or those within the body of the report, please contact Stewart Snellgrove (Stewart.Snellgrove@lewisham.gov.uk; 020 8314 9308), who will assist.

If there are any queries on this report please contact Patricia Duffy, Health Intelligence Manager, Public Health, Community Services Directorate, Lewisham Council, on 020 8314 7990 or by email patricia.duffy@lewisham.gov.uk

Appendix A - Health and Wellbeing Board Performance Dashboard - March 2018

	Updated indicators are in bold	Frequency	Latest Period of Availability	Previous Available Period (Lewisham)	Latest Available Period (Lewisham)	Lon	Eng	England Benchmark	Direction from Previous Period	Data Source
Overarching Indicators										
1a	**Life Expectancy at Birth (Male)(yrs)**	**Annual**	**2014-16**	**78.8**	**79.1**	**80.4**	**79.5**	**similar**	↑	ONS
1b	**Life Expectancy at Birth (Female)(yrs)**	**Annual**	**2014-16**	**83.1**	**83.3**	**84.2**	**83.1**	**similar**	↑	ONS
2	**Under 75 mortality rate from CVD (DSR)**	**Annual**	**2014-16**	**80.4**	**81.8**	**74.9**	**73.5**	**sig high**	↑	NHSIC - P00400/ PHOF 4.04i
3	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare (DSR) (retired -May 15)	Annual	2014	1988.3	2212.6	-	2064.5	sig high	-	NHSOF 1A - ONS (CCG 1.1 DSR)- P01559
4	**Low Birth Weight of all babies (%)**	**Annual**	**2015**	**7.8**	**7.1**	**7.6**	**7.4**	**similar**	↓	P00455/CHIMAT Profle 2015
5	**Number of Practitioners attending Making Every Contact Count Training**	**Annual**	**2016/17**	**-**	**144**	**-**	**-**	-	-	Local Data
Priority Objective 1: Achieving a Healthy Weight										
6	**Excess weight in Adults (%)**	**Annual**	**2015-16**	-	**57.9**	**55.2**	**61.3**	**similar**	-	PHOF 2.12
7a	**Excess weight in Children - Reception Year (%)**	**Annual**	**2016/17**	**22.5**	**22.2**	**22.3**	**22.6**	**similar**	↓	PHOF 2.06i
7b	**Excess Weight in Children - Year 6 (%)**	**Annual**	**2016/17**	**38.2**	**39.0**	**38.5**	**34.2**	**sig high**	↑	PHOF 2.06ii
8	**Maternal Excess Weight at <13 weeks gestation(%)**	**Annual**	**Q4 2015/16 - Q3 2016/17**	**45.8**	**49.6**	-	-	-	↑	LGT Data
9	**Breastfeeding Prevalence 6-8 weeks (%)**	**Annual**	**Q1 2016/17-Q4 2016/17**	**75.7**	**75.4**	-	**-**	-	↓	NHS ENGLAND
Priority Objective 2: Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years										
10a	Cancer screening coverage - breast cancer (%)	Annual	2016	65.7	66.3	69.2	75.5	sig lower	↑	PHOF 2.20i
10b	Cancer screening coverage - cervical cancer(%)	Annual	2016	71.7	69.4	66.7	72.7	sig lower	↓	PHOF 2.20ii
10c	Cancer screening coverage - bowel cancer (%)	Annual	2016	43.3	44.8	48.8	57.9	sig lower	↑	PHOF 2.20iii
11	**Early diagnosis of cancer (%)**	**Annual**	**2015**	**47.3**	**50.3**	**50.2**	**52.4**	-	↑	PHOF 2.19 – experimental statistics
12	**Conversion of Two Week Wait Referrals to Cancer Diagnosis**	**Annual**	**2016/17**	**4.2**	**4.3***	**5.3***	**7.6***	-	↑	PHE Fingertips Cancer Services Portal
13	**Under 75 mortality from all cancers (DSR)**	**Annual**	**2014-16**	**153.9**	**148.8**	**126.8**	**136.8**	**sig high**	↓	NHSIC - P00381/ PHOF 4.05i
Priority Objective 3: Improving Immunisation Uptake										
14	Uptake of the second dose of Measles Mumps and Rubella Vaccine (MMR2) at five years of age (%)	Annual	2015/16	76.9	84.9	81.7	88.2	<95%	↑	PHOF 3.03x
15	**HPV Vaccine Update (All Doses) %**	**Annual**	**2015/16**	**-**	**75.8**	**80.7**	**85.1**	**sig lower**	-	PHOF 3.03xvi
16	**Uptake of Influenza vaccine in persons 65+ years of age %**	**Annual**	**2015/16**	**68.0**	**67.5**	**65.1**	**70.5**	**<75%**	↓	PHOF 3.03xiv
Priority Objective 4: Reducing Alcohol Harm										
17	Alcohol related admissions (ASR per 100,000 pop)	Annual	2015-16	644	601	545	647	sig lower	↑	PHOF 2.18
Priority Objective 5 : Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking										
18	**Smoking Prevalence in adults (18+) - current smokers (APS)(%)**	**Annual**	**2016**	**16.6**	**21.2**	**15.2**	**15.5**	**sig high**	↑	PHOF 2.14
19	**4 week smoking quitters (crude rate per 100,000)**	**Annual**	**2016-17**	**3,288**	**2,203**	**2429**	**2,248**	**similar**	↓	Smoking Quitters
20	**Smoking status at time of delivery (%)**	**Annual**	**2016-17**	**4.5**	**4.8***	**4.9**	**10.7**	**sig lower**	↑	PHE Tobacco Profiles
Priority Objective 6: Improving mental health and wellbeing										
21	**Prevalence of Serious Mental Illness (%)**	**Annual**	**2015/16**	**1.31**	**1.31**	**1.10**	**0.92**	**sig high**	→	QOF
22	**Prevalence of Depression 18+ (%)**	**Annual**	**2016/17**	**7.0**	**7.5**	**6.6**	**9.1**	**sig lower**	↑	QOF
23	**Improving Access to Physiological Therapies (IAPT) referrals entering treatment (%)**	**Annual**	**2016/17**	**6.9**	**15.3**	**-**	**-**	**-**	↑	IAPT Annual Report
24	**Proportion of those accessing IAPT who moved to recovery (%)**	**Annual**	**2016/17**	↑	**48.0**	**-**	**-**	**-**	↓	IAPT Annual Report
Priority Objective 7: Improving sexual health										
25	**Rate of chlamydia diagnoses per 100,000 young people aged 15 to 24 (crude rate)**	**Annual**	**2016**	**5,503**	**4,594**	**2309**	**1882**	**sig higher**	↓	PHOF 3.02i/3.02ii (NCSP & CTAD)
26	**People presenting with HIV at a late stage of infection (%)**	**Annual**	**2014-16**	**41.7**	**39.1**	**33.7**	**40.1**	**similar**	↓	PHOF 3.04
27	**Legal Abortion rate for all ages (crude rate per 1000 women aged 15-44 yrs)**	**Annual**	**2016**	**26.3**	**23.8**	**20.8**	**16.7**	**sig high**	↓	ONS Abortion Stats
28	**Teenage conceptions (Rate per 1,000 15-17 Yr olds)**	**Annual**	**2015**	**31.3**	**23.4**	**19.2**	**20.8**	**similar**	↓	PHOF 2.04
Better Care Fund Metrics - not updated in current format										
29	Proportion of Older People (65+) who were still at home 91 days after discharge from hospital (%) (shoaib sawal)	Annual	2015/16	87.9	88	-	-	-	↑	Better Care Fund
30	Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual	2016/17	559.9	687.4	450.1	-	-	↑	Better Care Fund
31	Delayed Transfers of Care attributable to social care (Days Delayed per 100,000 population 18+)	Monthly	Nov-17	-	110.4	-	-	-	-	Better Care Fund
32	Total Non Elective Admissions	Annual	2015/16	-	25229	-	-	-	-	Better Care Fund
33	Patient Experience (Proportion of people feeling supported to manage their long term conditions) %	Annual	2015/16	59.1	56	-	-	-	↓	Better Care Fund

Key

sig high -signficantly higher than England; sig low - significantly lower than England
similar - statistically similar to England
DSR - Directly Standardised Rates
ASR - Age Standardised Rates
ISR - Indirectly standardised Rates
Lew - Lewisham; Lon - London; Eng - England

	Latest period highlighted
	Statistically Better than England
	Statistically Similar to England
	Statistically Worse than England
	Blank where no statistical comparison could be made

Arrows Indicate up or down performance of current year /qtr from previous yr/qtr

Links to Source with their abbreviations

http://www.phoutcomes.info/	Public Health Outcomes Framework (PHOF)
http://www.phoutcomes.info/profile/sexualhealth	Public Health England Sexual Health Profiles
https://www.indicators.ic.nhs.uk/webview/	NHS Indicator Portal (NHSIC) by Health and Social Care Information Centre (HSCIC)
http://www.hscic.gov.uk/qof	Quality and Outcomes Framework (QOF) by HSCIC
http://ascof.hscic.gov.uk/	Adult and Social Care Outcomes Framework (ASCOF)
http://www.productivity.nhs.uk/	NHS Better Care Better Value Indicators
https://www.nhscomparators.nhs.uk/NHSComparators/HomePage.aspx	NHS Comparators by HSCIC

* Data Quality Issue

HEALTH AND WELLBEING BOARD			
Report Title	Health and Wellbeing Board – Mental Health Workshop - Update		
Contributors	Kenneth Gregory Joint Commissioning Lead	Item No.	7
Class	Part 1	Date	1 March 2018

1. Purpose

1.1 To purpose of this report is to provide an overview of the work undertaken following the Health and Wellbeing workshop held on the 29th November 2017. A series of actions were action during the workshop and report provides a formal update on these agreed actions.

2. Recommendations

Members of the Health and Wellbeing Board are recommended to:

2.1 Note the content of the report for information

3. Policy Context

3.1 The 'No Health Without Mental Health': A cross-governmental mental health strategy for people of all ages 2011- established a vision for improving the mental health and wellbeing of the population. The document recognized the correlation between physical and mental health and sought to achieve equal focus on both.

3.2 The NHS Five Year Forward View Mental Health implementation plan continued to recognize the correlation between good physical and mental health and established a set of objectives that would seek to ensure that access to mental health care became consistent with the access to physical health care.

3.3 'Closing the Mortality Gap - Opportunities in Sustainability Transformation Planning' outlines that there is a health and well-being gap reflected in the 10-20 year mortality gap for those with SMI. This is related to a care and quality gap in provision of physical health care.

4. Background

4.1 'Closing the Mortality Gap' further outlines that individuals with mental health problems from marginalised groups including Black and Minority Ethnic (BME) communities, homeless people, older adults, those in

contact with the criminal justice system and people with learning disabilities have a further elevated risk of poor health outcomes.

4.2 South London and Maudsley Lewisham service Ethnicity report 2017 - outlines that individuals that categorise themselves as Black are over-represented in psychosis treatment teams, acute inpatient wards and forensic community services.

4.3 The over-representation of Black service users with inpatient, psychosis and forensic services across all of the SLaM boroughs is well documented. Examples of engagement with Black communities to improve Mental Health awareness and the experience of black service users are being developed across Lambeth, Southwark and Croydon and SLaM have demonstrated a commitment to sharing some of the learning and methods from these projects.

5. Summary of progress on HWB workshop actions

5.1 The Health and Wellbeing Workshop on the 29th November agreed the following actions and progress on each action is outlined below

5.2 **Lewisham Mental Health Stakeholder Conference is scheduled for 1st February 2018. Agenda to include session re Black Thrive initiative. (Kenneth Gregory)**

a) A workshop entitled engaging black communities was held during the Mental Health stakeholder event with presentations delivered by Family Health Isis (Experience of engaging established Black communities within Lewisham) and Bromley & Lewisham Mind Vulnerable Migrants and Refugees Project (Experience of engaging new and emerging communities) – the workshop highlighted that establishing Trust between providers and services users was a key enabler for engagement, cultural awareness, the use of mother tongue languages, improvement of mental health literacy/awareness and recognition of barriers to life improved opportunities such as offending histories. It was agreed that the key highlighted issues would be used to inform the Thrive workshop in March.

5.3 **Lewisham CCG to help identify Black community leaders who could comprise the Lewisham Independent Advisory Group. (Marc Rowland)**

a) Lewisham CCG officers and SLaM have meet with the representatives of the BME network to discuss the development of an Independent Advisory Group it was agreed that an invitation email that can be sent to potential interested parties would be drafted for the BME Network and Health watch. The email has been drafted and will be forwarded to both the BME Network and Healthwatch for circulation.

5.4 **If Lewisham want to consider adopting a Black Thrive approach, then a Thrive London workshop could be adapted for delivery at the end of February 2018, informed by the Lewisham Mental Health Stakeholder Conference. (Kenneth Gregory)**

a) A Thrive London workshop has been scheduled to take place on the 14th March at 2pm. The Highlighted issues from the Mental Health stakeholder day lack community engagement workshop will be integrated into the information pack that will inform the event.
b) The attendance list from the Mental Health stakeholder will receive a formal invitation to the event and other interested parties will also be invited
c) Lewisham Public Health and Joint Commissioning Team are jointly supporting the co-ordination of this event.

6. Financial Implications

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

7. Legal Implications

7.1 There are no specific legal implications arising from this report

8. Crime and Disorder Implications

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

9. Equalities Implications

9.1 There are no specific equalities implications arising from this report.

10. Environmental Implications

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

11. Conclusion

11.1 The report focuses the progress that have been made against the actions from the Health and Wellbeing Workshop that was held on the 29th November 2017. The aim is to ensure that Health and Wellbeing Members

are kept informed of the latest developments related to the engagement and development work that is taking place with local black communities that may lead to an improvement in outcomes for our local population.

HEALTH AND WELLBEING BOARD			
Report Title	Joint Commissioning – Mental Health – Strategic Procurement Plan for Voluntary Sector Providers		
Contributors	Keith Stewart – Senior Joint Commissioning Manager Kenneth Gregory – Joint Commissioning Lead	Item No.	
Class		Date	01/03/18

1. Purpose

1.1 This report outlines the proposed procurement approach for the re-commissioning of voluntary sector mental health services. These contracts are currently managed by the Mental Health Joint Commissioning team, on behalf of the London Borough of Lewisham (LBL) and Lewisham CCG (CCG). The current mental health voluntary sector contracts cover a range services areas and there is significant variance in the values of the contracts.

1.2 All contracts outlined in this paper will end on 31st March 2018, the current contracts will not be extended which enables the commissioning authorities LBL and CCG to establish a different commissioning approach that aligns with the our 'Community Based Care' vision promoting a more collaborative approach to the delivery of care that leads to improved experiences and outcomes for our local residents and patients.

1.3 The new contracts will incorporate all of the existing good practice and evidence based interventions from the existing contracts but will pool resources into three distinct contract categories to create greater efficiency and coverage for our whole population ie:

- **Preventative** – Supporting people to live well in the community as independently as possible
- **Dementia** – providing post diagnosis information, advice and support
- **Advocacy** – providing independent advocacy advice and support as required by the Care Act 2014 and Mental Health Capacity Act

2. Recommendations

Members of the Health and Wellbeing Board are asked to endorse the strategic direction of travel for the commissioning of Lewisham's Mental Health Voluntary Sector Contracts

3. Policy Context

3.1 The procurement of mental health voluntary sector services is influenced by a range of Act(s), national clinical guidelines and health specific policy papers, which outline the requirements and duties of the CCG and Local Authority, in the delivery of a comprehensive mental health provision that meets the need of the local population. These include:

- Mental Capacity Act 2005
- Mental Health Act 2007
- Care Act 2014
- No Health without Mental Health: A cross-government mental health outcomes strategy for people of all ages
- NHS 5 Year Forward View: Mental Health Objectives & Implementation Plan
- Improving access to mental health services by 2020
- National Dementia Strategy
- Prime Minister's Challenge on Dementia
- National Institute for Health and Care Excellence (NICE)
  - Clinical Guidance (CG42, CG123)
  - Quality Standard (QSI, QS30)
  - NICE Guidance (NG11, NG16)
- Mental Health Crisis Concordat

4. Background

4.1 The Public Health - Mental Health Profile website[1], outlines that Lewisham has one of the highest rates of psychotic disorders in London. In addition Lewisham was reported as having the highest number of individuals in contact with services on Care Programme Approach (CPA) (full care plan) within a 12 month period[2].

4.2 Individuals with Serious Mental Illness (SMI) have a higher rate of physical co-morbidity across many physical illnesses resulting in part from a lack of integration between physical and mental health services.

4.3 There has also been insufficient focus on preventative services for people with common mental health problems and these individuals often find it difficult to access many public health interventions.

[1] Fingertips.phe.org.uk
[2] Mental Health Service Data Set (MHSDS)

4.4 It is predicted that the number of local residents registered with their GP and have a mental health issue, will increase over the next 5 years. Our local services will need to be configured so that they are able to meet the current and emerging demand.

4.5 The current demand for contracted services is starting to surpass our capacity. Both our NHS Mental Health provider SLaM and our voluntary and community sector commissioned services are experiencing high levels of demand, resulting in waiting times in some services and higher caseload.

4.6 Current Contracted Services

4.7 The Joint Commissioning team currently has nine contracts with five different voluntary sector organisations. Below is a brief outline of the services that are currently being provided.

4.8 ***Advocacy:*** The LBL has the statutory duty to ensure that individuals are involved in the decision making around their care, no matter how complex. If an individual has difficulty in expressing their wants and needs or lacks the capacity to comprehend the information that is being given to them, the LBL has the duty to ensure that their wants and wishes around their care is expressed appropriately.

4.9 The advocacy services currently supports patients to;

- Access appropriate information to get a better understanding of what is happening to them
- Explore other options in relation to their care
- Communicate their views around their care
- Speak on behalf of the patient

4.10 ***Dementia:*** The dementia services are designed to give post-diagnostic support to individuals living with dementia and their carers to improve their quality of life. These include:

- Specialist Advice and Information Service
- Dementia training (including training for professional)
- Specialist Cares Support
- Specialist daytime activities

4.11 Lewisham Dementia Action Alliance – Lewisham is formally accredited by Alzheimer's Society as 'working towards becoming dementia friendly' borough. The Lewisham Dementia Action Alliance (currently chaired by the CCG), aims is to work with local community organisations and businesses, supporting them to becoming a more dementia-friendly and therefore enabling local residents who live with dementia to live well and as independently as possible for as long as possible.

4.12 ***Preventative:*** The preventative adult mental health services are designed to provide preventative mental health interventions and support to individuals that are not in the care of a secondary/specialist mental health care service.

4.13 The preventative services currently provide

- Information & Advice
- Guidance
- Short term intensive case management Psycho-social intervention
- Counseling
- A range of Group work activities
- Advocacy for BAME groups
- Drop-in and other support groups

5. Case for Change

5.1 Following a review in 2015/16 of all mental health voluntary sector contracts commissioned via the Joint Commissioning Team, it was recommended that our voluntary sector providers work towards an agreed set of Joint aims and objectives that lead to improved outcomes for service users.

5.2 Currently our mental health voluntary sector contracts are structured in a manner that does not encourage or promote collaborative working between the different contracted agencies. This approach does not make the best use of these resources.

5.3 As the life of the existing contracts will come to an end from the 31st March 2018, and as they cannot be extended again as a result of our procurement rules. We are required to undertake a full procurement exercise to re-commission these contracts.

5.4 The re-commissioning process has incorporated the recommendations from the 2015/16 review outlining the need work in a more collaborative way.

5.5 Our intentions is to establish three new contracts that provide a more comprehensive service offer supporting the development of greater community awareness and resilience, increased capacity to support an increased number of service uses, ensuring that individuals do not get stuck within services and reducing the demand for more intensive high cost mental health support.

6. Proposed Mental Health Voluntary Sector Procurement Programme

6.1 The Joint Commissioning team will implement a procurement programme ensuring that it meets the existing and emerging needs of our local residents.

6.2 It is proposed that there will be three separate procurement processes that will be advertised at the same time. The three separate procurement processes will be comprised of:

Advocacy	Dementia	Prevention
Circa £ 158k	Circa £303k	Circa £566k

6.3 The procurement process will follow competitive tendering process (Restricted/Light Touch).

6.4 Voluntary sector organisations (including our existing voluntary sector providers) will have the opportunity to bid for all or part of the available mental health contract/service, either individually or as part of a consortium of providers.

6.5 Commissioners will not insist on a consortium contract, but consortium working will be encouraged. Any single provider bids will be expected to be integrated into the wider mental health provision.

6.6 As the LBL leads Joint Commissioning within Lewisham this procurement exercise will be led by the LBL and the new contracts will be held by LBL on behalf of the CCG as the new services incorporate CCG funding (within the allocated Mental Health Budget).

6.7 The CCG will be formally updated on the procurement exercise including the contract award.

7. Financial Implications

7.1 The existing contractual agreements are funded via revenue budgets within the CCG and LBL (Adult Social Care). The new contractual arrangements will continue to be funded via the CCG and LBL revenue budgets.

7.2 The existing Commissioning Section 75 agreement between the CCG and LBL provides the overarching governance for LBLs leadership of the joint commissioning process and management of Joint Commissioning budgets. Funding for the new contractual agreements will be channeled through LBL under the Section 75 agreement following the contract awarded and agreed contract start date.

7.3 There are no proposed savings requirements within this procurement exercise, however, it is anticipated that the re-commissioning of these services will generate efficiencies with regards to increasing economies of scale, and the ability to work flexibly to manage increases in demand.

7.4 No additional resources are being requested to manage this procurement exercise.

8. Legal Implications

8.1 The Council is required to have contract procedure rules for the supply of goods, services and works, all officers are required to comply with those procedure rules, and the rules must comply with the Public Contract Regulations 2015.

8.2 Under the Council's contract procedure rules where it is proposed to tender for contracts which are below the EU Threshold financial limits, which in the case of the Light Touch Regime previously referred to is £615,278 the contracts must be tendered by an invitation to tender by public advertisement or subject to approval of the Executive Director of Resources and Regeneration upon advice of the Head of Law

- *8.2.1* By the use of a public consortium framework agreement; or
- *8.2.2* By a dynamic purchasing system (an electronic purchasing system open to new bidders throughout the term); or
- *8.2.3* Both of which must have been established by a public sector body or bodies , have been competitively tendered and are EU complaint,; or
- *8.2.4* Or by selecting a minimum of 5 contractors where the Council does not maintain an appropriate approved list; or
- *8.2.5* Subject to approval of the relevant Executive Director by selecting a minimum of 5 contractors from an approved list.

8.3 Where the value of the contract is above the threshold for the Light Touch Regime then the contract must be procured by an invitation to tender by public advertisement (OJEU notice);and

- *8.3.1* Following a process described in the contact notice (open, restricted etc)
- *8.3.2* Setting time limits which are reasonable and proportionate;
- *8.3.3* Complying with EU principles of transparency and equal treatment
- *8.3.4* Publishing a contract award notice - such notices may be published on a quarterly basis, within 30 days of the end of each quarter, setting out the details of contracts awarded under this procedure in the relevant quarter.

8.4 The Equality Act 2012 (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.

8.5 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.

8.6 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.

8.7 The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:

http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-actcodes-ofpractice-
and-technical-guidance/

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

- The essential guide to the public sector equality duty
- Meeting the equality duty in policy and decision-making
- Engagement and the equality duty
- Equality objectives and the equality duty
- Equality information and the equality duty

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

http://www.equalityhumanrights.com/advice-and-guidance/public-sectorequalityduty/

9. Crime and Disorder Implications

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

10. Equalities Implications

10.1 An equality impact assessment will be a requirement of full market tendering. Applicants will be required to complete Equality Impact Assessments as a component of the project mobilisation process once contracts have been awarded

11. Environmental Implications

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

12. Conclusion

12.1 In conclusion the Joint Commissioning team proposes that:

- A new single Adult Mental Health Voluntary Sector procurement programme, with three separate procurement processes
- The re-commissioning three separate types of mental health services covering Advocacy, Dementia and Preventative services
- The procurement progamme will be implemented during the 2018/19 year.

12.2 The procurement governance process for both LBL and CCG will be followed, although LBL will award and hold the contracts on behalf of both commissioning authorities.

12.3 Throughout the procurement process the Joint Commissioning team will continue to seek advice from both LBL and CCG/Clinical Service Unit (CSU) leads, to ensure that project plans outline key decision points and milestones. This project plan will be drafted and overseen by the Mental Health Executive Group.

HEALTH AND WELLBEING BOARD			
Report Title	1. South East London Sustainability and Transformation Partnership Update 2. Whole System Model of Care Update		
Contributors	1. Programme Team, Our Healthier South East London; Martin Wilkinson, Chief Officer, Lewisham CCG 2. Programme Lead, Whole System Model of Care; Martin Wilkinson, Chief Officer, Lewisham CCG; Aileen Buckton, Executive Director, Community Services, Lewisham Council	Item No.	9
Class	Part 1	Date	1 March 2018
Strategic Context	Please see main body of report		

1. Purpose

1.1 This report is for information and is set out in two parts. The first provides members of the Health and Wellbeing Board with an update from the NHS South East London Sustainability and Transformation Partnership, and the second updates members on local integration and transformation activity by Lewisham Health and Care Partners.

2. Recommendation

2.1 Members of the Health and Wellbeing Board are asked to note the progress within these programmes of work.

3. Policy 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 by 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 and refreshed in 2016.

3.4 The Health and Social Care Act 2012 also requires Health and Wellbeing Boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing

the health and wellbeing of the area.

3.5 Planning guidance was published on 22 December 2015 which set out the requirement for the NHS to produce five year Sustainability and Transformation Plans (STP). These are place based, whole system plans driving the Five Year Forward View. The Board has received regular reports.

4. Part 1: Update from the South East London Sustainability and Transformation Partnership (STP)

4.1 NHS England Wave 2 Pilots for Accountable Care

4.1.1 Stakeholders were informed before Christmas that an expression of interest had been submitted by STP SE London to be part of NHS England's wave 2 pilots. Being part of the pilot should enable Lewisham and neighbouring boroughs to accelerate their local integration work and share experiences across SEL. The outcome of the application is not yet known. If the application is successful further details will presented to the Health and Wellbeing Board.

4.1.2 At recent STP stakeholder events, the following feedback was given. This feedback will inform the further development of the proposals:

- There was a clear signal that the STP needs to make sure that the proposals are fully focused on collaboration and show how they will improve care for patients, using examples from particular clinical conditions or groups of patients, such as those who are frail and vulnerable, or children or adults with diabetes;

- As part of further stakeholder engagement, the STP must make sure that the issues are focused on how they will affect services, and not over emphasise organisational or structural changes which in reality will be minimal. The yard stick will be that any change should help patients by enabling front line staff to provide more integrated care with less fragmentation;

- The importance of local involvement and scrutiny is fully recognised;

- Collaboration is already happening and this needs to be emphasised, for example by providing information on what is working well in different areas;

- The STP should be looking at what it would take to go further to achieve service integration and how to make it easier for people and organisations to allocate resources to the part of the system that can give the biggest return- even if that is outside their own organisation;

- It is important that local authorities are a core part of the approach.

4.2 Financial Update

4.2.1 An update on the SEL affordability gap was presented recently to the STP SEL Strategic Planning Group.

4.2.2 The update explained that the difference between the earlier reported affordability gap of £934m and the current £584m is essentially one of timing. The original £934m estimate was gauging the gap across four years (17/18 to 20/21) which was compared against four years' worth of potential savings, whereas the more recent estimate of £584m was gauging the gap across three years (18/19 to 20/21) which was compared against three years' worth of potential savings.

4.2.3 The original estimate was based on the planned outturn for 16/17 whereas the later, more recent, estimate was based on the planned outturn for 17/18. Hence the principal difference in the two estimates is represented by the total savings that were planned to be made in the current year. There are clearly current year cost pressures within SEL and there may or may not be a shortfall against planned savings this year with significant reliance being placed in mitigation on non-recurrent measures. Non-recurrent savings will not serve to reduce the longer term affordability gap.

4.2.4 The STP will update and refresh the estimate of the affordability gap once each SEL organisation has finalised its plans for 18/19. Based on the current year forecast outturn it is anticipated that the affordability gap across the three years to 20/21 will increase compared to our most recent estimate of £584m.

4.3 Update from STP Programme Groups

Digital

4.3.1 Digitalisation of GP patient records - As the move towards a paperless NHS continues, the STP has secured national funding to help 22 GP practices across south east London to digitalise their paper records. This will end reliance on paper records. This project will start soon and is due to be completed by March 2018.

4.3.2 NHS 111 Online is now live at www.111.nhs.uk - Since 1 August 2017, the STP has been working with providers to bring patients in SEL an alternative way to contact 111. NHS 111 Online for SEL went live at noon on Monday 11 December. This allows patients to self-assess, receive self-care advice, be signposted to an appropriate service or receive a call back from an NHS 111 clinician, the pan London Dental Nurse Triage Service or one of the out of hours GP services.

Community Based Care (CBC)

4.3.3 SEL has now delivered extended GP access (8am to 8pm, seven days a week) across all six boroughs.

4.3.4 A leadership workshop on 11 November provided a focused session on the delivery of the community-based care strategy and highlighted that further action was required to:

- Develop a shared understanding of the delivery of high impact schemes and the stage of development of Local Care Networks (LCNs) or their local equivalent
- Improve the links between LCN development and the enabling programmes to share information on the current development/change management programmes
- Consider how the direction for primary care at scale and emergent models for accountable care could provide the necessary conditions to deliver the CBC strategy.

Maternity

4.3.5 After working closely with local Maternity Voice Partnerships, clinicians and key stakeholders, STP SEL successfully submitted a Better Births Implementation

Plan to NHS England at the end of October, which has received excellent feedback.

Workforce

4.3.6 The consultation on the National Workforce Strategy has commenced. The SEL Local Workforce Action Board will be meeting on the 14th March to consider and develop a response on behalf of the STP.

4.3.7 The STP workforce team is working with the Cancer and Mental Health clinical programmes to develop detailed plans further to their initial responses to the published national workforce plans for each area.

4.3.8 The STP has produced a short film about the Primary Care Navigator programme that it has been leading across south London. The video is available to view via the following link:
https://www.youtube.com/watch?v=HvFr333h6s0

5. Part 2: Update from Lewisham Health and Care Partners on developing a whole system model of care (WSMC)

5.1 Health and care partners across Lewisham continue to work together to plan and deliver care in a more accessible, integrated and sustainable way. Supporting the Health and Wellbeing Board, Lewisham's Health and Care Partners Executive Board (LHCPEB) currently provides the joint strategic direction for this work where it requires a whole system approach. The framework provided by the South East London STP *Our Healthier South East London* has informed the development of local transformation and integration activity and developments.

5.2 Integrated Strategic Commissioning

5.2.1 The development of an approach to integrated strategic commissioning has been divided into the following four work streams:

- Outcomes framework
- Workforce development
- Commissioning Intentions – frailty and transitions
- Governance arrangements

Outcomes Framework

5.2.2 The development of the outcomes framework for strategic commissioning is progressing. The framework will describe the vision and case for change, the broad outcomes that are aimed for and shorter term milestones and outputs. This approach is being piloted initially in two commissioning areas - frailty and transitions.

Workforce development

5.2.3 An initial draft of 'purpose and principles' for integrated joint commissioning and a split of functions between strategic/operational has been developed. These will be discussed in more detail at workshops taking place before the end of March.

Commissioning intentions – frailty and transitions

5.2.4 Frailty – preliminary discussions have taken place with providers and commissioners to understand better the opportunities of the population health

management system to support and sustain the transformation work for frail and vulnerable people.

5.2.4 Transitions – an analysis of data and finance has been undertaken and key strands of commissioning identified. Cohorts of young people (based on age and/or need) are being identified in order to establish initial focus for this work. There is a transitions group made up of commissioners and providers already established to take this work forward, and to feed into the existing SEND strategy.

Governance arrangements

5.2.5 The interim Joint Commissioning Group has been established and is meeting 6-weekly. Terms of reference have been agreed, including principles and ways of working, and a forward plan is in development. Further work is needed to explore future structure and governance options, and the risks and benefits of those options.

5.3 Integrated Arrangements for Care at Home

5.3.1 The Council, Lewisham CCG, Lewisham and Greenwich NHS Trust (LGT) and South London and Maudsley NHS Trust (SLaM) have agreed to bring together a number of services that currently support adults in their own homes under new integrated arrangements.

5.3.2 The aim of the new integrated arrangements is to enable local health and care providers to move at pace and scale to achieve:

- A shared approach to assessment and care planning for patients/service users with complex health and care needs with the aim of establishing a single assessment.
- More co-ordinated care and support through, for example key working within the multi-disciplinary team, which will ultimately involve one worker co-ordinating the care and support for individuals.
- New approaches to workforce, potentially including 'bridging' or 'hybrid' roles to reduce duplication as well as improving efficiency and the quality of care.
- Efficiencies by enabling professionals to work in different ways so that they are able to make the best use of their time and skills to care for individuals. This will involve better use of technology to improve communication between health and care professionals and between professionals and patients / service users.
- The integration of physical and mental health services for people receiving care and support in their own homes. Inappropriate referrals and delays with appropriate referrals will be reduced.
- Co-location, with staff having access to all relevant information.
- Stronger connections to wider formal and informal health and care services.
- Stronger connections between the statutory health and care sector and the voluntary and community sector

5.3.3 Consideration is currently being given to the teams and functions for possible inclusion within the new arrangements.

5.3.4 Commissioners and providers have established a group to oversee the development of these new integrated arrangements which will report to Lewisham Health and Care Partners Executive Board. Before implementation, Lewisham Council, Lewisham CCG, LGT and SLaM will present more detailed

proposals for agreement to their respective governing bodies, including an appropriate draft legal framework to underpin the governance and partnership arrangements.

5.4 Mental Health Provider Alliance

5.4.1 Alongside the work outlined above, a small development group comprised of representatives from South London and Maudsley NHS Trust (SLaM), Adult Social Care, One Health Lewisham and Bromley & Lewisham MIND met throughout 2017 to discuss the scope and potential formation of a Mental Health Provider Alliance. With the addition of representatives from Public Health and Lewisham CCG, the initial development group has now evolved into a MH Provider Alliance forum. As with the integrated arrangements for care at home, the strategic framework for the development of the MH Provider Alliance is provided by the vision for Community Based Care as developed by Lewisham Health and Care Partners

5.4.2 The Alliance work includes the development of an overarching outcome framework to deliver a population based approach to support individuals with mental health issues. The development group reviewed several high level outcomes with a view to undertaking further work to test and shape these outcomes into a final framework.

5.4.3 The forum's initial view is that a Mental Health Provider Alliance should focus on adults with mental health issues that are of working age. Given the developments taking place for integrated arrangements for care at home, further scoping is needed to consider which components of community and inpatient mental health services should be included or excluded from the MH Alliance. The forum has recognised that shared principles for development are needed which would include:

- Incorporation of the total MH expenditure for borough based MH services
- Medium and longer term financial planning to facilitate development and improvement
- Robust governance structures to oversee development and operation
- Community and user involvement in service modelling
- Building increased value through joint delivery and development and recognising the need for efficiencies and, where applicable, re-directed investment.

5.5 Population Health Management System (PHMS)

5.5.1 To accelerate the achievement of LHCP's overall vision, a population health management system is being established which will provide a shared analytical platform, a common health and social care record, and registries of information on specific conditions or population groups.

5.5.2 The PHMS development team are engaging with stakeholders to ensure people understand how this work will support them to deliver improved health and care outcomes and services.

5.5.3 Work is also taking place with community and primary care users to understand the structure and content of existing data sources and to gather initial data to support the set up and testing of the population health platform (HealtheIntent), registries and data warehouse. Testing will take place to ensure these elements of the system function as expected.

5.5.4 The team is also working through the information modelling and data controllership that is required.

6. Financial implications

6.1 There are no financial implications arising from this report. Any proposed activity or commitments arising from proposed activity outlined in this report will need to be agreed by the delivery organisations 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.

7. Legal implications

7.1 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area. This is recognised in the strategic priorities identified in the development process.

8. Crime and Disorder Implications

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

9. Equalities Implications

9.1 Although there are no specific equalities implications arising from this report, the development of new health and care arrangements will continue to focus on improving health and care outcomes and reducing inequalities across the borough. Equalities assessments and analysis will continue to be undertaken as appropriate. Similarly, equalities analyses will be conducted by throughout the STP programme to ensure that the strategy is informed by an understanding of the diverse population in south east London and to enable full understanding of the potential impact on communities with protected characteristics (as well as complying with the Equalities act 2010), carers and, the socially and economically deprived.

10. Environmental Implications

10.1 There are no environmental implications arising from this report.

Background Documents

Further information on the Our Healthier South East London programme can be found at www.ourhealthiersel.nhs.uk

If you have any problems opening this document please contact: stewart.snellgrove@lewisham.gov.uk (Phone: 020 8314 9308)

For any queries on Part 1 please contact Charles Malcolm-Smith at charles.malcolm-smith@nhs.net (Phone: 020 7206 3246) or on Part 2, Sarah Wainer at sarah.wainer@nhs.net (Phone: 020 3049 1880).

HEALTH AND WELLBEING BOARD			
Report Title	The role of technology in the delivery of health and care		
Contributors	Executive Director of Community Services	**Item No.**	10
Class	Part 1	**Date**	1st March 2018
Strategic Context			

1. Purpose

1.1 To provide Health and Wellbeing Board members with an overview of Technology Enabled Care in Lewisham and how is can support health and care outcomes.

2. Recommendation

2.1 The Health and Wellbeing Board is asked to note the presentation.

3. Policy Context

3.1 Technology has the power to radically transform the way we deliver healthcare by enabling all patients to take a more active role in their own health and increase prevention through supported self-care.

3.2 As the population ages and the prevalence of long term conditions increases telecare is being used more frequently to assist older people and those with chronic health problems to maintain their independence and continue to live in their own homes.

3.3 The Care Act 2014 placed greater emphasis on prevention, wellbeing and independence, evidence shows that Technology Enabled Care can play a role in supporting a more personalised approach to care and support.

3.4 The NHS Five Year Forward View, sustainability of the NHS depend on a radical upgrade in prevention, how we adapt and innovate to take advantage of technology will be a key element of this upgrade.

4. Background

Lewisham Health and Care Partners are committed to supporting people to maintain and improve their physical and mental wellbeing, to live independently and to have access to high quality care when needed. Technology Enabled Care Services play a key role. The aim is for community based care to be:

- **Proactive and Preventative** – By creating an environment which promotes health and wellbeing, making it easy for people to find the information and advice they need on the support, activities, opportunities available to maintain

their own health and wellbeing and to manage their health and care more effectively.

- **Accessible** – By improving delivery and timely access when needed to planned and urgent health and care services in the right setting in the community, which meet the needs of our diverse population and address inequalities. This includes raising awareness of the range of health and care services available and increasing children's access to community health services and early intervention support.
- **Co-ordinated** – So that people receive personalised health and care services which are coordinated around them, delivered closer to home, and which integrate physical and mental health and care services, helping them to live independently for as long as possible.

5. Summary of report

5.1 This presentation will explain what Technology Enabled Care is and how it can be used to help people manage their own health, support independence, improve the coordination of care and assist prevention and personalisation.

5.2 The presentation will give a snapshot of Technology Enabled Care in Lewisham, highlight some of the challenges and describe how this work is being taken forward.

6. Financial implications

6.1 There are no specific financial implications arising from this presentation.

7. Legal implications

7.1 There are no specific legal implications arising from the presentation.

8. Crime and Disorder Implications

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

9. Equalities Implications

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

10. Environmental Implications

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

11. Contact

Fiona Kirkman Whole System Model of Care Portfolio Holder
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working together

The role of technology in the delivery of health and care

Aileen Buckton, Executive Director of Community Services

Health and Wellbeing Board

1st March 2018

What is Technology Enabled Care ?

working together

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Technology enabled care services refers to technology such as telecare, telemedicine and self help apps (ehealth) that help people to manage and control chronic illness and support independence

Background

As the population ages and the prevalence of long term conditions increases telecare is being used more frequently to assist older people and those with chronic health problems to maintain their independence and continue to live in their own homes.

The Care Act 2014 placed greater emphasis on prevention, wellbeing and independence, evidence shows that Technology Enabled Care can play a role in supporting a more personalised approach to care and support.

The NHS Five Year Forward View, sustainability of the NHS depend on a radical upgrade in prevention, how we adapt and innovate to take advantage of technology will be a key element of this upgrade.

Benefits of Tele health and Telecare

Care technology (telecare, telehealth, eHealth, digital health) when intelligently deployed has a growing track record of delivering high quality care whilst reducing the cost of provision.

There is an increasing number of best practice services that have demonstrated that high quality services, when provided in the right way can deliver higher standards of care sustainability and for a lower cost.

Telecare is often effective in helping to prolong independent living and increase safety (as part of a balanced package of support).

(*White Paper – Putting people First: Commissioning for Connected Care, Homes and Communities October 2016*)

POLICY CONTEXT

- The NHS Five Year Forward View
- New models of primary care
- Urgent and Emergency Care Review
- 7-Day Service
- NHS and Adult Social Care Outcomes Frameworks

- Personalised Health and Care 2020
- Personalisation of care
- Personal health budgets
- Health and social care integration
- The Better Care Fund
- The Care Act

Technology Enabled Care Services, Resources for Commissioners January 2015 NHSE

Technology Enabled Care – beyond pendant alarms

HOW CAN TECS SUPPORT INTEGRATED HEALTH AND SOCIAL CARE?

working together

TECS supports an individual's health and social care needs from birth to death. It can enable providers across the health and social care system to give better access to care, improve communication, and enhance teamwork and efficiency. It can also support self-care.

Wellness → Complex Multiple Long Term Conditions

Pregnancy & first year of life Conception to age 1 700,000 births	**Childhood** Age 1 – 11 6.5m people	**Adolescence** Age 12 – 16 3m people	**Young Adulthood** Age 17 – 39 16m people	**Middle Age** Age 40 – 64 17.4m people	**Older Years** Age 65+ 9.3m people
Telehealth monitoring of high-risk pregnancy. **Telecoaching** to stop smoking.	**Telecoaching** for obesity, parental skills and exercise. **Apps** to help with management of LTCs. **Telecare** supporting parents of disabled children.	**Apps** for advice on diet and nutrition. **Telecoaching** for early smoking/ drinking/sex. **Text** reminders. **Teleconsultation** supporting Child and Mental health Services (CAMHS).	**Teleconsultation** to facilitate access to services. **Mobile telehealth** for LTCs. **Telecare** supporting independence of adults with physical and learning disabilities. **Teleconsultation** for convenient access to mental health specialists.	**Telehealth** to manage LTCs such as COPD, CHF and other early onset chronic conditions and support carers' health. **TECS** for screening. **Apps** and telecare providing advice, support and reassurance to carers. **Teleconsultation** to support familial and carer contact.	**Telehealth** to support management of multiple LTCs and rehabilitation. **Telecare** to maintain independence and provide carer support. **Teleconsultation** to facilitate contact with friends and family to reduce loneliness.

Technology Enabled Care Services, Resources for Commissioners January 2015 NHSE

WHAT IS TECS?

TECS involves the use of technology to enhance care by capturing and sharing information in new ways.

The TECS programme aims to deliver better outcomes for patients by maximising the value of technologies that enable better communication between the patient, their carers and their care team. These technologies include:

Telehealth

Remote monitoring of patients in their own homes to anticipate exacerbations early and build their self-care competencies.

Telecare

Technologies in the citizen's home and communities to minimise risk and provide urgent notification of adverse events.

Telemedicine/ teleconsultations

Remote peer-to-peer support between clinicians and/or consultations between patients and clinicians.

Telecoaching

Telephone advice from a coach to support people by building knowledge, skills and confidence to change behaviours.

Self-care apps

Applications that raise awareness and help people self-manage.

These technologies complement services such as integrated digital care records and unified communications between health and social care teams. They also complement the use of Integrated Community Equipment Services (ICES) and the growing adoption of technologies in communities through the retail market. The National Information Board will publish proposals on the regulation, accreditation and kitemarking of technology of data-enabled services, including apps, by June 2015. The intention is to support innovation, consumer and professional confidence, and to enable GPs to be able to prescribe these technologies.[1]

A snapshot of Technology Enabled Care in Lewisham

All Lewisham GP practices offer online services to patients, including booking appointments, ordering repeat prescriptions and access to medical records.

Lewisham is currently the 3rd best performing CCG in London for the number of patients registering for online services. Also available are:

- Wi-Fi for public use in GP practices
- NHS 111 Online Programme
- Direct Booking in to GP Access Hubs

Technology Enabled Care in Lewisham - Linkline

working together

Linkline – Assistive Technology Service

Lewisham's Adult Social Care operate an in- house community alarm and assistive technology service.

The Linkline Telecare service provides an emergency response service 24 hours a day, 365 a year to anyone who feels vulnerable or at risk. Many older people living alone and younger people with disabilities rely on the service to live independently in the community.

Telephone on response: Service maintains telephone numbers of family and friends. If called for help staff will contact relative/friend who will assist.

There are approximately **5,000** Linkline connections.

Linkline Activity

working together

Total number of calls received:

Monthly calls range between 14,500 to nearly 18,000

September 2017		
	calls	average visits
Day	376	7
Night	124	6
Average duration of each visit	30 minutes	

56% of calls are for an emergency, for example when someone has fallen.

Assistive Lifting

Linkline responders are increasingly being called out to help people up from off the floor after a fall (assisted lifting) Between April 2016 and November 2017 they were called out to provide assisted lifting 99 times.

Technology Enabled Care in Lewisham - Linkline

working together

Just Checking

Just Checking is a simple on-line activity monitoring system that provides a chart of daily living activity via the web. Small wireless sensors are placed in the home and generate activity information based on the person's movements etc.

The information can be used as an assessment tool in planning individual care and support as it gives a clearer picture of a person's capabilities and actions when they are alone and the effect of services and other interventions.

Telecare – additional services

A variety of additional equipment, in the form of sensors can also be added to the basic alarm package. These sensors protect against environmental hazards – for example fire, flooding and the threat of intruders.

For someone with a cognitive impairment the equipment can assist in managing risks which may threaten their ability to live independently. This might include dangers associated with unlit gas appliances, carbon monoxide or where someone may be prone to walking away from home.

Lewisham Services - Linkline

working together

"I feel Linkline services help me continue to be safe in my own home. I know if I need help at any time all I need to do is press a button "

"This service is a life saver and must not be taken away, I feel that I am not alone and someone is at the end of the line if I was to have a fall"

"This service allows my mother to live independently, knowing she can alert Linkline if any problems"

(taken from the Linkline consultation December 2017)

A snapshot of Technology Enabled Care in Lewisham – Online Tools and Apps

There are increasingly more online tools available, like the new Lewisham free online quit tool to support stopping smoking which you can access from your:

- Phone
- Tablet
- Computer

You can use the tool from home or work or anywhere else you have access to internet

- https://www.smokefreelewisham.co.uk/services/iquit/

- Meanwhile the use of ehealth apps is growing quickly, in 2016 the global number of mHealth apps reached 259,000 and is the fastest growing part of this industry. A mere 36 comprise of nearly 50% of downloads.

NHS choices Your health, your choices

Lewisham NHS working together

Popular Health apps

Change4Life Food Scanner app

The Change4Life Food scanner app is designed to show quickly and easily how much sugar, sat fat and salt is inside your food and drink – just by scanning the barcode.

- Get simple hints and tips to help you make healthier choices
- Look out for healthier snacks which get the thumbs up for being under 100 calories

Download from iTunes

Download from Google Play

One You Drinks Tracker app

Keep an eye on the booze and take control with free daily tips.

- Compare your drinking with the alcohol unit guidelines.
- Access simple tips and advice to help you cut down.
- See how much money you could save by drinking less.

Download from iTunes

Download from Google Play

The future - the rise of wearable tech

working together

Future generation wearables

Snapshot technology enabled care – Summary

working together

This snapshot highlights how technology can be a powerful tool in supporting people to look after their own health, enable better coordination of care and support prevention. However, there are some challenges to TECS supporting a whole health economy:

- Standalone systems that don't speak to each other
- Lack of consistency and take up
- Focus on outputs and not outcomes
- Not making the best use of apps and products that support self care
- Access to technology and digital skills
- Investment in the technology has not been sufficient to keep pace with new demand and developments in the sector.

Technology enabled care – taking this forward

To maximize the value of technology enabled care and address population health, Lewisham Health and Care Partners need to plan at a system level.

- Ensure that the digital agenda is aligned and supports self care and other digital initiatives.
- Improving how we capture and share information, how data from apps, wearables can feedback into the system
- Understand how TEC can complement provision of other services
- Harnessing the population health approach e.g. linking technology & data sets, risk assessment and predictive analysis.
- Scaling up examples of best practice

HEALTH AND WELLBEING BOARD			
Title	Health and Wellbeing Strategy Review		
Contributors	Health and Wellbeing Board Strategy Review Steering Group (SGM Interagency, Service Development and Integration)	Item No.	11
Class	Part 1	Date	1 March 2018

1. Purpose

1.1 In July 2017, the Health and Wellbeing Board agreed to the establishment of a Strategy Review Group to consider the priorities within the Health and Wellbeing Strategy (2013-23) and to determine whether the strategy remains fit for purpose. This report updates the Board on the outcome of this review.

2. Recommendations

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

- Note the work of the Strategy Review Group in evaluating progress to date in delivering the Health and Wellbeing Strategy.
- Note that the current drivers of the Health and Wellbeing agenda nationally, regionally and locally have changed.
- Agree to the development of a revised Health and Wellbeing Strategy.
- Agree to a programme of local stakeholder engagement to inform, underpin and communicate the revised Health and Wellbeing Strategy.
- Agree that the Board should undertake a series of workshops to inform development of a revised Health and Wellbeing Strategy by reviewing the:
  - Aims
  - Priorities
  - Delivery Plan and current monitoring arrangements
  - Terms of Reference, Board membership and sub-structures

3. Strategic Context

3.1 The Health and Social Care Act 2012 established Health and Wellbeing Boards and placed a duty upon them to prepare and publish joint health and wellbeing strategies to meet the needs identified in their joint strategic needs assessment.

3.2 Lewisham's Health and Wellbeing Strategy *Achieving a healthier and happier future for all* also underpins our Sustainable Community Strategy *Shaping Our Future*. In particular it contributes directly to the priority outcome that communities in Lewisham should be "Healthy, active and enjoyable".

4. Background

4.1 Lewisham's first Health and Wellbeing Strategy (2013-2023) was published in December 2013 and has three overarching aims:

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

4.2 The strategy also identified nine priority areas for action over the next 10 years which were largely shaped through the JSNA and various stakeholder engagement activity. These priority areas were as follows:

1. Achieving a healthy weight
2. Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
3. Improving immunisation uptake
4. Reducing alcohol harm
5. Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
6. Improving mental health and wellbeing
7. Improving sexual health
8. Delaying and reducing the need for long term care and support
9. Reducing the number of emergency admissions for people with long-term conditions

4.5 In 2015 the strategy was refreshed to provide a greater strategic focus on a smaller number of short term priorities for action over a three year period (2015-18). These revised priorities were as follows:

1. To accelerate the integration of adult, children's and young people's care
2. To shift the focus of action and resources to preventing ill health and promoting independence

3. Supporting our communities and families to become healthier and more resilient, which will include addressing the wider determinants of health

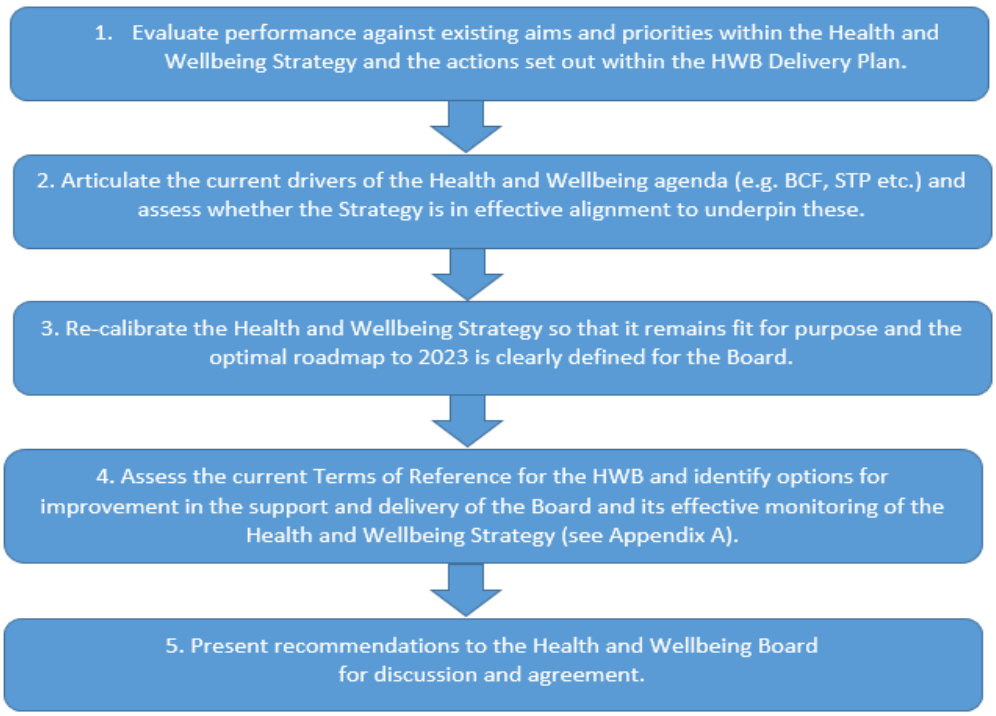
5. Strategy Review Group

5.1 The Strategy Review Group is a sub-group of the Health and Wellbeing Board and as such remains directly accountable to them.

5.2 Membership of the Strategy Review Group was determined by the Health and Wellbeing Board Agenda Planning Group and consists of representation from the following stakeholders:

- Lewisham Council
- Lewisham Clinical Commissioning Group
- Whole System Model of Care
- One Health Lewisham
- Public Health
- Lewisham and Greenwich NHS Trust
- South London and Maudsley NHS Foundation Trust
- Lewisham Healthwatch
- Voluntary and Community Sector

5.3 The Strategy Review Group has met frequently between October 2017 and February 2018. At the initial meeting the Strategy Review Group agreed that it needed to complete the following steps as part of the evaluation process of the Health and Wellbeing Strategy:



6. Monitoring of the Health and Wellbeing Strategy

6.1 Between 2013-2017, the Board has received regular updates, reports and performance data to help it monitor progress against the original nine priorities of the Health and Wellbeing Strategy, as well as the three revised priorities from 2015.

6.2 A supporting two year Delivery Plan was published in September 2013 and described the key actions required to deliver the Strategy priorities.

6.3 The task for ensuring progress against the Delivery Plan and reporting back to the Health and Wellbeing Board on a regular basis was delegated to the Health and Wellbeing Delivery Group, chaired by the Director of Public Health.

6.4 The Board received a final update on the Delivery Plan in May 2015 with final RAG ratings against each of the actions. The consensus was that the majority of the original priorities were "business as usual" work that Public Health is responsible for and that the Board should re-focus instead on a smaller number of priorities supporting a whole system approach which required genuine systems leadership.

6.5 Following a series of informal workshops, a draft of the refreshed Health and Wellbeing Strategy (2015-18) was presented to the Board in September 2015. The Board agreed to focus on three new broader strategic priorities (see para 4.5). The final version of this refreshed Strategy was agreed by the Board in November 2015.

6.6 Throughout 2015-17 performance against the nine original priorities continued to be monitored by the Health and Wellbeing Board through a standing agenda item '*The Performance Dashboard Exceptions Report'*.

6.7 The three revised priorities for 2015-18 have not been incorporated into the '*Performance Dashboard Exceptions Report*'. However the Board agreed that their work programme will include standing items in relation to the SEL STP and also the local transformation and integration activity taking place within the Whole System Model of Care programme being delivered by Lewisham Health and Care Partners.

6.8 A key timeline that details the Health and Wellbeing Board's oversight of the priorities within the Strategy can be found in Appendix A (see p10).

7. Current drivers of the Health and Wellbeing agenda

7.1 As part of its programme of work, each member of the Strategy Review Group identified what they considered to the key current drivers for the Health and Wellbeing agenda within their respective organisations or sectors.

7.2 Many of these drivers have come into effect since the publication of the original Health and Wellbeing Strategy in 2013 or following the revised priorities in 2015.

7.3 At a national-level it is recognised that health and social care is not financially sustainable in its current form. An ageing population, greater service demand and increasing expectations necessitate transformational change. A new approach underpinned by legislation and supported in part be revised funding arrangements is therefore driving greater integration between health and social care as a means to deliver efficiencies and improve the patient experience. This encompasses the devolution of resources and decision-making and the testing of new delivery models.

7.4 At a regional-level, South East London's Sustainability and Transformation Partnership supports the development of transformation and integration activity. OHSEL has a clear set of aims and deliverables to 2021 to improve the health of people in South East London, reduce health inequalities and deliver a healthcare system across south east London which is clinically and financially sustainable.

7.5 At a borough-level Lewisham Health and Care Partners are working together to achieve a sustainable and accessible health and care system to support people to maintain and improve their physical and mental wellbeing, to live independently and to have access to high quality care when needed. Local plans and priorities developed by partners include supporting the development of integrated care arrangements for community based care in Lewisham, focusing on managing resources effectively to deliver value and improvements to the whole system. This work encompasses further integration of commissioning across adults and children and the exploration of integrated provider arrangements around mental health and care at home. Local priorities and aims reflect those articulated in Our Healthier South East London (OHSEL).

7.6 The majority of these drivers are embodied in legislation, strategies, frameworks, assessments or policy documents. For ease of reference, they have been grouped together as either national, regional or local in Appendix B (see p15).

7.7 Coordinating and aligning drivers at national, regional and local levels is required. Instead of driving improvement, multiple and sometimes uncoordinated strategies can lead to a focus on different priorities between organisations across the health and care system.

8. Re-aligning the Health and Wellbeing Strategy

8.1 The Board remains at the apex of the local health and care system, empowered with a legally appointed leadership role. As such it has a statutory responsibility for the development and oversight of the Health and Wellbeing Strategy and ensuring that it remains fit for purpose. It

also facilitates partnership collaboration and whole system change over the longer term.

8.2 Effective and ongoing engagement with communities is essential. Local people, service users, patients and VCS organisations must be involved so that their voice is heard alongside that of the professionals. Healthwatch and Voluntary Action Lewisham have critical roles to play in the undertaking of this activity, the importance and recognition of which must permeate across the partnership.

8.3 Evaluation of the Strategy suggests that its aims and priorities could be broadened and more holistic in approach. This would incorporate the wider contributory factors to a person's overall health and sense of wellbeing such as housing, education, employment and the environment.

8.4 Since the strategy was first published in 2013 there have been drastic reductions in public spending. To promote sustainability in the system, individuals are being encouraged to take greater control and responsibility for their own health and care with an emphasis on prevention.

8.5 In light of the above, any revised approach to the aims contained within the Health and Wellbeing Strategy should include consideration of the following:

- **Quality of Life** – too many people live with preventable ill health or die too early in Lewisham. Health inequalities persist and the wider contributory factors to a person's quality of life and overall wellbeing require focussed attention to enable all people in Lewisham to live well for longer

- **Quality of Health,Care and Support** – People's experience of health, care and support is variable and could be improved. The system needs to evolve from a provider-focused one. The individual needs to be empowered to be in control of their own health and wellbeing through accessible information and local support, available closer to home.

- **Sustainability** – there are increasing levels of demand - population growth, age, complexity of need – and the financial resources are limited. The local health and wellbeing system must be forward looking and adaptable to such competing pressures. The longer term focus must be on sustainable solutions.

8.6 More details on the key considerations for the Board when re-aligning the Health and Wellbeing Strategy can be found in Appendix C (see p19).

9. Oversight and Delivery of the Health and Wellbeing Strategy

9.1 The Terms of Reference for the Health and Wellbeing Board were agreed in May 2013. As a Council committee, the Health and Wellbeing Board is governed by the Council procedure rules as set out in the Council's Constitution.

9.2 Alongside the Board's set-up in 2013, the following subgroups were established to assist in the prioritisation and delivery of its work programme:

- Health and Wellbeing Agenda Planning Group
- Health and Wellbeing Delivery Group
- Joint Public Engagement Group (JPEG)
- Joint Commissioning Groups (Adults and CYP)

9.3 Over the course of the last five years these subgroups have either changed profile or ceased to operate in response to the rapidly changing local context. Whilst the Agenda Planning and Commissioning Groups continue, the work of the Board is also shaped and supported by the establishment of One Health Lewisham and the Lewisham Health and Care Partners Executive Board. Any changes to the Health and Wellbeing Strategy and the Board's Terms of Reference need to consider the arrangements with these newer bodies.

9.4 Although the focus of the Strategy Review Group has been on the strategy document itself, as part of this discussion there has been an assessment of the current Terms of Reference for the Board and possible improvements in the support and delivery of the Board to enable its effective challenge and monitoring of the Strategy going forward.

9.5 The Board may wish to consider its operational practices, membership and accountability lines at the same time and in the light of any revisions to the Health and Wellbeing Strategy. These discussions may be assisted by the checklist provided by the Local Government Association – *A practical guide for health and wellbeing boards* in Appendix D (see p21), This covers the following aspects of Board activity:

- Leadership role
- Ways of working
- Interface with other governing structures

10. Next Steps

10.1 Whilst this report concludes the evaluation by the Strategy Review Group, follow-up by the Board is recommended (e.g. by means of informal workshops). These will provide Board members with

opportunities for more in-depth discussions, during which they may wish to consider the following:

- An approach to the revised Strategy that is both flexible and sustainable i.e. one that remains adaptable to longer-term future changes whilst delivering within tight financial constraints.
- Identifying interconnected aims for the Strategy, that are broader, more holistic and give due consideration to a person's overall wellbeing.
- Agreeing partnership priorities that underpin any revised aims, informed by public and stakeholder engagement.
- Developing a focussed short-term delivery plan that can be measured, with refreshed outcomes in line with the new aims and priorities.
- Reviewing Terms of Reference, membership and lines of accountability that strengthen the Board's ability to lead, facilitate and challenge more proactively.

11. Financial Implications

11.1 There are no specific financial implications to the report. The majority of the work to support the delivery of the Health and Wellbeing Strategy has been funded from existing resources including the Public Health Grant and the Better Care Fund.

11.2 However, failure to meet the existing priorities within the Health and Wellbeing Strategy may result in additional financial burdens placed upon health and social car services in the short, medium and long term.

12. Legal implications

12.1 The Health & Wellbeing Board has a statutory obligation to develop and implement a Health and Wellbeing Strategy.

13. Crime and Disorder Implications

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

14. Equalities Implications

14.1 The Health and Wellbeing Strategy is aimed at reducing health inequalities within the local population, with a focus on addressing the needs of the most disadvantaged in our communities.

15. Environmental Implications

15.1 It is possible that some of the actions delivered within the Health and Wellbeing Strategy, such as those focussed on smoking cessation, may have a direct, positive impact on the environment.

If there are any queries on this report please contact:
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Appendix A - Health and Wellbeing Strategy priorities – key timeline

30 May 2013 The Board agrees that the Health and Wellbeing Strategy should be accompanied by a Delivery Plan, monitored by the HWB Delivery Group.

19 Sep 2013 The Board approves the final version of the Health and Wellbeing Strategy and notes the current draft Delivery Plan that sets out actions for addressing the nine priorities. It is agreed that the responsibility for further development of the Plan and the monitoring of the Plan would be undertaken by the Delivery Group, who would provide regular updates on progress to the Board.

19 Nov 2013 The Board agrees the Project Initiation Document for the Adult Integrated Care Programme (AICP) and the proposed next steps to take the work forward. The AICP is focussed on the integration of adult services across the health and care sector and is a whole system approach.

28 Jan 2014 The Board is updated on progress against all actions contained within the Delivery Plan. Of the 88 delivery actions agreed by the Board for delivery by the end of March 2014, 75% (66) were rated Green, 20% (18) were rated Amber and 5% (4) were rated Red. The four Red ratings relate to the three following priority areas: reducing alcohol harm; preventing the uptake of smoking; and improving mental health and wellbeing.

25 Mar 2014 The Board is updated on the Better Care Fund (BCF) plan and agrees to its submission on 4 April 2014. The Better Care Fund (BCF) sits as part of a wider strategic approach and will be used to support the aims of the Adult Integrated Care Programme.

3 Jul 2014 The Board agrees the draft Performance Dashboard, designed to assist them in monitoring the progress against its agreed priorities within the Health and Wellbeing Strategy and the integration of health and care for adults. The dashboard is based on 26 national metrics drawn from the Quality and Outcomes (Primary Care), Public Health, NHS and Adult Social Care Outcomes Frameworks.

3 Jul 2014 The Board receives an update on the progress against Priority 1 (Achieving a Healthy Weight) actions within the Delivery Plan.

23 Sep 2014 The Board receives an update on the AICP and Better Care Fund (BCF). The Performance Dashboard agreed in July will help monitor progress and offer reassurance, particularly with respect to reducing Emergency

	Admissions. Updates will be provided twice a year, with supplementary reports as required.
25 Nov 2014	The Board receives a more detailed update on the Neighbourhood Model as part of the AICP.
25 Nov 2014	A review of the Delivery Plan showed that good progress was being made in implementing the strategy, with the majority of actions rated as green. Plans were in place to address actions rated amber or red. The Board agrees that future reports need only focus on exceptions. Additional appendices updated the Board on the progress towards the objectives and outcomes to date on reducing emergency admission for people with long-term conditions and increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years.
20 Jan 2015	The Board receives an update on the Delivery Plan with specific reference to the actions and performance against Priority 6 (Improving Mental Health and Wellbeing).
24 March 2015	The Board participates in a workshop during which the nine Strategy priorities are discussed. Consensus was that the majority of existing priorities were "business as usual" work that Public Health is responsible for and that 3 or 4 priorities should be identified instead that require genuine systems leadership.
20 April 2015	The Board participates in a workshop to review the Delivery Plan both in terms of achievements to date and proposals for future activity.
19 May 2015	The Board participates in a follow-up workshop to progress discussions on its sense of purpose and also the Strategy priorities.
19 May 2015	The Board is advised that the 38 projects across the ten AICP workstreams have been re-aligned under five schemes that mirror the BCF schemes (Prevention and Early Intervention; Primary Care; Neighbourhood Community Care; Enhanced Care and Support; and Supporting Enablers). The Board is also advised that it is required to approve the completed BCF Quarterly Reporting Template.
19 May 2015	The Board receives an update on the Delivery Plan with final RAG ratings against each of the actions. 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. As such they are now being delivered jointly by LBL, Lewisham CCG and its partners through the AICP.
7 Jul 2015	The Board receives an update on the AICP. Lewisham's Health and Care Partners came together in April 2015 to agree the vision and accompanying narrative for a Whole System Model of Care. As part of this process, a reconstituted AICP board is being established to oversee the refresh of the programme and to improve engagement accountability, pace and scale.
7 Jul 2015	The Board receives the latest Dashboard with an update on performance against its agreed nine priorities.
22 Sep 2015	The Board is provided with a draft refresh of the Health and Wellbeing Strategy for 2015-18. Whilst the Board will continue to monitor progress against the original nine priorities through the Performance Dashboard it now agrees to provide a greater focus on three broader strategic priorities: (i) To accelerate the integration of care; (ii) To shift the focus of action and resources to preventing ill health and promoting independence; and (iii) Supporting our communities and families to become healthy and resilient.
24 Nov 2015	The Board receives an update on the Adult Integrated Care Programme's 4th work stream, Enhanced Care and Support (ECS). The ECS vision is to reduce avoidable admissions as a result of either health or care crises for the people of Lewisham.
24 Nov 2015	The Board receives the latest Dashboard with an update on performance against its agreed nine priorities. This is based on 26 national metrics drawn from the Quality and Outcomes (Primary Care), Public Health, NHS and Adult Social Care Outcomes Frameworks.
24 Nov 2015	The Board receives the updated Health and Wellbeing Strategy 2015-18, which incorporates the amendments following the Health and Wellbeing Board on 22nd September 2015. It asks the Strategy Implementation Group to develop an implementation plan to deliver the priorities for action identified in the strategy refresh.
29 Mar 2016	The Board agree the priority areas for the 2016/17 Adult Integrated Care Programme, which will in turn inform the Better Care Fund Plan. The Board were also asked to note the high level expenditure plans for the Better Care Fund for 2016/17.

19 Jul 2016	The Board receives an update on the recent decision taken by members of the Adult Integrated Care Programme Board, to reshape future integration meetings so that more focus is given to the Whole System Model of Care that will deliver the transformational change required in health and care. Whole system transformation work will feed into wider programme and delivery boards, such as that overseeing One Public Estate, SEL Sustainability and Transformation Plan, Commissioning plans and the Devolution Programme Board. Progress reports will be provided regularly to the Health and Wellbeing Board.
19 Jul 2016	The Board receives the updated Performance Dashboard. Since last presented, it has been streamlined to focus attention on key areas as well as introducing the performance metrics of the Better Care Fund.
15 Nov 2016	The Board receives an update on the action being taken by Lewisham Health and Care Partners Executive Board to develop a partnership approach and model for the delivery of Community Based Care. It also presented for approval Lewisham's vision, pledges and key communication messages on health and care transformation and integration and provides an update on the 2016/17 activity of the Adult Integrated Care Programme.
27 Apr 2017	The Board receives an update on Better Care Fund (BCF) planning for 2017-18 and 2018-19. As in 2015/16 and 2016/17 the plan will outline targets and plans to deliver against the four national metrics: Non elective admissions; Admissions to residential and care homes; Effectiveness of reablement; and Delayed transfers of care.
27 Apr 2017	The Board receives an update on the Whole System Model of Care with particular focus on the development of Neighbourhood Care Networks (NCNs) in Lewisham.
27 Apr 2017	The Board receives an update on performance against its agreed priorities within the Health & Wellbeing Strategy and the performance indicators for the Better Care Fund. Although there are a number of indicators that show a decline in performance, issues have been identified and actions are being taken forward. The increased uptake of the second dose of Measles Mumps and Rubella vaccine at five years being accurately reflected in performance has been a key break through.
6 Jul 2017	The Board agree to support and endorse the intended direction of travel by Lewisham Health and Care Partners

	to strengthen the governance and partnership arrangements for the delivery of community based care.
6 Jul 2017	The Board receives a report on the achievements of the 2016/17 Better Care Fund. During 2016/17, the BCF supported the development of Prevention and Early Intervention tools, the delivery of Community Based Care including the development of Neighbourhood Community Teams and the Neighbourhood Care Networks and the redesign of services to deliver Enhanced Care and Support. During 2016/17 targets were achieved for non-elective admissions and reablement; targets were not achieved for Admissions to Residential Care and Delayed Transfers of Care (DTOC) although performance in the latter improved over the course of the year.
6 Sep 2017	The Board receives an overview of the Better Care Fund (BCF) plan for 2017-19. The 2017-19 Plan continues to fund activity in the following areas: Prevention and Early Action; Community Based Care and the development of Neighbourhood Care Networks; Enhanced Care and Support to reduce avoidable admissions to hospital and to facilitate timely discharge from hospital; and Estates and IMT.

Appendix B – National, regional and local drivers

National drivers	
Driver	**Key priorities or purpose**
Care Act 2014	• To reform the law relating to care and support for adults and the law relating to support for carers • To make provision about integrating care and support with health services
Health and Social Care Act 2012	Legislation intended to make the NHS more responsive, efficient and accountable: • Clinically led commissioning • Provider regulation to support innovative services • Greater voice for patients (e.g. Healthwatch) • New focus for public health (e.g. Public Health England) • Greater accountability locally and nationally (e.g. Health and Wellbeing Boards and Health and Wellbeing Strategy)
NHS Constitution	Seven key principles guide the NHS in all it does: • The NHS provides a comprehensive service, available to all • Access to NHS services is based on clinical need, not an individual's ability to pay • The NHS aspires to the highest standards of excellence and professionalism • The patient will be at the heart of everything the NHS does • The NHS works across organisational boundaries • The NHS is committed to providing best value for taxpayers' money • The NHS is accountable to the public, communities and patients that it serves
Five Year Forward View	The Five Year Forward View (FYFV) is based upon the principles of proactive care, promoting independence and the construction of a seamless journey for patients that is not constricted by organisational boundaries. Whilst noting the requirement for radical system-wide change in order to manage the national £30 billion funding gap by 2020, it recognises that local CCG geographies need to consider their specific priorities as they seek to manage the health and wellbeing of their local population.

Next Steps on the NHS Five Year Forward View	The NHS Five Year Forward View set out why improvements were needed on the triple aim of better health, better care, and better value. This Plan concentrates on what will be achieved over the next two years (2017-19), and how the Forward View's goals will be implemented.
National Better Care Fund	The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to: • improve the lives of some of the most vulnerable people in our society; • placing them at the centre of their care and support; • providing them integrated health and social care services; • resulting in an improved experience and better quality of life.
General Practice Forward View 2016-21	The GP Forward View acknowledges the pressures that GPs are under and the specific, practical and funded steps to be undertaken over 2016-21 to address these: • Investment - accelerate funding of primary care. • Workforce - expand and support GP and wider primary care staffing. • Workload - reduce practice burdens and help release time. • Practice infrastructure - develop the primary care estate and invest in better technology. • Care redesign - provide a major programme of improvement support to practices.
National Public Health Outcomes Framework	• Improving the health of the local population • Delivering key public health outcomes
Health in All Policies	LGA manual for use by whole council and its partners: • explicitly taking into account the health implications of all decisions • targeting the key social determinants of health • looking for synergies between health and other core objectives • improving the health of the population and reducing inequity
Adult Autism Strategy: Statutory Guidance	This statutory guidance supports the Adult Autism Strategy by giving guidance to local authorities and NHS bodies about the exercise, respectively, of their social care and health service functions. Crucially at its core: • People with autism need to have access to a clear pathway to diagnosis and know that this

	pathway is aligned with care and support assessments, and that there is post-diagnostic support available even if the person does not meet social care support criteria. • Commissioning decisions need to be based on knowledge and awareness of autism, the needs of the local population, and informed by people with autism and their families.

Regional drivers	
Driver	**Key priorities or purpose**
South East London Sustainable Transformation Partnership	This five year strategy was produced in the aim of improving health and care services across South East London (including CCG catchment areas of Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark) in close partnership with Local Authorities. A major theme of the strategy is development of Neighbourhood (Local) Care Networks in each borough to respond to the differing needs within each community, provide person-centred services and ensure that health and care is joined-up.The five priority areas of the Our Healthier South East London (OHSEL) plan are as follows: • Developing consistent and high quality community based care (CBC) primary care development and prevention • Improve quality and reducing variation across both physical and mental health • Reducing cost through provider collaboration • Developing sustainable specialised services • Changing how we work together to deliver the transformation required
Devolution – Memorandum of Understanding	Shared commitment across key stakeholders within London to: • Accelerate health and care transformation • Support Londoner's to lead healthier independent lives • Improve service provision and prevent ill-health • Release money and land from the NHS estate
Transforming Primary Care in London	At the core of this Strategic Commissioning Framework is a specification for general practice that sets out a new patient offer. This specification is arranged around the three aspects of care that matter most to patients: • Proactive care – supporting and improving the health and wellbeing of the population, self-care, health literacy, and keeping people healthy.

	• Accessible care – providing a personalised, responsive, timely and accessible service. • Coordinated care – providing patient-centred, coordinated care and GP/patient continuity.
Better Health for all Londoners	Mayor of London's draft health inequalities strategy with the following strategic aims: • Healthy children • Healthy minds • Healthy places • Healthy communities • Healthy habits

Local drivers	
Driver	**Key priorities or purpose**
Health and Wellbeing Strategy 2013-23	• To improve health • To improve care • To improve efficiency
Children and Young People's Plan 2015-18	Areas to improve outcomes for children and young people: • Build child and family resilience • Be active and healthy • Raise achievement and attainment • Stay safe
Sustainable Community Strategy 2008-2020	Build and support sustainable communities that are: • Ambitious and achieving • Safer • Empowered and responsible • Clean, green and liveable • Healthy, active and enjoyable • Dynamic and prosperous
Medium Term Financial Strategy 2018-22	• Identifies Council's General Fund for 2018-19 • Sets out service and other spending projections • Estimates future funding and factors that may impact upon this • Identifies current budget gap and sets out the Council measures to address this gap
Lewisham CCG – Strategic Framework 2015-19	• Better Health - To improve the health outcomes for the Lewisham population by commissioning a wide range of advice, support and care to make choosing healthy living easier, for people to keep fit and healthy and to reduce preventable ill health and health inequalities. • Best Care - To ensure that all commissioned services are of high quality – safe, evidence based and provides a positive patient experience, and also to shift the focus of support

	and care to prevention, self-care and planned care in the community. • Best Value - To commission services which are integrated and sustainable so delivering high quality, effectiveness and value for money.
Lewisham's Market Position Statement for Adult Health and Social Care	• Brings together key information about adult social care and health provision in the borough. • Its aim is to inform current and potential providers, as well as members of the community, about the future direction of adult social care and health services and how they will be put in place. • It also covers the likely level of resources that will be available, and the way in which the Council and the CCG will work with providers to commission services that better meet residents' health and care needs.
Lewisham Better Care Fund Plan	The 2017-19 Plan continues to fund activity in the following areas: • Prevention and Early Action • Community-Based Care and the developments of Neighbourhood Care Networks • Enhanced Care and Support to reduce avoidable admissions to hospital and to facilitate timely discharge from hospital • Estates and IMT
Lewisham Partnership Commissioning Intentions	The CCG and Council's Partnership Commissioning Intentions are meant to give health and care partners, the public and local communities an initial understanding of the specific commissioning areas that will be focused on. The priorities for 2017-19 are: • Prevention and Early Action • Planned Care • Urgent and Emergency Care
One Public Estate	This Government initiative provides practical and technical support and funding to councils to deliver property-focussed programmes.
Lewisham Health and Care Partners Vision for Community Based Care	This document sets out the vision and expectations for the future development and delivery of community based care.
Primary Care Strategy: Developing GP Services 2016 – 2021	This Strategy sets out a vision to develop primary and community care in Lewisham to be the best in the NHS at supporting people to maximise their own health. This will be achieved by: • Primary care working together across practices and developing neighbourhood care networks of support for the local community. • Providing early care and support as close to people's homes as possible.

	• Early intervention to improve health outcomes and release resources to be invested in other health initiatives.
Joint Strategic Needs Assessment	• Shaping local health services • Working with partners to improve services for residents
Pharmaceutical Needs Assessment	• Shaping local health services • Working with partners to improve services for residents
Annual Public Health Reports	• 2011-12 - Assessing the Impact of the Financial Crisis on Health and Wellbeing in Lewisham. • 2014 - Well Magazine, aimed at residents to help improve their health and fitness. • 2015 - The Health of Lewisham Children and Young People. • 2016 - Tackling Obesity in Lewisham: A Whole System Approach. • 2017 - Mental Health and Wellbeing.
SLaM Strategic Plan 2014-19	Major initiatives included in the 5-year plan are as follows: • Transforming the nature and value of our local services through partnerships that deliver around the needs of individuals and communities. • Moving from treatment to prevention, working to empower people to help them stay well through effective self-management and peer support. • Building on our high-quality specialist services for those with complex and intensive care needs through focus, scale and continuous quality innovation. • Managing our costs effectively so we can re-invest in our people, innovation, research and training. • Contributing to our long term financial position through new growth at fair levels of return for the resources and risks involved.

Appendix C – Key considerations for the Health and Wellbeing Board in the development of a revised Health and Wellbeing Strategy

i. **Joint Strategic Needs Assessment (JSNA)** – The JSNA is fundamental to the delivery of the Health and Wellbeing Strategy and publication of this is a statutory requirement. The JSNA process was reviewed and a new approach agreed by the Health and Wellbeing Board in July 2017. A JSNA Steering Group is currently identifying a programme of key thematic JSNA topics that will need to be completed alongside an overall 'macro' level JSNA assessment to provide a strategic level 'Picture of Lewisham'.

ii. **Our Healthier South East London (OHSEL)** – South East London's Sustainability and Transformation Partnership supports the development of regional transformation and integration activity. OHSEL has a clear set of aims and deliverables to 2021 to improve the health of people in South East London, reduce health inequalities and deliver a healthcare system across south east London which is clinically and financially sustainable. The building blocks to transformation and integration will remain at a borough level but the STP recognises the need to work at sub-borough and multi-borough level, as appropriate. The STP has also submitted a bid to accelerate the integration and transformation work that is currently taking place both regionally and locally and to underpin the transformation and financial recovery objectives.

iii. **Whole System Model of Care** (WSMC) – Lewisham Health and Care Partners are working together at a borough level to achieve a sustainable and accessible health and care system to support people to maintain and improve their physical and mental wellbeing, to live independently and to have access to high quality care when needed. Local plans and priorities developed by partners include supporting the development of integrated care arrangements for community based care in Lewisham, focusing on delivering population health and managing resources effectively to deliver value and improvements to the whole system. This work encompasses further integration of commissioning functions across adults and children and the exploration of integrated provider arrangements around mental health and care at home. Local priorities and aims reflect those articulated in Our Healthier South East London (OHSEL).

iv. **Devolution** - The London Health and Care Devolution Memorandum of Understanding (MoU) aims to accelerate health and care transformation for the benefit of all Londoners. There is a shared commitment between Central Government, the GLA, local authorities, commissioners, providers and other health professionals to develop solutions to support those who live and work in London to lead healthier independent lives. This will be achieved through the devolution of powers to within the London system. This should result in better prevention of ill-health, improvements to how services are provided and the release of money and land from the NHS estate within London.

Lewisham is one of five devolution pilots across London that aims to test the impact of devolving resources, decision-making and powers on accelerating

transformation locally. The pilot is seeking to test freedoms and flexibilities relating to estates and workforce and supports LHCP's aims and objectives.

v. **One Public Estate (OPE)** – This Government initiative provides practical and technical support and funding to councils to deliver property-focussed programmes. Three Lewisham projects have received funding:
   - Development of a Strategic Plan for Ladywell focussed on the former Ladywell Leisure Centre.
   - Reconfiguration of the Lewisham Hospital site for the provision of a neighbourhood "hub".
   - Reconfiguration of Downham Health and Leisure Centre to facilitate a neighbourhood "hub".

vi. **Population Health System** – Proposals to implement a population health information system have been agreed and the first phase of this work is now being initiated in conjunction with the supplier.

vii. **Better Care Fund (BCF) Plan** – The Board signed off the BCF Plan in September 2017. The 2017-19 Plan continues to fund activity in the following areas: Prevention and Early Action; Community-Based Care and the developments of Neighbourhood Care Networks; Enhanced Care and Support to reduce avoidable admissions to hospital and to facilitate timely discharge from hospital; and Estates and IMT. These commitments are aligned with existing priorities within the current Health and Wellbeing Strategy and so will need to be considered as part of any future revisions to the Strategy document.

viii. **Children and Young People's Plan (CYPP)** – The CYPP is a non-statutory document. Development of the next CYPP for 2018-21 is currently underway, with publication anticipated towards the end of the year. The Board retains overall responsibility for the health and wellbeing of children and young people in Lewisham and the revised CYPP will need to underpin the Health and Wellbeing Strategy for Lewisham.

ix. **Mayor of London's Health Inequalities Strategy** - At a London-wide level, the Mayor of London's draft Health Inequalities Strategy is focused on a broad and holistic approach to physical and mental health and just as importantly, wellbeing. This moves beyond medical models of health and recognises the impacts on health that factors such as decent housing, an environment that helps people stay fit and healthy, a fairer economy, and a more integrated society can have. It looks to challenge the significant variations in life expectancy, not simply between London boroughs but also at a local neighbourhood level.

Appendix D – Practical Guide for Improving Health and Wellbeing Boards

Making an impact through good governance – A practical guide for health and wellbeing boards was published by the Local Government Association in October 2014. The guide is not intended to tell boards what to do, but presents some 'key issues to consider' for effective governance and good practice. These have been detailed below and may prove a useful tool in evaluating the Health and Wellbeing Board in Lewisham:

Being agents of change

1. How does the HWB demonstrate system leadership by collective responsibility for local outcomes?
2. Does the HWB benchmark itself against comparator boards?
3. Does the board create the space to have challenging discussions about difficult issues? Are such discussions linked to actions, which are followed up?
4. How is the HWB taking a lead in initiating discussions about system redesign?
5. Is the HWB thinking broadly about horizontal and vertical integration of services across the whole of the public sector?
6. To what extent do section 75 pooled budget arrangements and BCF plans build on the evidence of future need in the JSNA, HW Strategy and CCG/LA commissioning plans?
7. How does the Board stay ahead of the curve rather than simply reacting to events?

Culture and style

1. Has the HWB discussed how it can present itself in a way that shows parity of esteem between all categories of board members?
2. Is it assumed that HWB meetings will always take place at council locations and will always be services by council officers?
3. Does the style of HWB meetings encourage equal participation by all members?
4. Does the HWB have a development programme to develop their relationships and their strategic thinking in an informal setting?
5. Are HWB development sessions designed to recognise the different backgrounds of Board members and the skills they need to make an effective contribution?
6. If there agreement about which members of the Board have voting rights?

Being clear about the role of the Board

1. Has the Board reached explicit agreement about its role? Is there a description of its agreed role in the public domain?
2. Is the Board clear about what its powers are to take decisions? Has the Council delegated any decision-making powers to the Board? Are there any pooled budgets whose allocation is delegated to the board? What precisely is the decision-making role of the board in relation to joint commissioning?

3. Are there well-defined agreements about how decisions taken by the council and the CCG will be aligned to decisions taken by the HWB?
4. Is there a risk-sharing agreement between organisations represented on the board and other relevant partners?

Size and membership of the Board

1. Has the Board made a policy decision about its size and membership beyond the statutory requirements?
2. Are there opportunities to review membership as the business of the Board develops?
3. How does the Board engage with patients and the public?

Agenda setting, prioritisation and work planning

1. How does the board plan its work and agree its agendas? Who is involved in work planning and agenda setting? Is there representation from across the Board's membership in this activity? Do all members have an opportunity to contribute to the agenda?
2. Is there a filtering process to ensure that formal board meetings consider only the most important issues that relate to the HW Strategy priorities and that only the most essential items 'for information' are tabled?
3. Is the chair always clear before commencing a board meeting which agenda items need a decision by the board to generate further action on priority issues?
4. Who is responsible for ensuring that progress is made on substantive decisions of the Board between meetings? What method is used for tracking Board decisions?
5. How will the Board know it is making a difference? How does it set its own objectives or outcomes and monitor progress towards them? How well aligned to the HWB outcomes are those of the Council and the CCG?

Sub-structures and super-structures – the meetings between meetings

1. Are the Board and its individual members clear about the superstructures above the Board, the sub-structures sitting underneath it and the structures that are not part of the Board with which it need to have a relationship?
2. Is there a clear understanding among board members and other bodies about reporting lines – which bodies/groups report to the Board; to which, if any the Board reports; and what the force of reporting lines is?
3. Does the Board have appropriate constitutional sub-structures to carry out any functions it wishes to delegate?
4. Is the Board clear about its relationship to joint commissioning structures and about who has the ultimate responsibility for signing off joint commissioning decisions?

Support for the Board

1. Does your Board have appropriate support for its policy work in addition to administrative support from democratic services?

2. Can board members contribute funding to a pooled budget for jointly appointed staff support?
3. Is there scope to second officers with relevant expertise from partner agencies?

Working across boundaries

1. Are all Board members clear about the extent they can commit their organisations to implementing decisions of the Board?
2. Is there agreement about the role and contribution of NHS England's LAT representative on the Board?
3. Does the Board have appropriate arrangements for regular engagement with providers? Does this include non-acute health and social care providers such as third sector, social care providers, community and mental health trust providers?
4. Does the Board link effectively with the safeguarding boards and CCGs to ensure cohesive governance and leadership across the children's agenda?
5. Is there a protocol or memorandum of understanding between the Board and the council's health scrutiny arrangements about the respective roles of each and how they relate to each other?
6. Does the Board need to improve engagement with key stakeholders who are not directly represented on the Board, including other partnerships and locality/neighbourhood structures?

Communication and engagement

1. Has the Board agreed a set of public engagement principles to underpin a communications and engagement strategy and inform the way it works?
2. What arrangements has your Board made for public involvement at Board meetings?
3. Does the Board have a vision for where it wants the system to be in 5 years from now? What will this look like in 5 years from now? What will this look like from a service-user perspective?
4. How does the Board reflect public engagement in its governance arrangements?
5. How is public engagement embedded in the development and review of the JSNA and HW Strategy, prioritisation of outcomes and decision-making?
6. How does the Board assure itself that patients, service users and the public are engaged with the commissioning, design and delivery of services and that their views and experiences have influenced decision-making and the shape of services?
7. Is local Healthwatch sufficiently resourced to gather and reflect the views and experiences of patients?

HEALTH AND WELLBEING BOARD			
Report Title	Health and Wellbeing Board Work Programme		
Contributors	SGM Inter-agency, Service Development and Integration	**Item No.**	12
Class	Part 1	**Date:**	1 March 2018

1. Purpose

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

2. Recommendations

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

- Review the current work programme and propose additional items to be included as appropriate.

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 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.

4.3 The Health and Wellbeing Board Agenda Planning Group convenes prior to each meeting of the Board with organisational representation from across the Board's members. In addition to reviewing the work programme, the Agenda Planning Group also identify new issues or emerging topics that have arisen since the Board last met. These are included as draft agenda items for approval by the Chair (if required for the pending Board meeting), or added to the work programme if required for subsequent meetings.

4.4 The HWB has previously agreed that the work programme will include regular progress updates on the Health and Wellbeing Strategy and a standing item in relation to the South East London Sustainability and Transformation Partnership, which will incorporate the Whole System Model of Care being delivered by Lewisham's Health and Care Partners.

4.5 The HWB is also required to approve the Joint Strategic Needs Assessment priorities and consider the findings and recommendations from any completed JSNA topics. These findings will inform the Board's approach to achieving improvements in local health and wellbeing outcomes.

5. Work programme

5.1 The work programme (see Appendix A), includes those items which the Board has agreed to consider over the course of the year. Board members are also requested to consider additional items to be included in the work programme as appropriate.

5.2 The following items have been added to the work programme, or amended, since the last HWB meeting:

- Referral from the Healthier Communities Select Committee: Final Report on in-depth review of social prescribing
- Health and Wellbeing Board – Mental Health Workshop Update
- Adult Mental Health – Strategic Procurement Plan for Voluntary Sector Providers
- Technology Enabled Care

5.3 Following the local election in May 2018, a new Chair will be appointed to the Health and Wellbeing Board. It is anticipated that there may also be other changes in Board membership during 2018-19.

5.4 Officers will work with the new Chair and membership of the Board to ensure a smooth transition and induction of new Board members, and to revise the work programme for 2018-19 as required.

6. Schedule of meetings

6.1 The Board is scheduled to meet three times per municipal year (April-Mar). In 2018-19 there will be local elections taking place in May 2018. As an executive board of the Council, the HWB will be unable to meet during this period. This would delay the first meeting of the new municipal year until June 2018 – a seven month interval between Board meetings. As such at the meeting of the Board in July 2017 it was agreed that an additional meeting would be held on 1st March 2018. It is anticipated that future meetings will therefore run as follows: June 2018, October 2018 and February 2019. Specific details will be communicated with Board members in the near future.

6.2 The requirements upon the Board to make decisions, reach agreement or to be formally consulted does not always align itself with the three scheduled meetings per year. Therefore, some last minute amendments to the work programme and the scheduling of Board meetings may be required.

6.3 Workshops are scheduled for the intervening months to enable the Board to informally examine issues in more depth or to provide development opportunities for the Board. It is proposed that workshops be scheduled in 2018-19 to allow the Board to further develop the Health and Wellbeing Strategy.

8. Financial implications

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

9. Legal implications

9.1 Members of the Board are reminded of their responsibilities to carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012. Activities of the Board include, but may not be limited to the following:

- 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.
- To provide such advice, assistance or other support as its thinks appropriate for the purpose of encouraging the making of arrangements

under Section 75 NHS Act 2006 in connection with the provision of such services.

- To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board.
- To prepare Joint Strategic Needs Assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007).
- To give opinion to the Council on whether the Council is discharging its duty to have regard to any JSNA and any joint Health and Wellbeing Strategy prepared in the exercise of its functions.
- To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006.

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

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

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

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

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

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

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

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

10. Equalities implications

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

11. Crime and disorder implications

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

12. Environmental implications

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

If there are any queries on this report please contact Stewart Weaver-Snellgrove, Principal Officer, Policy, Service Design and Analysis, London Borough of Lewisham on: 020 8314 9308 or by e-mail at stewart.weaver-snellgrove@lewisham.gov.uk

Health and Wellbeing Board – Work Programme 2017/18

1 March 2018			
Item	**Report Title**	**Lead Organisation(s)**	**Presented By**
1	**Referral from the Healthier Communities Select Committee: Final Report on In-Depth Review of Social Prescribing**	LBL	Chair
2	**Joint Strategic Needs Assessment (JSNA) Update**	LBL	Danny Ruta
3	**Pharmaceutical Needs Assessment**	LBL	Danny Ruta
4	**Performance Dashboard Update – Exceptions Reporting**	LBL	Trish Duffy
5	**Health and Wellbeing Board – Mental Health Workshop Update**	LBL/CCG	Catherine Mbema / Kenny Gregory
6	**Adult Mental Health – Strategic Plan for Voluntary Sector Providers**	LBL/CCG	Catherine Mbema / Kenny Gregory
7	**Technology Enabled Care**	LBL	Aileen Buckton
8	**South East London Sustainability and Transformation Partnership (including Whole System Model of Care)**	CCG	Martin Wilkinson / Aileen Buckton
9	**Health and Wellbeing Strategy Review**	LBL/CCG	Salena Mulhere
10	**Health and Wellbeing Board Work Programme**	LBL	Salena Mulhere
11	**Adult Social Care Local Account 2017-18**	LBL	*Information Item*
12	**Lewisham Clinical Commissioning Group Annual Report**	CCG	*Information Item*
13	**CYP Plan Review Update**	LBL	*Information Item*

HEALTH AND WELLBEING BOARD				
Report Title	Adult Local Account 2017/18			
Contributors	Executive Director for Community Services		**Item No**.	13a
Class	Part 1	**Date:**	1st March 2018	

1. Purpose

1.1 This report introduces the Adult Social Care Local Account for 2017/18. It sets out the background and context for the attached Local Account.

2. Recommendation

2.1 Members of the Health and Wellbeing Board are recommended to approve the Local Account for 2017/18.

3. Policy Context

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

4. Background

4.1 The Local Account gives people an opportunity to read about the Council's achievements through the year and priorities going forward. It supports a regular cycle of self-assessment, consultation and review to enable the Council to deliver high quality services to residents who have care or support needs

5. Financial implications

5.1 Financial implications and detail is included in the body of the Local Account on page 10.

6. Legal implications

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

7. Crime and Disorder Implications

7.1 There are no Crime and Disorder implications

8. Equalities Implications

8.1 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.

8.2 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.

8.3 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.

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

http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-_codes-of-practice-and-technical-guidance/

8.5 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

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

9. Environmental Implications

9.1 There are no environmental implications.

London Borough of Lewisham:

Local Account for Adult Social Care 2017/18

Contents

Foreword

Welcome to this year's Local Account for adult social care services in Lewisham. The purpose of this document is to let people know about the local care and support services for adults and how well they are performing. It also provides information on our challenges and priorities for the coming year.

Demand for our services is increasing at a time when people are living longer and funding for services is reducing. It is therefore important that we make the best use of our resources.

Despite these financial pressures the commitment to deliver good quality services when and where our residents need them by our providers, partners and the professionals working for adult social care is impressive.

Over the past year we have continued to invest in our community resources so we can provide support to people in their own homes. We know we have more to do by developing further the joint working arrangements between health, mental health and social care so that we can improve outcomes for local people in what is an increasingly challenging environment.

In the next few years the focus will be to continue to support people to live at home where possible. In order to achieve this, we will develop further information and advice so that people can find an easy route to sourcing their support in order to be as independent as possible.

We will build on the partnership work with GP's, health, mental health and our provider services to deliver more joined up ways of working in the four Neighbourhood areas across the borough.

For individuals with a learning disability we will continue to maximise independence in housing employment and support to access community resources.

Our role as the lead agency in safeguarding vulnerable people will remain a priority so that we can be confident that people are safe and well cared for.

We recognise that our aspirations to continually improve services for the residents of Lewisham is dependent on good partnership working. We are therefore grateful for the commitment of everyone involved in the delivery of care to some of the most vulnerable people within our communities who need our support.

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

Borough overview

Nationally Lewisham ranks 48th for deprivation out of 326 local authority areas

Some **70%** of Lewisham residents are of working age (aged 16-64)

306,000

Lewisham's population. The 13th largest in London and the 5th largest in Inner London.

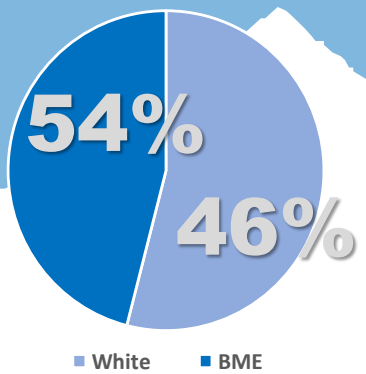
15

Lewisham is the 15th most ethnically diverse local authority in the country and the second most ethnically diverse in London

Some **30,000** Lewisham residents are aged (aged 65 and over).

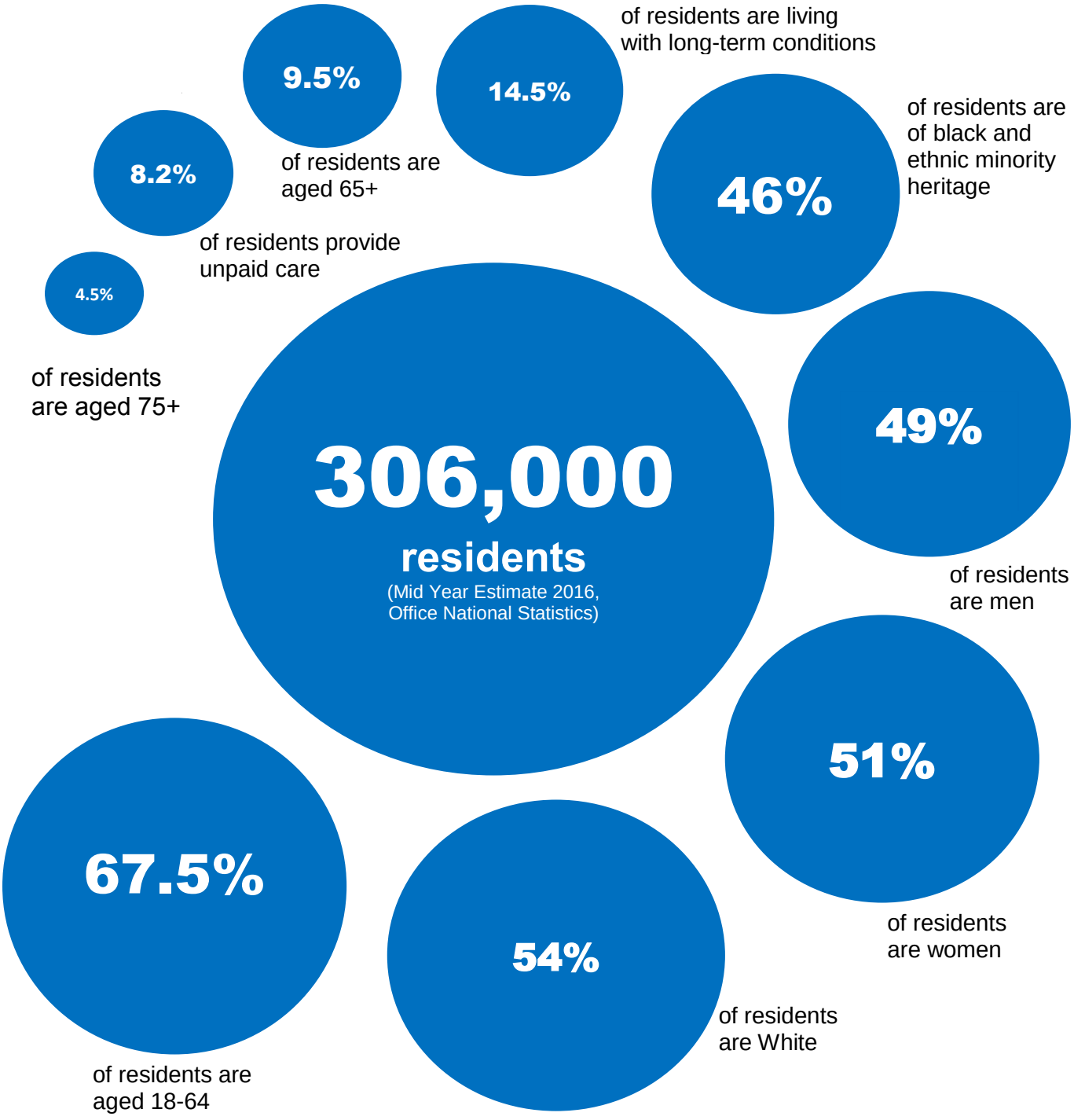
80%

of Lewisham residents are in employment



54% of Lewisham's population is White and 46% are of BME heritage

Our residents



Figures from the 2011 Census and MYE 2016, ONS

Our Priorities

We will focus on our six priorities to support people to live as independently as possible.

Priority 1

Providing early help to support independence, good health and wellbeing.

Priority 2

Working with our partners to develop integrated and personalised care.

Priority 3

Working in communities to widen service choice for people.

Priority 4

Keeping people safe.

Priority 5

Preparing Young People with special educational needs and disabilities for adulthood.

Priority 6

Maintaining and improving the quality of care and support people receive.

The support people received in 2016/17

We received an average of 3491 calls per month asking for information, advice and services.

We undertake an assessment to gain an understanding of peoples' needs. This helps us to identify with the person how their needs will be met and ensure they remain safe. We carried out 4212 assessments and reviews of people needs.

The support people received in 2016/17

People with a Learning Difficulty or Disability

We work with our partners to support people with a Learning Difficulty or Disability to live inclusive, independent and safe lives.

At year end March 2017 we were supporting 731 adults with a learning difficulty or disability.

People in contact with Mental Health Services

There are a wide range of illness's and conditions that can impact on people's mental health and wellbeing. Following diagnosis appropriate treatments are offered which can include counselling, group sessions or/and medication. Support may be provided by specialist teams.

At year end March 2017 1959 Adults with a Mental Health diagnosis were being supported with services.

Carers

Carers are people who provide care and support for their family and friends, by carrying out tasks that help people to stay in their own homes and live an independent life. Carers can be any age, many Carers are under 18.

Carers are entitled to their own needs assessment. If agreed financial support could be provided for example support for transport costs or help with house work.

At year end March 2017 we supported 979 Carers with a service.

Direct Payments and Personal Budgets

A direct payment allows you to choose who you wish to provide your service and pay them directly.

A personal budget is when the Council directly passes the money for your care to your preferred provider.

At year end March 2017 885 people were receiving a Direct Payment.

Prevention and early help

It is important to develop preventative services which help people to remain independent and in their own home.

Often information or advice and signposting to services is all that is needed, or a small piece of simple equipment makes the difference between independence and needing formal support.

During the year 41,896 contacts were made to our call centre for advice and support. A range of equipment was provided to support people to remain in their home, for example; special mattresses and beds and small items to support personal care such as a bath lift. Changes were also made to homes under the Disabled Facilities Grant.

Short term care and support

Working with our partners, we provide a range of services to prevent the need to stay in hospital or support following a hospital stay. These services could include personal care, physiotherapy and adaptations to the home.

During the year over 4290 people were supported with packages of care at any one point in time on average we have 3200 people received these type of services.

Support with day to day living

Services may be provided in people's homes, including personal care and domestic tasks, but can also be available through specialist centres who provide day care. There are many organisations across the area that provide these services either in conjunction with the local authority or health services.

During the year 1362 people were being supported to regain their independence.

Residential and nursing care

Residential care is provided in a care home where residents live and have trained caring and health staff on site to provide support.

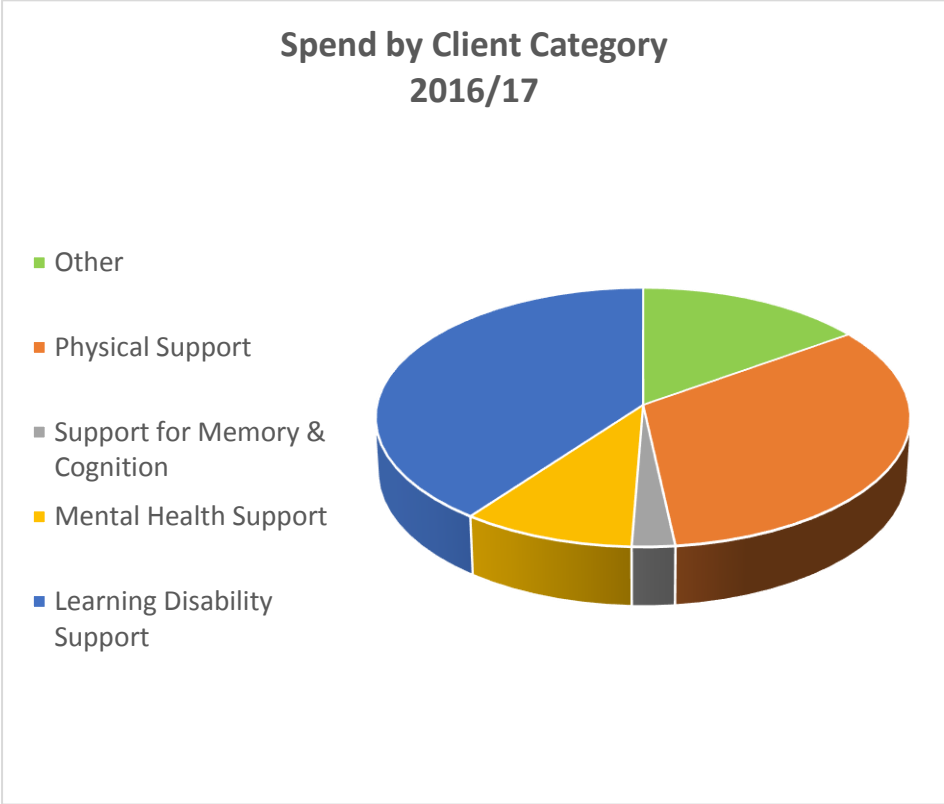
Nursing care is provided in a specialist nursing home setting where residents live. Nurses and other trained professionals provide 24 hour specialist care.

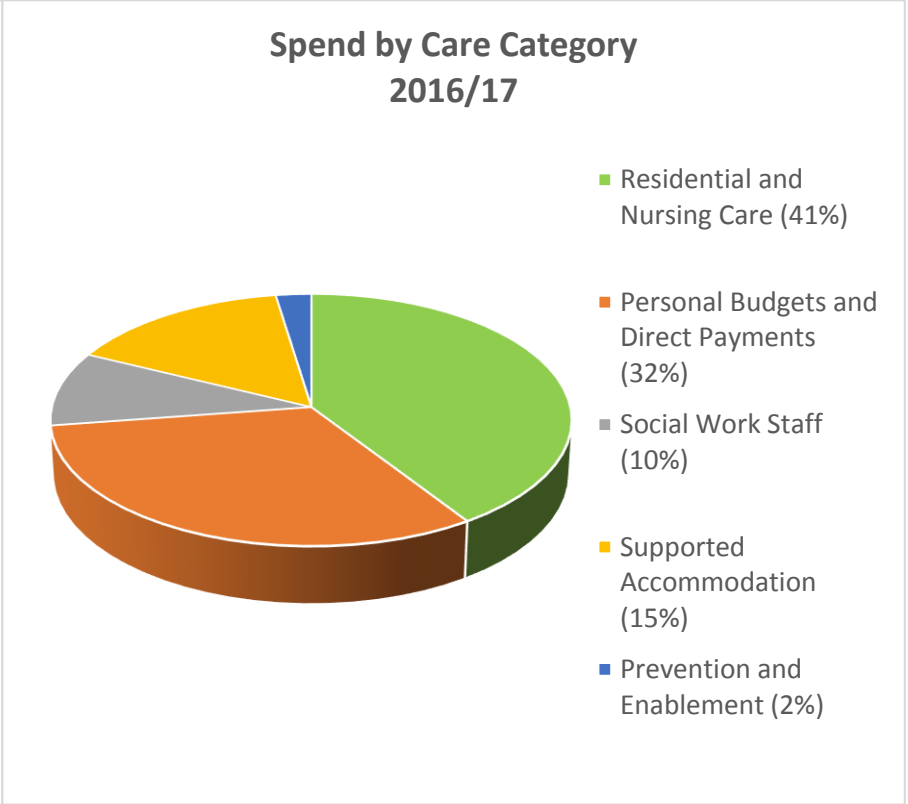
At year end March 2017, 779 people were receiving their care within a residential or a nursing setting.

How we spent the budget in 2016/17

The total budget for Adult Social Care in 2016/17 was £70.358 million.

The chart below shows how this budget was used to support people across areas of need and services





Our progress in 2016/17 and our priorities for 2017/18

Priority 1 Providing early help to support independence, good health and wellbeing

What we did in 2016/17

We have established one number for ease of access for our Health and Care Services and made it easier for people to tell us about their needs online.

We have developed quick and easy ways for vulnerable older people and their carers to access a range of services to support Safe and Independent Living (known as SAIL) in the form of an easy checklist. We have further developed opportunities for supported living within the community. This includes Extra Care Housing called Shared Lives (which is similar to foster care, but for adults).

We use technology (telecare) to help people remain safe and as independent as possible. We now offer a further range of specialist equipment to support people with dementia to remain living at home for as long as possible.

The offer of up to six weeks Enablement has successfully reduced the need for long term care and support for some people following a period in hospital.

Our 17/18 Promise

We will continue to develop the 'Single Point of Access' and other ways of working to ensure we provide support early to enable people to live independently as possible.

Priority 2 Working with our partners to deliver integrated and personalised care

What we did in 2016/17

We continued to work with our partners including health and care services, including GP practices, to deliver more joined up and personalised care. Many adult social care staff work in one of Lewisham's four neighbourhood care teams, working closely with other health and care professionals and with the voluntary and community sector, to improve the delivery and coordination of care and to maintain people's health, wellbeing and independence.

Our 17/18 Promise

Pilots will be undertaken to test ways to improve multi-disciplinary working in three GP practices. More regular multi-disciplinary meetings involving a wider group of professionals, such as mental health services and home care agencies, will take place over a 3 month period. We will look to roll out the learning across the borough.

Health and care partners across London are exploring how decision-making and resources could be moved closer to local populations. Lewisham is one of five devolution pilots and is specifically testing how freedoms and flexibilities regarding estates and workforce could help us improve health and care for our communities. In January 2018, we will bring together a group of district nurses and care workers to work as one team for 16 weeks. The pilot will test how working more collaboratively can provide more person centred care and support.

Priority 3 Working in communities to widen service choice for people

What we did in 2016/17

We have made arrangements for the domiciliary care providers to be part of our four neighbourhood teams. This allows the carers to develop relationships and a knowledge of the other services that maybe involved with the plan of support and care for the individual.

Our community connection workers, who link people into services and activities within their communities to improve wellbeing and reduce isolation, are now a well-established part of the team to support an individuals.

We have further developed opportunities for supported living within the community. We also now provide a wider range of specialist supported housing facilities, enabling people to live in the community with support. We have further developed the availability of Personal Assistance for people who choose a "Direct payment" to purchase their care.

We have also increased the range of services that reduce isolation and loneliness.

Our 17/18 Promise

We intend to work closely with our domiciliary care providers to further develop their role as part of the Neighbourhood teams.

We will continue to work closely with the Hospital Trusts to ensure that people are discharged from hospital with timely support in place for when they return home.

We will continue to develop opportunities within the community to ensure people have wider choice for their support needs.

Priority 4 Keeping people safe

What we did in 2016/17

We are committed to keeping adults safe from harm, abuse and neglect and have established strong links with our safeguarding partnership to achieve this. During 2017 we had an Independent Review of our safeguarding practices, the outcome was positive and the actions from the review are being taken forward. We appointed a new independent chair of the Lewisham Safeguarding Adults Board (LSAB). During the year we established a team to deliver our statutory responsibility regarding the Deprivation of Liberty Safeguards.

We understand the importance of ensuring our staff are well trained to carry out their safeguarding role, therefore all social care staff and managers received training on Making Safeguarding Personal and the changes introduced in the Care Act. A major conference was arranged by the Lewisham Adult Safeguarding Board on Modern day slavery/ human trafficking in October 17 with the aim of increasing awareness and promoting good practice. Staff from across Adult Social Care and Health were identified to act as a Single point of contact for Modern day slavery. Referrals and have received train the trainers training provided by the Human Trafficking Foundation.

Our 17/18 Promise

The LSAB has set out its plans to take forward how we will continue to safeguard people. This will include the actions from the Independent Review. Both the LSAB and the Lewisham Safeguarding Children's Board are working with partners including the Safer Lewisham Partnership Board and Housing to develop A Human Trafficking and Modern Day Slavery protocol. The LSAB are also developing a Self-Neglect and Hoarding policy to enable our partnership to identify and support people at risk. We will continue to focus on raising awareness of safeguarding issues within the community and our partnership.

Priority 5 Preparing Young People with special educational needs and disabilities for adulthood

What we did in 2016/17

We improved the joint working arrangements between children and adult services as well as education to ensure that young people have a smooth transition into adulthood. We are now working with young people who have a disability or learning disability and their families from when they reach age 17 years to plan for their future needs as they approach adulthood. We are working with local providers to develop specialist supportive living opportunities within the borough for young people and are using Direct Payments to purchase personalised support plans.

Our 17/18 Promise

Going forward we intend to continue to further develop our joint planning arrangements, working with young people at an earlier age. We plan to develop a wider range of services, including accessible further education, employment and training opportunities so that young people can be supported closer to home and their families wherever possible.

Priority 6 Maintaining and improving the quality of care and support people receive

What we did in 2016/17

We are committed to a high standard of practice for the assessments we undertake as well as for the care and support that may be provided as part of a person's Support Plan. Systems have been developed to monitor the quality of services provided to residents within care homes as well as from care providers commissioned to work with people in their own homes. We used the feedback from the Care Quality Commission inspections and individual resident's views to build a picture of how well the care home or care provider is supporting people. We used this information to work with care providers to continually improve standards of care.

Our 17/18 Promise

Quality assurance monitoring will remain a priority in 17/18 to ensure standards of care are of high quality and people are kept safe in line with the Principles of respect, dignity and fairness.

Key performance indicators 2016/17

These indicators are the national set of Adult Social Care outcome framework (ASCOF) indicators that measures how well care and support services achieve the outcomes that matter most to people.

The framework:

- supports councils to improve the quality of care and support services they provide
- gives a national overview of adult social care outcomes in 2016 to 2017

National Adult Social Care Outcomes Framework (ASCOF) Performance Indicators	Lewisham	Regional (London) Average	National (England)
ASCOF 4A: Feeling safe	68.9%	65.9%	69.2%
ASCOF 4B: Services helping people feel safe	88%	81.7%	85.4%
ASCOF 1A: Social care-related quality of life (QoL)	18.70%	18.6%	19.1%
ASCOF 1C(1): % in receipt of SDS/direct payments	85%	85.3%	84.9%
ASCOF 1C(2): % in receipt of direct payments	32.80%	35.4%	36.4%
ASCOF 2A(2): Permanent admissions of older people per 100,000 population	687.4	570.3	628.2
ASCOF 2A(1): Permanent admissions of adults aged <65 per 100,000 population	13.1%	10.2	13.3
ASCOF 2C(2): Delayed transfers of care that are attributable to social care per 100, 000 population	2.9%	3.3	4.7
ASCOF 2B(1): Proportion of OP still at home 91 days after discharge into reablement/rehabilitation	92.9%	85.4%	82.7%
ASCOF 3A: Overall satisfaction of people who use services	62.50%	60.3%	64.4%

Adult social care contact details

If someone is in immediate danger dial 999.

If you're worried about someone's safety or welfare, contact us using the details below.

If you think you or someone you know may need a community care service, you can follow the links on our the Lewisham council web site to find further information.
https://www.lewisham.gov.uk/contact-us/Pages/contact.

Or contact The Social Care Adult information Team
Email: SCAIT@lewisham.gov.uk

Address:
London Borough Of Lewisham Second Floor
Laurence House
1 Catford Road
SE6 4RU
Tel: 020 8314 7777 (single phone number for adult social care, district nurses and Carers Lewisham)
020 8314 6000 (out of hours)

Opening hours:

Monday–Friday 9am–5pm

Accessibility information:

Contact details people who are deaf or hard of hearing:

Minicom: 020 8314 3309
Text: 07730 637194
Glide: LEWISHAM Adult Social Care / 07730 637194

HEALTH AND WELLBEING BOARD			
Report Title	Lewisham CCG Annual Report 2017/18		
Contributors	Charles Malcolm-Smith, Deputy Director (Strategy & OD), Lewisham CCG	**Item No.**	13b
Class	Part 1	**Date**	1 March 2018
Strategic Context	The report provides an update on Lewisham CCG's annual report and accounts for 2017/18		

1. Purpose

This report provides members of the Health and Wellbeing Board with an update on the CCG's annual report and accounts for 2017/18. A requirement of the Health & Social Care Act 2012 is that the annual report includes the CCG's contribution to local plans and strategies and that the Board is consulted in this regard in the preparation of the annual report.

2. Recommendation

Members of the Health and Wellbeing Board are asked to:

Note the deadline for the CCG Annual Report and accounts for 2017/18 and and its outline content areas that will include a performance analysis, including its relationship with the Board and contribution to local plans and strategies

3. Policy Context

Lewisham CCG is required to publish, as a single document, an annual report and accounts. NHS England will incorporate this into their consolidated accounts which, in turn, form part of the Department of Health's consolidated accounts incorporating all its arm's length bodies.

NHS England has communicated a structure for the annual report and accounts as per the Department of Health manual for accounts, which provides guidance on preparing and completing annual report and accounts. By 29th May the CCG must submit full audited and signed annual report and accounts, as approved in accordance with the CCG scheme of delegation and signed and dated by the accountable office and appointed auditors.

4. Summary of report

The overall structure of the report will cover:

I. Performance report
    a. An overview
    b. A performance analysis
II. Accountability report
    a. Corporate governance report
    b. Remuneration and staff report
III. Financial statements

The performance report overview will provide a short summary of the organisation from the Chief Officer , i.e. its purpose, key risks to the achievement of its objectives and how it has performed during the year. While the analysis will report on the most important performance measures and provide longer term trend analysis where appropriate. Key measures to typically report on include financial performance, the CCG assurance framework, Better Care Fund metrics, outcome framework and any local indicators (quality, patient safety etc), and NHS Constitution standards.

The CCG's positive relationship with the Health & Wellbeing Board and other local partners, and contribution to the delivery of local strategies and priorities will be integral to the report, for instance the work of the Lewisham Health & Care Partners and adult integration programme in the development of the whole system model of care. This has been reflected in reports that the Board has received at its April, July and November meetings. Comments and feedback from members of the Board on the CCG's contributions to these areas, and others, are welcomed.

The draft report and accounts will be subject to review by NHS England and CCG audit committee and auditors. The final report will be available to the Board.

5. Financial implications

The annual report and accounts will include the CCG's financial position and main areas of expenditure.

6. Legal implications

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.

7. Crime and Disorder Implications

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

8. Equalities Implications

The report will include an explanation of how the CCG has discharged its duty to reduce inequalities under section 14T of the health and social care act 2012. This will involve assessing how effectively we have discharged our duty to have

regard to the need to reduce inequalities, acting in consultation with the Health& Wellbeing board.

9. Environmental Implications

The annual report includes a sustainable development update, including, travel energy use and carbon footprint.

Background Documents

The Department of Health manual for accounts can be found here

If there are any queries on this report please contact Charles Malcolm-Smith, Deputy Director (Strategy & OD), Lewisham CCG, e-mail charles.malcolm-smith@nhs.net

HEALTH AND WELLBEING BOARD			
Report Title	Children and Young People's Plan		
Contributors	Head or Targeted Services and Joint Commissioning	**Item No**	13c
Class	Part 1	**Date**	1 March 2018
Strategic Context	Reporting the progress of the Children and Young Peoples Plan 2015-18 and the progress towards developing the Children and Young People's Plan 2018-21		

Purpose

The purpose of this report is to provide Members of the Health and Wellbeing Board with an update on the progress of the outgoing Children and young People's Plan (CYPP0 2015-18 and the progress towards developing the Priorities for the CYPP 2018-21.

1. Recommendation

The Health and Wellbeing Board is asked to note the progress set out in the accompanying Powepoint.

2. Policy Context

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 sixth Plan to cover the period 2018-21. 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.

Background

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

3. Summary of report

The report summarises the local context for children's services in Lewisham. It sets out the structure of the current plan and the progress against the targets set for 2015-18. It sets out the emerging themes and priorities from consultation so far and the next steps for developing the 2018-21 Plan.

4. Financial implications

There are no specific financial implications arising from this report

5. Legal implications

There are no specific financial implications arising from this report

6. Crime and Disorder Implications

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

7. Equalities Implications

There are no specific equalities implications arising from this report.

8. Environmental Implications

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

9. Contact

Warwick Tomsett Warwick.tomsett@lewisham.gov.uk

Lewisham Children & Young People's Plan - going forward

Health & Wellbeing Board

1st March 2018

Lewisham and Greenwich NHS Trust
South London and Maudsley NHS Foundation Trust
NHS Lewisham Clinical Commissioning Group
Lewisham Southwark College
VAL Voluntary Action Lewisham
Metropolitan Police Working together for a safer London
Lewisham

Purpose

- Report the progress of the 2015-18 Plan

- Contribute to the consultation to shape the 2018-21 Plan

Web based

On the Council web-site

https://www.lewisham.gov.uk/myservices/socialcare/children/cypp/Pages/default.aspx

Why have a Children & Young People's Plan?

- Supports our Partnership to work in a cohesive way to improve outcomes for our children & young People.
- An opportunity to share information through the year/ address emerging needs and concerns.
- Co-ordinates how we jointly review our progress to ensure our activity is still current and making a difference.

local context

- Increasing demand for Children's service's across the partnership
- Increasing focus on Early Intervention through commissioned services shaped to meet need early e.g. Family Pathways 0-5 years
- Complexity of safeguarding factors:- neglect/CSE/DV/Gang/county lines/knife crime – young people both perpetrators and victims
  - more young people with complex needs requiring tailored approaches e.g. Trauma informed model
- Need to ensure our Partnership is working well together to support children and families early and effectively to make a difference

Structure of the 2015-18 Plan
A reminder …….

'Its everybody's business – how partners will work together

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

Three shared values, we will:

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

How we work - partnership culture - Four priority areas setting our priority aims

- build child and family resilience – 5 Priority aims
- Be healthy and active - 7 Priority Aims
- Raise achievement and attainment – 7 Priority Aims
- Stay Safe – 3 Priority Aims

CYPP-2015-18 How did we do?

Approx 20% of targets set against the performance measures were met examples include:

- 21 of 22 schools received a good/outstanding for Personal Development, behaviour & Welfare
- Breast feeding initiation - 11th highest in England. 6-8 weeks initiation the highest in England for 2016/17
- The number of families where homelessness is prevented continues to increase
- Good level of development EYFSP - top 3 performing LAs for the last 4 years
- % of Looked After Children school sessions lost has reduced
- Children subject to a CPP plan for second or subsequent time below statistical neighbours and better than the national average
- Reduction in the % of children obese at reception
- Under 18 conception rate has declined by 71% since 1998

Approx 20% of targets against performance measures were not met examples include:

- Increase in the number of severely obese women at their maternity appointment
- % of LAC who had an initial health assessment in 28 days
- Increase in the no of persistent absence in primary schools
- % of births where the weight is less than 2500g has increases (However the pre-term birth rate is the 2nd highest in London)

CYPP-2015-18 How did we do?

More than 50% of the targets have been more difficult to measure or to evidence for example:

- **National strategy changes for example Education examinations for Key Stage 2 and a new system replacing Key Stage 4**
- **Significant national challenge's such as the housing market impacting on an increase in families who are homeless**
- **The drift in the availability or the accuracy of national data sets for example the Youth Offending Service and CAMHS data**
- **Re-commissioning e.g. substance misuse services for young people**
- **Service transformation e.g. Children's Centres and the Library Service**
- **There can be a number of interdependencies to effect making an improvement e.g. LAC having 3 placement moves or more in 12 months**
- **Targets increasing or decreasing are not always an indicator of a better or worsening result.**

What did we do?

Although Targets may not always have been met during the life of this Plan there has been significant change to transform/recommission resources to meet need for example:

- Expansion and improvement in secure temporary accommodation along with the a focus on homeless prevention through the Trailblazer programme
- Redesigned care pathways for overweight women in maternity services
- Awarded National Pilot Status for a whole system approach to tackle childhood obesity
- Provision of a new Health & Wellbeing Service to address meeting multiple needs of young people
- Re-provision of library services focus on e-library promotion in schools
- Revised persistent absence measures to improve school attendance
- A refocused Early Help Service and MASH, robust Children In Need procedures introduced to reduce the number of children subject to a Child Protection Plan
- Working in partnership with the Police through the Missing Exploited and Trafficked group to address the complex and multi layer risk of CSE
- Youth Offending Service Live reoffending tracker in place to enable practioners to have a dynamic response to young people's behaviour – the introduction of Trauma Informed approach to provide holistic and tailored support
- Improve process's between Children and Adult Services to enable a smooth transition to adulthood for young people with SEND

Emerging themes and priorities for our partnership

- Raising the profile of early intervention.
- Understanding the wider determinants of parenting to tailor support.
- Impact of supporting children 0-5 years.
- Supporting children with social emotional and mental health needs.
- Employability – high ambition for all young people.

Questions?

- Are our 4 priority areas still current?
  - build child and family resilience
  - Be healthy and active -
  - Raise achievement and attainment
  - Stay Safe
- Are there other priority areas that should be included?
- Are there any other emerging themes that should be reflected in the Plan?

Timetable

- Jan – end March, further consultation to agree higher level approach to the Plan
- Partnership event 8th March
- March – August finalise content
- September/October final sign off
- Plan published November