

MINUTES OF THE HEALTH AND WELLBEING BOARD

Tuesday, 22 September 2015 at 3.00 pm

ATTENDANCE

PRESENT: Mayor Sir Steve Bullock (Chair), Dr Danny Ruta (Director of Public Health, LBL), Tony Nickson (Director, Voluntary Action Lewisham), Peter Ramrayka (Voluntary and Community Sector representative), Dr Marc Rowland (Chair of Lewisham Clinical Commissioning Group and Vice-Chair of the Health and Wellbeing Board), Brendan Sarsfield (Family Mosaic), Cllr Chris Best (Cabinet Member for Health, Wellbeing and Older People), Aileen Buckton (Executive Director for Community Services, LBL) Sara Williams (Executive Director for Children & Young People, LBL), Dr Simon Parton (Chair of Lewisham Local Medical Committee), Elizabeth Butler (Chair of Lewisham & Greenwich Healthcare NHS Trust), Linda Gabriel (Chair of Healthwatch Bromley& Lewisham)

IN ATTENDANCE: Carmel Langstaff (Service Manager, Interagency Development and Integration, LBL), Sarah Wainer (Head of Strategy, Improvement and Partnerships) Andy Thomas (Clerk to the Board, LBL).

APOLOGIES: There were no apologies

Welcome and Introductions

The Chair welcomed everyone to the meeting.

1. Minutes of the last meeting and matters arising

1.1 The minutes of the last meeting (7 July 2015) were agreed as an accurate record.

1.2 There were no matters arising.

2. Declarations of Interest

There were no declarations of interest.

3. Health and Wellbeing Strategy

3.1 Danny Ruta reminded the meeting that as the initial delivery plan for the Health & Wellbeing Strategy had come to an end and that things had changed significantly since the strategy had been written, the Health and Wellbeing Board had asked for the Strategy to be refreshed. The new draft document proposed that the priorities remain the same but that three key actions are adopted as follows:

- To accelerate the integration of care
- To shift the focus of action and resources to preventing ill health and promoting independence
- To support our communities and families to become healthy and resilient.

3.2 Danny presented two diagrams which can be found on pages 8 and 9 of the draft refresh document (included in the meeting papers). The first diagram described the way in which the three key actions underpin the health and wellbeing of the borough's population. The second diagram showed the way that the key actions overlap and that actions may address more than one priority.

3.3 Marc Rowland welcomed the proposed key actions but suggested some rewording should take place to ensure that children and young people, wellbeing and references to other wider determinants of health are included.

3.4 Simon Parton commented on the fact that the report states that there are no financial implications to the proposals and argued that resources would have to follow if the proposals are to be implemented. Danny explained that when the report states that there are 'no financial implications' this means that no additional resources would be required to implement the strategy.

3.5 Elizabeth Butler also challenged the idea that there were no financial implications and also wanted to express her concerns that resources might go out of the borough. In terms of the wording of the document she felt that there was too much jargon. She further commented that she felt that the description of achievements was 'over egged'.

3.6 Brendan Sarsfield welcomed the key actions and felt that they would support his area of work.

3.7 Peter Ramrayka asked about the relationship between key action 1 and the Better Care Fund? He also wanted to know what the impact of the current, significant cuts to Public Health budgets would have on the delivery of the key actions.

3.8 Linda Gabriel asked how local communities would be engaged in the work around the key actions and suggested that this could support local engagement going forward.

3.9 Danny Ruta responded to the points that had been raised, recognising the challenges around resourcing the key actions. He accepted the comments on financial implications but said that he believed that it would be possible to work within the current budget. He accepted the comment about use of jargon and agreed to review the document and amend accordingly.

3.10 After some discussion, the meeting agreed on the following wording at point 1.1.2 in the strategy:

- To accelerate the integration of adult, children's and young people's care
- To shift the focus of action and resources to prevent ill health and promoting wellbeing and independence
- Supporting our communities and families to become healthier and more resilient, which will include addressing the wider determinants of health.

3.11 The board agreed to accept the recommendations of the report subject to amending the wording at 1.1.2 and removing the jargon in priority 8.

3.12 Aileen Buckton agreed to seek guidance on how to express financial implications in future.

4. Adult Integrated Care Programme

4.1 Martin Wilkinson gave a presentation outlining the vision of the Adult Integrated Care Programme and updating the board on progress to date in each of the schemes. He concluded by raising the question of how the board sees its role in championing the work of the programme.

4.2 Steve Bullock suggested that the key way that change will take place is through commissioning and asked how this is going to happen. Martin replied that the programme is working towards joint commissioning by partners finding ways to support each other to invest in community based services at a time when resources are being reduced. The wider development work that is being done will underpin this.

4.3 Chris Best commented that there is clearly a lot of work going on and it would be good to get more detailed information on each of the schemes. She said that although there seemed to be good progress, there needs to be a clearer and stronger message being communicated. Martin responded that one of the main tasks between now and the stakeholder event in November would be to clarify the message and particularly present it through case studies.

4.4 Elizabeth Butler said that she was very supportive of the programme and that it is important to get clarity between this work and the SE London Strategy and “get the Lewisham story clear” She was concerned that the SE London Strategy has already adversely affected recruitment.

4.5 Elizabeth also raised the question of how to encourage GPs to engage with the programme. Simon Parton replied that although more work needs to be done, GPs are aware of the programme and are engaging with it. He argued that there is a need to develop the capacity of primary care – some of this is about working out what can be delivered by other providers, so that the programme doesn’t just increase the work load of GPs. Marc Rowland added that there has been a huge shift in the past 3 months in terms of energy and impetus.

4.6 Danny Ruta thanked Martin for an excellent presentation. He said that commissioning was transactional but that there was a need for transformational work and systems leadership. He asked what role the Health and Wellbeing Board should be playing as systems leaders to which Marc Rowland replied that Board members should act as champions.

4.7 Linda Gabriel asked at what stage communities would be brought in so that they understand that this is a better way of doing things. Martin agreed that the programme needs to co-design services with local people.

4.8 Tony Nickson said that the presentation had been very helpful in understanding what was being proposed. He said that it was very important to be clear about the role of the voluntary and community sector within the neighbourhood care model and that he felt that the board should play a role in overseeing the way in which this happens. He said that it was about relationship brokering and the Board needed to have conversations about how to do this strategically.

4.9 Brendan Sarsfield said that he came from an organisation that delivered social care and that he felt that it was important to focus on the model used for commissioning and not just see it as transactional. He felt that the Board needed to be clear about whether the programme was a Council and health service one or whether it was also a voluntary sector and private sector one. Conversations needed to take place with those being commissioned

about what approach worked best and whether we would be looking for an outcomes based approach.

4.10 Aileen Buckton said that she agreed with Brendan and that we should be talking about commissioning and community development. She said that the transactional model would only work in some settings. For example it is not possible to commission resilient communities – people have to be allowed to do things for themselves. Aileen said that more work would need to be done on this, with a light touch approach from partners around the table.

4.11 Steve Bullock said that he was aware that two of the partners around the table were operating at a wider level than Lewisham and he wondered how this worked in practice. Elizabeth Butler again highlighted the importance of the SE London Strategy and aligning what is done in Lewisham with this. However she also felt that there was scope for some things to be done differently at a local level.

4.12 Elizabeth Butler asked Martin to further consider the mitigation of risk within the programme. Steve Bullock asked Martin to provide further detail to think about financial implications.

4.13 The Board thanked Martin for the presentation.

5. Findings from the 2005 Food Summit

5.1 Tony Nickson reminded the board that a discussion at its meeting in July 2014 had led to a small working group coming together to consider action on food poverty. The Food Summit had been the outcome of those discussions, which had been delivered in partnership with Greenwich Cooperative Development Agency.

5.2 The event had been focussed around the model of Sustainable Food City, which is designed to engage public agencies, non-governmental organisations food businesses, small/medium food enterprises and the community. Six key themes had been explored:

- Promoting healthy and sustainable food to the public
- Tackling food poverty, diet-related ill health and access to affordable healthy food
- Building community food knowledge, skills, resources and projects
- Promoting a vibrant and diverse sustainable food economy
- Transforming catering and food procurement
- Reducing waste and the ecological footprint of the food system

5.3 Tony reported that one of the big advantages of engaging with the Sustainable Food City model was that it is possible to sign up to a network and access resources. He said that the work would continue and that an excellent partnership had developed between the voluntary sector and Public Health

5.4 Chris Best congratulated the organisers on a successful event and said that it would be good for the Board to support the initiative.

5.5 Elizabeth Butler said that she had been sorry not to be able to attend the event but had sent a representative who had been very positive about it. She said that she was keen to understand what the model meant in practice in order to know what support could be given. It would be good to circulate some case studies of what has been done elsewhere. Tony replied that one of the most important next steps will be to strengthen the working group as it is quite small.

5.6 The Board accepted the recommendations of the report to sign up to the Sustainable Food Cities Network and to form a local food partnership.

6. Health and Wellbeing Board Work Programme

6.1 Carmel Langstaff, presented the report and asked members to note changes to the work programme approved at the last Health and Wellbeing Board meeting in July.

6.2 Carmel reported that the following items have been deferred to the November meeting:

- Joint Commissioning Intentions
- Healthwatch Bromley and Lewisham: progress update.
- South East London Consolidated Strategy: Our Healthier SE London update

6.3 Performance Dashboard: Exceptions Reporting has also been deferred to the November meeting with a recommendation that a report on this issue is presented to the Board at alternate meetings.

6.4 The following additional items were proposed as information items for the November meeting :

- Local Account
- Mental Health Awareness Strategy

6.5 Aileen Buckton said that the Local Account report needed to be 'signed off' by the Board and so it was agreed that this should be presented as a report for agreement.

6.6 The CCG Operating Plan 2015-16 had been removed from the September Health and Wellbeing Board agenda. Carmel explained that the CCG did not receive formal approval from NHS England in sufficient time to produce a report for the HWB Board.

6.7 The Board agreed to note the changes to the work programme as presented.

7. Information items

7.1 The items were noted.

8. Any Other Business

8.1 A flyer was circulated promoting the work of the Abbotshall Road Healthy Lifestyles Centre.

The meeting ended at 16:40 hrs.