

MINUTES OF THE HEALTH AND WELLBEING BOARD

Tuesday, 19 July 2016 at 2pm

ATTENDANCE

PRESENT: Mayor Sir Steve Bullock, Chair; Dr Marc Rowland, Chair (Chair of Lewisham Clinical Commissioning Group and Vice-Chair of the Health and Wellbeing Board); Elizabeth Butler (Chair of Lewisham & Greenwich Healthcare NHS Trust); Aileen Buckton (Executive Director for Community Services, LBL); Dr Danny Ruta (Director of Public Health, LBL); Brendan Sarsfield (Family Mosaic); Magna Aidoo (Healthwatch Bromley and Lewisham); and Peter Ramrayka (Voluntary and Community Sector Representative).

IN ATTENDANCE: Martin Wilkinson (Chief Officer, Lewisham Clinical Commissioning Group); Sarah Wainer (Programme Lead, Whole System Model of Care, LCCG); Carmel Langstaff (Service Manager, Interagency Development and Integration, LBL); Trish Duffy (Health and Wellbeing, Population Intelligence Manager, LBL); and Stewart Snellgrove (Clerk to the Board, LBL).

APOLOGIES: Cllr Chris Best (Cabinet Member for Health, Wellbeing and Older People); Sara Williams (Executive Director for Children & Young People, LBL); Tony Nickson (Director, Voluntary Action Lewisham); Gwen Kennedy (Interim Director of Nursing South London, NHS England); and Dr Simon Parton (Chair of Lewisham Local Medical Committee).

Welcome and Introductions

The Chair welcomed everyone to the meeting and invited Board members to introduce themselves

1. Minutes of the last meeting and matters arising

- 1.1 The minutes of the last meeting were agreed as an accurate record.
- 1.2 Paragraph 4.2: Brendan Sarsfield queried whether the report on Neighbourhood Care Networks had been shared with the Housing Association Group. This has subsequently been actioned.

2. Declarations of Interest

There were no declarations of interest.

3 Referral from the Healthier Communities Select Committee on the Healthwatch Report

- 3.1 The Chair introduced a referral from the Healthier Communities Select Committee. This concerned a Healthwatch report titled "*The Polish Community and Access to Health and Wellbeing Services*".

- 3.2 The Board noted the views of the Select Committee as set out in the report, with the following additional comments:
- 3.3 The Health and Wellbeing Board is unable to undertake independent research to explore the issues raised within the report, as it does not have a dedicated budget. However, Lewisham Clinical Commissioning Group has already formally responded to Healthwatch on the report, as the main focus of issues raised within the report relate to Primary Care services. This response includes proposals to improve engagement and signposting of healthcare services within Polish Communities. This will be in addition to Tamil and Vietnamese communities where similar Healthwatch reports have been produced, though these communities are not covered within the scope of the Committee's referral.
- 3.4

- The Communication and Engagement Plan for Urgent and Emergency Care Model will include measures to engage harder-to-reach or seldom-heard communities, including the communities identified and reported on by Healthwatch. This will come to the Health and Wellbeing Board for review and comment later in the year.
- 3.5

- A broader issue which needs to be considered concerns the education and provision of information within certain communities, particularly those unfamiliar with the role of GPs and how they fit into the wider healthcare system. This should help to reduce unnecessary presentation at A&E departments, where a visit to a GP would be more appropriate.
- 3.6

4. Developing a Whole System Model of Care / System Resilience Plan 2016-17 / Approach to Enhanced Care and Support Plans

- 4.1 Martin Wilkinson presented a collated summary of the reports on Developing a Whole System Model of Care, System Resilience Plans for 2016-17 and the Approach to Enhanced Care and Support Plans.
- 4.2 Given the many external drivers, programme and plans that are currently in play in relation to health and care, future integration meetings will focus on wider strategic issues as well as the specific adult integration deliverable for 2016/17. Where appropriate these wider discussions will involve colleagues Children's services.
- 4.3 Whole system transformation work will feed into wider programme and delivery boards, such as that overseeing One Public Estate, SEL wide Sustainability and Transformation Plan, Commissioning plans and the Devolution Programme Board. Progress reports will be provided regularly to the HWB.
- 4.4 To facilitate consistent and coherent messaging to staff, residents and other stakeholders, a joint strategic communications group has been established.
- 4.5 Enhanced Care and Support (ECS) is integral to the delivery of a whole system model of care. The ECS programme spans across the Admissions

Avoidance and Discharge Planning aspects of the non-elective pathway, with proposals to include the following services:

- Rapid response
- Home ward
- Community discharge support team
- Emergency department team
- Brymore house

4.6 The Board made the following comments regarding the report:

- The model is cohesive as a single initiative and builds well on what is already in existence
- The model needs clear evaluation and must make a difference. If early signs are positive, it should be built upon immediately.
- The draft set of health and care pledges which outline what the HWB will do to improve health and wellbeing across the borough will be circulated for comment, with formal adoption at a later meeting of the HWB.
- Engagement with the public must be embedded in the approach to developing new ways of delivering services.
- A plan for VCS involvement in the neighbourhood offer will be overseen by the Stronger Communities Partnership Board.
- The strapline needs to replace 'social care' simply with 'care' as it doesn't include social care for children and young people.
- The inclusion of organisational logos should be limited to statutory partners who commission or provide health and care in the borough. The wider partnership (e.g. third sector, housing and schools) integral to the successful delivery of the model, can be acknowledged by name.

5. Devolution Pilot and One Public Estate Update

5.1 Aileen Buckton outlined the work undertaken in relation to Lewisham's devolution pilot and the relationship between the pilot and the One Public Estate (OPE) initiative as set out in the report.

5.2 A strategic position statement is being developed on the devolution pilot and will be submitted to the London Health Board in July 2016. The final version of this statement will be circulated to HWB members for information outside of the scheduled meeting cycle for the Board.

5.3 The second stage bid to the OPE initiative must be submitted by 29 July 2016. If the second stage bid is successful, Lewisham will secure £500,000 to support the delivery of the programme. The respective governing bodies of the health and care partnership in Lewisham would then have to formally agree these proposals, most likely in September 2016.

5.4 The Board made the following comments regarding the report:

- Land made available under the OPE initiative needs to be assembled and packaged together in the most financially viable way.
- The retention of capital receipts for reinvestment in health services is critical to the delivery of this initiative.
- The bid should be explicit in stating that no land in Lewisham is 'surplus land'.

- Buildings should be utilised more flexibly and with shared running costs.
- Cultural change and staff development needs to be considered as part of the OPE process.

6. South East London Sustainability and Transformation Plan / Our Healthier South East London (OHSEL) Update

- 6.1 Martin Wilkinson provided an update on the NHS South East London Sustainability and Transformation Plan (STP) and planned pre-consultation engagement activity for changes to elective orthopaedic services.
- 6.2 The STP covers a number of areas not originally within the OHSEL Strategy such as specialist commissioning, mental health and learning disabilities. It also includes a new leadership team (the Quartet) of four individuals from across each part of our system and refreshed joint governance arrangements, notably the Strategic Planning Group.
- 6.3 Liz Butler raised a number of issues regarding the STP, including: excessively short timescales for producing the Plan; concerns over the financial modelling; lack of defined roles for Chairs or Executives; and the lack of proper clinical and public engagement. She also advised that Lewisham and Greenwich NHS Trust have formally submitted their key concerns regarding the STP.
- 6.4 As the full STP is not a public document, it was suggested that this was best-suited as a topic for the next Health and Wellbeing Board workshop, to be rescheduled for an appropriate date in the autumn.

7. Sugar Smart and the Whole System Approach to Obesity

- 7.1 Danny Ruta presented a report seeking the support and engagement of the Health and Wellbeing Board in Lewisham's Whole System Approach to tackling obesity.
- 7.2 In 2016 Lewisham Council was awarded National Pilot status for a whole system approach to tackling obesity; one of only four local authorities in the country and the only London Borough. This three year pilot does not bring any direct funding, but a team of obesity and physical activity experts from Leeds Beckett University have been commissioned to support and advise the pilot sites.
- 7.3 The overarching aims of Lewisham's draft whole system obesity action plan are:
- To promote an environment that supports healthy weight and wellbeing as the norm, making it easier for our residents to choose healthier diets and active lifestyles.
 - Supporting our communities and families to become healthier and more resilient, which will include addressing the wider determinants of health.

7.4 At a strategic level, the wider Lewisham Partnership will be engaged through the formation of a Lewisham Obesity Alliance. The Alliance will initially focus on three cross-cutting actions to create healthy environments:

1. Sugar Smart Lewisham
2. The Lewisham Daily Mile
3. Use of Lewisham's Parks

7.5 These actions can be scaled-up quickly and do not require a huge amount of resource. The approach will be to campaign and galvanise support, rather than inspecting or monitoring for compliance. This support needs to extend to the respective workforces within the wider Lewisham Partnership.

8. Performance Dashboard Update

8.1 Trish Duffy provided members of the Health and Wellbeing Board with an update on performance against its agreed priorities within the Health and Wellbeing Strategy and the performance indicators for the Better Care Fund.

8.2 The dashboard of indicators is based on metrics drawn from the Quality and Outcomes (Primary Care), Public Health, NHS and Better Care Fund Frameworks.

8.3 Highlights from the report were as follows:

- A new indicator has been added on Maternal Obesity.
- Cervical cancer screening has dropped to 71.7% in 2015, down from 73.7% in 2014. More smear tests were conducted in 2015 than in 2014, however due to the increasing population the percent uptake has decreased.
- There was a substantial increase in MMR2 uptake in the last quarter of 2015/16. This relates to extensive work undertaken by the Lewisham Immunisation Coordinator.
- The rate of alcohol related admissions has increased since the previous reporting period, from 614 per 100,000 in 2013/14 to 644 per 100,000 in 2014/15. This is the latest data available.
- Prevalence of depression in adults has risen from 5.9% in 2013/14 to 6.4% in 2014/15. This increase is statistically significant. Public Health will now raise this issue with Lewisham GPs to better understand and develop actions.

8.4 Marc Rowland raised a concern that the evaluation forms regarding adult depression are not reliably accurate and would need clarifying.

8.5 Liz Butler advised that the dashboard should include a metric on empowering patients to self-manage.

9. Health and Wellbeing Work Programme

9.1 Carmel Langstaff presented the Health and Wellbeing Board with a draft work programme for discussion and approval.

9.2 The following items have been added to the work programme since the last HWB meeting:

- Public Health Annual Report (Nov 2016 and Nov 2017)
- Healthwatch Annual Report (Nov 2016 and Nov 2017)
- Local Account (Nov 2016 and Nov 2017)
- JSNA update (Jul 2017)

9.3 Additional items to be added as a result of this Board meeting are as follows:

- The Communications and Engagement Plan in relation to the Urgent and Emergency Care Model
- Neighbourhood Care Network – Update on community development
- HWB workshop on the Sustainability and Transformation Plan. The current date of 20 September 2016 for this workshop will be re-scheduled.

The meeting ended at 16:00 hrs.