

MINUTES OF THE HEALTH AND WELLBEING BOARD

Thursday 6 July 2017 at 2pm

ATTENDANCE

PRESENT: Dr Marc Rowland (Acting Chair); Cllr Chris Best (Cabinet Member for Health, Wellbeing and Older People); Val Davison (Interim Chair of Lewisham & Greenwich Healthcare NHS Trust); Dr Danny Ruta (Director of Public Health, LBL); Roger Paffard (Chair, South London and Maudsley NHS Foundation Trust); and Peter Ramrayka (Voluntary and Community Sector Representative).

IN ATTENDANCE: 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); Folake Segun (Director, Healthwatch Bromley and Lewisham); Salena Mulhere (SGM Inter-agency, Service Development and Integration) and Stewart Snellgrove (Clerk to the Board, LBL).

APOLOGIES: Mayor Sir Steve Bullock (Chair); 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); Magna Aidoo (Healthwatch Bromley and Lewisham); Gwen Kennedy (Interim Director of Nursing South London, NHS England); Tony Nickson (Director, Voluntary Action Lewisham); and Brendan Sarsfield (Family Mosaic).

Welcome and Introductions

The Acting Chair welcomed everyone to the meeting. Val Davison introduced herself as the new Board representative for the Lewisham and Greenwich NHS Trust, replacing Liz Butler.

1. Minutes of the last meeting

- 1.1 Item 3.5 – Councillor Best acknowledged the work of the Lewisham Pensioners Forum on the Healthier Communities Select Committee referral and thanked them for their contribution.
- 1.2 Item 9.4 – Councillor Best enquired as to the recruitment status of the permanent replacement for the Chair, Lewisham and Greenwich NHS Trust. Val Davison advised that the final interviews will be taking place on 13th July 2017, followed by approval at the NHS Appointments Panel.

1.3 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. Whole System Model of Care – Governance and Partnership Arrangements

3.1 Martin Wilkinson presented this report. It set out Lewisham Health and Care Partners' (LHCP) planned next steps to strengthen the governance and partnership arrangements for the development and delivery of Community Based Care.

3.2 The LHCP Executive Board previously engaged external consultants to help them review Lewisham's current governance and arrangements, to explore good practice established elsewhere and to recommend possible arrangements to accelerate progress, achieve faster decision making and clarify accountabilities. Their report recommended establishing a system oversight board, a strategic commissioning function and an alliance of providers.

3.3 This is part of the proposed direction of travel towards a population based accountable care system. An accountable care system is a system which commissions and delivers health and care, working across organisations and in partnership, with the potential to share governance and accountability and to pool budgets against strategically commissioned outcomes.

3.4 Further work is being undertaken to identify the legal frameworks or agreements that could be used to formalise any such governance and partnership arrangements. Lewisham is primed to be an early adopter, with the testing of new arrangements by April 2018. A further report on this will be presented to the Health and Wellbeing Board and through the governance of each sovereign organisation.

3.5 Members of the Board made the following comments regarding the report:

- Whilst movement to date has been slow, the environment has now changed and proposed arrangements should assist accelerated progress.
- Reporting back to the sovereign boards of each organisation signals intent of purpose.
- Need to develop thinking around the specific impact on each sovereign body and also identify how far the Council, CCG, LGT and SLaM are prepared to go.
- Need to consider how the proposed alliance of providers, will include those in the voluntary sector and include them as part of this conversation.

- A successful approach is about following the momentum, finding enthusiasm at a local level and then building on this – Lambeth was cited as a positive example with regards to serious mental health provision to a discrete cohort.
- The public needs to be an essential part of the ‘authorising environment’ which contains different mechanisms to ensure that their voices are heard.

3.6 Action: The Board agreed to support and endorse the intended direction of travel to strengthen the governance and partnership arrangements for the delivery of community based care as part of an accountable care system.

4. South East London Sustainability and Transformation Plan: Update

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

4.2 Work is being undertaken by Chief Officers and CCG chairs to consider the next steps for the provision for elective orthopaedic inpatient care in south east London. Providers are being supported to develop a proposal for a three site model and to further understand the financial and other impacts of going forward with either the three or the two-site model. This activity is still underway and a Joint Overview and Scrutiny Committee (JOSC) is taking place later this month to review progress.

4.3 As part of a wider programme of engagement on the STP, a public event was held in the Council’s Civic Suite on 29 June 2017. The purpose was to raise awareness about the STP and seek feedback on key areas under development. Approximately 100 people attended this event and the Q&A session will be written-up and distributed to Board members.

4.4 Members of the Board made the following comments regarding the report:

- Questions at the engagement event were politically challenging and responses to these could have been more comprehensive.
- Save Lewisham Hospital want to hear what is going to happen to valuable services.
- There is a need to get STP-update information into the public domain before the summer break – publication of the JOSC papers will help with this. Other channels should be explored such as Lewisham Life.
- The STP video which was playing on a loop at the event was considered to lack diversity.

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

5. Better Care Fund Planning – 2016/17 Progress Report

- 5.1 Sarah Wainer presented this report. It provided members of the Board with an update on the 2016/17 Better Care Fund (BCF).
- 5.2 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.
- 5.3 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 (DTC) although performance in the latter improved over the course of the year.
- 5.4 The total BCF pooled budget for 2016/17 was £21.946m. The fund was fully spent with underspend arising from slippage on new projects reallocated to other priority areas by the S75 Agreement Management Group.
- 5.5 Planning guidance for the 2017-19 BCF Plans was published by the Government on 4th July 2017. The revised local plan is being developed by Lewisham Council and Lewisham CCG and will need to be submitted by 11th September 2017.
- 5.6 The BCF Plan 2017-19 will be an evolution of the 2016/17 Plan and will continue to fund activity in the following areas:
 - Prevention and Early Intervention
 - Primary Care including supporting extended access to GP services
 - 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.
 - Estates and IMT.
- 5.7 The Health and Wellbeing Board will need to sign-off the 2017-19 BCF Plan during the week commencing 4th September 2017. An additional Board meeting will need to be scheduled to facilitate this.
- 5.8 Members of the Board made the following comments regarding the report:
 - Pressures on SLAM due to delayed discharges. Current trends on DTC need to be reversed.
 - No operational flex at UHL – bed occupancy is at 100%. Demand doesn't stop ramping up.
 - Delayed Transfers of Care (DTC) attributable to Adult Social Care for Feb – April 2017 are lower than the majority of our statistical neighbours.
 - BCF Plans need to be scrutinised through the DTC lens.

5.9 Action: Agreed that an additional meeting of the Health and Wellbeing Board be scheduled for the week commencing 4th September 2017 for the purpose of signing-off the BCF Plan 2017-19.

6. Revising the Joint Strategic Needs Assessment (JSNA) Process in Lewisham

6.1 Danny Ruta presented the report. It provided members of the Board with a new proposed JSNA process for Lewisham that will:

- Achieve wider stakeholder engagement;
- Provide a more strategic overview of needs;
- Take account of and help determine local priorities;
- Be more transparent and accountable to the Health and Wellbeing Board;
- Provide effective monitoring and efficient management of available JSNA resources.

6.2 It is proposed to establish a JSNA steering group accountable to the Health and Wellbeing Board, and to implement a new JSNA process with the following elements:

- A process for undertaking an overall 'macro' level JSNA assessment to provide a strategic level 'Picture of Lewisham', which would be updated annually;
- A 6-stage process for undertaking new JSNA topic assessments, which includes topic selection, prioritisation, production and dissemination of topics;
- A process for refreshing out-of-date JSNA topics.

6.3 The JSNA steering group will meet 2-3 times per year. It will invite suggestions for possible JSNA topics and prioritise these. As resources become available, the next JSNA will go into production. It is anticipated that 3-4 new topics will be produced per year, with the nominating organisation providing editorial oversight of a given topic. More topics could be completed if originating organisations are able to provide the necessary resource.

6.4 Further discussions are required on how to refresh old JSNAs and which ones should be archived. Fundamentally this comes down to a question of resources.

6.5 Members of the Board made the following comments regarding the report:

- Representation on the Steering Group should reflect membership of the Board, including VAL and Healthwatch.
- Population health system and JSNA need to complement each other. Data from population health system to feed into JSNA. JSNA does the analysis and interpretation, including identification of key inequalities. Population health system that is working properly is a 'real-time' JSNA.

- JSNA should pull on patient experience and market position statement.
- JSNAs should utilise patient research data provided by SLAM's Clinical Record Interactive Search (CRIS) system.

6.6 Action: The Board agreed the setting up of a steering group, membership of which is still to be determined.

7. Health and Wellbeing Board Work Programme

7.1 Salena Mulhere presented the report. It provided an overview of the current work programme for discussion and approval.

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

- LGT Estates Plan / One Public Estate Update moved from July to November 2017.
- Health and Wellbeing Strategy Refresh added to February 2018.
- Pharmaceutical Needs Assessment (Revised) added to November 2017 and February 2018.
- Air Quality added to November 2017.

7.3 The original Health and Wellbeing Strategy (2013-2023) is underpinned by nine priority outcomes for Lewisham that are routinely monitored by the Board through the performance dashboard. In 2015 as part of a strategy 'refresh' the Board agreed to provide greater strategic focus on three interdependent priorities over the period 2015-18. At the end of this refresh period (i.e. 2018), the Board will be required to evaluate progress and identify the preferred way forward. This discussion will need to be informed by the original Health and Wellbeing Strategy (2013-2023) alongside more recent contextual factors such as the Sustainability and Transformation Plan, Our Healthier South East London and local integration and transformation plans

7.4 With this in mind it is recommended that the Board agree the formation of a Health and Wellbeing Strategy Review Group, with representation from member organisations. This group will review the original and 'refreshed' priorities and draft an approach for 2018-2023, subject to Board approval. It is anticipated that this group would convene with immediate effect and report back to the Board in February 2018. Any changes to the Health and Wellbeing Strategy would take effect at the start of the 2018-19 municipal year.

7.5 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 the Board is asked to approve an additional meeting for the current municipal year (2017-18), preferably scheduled for February 2018. Future meetings would then run

as follows: November 2017, February 2018, June 2018, October 2018 and February 2019.

7.6 Members of the Board made the following comments regarding the report:

- The previous Health and Wellbeing Board Strategy Improvement Group spent time developing an action plan that has not been actively monitored.
- Members of the Board need to reflect on what is being achieved and be more constructive in addressing any shortcomings.
- Review and evaluation of the Health and Wellbeing Strategy should dovetail with the refresh of the CYP Plan as this also expires in 2018.

7.7 Action: The Board agreed to the scheduling of an additional meeting in February 2018. The Board also agree to the establishment of a Strategy Review Group, which would report back in February 2018. Membership of this Group will be considered by the Agenda Planning group.

The meeting ended at 15:30 hours.