

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

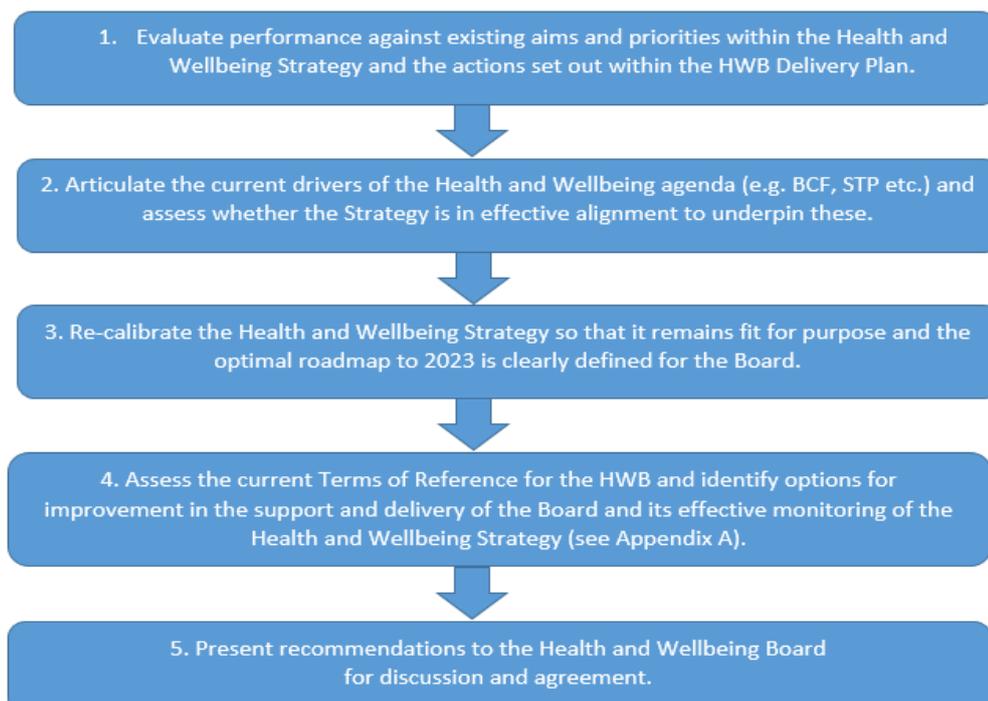
5. Strategy Review Group

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 be 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 by 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 care 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 (DTC) 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
<i>Care Act 2014</i>	<ul style="list-style-type: none"> • 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
<i>Health and Social Care Act 2012</i>	<p>Legislation intended to make the NHS more responsive, efficient and accountable:</p> <ul style="list-style-type: none"> • 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)
<i>NHS Constitution</i>	<p>Seven key principles guide the NHS in all it does:</p> <ul style="list-style-type: none"> • 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
<i>Five Year Forward View</i>	<p>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.</p>

<i>Next Steps on the NHS Five Year Forward View</i>	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.
<i>National Better Care Fund</i>	The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to: <ul style="list-style-type: none"> • 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.
<i>General Practice Forward View 2016-21</i>	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: <ul style="list-style-type: none"> • 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.
<i>National Public Health Outcomes Framework</i>	<ul style="list-style-type: none"> • Improving the health of the local population • Delivering key public health outcomes
<i>Health in All Policies</i>	LGA manual for use by whole council and its partners: <ul style="list-style-type: none"> • 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
<i>Adult Autism Strategy: Statutory Guidance</i>	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: <ul style="list-style-type: none"> • People with autism need to have access to a clear pathway to diagnosis and know that this

	<p>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.</p> <ul style="list-style-type: none"> • 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.
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Regional drivers	
Driver	Key priorities or purpose
<i>South East London Sustainable Transformation Partnership</i>	<p>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:</p> <ul style="list-style-type: none"> • 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
<i>Devolution – Memorandum of Understanding</i>	<p>Shared commitment across key stakeholders within London to:</p> <ul style="list-style-type: none"> • 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
<i>Transforming Primary Care in London</i>	<p>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:</p> <ul style="list-style-type: none"> • Proactive care – supporting and improving the health and wellbeing of the population, self-care, health literacy, and keeping people healthy.

	<ul style="list-style-type: none"> • Accessible care – providing a personalised, responsive, timely and accessible service. • Coordinated care – providing patient-centred, coordinated care and GP/patient continuity.
<i>Better Health for all Londoners</i>	<p>Mayor of London's draft health inequalities strategy with the following strategic aims:</p> <ul style="list-style-type: none"> • Healthy children • Healthy minds • Healthy places • Healthy communities • Healthy habits

Local drivers	
Driver	Key priorities or purpose
<i>Health and Wellbeing Strategy 2013-23</i>	<ul style="list-style-type: none"> • To improve health • To improve care • To improve efficiency
<i>Children and Young People's Plan 2015-18</i>	<p>Areas to improve outcomes for children and young people:</p> <ul style="list-style-type: none"> • Build child and family resilience • Be active and healthy • Raise achievement and attainment • Stay safe
<i>Sustainable Community Strategy 2008-2020</i>	<p>Build and support sustainable communities that are:</p> <ul style="list-style-type: none"> • Ambitious and achieving • Safer • Empowered and responsible • Clean, green and liveable • Healthy, active and enjoyable • Dynamic and prosperous
<i>Medium Term Financial Strategy 2018-22</i>	<ul style="list-style-type: none"> • 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
<i>Lewisham CCG – Strategic Framework 2015-19</i>	<ul style="list-style-type: none"> • 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

	<p>and care to prevention, self-care and planned care in the community.</p> <ul style="list-style-type: none"> • Best Value - To commission services which are integrated and sustainable so delivering high quality, effectiveness and value for money.
<i>Lewisham's Market Position Statement for Adult Health and Social Care</i>	<ul style="list-style-type: none"> • 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.
<i>Lewisham Better Care Fund Plan</i>	<p>The 2017-19 Plan continues to fund activity in the following areas:</p> <ul style="list-style-type: none"> • 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
<i>Lewisham Partnership Commissioning Intentions</i>	<p>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:</p> <ul style="list-style-type: none"> • Prevention and Early Action • Planned Care • Urgent and Emergency Care
<i>One Public Estate</i>	<p>This Government initiative provides practical and technical support and funding to councils to deliver property-focussed programmes.</p>
<i>Lewisham Health and Care Partners Vision for Community Based Care</i>	<p>This document sets out the vision and expectations for the future development and delivery of community based care.</p>
<i>Primary Care Strategy: Developing GP Services 2016 – 2021</i>	<p>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:</p> <ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • Early intervention to improve health outcomes and release resources to be invested in other health initiatives.
<i>Joint Strategic Needs Assessment</i>	<ul style="list-style-type: none"> • Shaping local health services • Working with partners to improve services for residents
<i>Pharmaceutical Needs Assessment</i>	<ul style="list-style-type: none"> • Shaping local health services • Working with partners to improve services for residents
<i>Annual Public Health Reports</i>	<ul style="list-style-type: none"> • 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.
<i>SLaM Strategic Plan 2014-19</i>	<p>Major initiatives included in the 5-year plan are as follows:</p> <ul style="list-style-type: none"> • 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?