

# Southwark Shadow Health & Wellbeing Board

05 March 2013 3 - 5p.m.

160 Tooley Street Ground Floor Rooms

## Draft Notes

---

### PRESENT:

Cllr Peter John (Chair)	Leader of Southwark Council
Cllr Catherine McDonald	Cabinet member for Health and Adult Social Care
Cllr Dora Dixon-Fyle	Cabinet member for Children's Services
Eleanor Kelly	Chief Executive of Southwark Council
Romi Bowen	Strategic Director of Children's and Adults' Services
Andrew Bland	NHS Southwark Business Support Unit (BSU) Managing Director
Dr Amr Zeineldine	Clinical Commissioning Group (CCG) Chair
Ruth Wallis	Joint Director of Public Health for Southwark and Lambeth
Fiona Subotsky	Representative of Southwark LINK
Professor John Moxham	Representative of King's Health Partners
Gordon McCullough	Chief Executive of Community Action Southwark

### OFFICER SUPPORT:

Claire Linnane	Housing Strategy & Partnerships Manager (LBS)
Will Palmer (minutes)	Senior Strategy Officer (LBS)
Jin Lim	Head of Health Improvement / Consultant in Public Health (NHS)
Kieran Swann	Head of Planning & QIPP (CCG)
Maggie Kemmner	Deputy Director – Integrated Care (NHS)

### APOLOGIES:

Dr Patrick Holden	Representative of CCG
John Sutherland	Borough Police Commander

---

### MINUTES:

#### **1) Minutes of previous meeting and matters arising**

- 1.1 The chair welcomed the board members and audience. It was recognised that this was the last meeting of the Southwark Health and Wellbeing Board (HWB) in its shadow form as from 1 April 2013 it will be fully constituted as a committee of the council.
- 1.2 The minutes from the previous meeting were agreed and there were no other matters arising.

#### **2) Governance and ways of working update**

- 2.1 *Councillor Dora Dixon-Fyle, the board 'champion' for the Governance and Ways of Working workstream provided an update on the away day that members of the board attended.*

- 2.2 The session was led by Jackie Draper from PeopleOpportunities with the session funded by NHS London. The group discussed what kind of behaviours would allow them to operate as an exceptional board and the following points were raised:
- Board members need to be able to ask each other for help
  - There may need to be forums outside of the formal meetings for some discussions to take place – possibly through a planning group, similar to the one that was established to help set up the shadow HWB
  - Members of the board will need to act as conduits back to their organisations
  - There needs to be two-way communication between the board and the various organisations represented on it.
  - Board members should be free to express their differences but aim for consensus when making decisions.
  - The board would like the NHS Commissioning Board (NHS CB) to be represented at meetings of the Southwark HWB and the representative of the NHS CB for Southwark will be Jane Fryer
  - It was agreed that the current membership of the HWB was about right, including the current political representation.
- 2.3 *Dr Amr Zeineldine then gave feedback from the London Health and Wellbeing Board Conference 2013 which took place on Monday 25th February.*
- 2.4 The conference was well attended by the board and Dr Amr Zeneildine was a member of the panel which discussed some of the pertinent issues for HWBs. The session highlighted the amount of work that has gone on across London. Southwark's HWB compared very favourably in terms of progress as a board compared with other London boroughs and the methodical approach of the planning group in setting up the board should be praised.
- 2.5 The board will be looking to provide feedback to the events organisers that future events will need to use a different format. While the session gave a lot of opportunities for listening, there wasn't necessarily enough room for challenge – for example the questions were known in advance by the panel and there was little opportunity for audience interaction.
- 2.6 The board will need to consider links to the Greater London Authority and the work of the London-wide HWB. In terms of what the board could learn from other boroughs, the benefits of the approach taken in Southwark can be clearly seen, particularly regarding the membership. There may be lessons to learn around project management approaches for delivering the priorities.
- 2.7 There are more of these types of events planned in the future, offering the opportunity to compare progress and ideas with other boroughs. There will also need to be an intelligence function for the board to look at information sharing.
- 2.8 Ruth Wallis, Director of Public Health for the shared service between Southwark and Lambeth, chairs the London Health Inequalities network and this may also be a good way of sharing information. It may be worth exploring other networks as well.

- 2.9 Although many councils in London will be tackling similar health issues, they will probably be starting from different places and facing different implementation challenges.

### **3) Joint Health and Wellbeing Strategy (JHWS)**

- 3.1 *At the meeting a paper was tabled which a number of organisations had been involved in discussions. The Cabinet Member for Health and Adult Social Care, Catherine McDonald introduced the paper and Director of Public Health Ruth Wallis and Jin Lim from public health provided further information.*
- 3.2 It was outlined that this document was a high-level, strategic draft document which formed the starting point for a one-year strategy from April. Since the last meeting of the board, work has taken place to develop the strategy's objectives. These are:
- Giving every child and young person the best start in life
  - Building healthier and more resilient communities and tackling the root causes of ill health
  - Improving the experience and outcomes of care for our most vulnerable residents and enabling them to live more independent lives
- 3.3 The first objective has been developed through the refresh of the Children and Young People's Plan, ensuring alignment across partners' activity. Objective 2 is about tackling health inequalities and the root causes of ill health, while the final objective explores multi-agency support for our most vulnerable residents.
- 3.4 **ACTION** - The board members were asked to provide feedback on the paper to the Director of Public Health following the meeting.
- 3.5 Following this a live example was given of how the JHWS could influence wider work in the borough. The Council has an Economic Wellbeing Strategy which has an objective around thriving town centres and high streets. Certain issues regarding health include:
- Fast food takeaways
  - Betting shops
  - Pay-day loan shops
  - Money transfer shops
  - Small off-licences, especially those selling cheap and illegal, counterfeit alcohol
- 3.6 Partners on the board have been able to do some work around limiting the saturation of fast-food shops on Southwark's high-streets. By working with the planning team they are aiming to limit the number of these shops allowed to 1 in 20 in a parade of shops in order to help to tackle obesity. Establishments that have already opened cannot be closed forcibly to achieve this figure but other work can take place collaboratively with fast food shops to make improvements – for example through improving cooking techniques.
- 3.7 There are also significant issues around gambling. Recent research found that £280 million was spent on gambling in the north of the borough, where there is greater affluence, but £200 million was also spent in Peckham and Camberwell which both have areas suffering from serious deprivation. This is money that is

being taken directly out of people's pockets and the similarity in spending on betting between the North of the borough and Peckham and Camberwell is worrying.

- 3.8 Work is taking place with licensing but betting establishments cannot easily be blocked through planning. Licenses can, however, be turned down based on 'fairness'.
- 3.9 It is up to the HWB to add value through the strategy. If it is done well the board should be able to identify where the problems lie and how they can be addressed. The strategy gives the opportunity to influence right across the piece.
- 3.10 *Following these points a discussion relating to the strategy then took place among the board*
- 3.11 The factors which are set out in the strategy are what kill people. Some people spend a lot of time 'downstream' managing serious, life-threatening conditions. It would be valuable to see the full path from wider determinants through the conditions to the end. The board needs to understand what it can do something about now and what it cannot, and how it can measure progress against this.
- 3.12 As well as the movement from upstream health care to downstream, there are also vicious circles which affect health adversely. For example in some of the more affluent areas there are far fewer place to buy alcohol than in more deprived areas. The negative outcomes of this can include domestic abuse, mental wellbeing problems and other issues that further exacerbate poverty and perpetuate the cycle.
- 3.13 Planning and lobbying regarding types of shops has to come from London-wide networks and other HWBs. In order to effect change, there needs to be strength in numbers for the lobbying that takes place, even extending beyond London networks.
- 3.14 Work needs to take place to improve the timeliness of statistics to ensure they are up to date and accurately reflect progress. This has improved in some areas such as teenage conceptions but there is still room for improvement. Data sharing across organisations can help with this.
- 3.15 The council can utilise its children's centres and other facilities to help address some of the upstream problems mentioned. Further work can also take place with troubled families as the council has identified a cohort to work with. As the work moves forward the board must think about how it links with other boards, networks, groups, etc. or where it can be connected to work already taking place. For example in the council's Children's and Adults' department there is a mental health team which is carrying out work that links with some of the wellbeing and resilience work of the board.
- 3.16 The next stage is to think about how to pull all of this together. At different points in delivering an outcome, there may be different organisations and people that need to be involved. There is a need to identify and address any gaps that currently exist. The next stage is to set out the outcomes and mechanisms for delivery. A short-life working group could be set up for this.

- 3.17 The value that the board is adding needs to be identified along with how members of the board will hold each other to account in terms of delivering the strategy. The strategy needs to be challenging and not perpetuate what is already taking place but just because there are particular priorities does not mean that existing performance issues should not also be addressed. The questions that need to be answered are:
- Is there a new activity that should be done, bearing in mind the current economic circumstances?
  - Where are we going to improve what we are already doing?
  - How are we going to grasp opportunities that arise as we go along?
- 3.18 In the current context, we cannot do everything so we have to look at the value-based approach, assessing the value of investment. Need to take a whole system approach to this. That definition of value cannot refer only to cash, as there are intangible benefits to some of the discretionary services.

#### **4) CCG operating framework and priorities**

- 4.1 *A paper outlining NHS Southwark Clinical Commissioning Group's (CCG) 2013/14 Operating Plan was introduced by Kieran Swann, the Head of Planning at the CCG.*
- 4.2 The paper set out the key priorities and responsibilities the CCG must undertake. The CCG must deliver the following:
- The rights and pledges set out to patients in the NHS Constitution
  - To contribute to the NHS Commissioning Board's delivery of its Mandate from government by achieving certain outcome standards
  - Deliver its own strategy (CCG Integrated Plan) for improvement of local services and achieving a reduction in health inequalities
  - To operate within its resource allocation and achieve its financial targets
  - Not to preside over a serious quality failure of any commissioned provider
  - As a minimum, to maintain performance against a range of health indicators and additionally improve performance against three locally identified priority outcome measures
- 4.3 Current expectations of performance have been set out in the document against the rights and pledges set out in the NHS Constitution. The CCG will maintain and improve the following priority outcomes for patients:
- Preventing people from dying prematurely
  - Enhancing quality of life for people with long term conditions
  - Helping people to recover from episodes of ill health or following injury
  - Ensuring people have a positive experience of care
  - Treating and caring for people in a safe environment and protecting them from avoidable harm.
- 4.4 In addition the CCG must choose three local outcome indicators where it will improve performance over the next 12 months. The shortlist currently includes chronic obstructive pulmonary disorder and smoking, end of life care, patients with long term conditions feeling supported and their quality of life, diabetes management and patients with asthma. Engagement is currently ongoing to agree the final three.

- 4.5 The three chosen priorities will be recognised financially by government if they are improved over the next 12 months. Despite this, the priorities are only a small subsection of the CCG's 'Plan on a Page' which is set out in the document and an even smaller sub-section of the longer-term broader CCG work. The three priorities amount to less than 0.5% of the work that the CCG is delivering.

## **5) Key issues**

### **Integrated Care Pilot**

- 5.1 *Maggie Kemmner from the NHS presented a paper entitled Southwark and Lambeth Integrated Care.*
- 5.2 The programme offers an opportunity to change the way work is done so that it is planned around the individual. Key improvements to the system will focus on:
- Real-time information sharing
  - Changing the funding model
  - Shared governance and improvement
  - Workforce changes
- 5.3 In particular the pilot will seek to improve early identification which will involve putting together a holistic health check for elderly people to identify problems earlier down the line. This should reduce the need for more acute care. It will be necessary for all partners to work together collaboratively in order for this work to be successful.
- 5.4 Some 25,000 older people will be proactively assessed annually to pick up issues for those not yet interacting heavily with the system. Around 5,000 cases will be managed in terms of care for those with multiple needs. The aims of the pilot are for people to have improved experiences of care and in particular after three years:
- 15,900 (14%) fewer unnecessary days spent in hospital by older people
  - 118 (18%) fewer people needing to move into a residential care home
  - Annual savings of £13.9m in hospital and residential care
- 5.5 The integrated care pilot in Lambeth and Southwark is unique as it encompasses mental health, involving the South London and Maudsley NHS Foundation Trust (SLaM) in the work. 70% of practices in Southwark and Lambeth are signed up to the pilot. Although this is a very positive figure, the aim will be to achieve 100%. There has been some delay in terms of getting the work underway however, due to the lack of available nurses.

### **Public health transition**

- 5.6 Both the Lambeth and Southwark public health teams are now situated under one roof at Tooley Street. The consultation on the staff reorganisation has also now taken place. There is still some guidance from central government that the team are awaiting but the Director of Public Health is confident that the new joint service will be underway by 1 April 2013.

- 5.7 The council is currently reviewing contracts to identify liabilities and costs. There are some liabilities from the primary care trust (PCT) which will be transferring across but any hidden costs will also need to be identified.
- 5.8 The focus has been on transitioning the joint team across to the council but there will need to be some additional work going forward as well as a process to shut down pre-existing PCT work.

### **South London Trust Update**

- 5.9 *A number of papers were issued to the board on this matter which Professor John Moxham from King's Health Partners (KHP) introduced.*
- 5.10 On 31 January, Jeremy Hunt, the Secretary of State for Health, made a decision on the recommendations put forward by the trust special administrator (TSA) about the future of healthcare in south London. He accepted the recommendation that King's College Hospital should acquire the Princess Royal University Hospital (PRUH) in Bromley. This would mean that the PRUH would become part of King's College Hospital NHS Foundation Trust.
- 5.11 King's College Hospital has been working with the TSA and the Department of Health on the details of a possible acquisition, and have cautiously welcomed the Secretary of State's recommendation. Before a final decision is made, King's College Hospital will be developing a full business case and will keep staff across KHP informed of any developments. The business case will be put forward on 25 March and King's board will consider the case on 1 April.
- 5.12 There is enthusiasm from the majority of staff at PRUH but the business case and the opinion of Monitor will be very important in determining whether the plans should go ahead.
- 5.13 *Following Professor Moxham's update, the following discussions took place on this matter:*
- 5.14 It has been requested that there should be an independent chair of the NHS reporting to the Chief Executive David Nicholson and they will be appointed imminently.
- 5.15 The system in south east London is already under significant pressure even though some of the changes set out in the TSA's report are a long way off. It will be important to improve community capacity.
- 5.16 Lewisham is creating a community fund to put forward a judicial review on the recommendations set out by the TSA.
- 5.17 It might be helpful for the board to discuss any concerns that have been shared with the TSA individually and think about the impact the recommendations may have on the borough.
- 5.18 The plans to merge Guy's and St Thomas', King's College hospital and SLaM are part of a different process. A business case is being developed. If the proposals go ahead they will have to be approved by Monitor as it will become a new foundation trust and also by the Competition Commission.

### **Healthwatch update**

- 5.19 Community Action Southwark (CAS) has made a bid with a group of voluntary sector partners to run Healthwatch from April 2013. From 1 April LINK will become Healthwatch.
- 5.20 Currently it is an open procurement process and an update will be provided at the next HWB meeting.