

## HEALTH AND WELLBEING BOARD

MINUTES of the Health and Wellbeing Board held on Wednesday 31 July 2013 at 2.00 pm at 160 Tooley Street, London SE1 2QH.

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**PRESENT:** Councillor Peter John (Chair)  
Andrew Bland  
Romi Bowen  
Councillor Dora Dixon-Fyle  
Eleanor Kelly  
Gordon McCullough  
Councillor Catherine McDonald  
Neil Hutchison  
Professor John Moxham  
Fiona Subotsky  
Dr Ruth Wallis  
Dr Amr Zeineldine

**OFFICER SUPPORT:** Elaine Allegretti, Head of Strategy, Planning and Performance, Children's and Adult's Services

### 1. APOLOGIES

Apologies for absence were received from Dr Patrick Holden.

### 2. ELECTION OF VICE-CHAIR

The clerk reported that committee procedure rules 9(14) stated that 'in the absence of the chair, those voting members present shall elect a voting member from amongst their number to preside at the meeting'.

The election of vice-chair was therefore not required.

### 3. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were no late items.

#### **4. DISCLOSURE OF INTERESTS AND DISPENSATIONS**

There were no disclosures of interests or dispensations.

#### **5. MINUTES**

The Board noted the minutes of the last meeting of the health and wellbeing shadow board held on 5 March 2013.

#### **6. RECENT POLICY AND BUDGET UPDATES**

Elaine Allegretti, head of strategy planning and performance introduced this item, drawing attention to announcements including the launch of a £3.8 billion Integration Transformation Fund, the NHS direction on payments from NHS to local authorities, the recent review of school dinners calling for an extension of free school meals to all, and monies in relation to the dementia challenge. She also reported on the ongoing additions to the board's responsibilities, including the new requirement to approve the Winterbourne View Stocktake report, which was on the agenda. The appendix to the paper included a table detailing the existing range of duties and powers of the board, for members' information. In terms of social care, it was reported that the new inspection frameworks for children services, both in terms of children's centres and multi agency arrangements for supporting child protection, and that the Care Bill has been introduced to Parliament.

Elaine Allegretti reported on the launch of a premature mortality website by Public Health England. Southwark was rated for premature deaths from diseases including cancer, stroke, and heart, lung and liver disease. The borough sits between 104<sup>th</sup> in the country to 126<sup>th</sup> (out of 150) so at the higher end in terms of early deaths. Professor John Moxham noted that the statistics demonstrated that, even against the backcloth of deprivation, the borough was not in a "good place" in regard to these diseases. He highlighted that, in regard to heart disease and stroke, the performance of local secondary care providers was among the best in the country, which demonstrated that reducing premature deaths was not within the gift only of secondary care providers, but required concerted public health and partnership activity, areas on which he urged the board to concentrate its attention.

Gordon McCullough, Community Action Southwark representative, highlighted a recent report around barriers to choice in relation to personal budgets and the wider personalisation agenda, noting that, from the voluntary communities' perspective, the reality on the ground is not necessarily matching rhetoric, a challenge facing many areas. Elaine Allegretti highlighted the children's trust's work to review this area and the anticipated reforms, with the trust establishing a multi-agency group to

take forward its recommendations. Romi Bowen, Strategic Director of Children's and Adults' Services, also noted the expansion locally of personal budgets and, in recognising the barriers facing the voluntary sector, supported ongoing dialogue to encourage greater choice and to ensure users get the best use out of them.

**RESOLVED:**

That the health and wellbeing policy and budget updates, appendix 1 of the report and the summary of the duties and powers introduced by the Health and Social Care Act 2012 relevant to joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies, appendix 2 of the report be noted.

**7. WINTERBOURNE VIEW STOCKTAKE**

Sarah McClinton, Director of Adult Social Care, introduced the item, outlining how the Winterbourne Concordat sets out a series of actions that local systems are expected to take in order to ensure that there is a joint strategic plan to commission a range of housing and health care services to better meet the needs of this group of most vulnerable people. She referred to the letter from Norman Lamb which set out very clearly the leadership role for the health and wellbeing board, and reported that the local stocktake, which was completed in July, was signed off by Andrew Bland, Chief Officer of NHS Southwark Clinical Commissioning Group (CCG), and Councillor Peter John, Leader of the Council, on behalf of the system and returned on that basis.

The director explained that she chaired a working group which had identified a cohort of 22 adults and 8 children and young people whose experience the council want to change. She reported that each individual has had a very good quality joint review, and there are good plans in place in order to help those people who need it to move to the least restrictive settings. In addition, the director highlighted the broad and inclusive approach locally, so that the working group is also looking at all people known locally to have challenging needs, learning disabilities or autism so that, as a system, the council can make sure that it is creating local services that can offer compassionate and caring environments for people so that there is reduced need and prevention from people needing hospital settings in the future. The stocktake also threw up a range of strategic questions for the board, particularly around the integration agenda, such as pooling funding or integrating commissioning.

The board sought and received assurance from the director that all clients in assessment and treatment centres were being properly looked after and that there was no sense that the neglectful experience that occurred at Winterbourne View was affecting the council's own clients.

The board discussed the report, in particular the challenges around integrating across a complex, fragmented pathway of care. Professor John

Moxham highlighted the multiple inputs, providers and funding sources, with members agreeing that the focus was, and should remain, on how agencies work together to achieve the best possible for people rather than where the costs fall. Sarah McClinton cited the example of the establishment of a jointly funded community based crisis response service to support hospital admissions avoidance.

Romi Bowen, in acknowledging the later agenda item on integration, highlighted that the borough did have experience of an integrated culture and advised that the board used the learning of what works and does not go forward, to develop the next iteration of integration locally.

**RESOLVED:**

1. That Southwark's Winterbourne Concordat stocktake and the associated action plan for improving services for people with learning disabilities and challenging behaviour as set out in appendices 2 and 3 of the report be noted.
2. That a progress report be received in six months time on the development of more integrated health and social care services to provide appropriate community based provision for this client group.

**8. SOUTHWARK AND LAMBETH INTEGRATED CARE DEVELOPMENTS**

Sarah McClinton, Director of Adult Social Care, introduced the report, which set out progress developing Southwark and Lambeth Integrated Care (SLIC). She reported that this multi-partner programme's overarching aim was to reduce reliance on hospital admissions and length of stay, as well as to reduce admissions to care homes. The holistic, person-centred model, which covers mental and physical health was based on identifying risk early in the community and developing preventative and proactive interventions in response, with two key workstreams covering older people, and residents with long term conditions. Together, the director noted, these account for approximately £575m spend across Lambeth and Southwark, compared to approximately £36m spent on older people social services.

The director outlined progress to date, and emerging lessons, as well as noting partners' intention to submit an application for Lamb Pioneer status. This application had given the local system some impetus to testing the feasibility of an integrated care organisation and tackling emerging barriers, including workforce development, information systems and capitated budgets.

In noting the integration item also on the agenda, at item 11, the board welcomed the opportunity to consider the programme in this context, and its implications and governance arrangements. Members recognised the challenges, particularly in current financially strapped times, of maintaining a focus on what is important, while ensuring best value and the

development of a financially sustainable system for which at its centre must be the patient.

Andrew Bland stated that it was crucial that these providers come together into a governance framework that provides services in a sustainable way, with this marking the difference between now and previous modernisation initiatives which relied on good faith.

The board members endorsed the Cabinet Member for Health, Equality and Adult Social Care's request that the board notes the positive opportunities integration brings, and agrees to their exploration and realisation of the benefits for residents. The board recognised, however, the complex governance arrangements, which were highlighted by the Lamb Pioneer application as lacking clarity. Romi Bowen highlighted that this experience had shown there was a need for a stronger ongoing relationship between SLIC and the health and wellbeing board so that the board can better monitor, steer and empower individual agency's representatives on the sponsor board or operations board.

Members concurred with Professor John Moxham's observations that the system will only improve health and premature death rates if there was a programme that picks up people at risk and addresses their co-morbidities. Partners' focus must continue to be on shifting resources from general hospital functions to primary, community and social care. Andrew Bland reiterated the CCG's long-standing preference to approach the integration of services around the local population and all their needs. He also noted that this agenda occurs in the context of increasing financial constraint, with the board requiring a very tight grip on the issues in order to ensure the very best decisions are made for Southwark.

In concluding this discussion and in anticipation of the next agenda items, Romi Bowen suggested the establishment of a small group to refine and clarify governance arrangements.

## **9. DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY**

This item was taken concurrently with item 10, with the board's discussion ranging across both the draft strategy and performance management framework.

Elaine Allegretti introduced the proposed strategy, which builds on the four areas covered by the shadow board and the joint strategic needs assessment. She reported that the strategy sits within a framework of local strategies and plans across partners, such as the CCG Operating Plan, the Children and Young People's Plan and the Council Plan.

Elaine Allegretti highlighted key points from each of the proposed strategy's three priority areas before outlining the proposed board work programme which would flow from the strategy.

## **RESOLVED:**

1. That the proposed content of the 2013/14 joint health and wellbeing strategy as set out in the report be agreed.
2. That the approach to developing the board's work programme for 2013/14, including developing the next joint strategy be approved.
3. That a working party be established to develop an action plan to implement the joint strategy.

## **10. DEVELOPING A BOARD PERFORMANCE MANAGEMENT FRAMEWORK**

This item was taken concurrently with item 9, with the board's discussion ranging across both the draft strategy and performance management framework.

Dr Ruth Wallis, Director of Public Health, gave a presentation on the 'Red Box' of health outcomes in Southwark which reflected areas where performance was declining or below the benchmark and with high cost burden. She highlighted that one of the many challenges for Southwark is its very complexity, of both high levels of need and the inter-relation of issues including mental health, alcohol, HIV and ambulatory care sensitive conditions. She noted good progress in many areas as well as ongoing challenges across the system. In moving forward, she outlined the public health approach to the Red Box, in identifying cost effective interventions (such as education attainment), neglected opportunities (such as undiagnosed conditions) and interventions to scale back or disinvest in.

Board members discussed the importance of measuring success in tackling the issues outlined, and all agreed that the 'Red Box' and performance management framework provided a welcome step forward. Eleanor Kelly, Chief Executive of the Council, noted that the whole framework provided the opportunity to step back and consider local needs, gaps and opportunities holistically.

Councillor Catherine McDonald urged the board to ensure it could measure and understand its progress against the strategy's priorities this year. She recommended the establishment of a working party or parties to develop collectively the key actions the board wishes to see happen in order to know it is making a difference now to the lives of residents. Members agreed with this suggestion, and that the board should leverage its role as a system leader to signal its shared priorities to all agencies. Andrew Bland reiterated the need to consider the economics of the situation, to ensure consideration is given to the package of care and the totality of resources, as taking issues in isolation could be unaffordable or less cost-effective, in particular in recognising current and future significant budget reductions.

Eleanor Kelly reiterated the real importance of preventative activity, and the discussion broadened to consider the most pressing issues facing the borough which could provide a focus for work going forward. Members agreed that these include a range of 'healthy behaviours' including healthy weight and exercise, sexual health, alcohol, as well as HIV rates and detection, the impact of welfare reform and making better use of approaches such as Making Every Contact Count. Members agreed that the strategy provided the framework in which to take forward these priorities, and that work going forward will seek to surface issues such as costs and impact.

**RESOLVED:**

1. That the process to establish the board's performance management framework in the context of the joint health and wellbeing strategy be approved.
2. That the outcomes of the 'red box' analysis as the basis for developing the board's performance framework and further needs assessment be agreed.

**11. STRATEGIC CONVERSATION - THE LOCAL CASE FOR INTEGRATION**

Romi Bowen introduced this paper, reporting that in the fast-moving national landscape it was essential to have a robust framework to guide action. She reiterated the need to ensure that activity focused on improving the experience and outcomes for users, and making the system more efficient.

The strategic director noted that this was 'integration mark two' for Southwark, and that there were many lessons to learn from previous initiatives, in particular in how to sustain efforts and ensure that values and drivers are central to activity, rather than basing it on goodwill and relationships.

As noted in earlier discussions at the meeting, the board all agreed that integration had many positive benefits, but the question remained on what was the best way to do it, in particular how to address the difficult issues. The development of SLIC as an integrated organisation could have advantages and disadvantages, all of which needed exploration in order to ensure the local system achieves the outcomes it requires.

The board agreed to the tabling of a recommendation to establish a working party to develop a local position on integration. This working party would include consideration of legal, cost and workforce implications, led by Romi Bowen.

In drawing on earlier discussions, the board agreed that the working party would also serve to establish stronger governance around SLIC, as well

as provide a foundation for considering other upcoming integration agendas including around children and young people with special educational needs or disabilities.

**RESOLVED:**

1. That a working party be established to develop a local position on integration under the leadership of the Strategic Director for Children's and Adults' Services.

The meeting ended at 4.00 pm

**CHAIR:**

**DATED:**