



Health and Wellbeing Board

MINUTES of the OPEN section of the Health and Wellbeing Board held on Tuesday 22 October 2013 at 10.00 am at 160 Tooley Street, London SE1 2QH

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

OBSERVERS: Alvin Kinch, Healthwatch
Jane Fryer, NHS England

OFFICER SUPPORT: Eleaine Allegretti, Head of Strategy, Planning and Performance, Children's and Adults' Services

1. APOLOGIES

Apologies for absence were received from Professor John Moxham and Fiona Subotsky.

2. CONFIRMATION OF VOTING MEMBERS

Those members listed as present, were confirmed as the voting members for the meeting.

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

The chair gave notice that the following late item would be considered for the reasons of urgency to be specified in the relevant minute:

Item 10 – Integration Focus

4. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

5. MINUTES

RESOLVED:

That the minutes of the meeting held on 31 July 2013 be agreed as a correct record and signed by the chair subject to the following amendment:

Item 9, Developing the Joint Health and Wellbeing Strategy

Last paragraph – insert before ‘RESOLVED:’

‘Fiona Subotsky advised that Healthwatch Southwark was keen to lead on a working group or sub-committee of the Health and Wellbeing Board focusing on engagement and information sharing.’

Matters Arising

Romi Bowen, Strategic Director of Children’s and Adults’ Services, updated the meeting on the Winterbourne Concordat stocktake, in which Southwark had received positive feedback, providing assurance that local activity was on the right track and now the task was to follow through on individual cases. Actions relating to the joint health and wellbeing strategy (JHWS) and integration working party were noted to be on the day’s agenda.

Kerry Crichlow, Director of Strategy and Commissioning, joined the meeting to outline the agenda planning process going forward. She tabled a forward plan, which set out anticipated upcoming items for the board’s attention, such as those relating to statutory responsibilities or standing items. The process, she explained, would provide visibility to the board’s work, ensuring it was transparent and effective.

6. RECENT POLICY AND BUDGET UPDATES

Elaine Allegretti, Head of Strategy, Planning and Performance, introduced the report. She outlined recent developments, highlighting the publication of the vision for the integration transformation fund (ITF), the government’s intention to introduce free school meals to all infant pupils and the new inspection frameworks from CQC and Ofsted.

Dr Patrick Holden, noted the announcements in relation to A+E pressures, highlighting that local foundation trusts would not receive any funding, as this was targeted at trusts in greater difficulty. He pointed to local developments including the roll out of Homeward and the extending of investment into nursing homes as actions to relieve A+E pressure locally. Councillor Catherine McDonald raised the issue of the public health grant ringfencing, highlighting that Southwark receives funding below the rate calculated according to its health need. She urged the board to pressure government to speed up the increases in funding in line with local health needs. Dr Amr Zeineldine added that the scenario was similar to CCG allocations from NHS England, and would welcome any address to

government in these areas. Jane Fryer, NHS England, noted that overall London was receiving broadly the appropriate level of funding but that there were huge differences between boroughs which would lead to some very big winners and losers if money is redistributed. She said the allocation would be known in December and it was yet to be seen how quickly a redistribution would occur. It was agreed that a joint letter from the Director of Public Health and the Director of the Clinical Commissioning Group be sent to Dr Anne Rainsbury Regional Director and Dr Yvonne Doyle, Public Health England Director raising the Board's concern.

Andrew Bland highlighted the pace of change required by national reforms, noting in particular the ITF developments which, although welcome, to be over two years, represented little new money and therefore would require significant reconfiguration at pace of acute services, where most of the money was allocated. He noted the lack of clear governance around the ITF, and stated a preference for additional developmental/seminar opportunities over and above board meetings, given the scale and pace of change required. He also highlighted the recently published NHS Call to Actions for GPs and London services, requesting that the board consider future agenda items on what residents think of these issues, and feeding this back to government.

Cllr Dora Dixon-Fyle requested confirmation that the pledge in relation to children's services would be adopted locally. This was confirmed.

Gordon McCulloch, Community Action Southwark Chief Executive, highlighted the recent report on health budget implementation and requested that the board monitor implementation.

RESOLVED:

1. That the contents of the report be noted.
2. That Dr Ruth Wallis and Andrew Bland send a joint letter to Dr Anne Rainsbury, Regional Director and Dr Yvonne Doyle, Public Health England Director raising the Board's concern.

7. DRAFT SOUTHWARK PRIMARY AND COMMUNITY CARE STRATEGY

Andrew Bland introduced the item, noting the context of enormous national and local changes, including the national Call to Action and local learning from the joint strategic needs assessment (JSNA) and the need to address inequalities. He noted that Southwark appeared to be the first CCG to produce this kind of plan, which highlighted our potential to shape future developments.

Tamsin Hooton, Director of Service Redesign, outlined how the strategy was developed. She highlighted that the drivers for change included the increasing demand and financial pressures on primary care and the variability in outcomes and quality evident across local primary provision. She noted that the developments would also support the integration of services in line with local and national requirements. She outlined how the strategy was developed within a framework of local strategies including the JHWS, and involved consultation with all partners as well as a benchmarking review and JSNA analysis. Key messages from stakeholders included acceptance of the rationale for change but also the

need for workforce development and locality support to facilitate change, alongside consideration of how resources including premises and renegotiation of the community contract would support this. Tamsin added that the benchmarking review reinforced that the wide variability between practices in patient outcomes was not explained by demographic variation. She noted that although the review found sufficient overall capacity, this was not reflected in the patient experience, with an imbalance across days of the week and practices. The review also found inequity in the distribution of extended services across Southwark and that outcomes and performance were significantly below national average, for example immunisations, health checks, management of long term conditions and mental health reviews. Tamsin concluded by outlining the actions flowing from the strategy's priorities. These focus on developing services in localities, ensuring primary and community care services are at the core of a population health approach, working with other agencies to address health improvement and health inequalities, and developing community hubs, including integrated services. She asked the board to consider three questions:

- How does this strategy support the aims of the Health and Wellbeing Strategy?
- How can locality based services help us to deliver better outcomes for Southwark residents?
- How do locality based primary and community care services support the further integration of services in the borough?

Romi Bowen, Strategic Director of Children's and Adults' Services noted that the strategy was helpful in setting out what needs to happen, and asked how the CCG would ensure a breakthrough with GPs, particularly in areas where there had been significant resistance such as ensuring capacity on Mondays or Fridays. Tamsin highlighted the development of tools to support GPs to better manage demand and output as well as the commissioning of pathways such as phone triage. She also pointed to the development of locality pilots in which seven-day provision is established across a cluster of practices, and ongoing work with GPs to combine better with A+E and walk-in centres. Jane Friar noted that the current financial and demand pressures on GPs provided an impetus to change as the system and many organisations are unsustainable. In response to a question from Councillor Peter John, Leader of the Council, Dr Amr Zeineldine said the LMC agreed with the impact of these pressures, adding that it recognised the need for workforce development. Andrew Bland added that the Southwark and London LMCs were supportive, including providing a letter of support. He stressed that the strategy's key messages were addressing access, variation and inequity of provision, and that delivery at scale on a population basis was critical. He urged the board to use population-based delivery models to improve consistency and access. He added that if GPs do not collaborate across localities, commissioning choices would provide additional pressure to conform. Jane Fryer confirmed NHS England action to remove the very poorest quality practices, with three dispersed since April and action continuing against the very few now left.

Dr Ruth Wallis noted that the strategy fitted with the JHWS, with better access, treatment and outcomes key to both. She noted that place-based planning provided bigger opportunities, with work still to do on some cohorts, citing how young people and men do not like visiting GPs, as well as the borough's transient and unregistered populations causing issues for all services. She confirmed that these issues are being addressed through the JSNA which will support work to define issues and identify solutions. In agreeing that there was close correlation between the JHWS and the CCG primary and community care strategy, Eleanor Kelly, Chief Executive of the council highlighted the

need to integrate actions across both strategies, to prevent a twin-track approach developing.

Alvin Kinch added that Healthwatch was on the CCG steering group, and welcomed the importance of continued consultation. She noted that Healthwatch had a role in monitoring strategy implementation and that it would continue its workshop programmes, particularly with particular cohorts including Latin women, deaf patients and African forums. Councillor McDonald highlighted the need to ensure buy-in from GPs to deliver JHWS priorities, with slower than wished-for engagement in some key areas, for example health checks or holistic health assessment through Southwark and Lambeth Integrated Care (SLIC). Tamsin reiterated the CCG intention that locality commissioning and the bundling of specifications would address these performance and service issues. Cllr McDonald also asked how we would support those residents who currently have poor quality provision while the strategy is implemented. Dr Amr Zeineldine and Andrew Bland reiterated that a population based approach to reducing variation was the strongest response. Andrew also noted that the model was being implemented in Dulwich first and that the CCG would continue to look for opportunities elsewhere in the borough to develop community hubs.

RESOLVED:

That the content of the draft Primary and Community Strategy, attached as appendix 1 of the report, be noted.

8. JOINT HEALTH AND WELLBEING STRATEGY - PROPOSED ACTION PLAN

Elaine Allegretti, Head of Strategy, Planning and Performance introduced the report.

Romi Bowen, Strategic Director of Children's and Adults' Services noted that the potential list was developed by experts and provided a rich set of examples, and that all suggested actions track back to an evidence base. She said the question was how the board could address known service and performance concerns by experimenting and doing something dramatically different. Jane Fryer added that two key issues that needed visibility across the longer term included alcohol, and the impact of wider determinants including jobs and housing. Councillor Catherine McDonald noted that the proposed actions were in addition to longer-term work, and that the recommendations were about making a difference quickly. Dr Ruth Wallis concurred that the list fits into a larger strategy, for example with pop-up provision providing potential to do something quick and experimental as part of wider, longer-term strategy to improve access in this priority area. Similarly the Family Fusion proposal provides immediate action as part of wider work to develop the obesity care pathway. In answer to points raised, Elaine Allegretti confirmed there were resources attached to all proposals and that all proposed actions were rooted in the experience and outcomes of service users.

Board members welcomed the suggestion that proposals should be co-championed in order to support greater partnership working, with Dr Patrick Holden and Councillor Dora Dixon-Fyle to co-champion the pop-up children's centres, and Councillor Dora Dixon-Fyle co-championing the Silver League with Councillor Peter John. Members also welcomed the establishment of a mechanism to oversee developments including ensuring that all actions are rooted in evidence and cost-effectiveness, and that the outcomes sought by the board are achieved through implementation.

RESOLVED:

1. That the recommended actions as set out in paragraph 7 of the report be approved.
2. That the champions and co-champions report back to the December meeting on the seven agreed priority actions.

9. DIRECTOR OF PUBLIC HEALTH UPDATE

The Director of Public Health's Update report was tabled at the meeting.

The board received a presentation from Bimpe Oki, Lambeth and Southwark Public Health Team, on tobacco control in Southwark. Bimpe reported that the purpose of the tobacco control was to eliminate or reduce tobacco consumption and to protect people from exposure to tobacco smoke. She advised that there was a package of interventions including smoking cessation, smoke-free legislation and tobacco regulation. She outlined the cost of smoking, in terms of being the borough's biggest single cause of preventable ill health and premature death, and the range of actions to reduce consumption. These include smoking cessation services, educating young people through whole-school approaches, working with retailers, promoting smoke-free legislation, and targeting illicit tobacco trade. The Southwark and Lambeth Tobacco Control Alliance continues to prioritise action, recommending the signing of the local government tobacco control declaration among other actions. The chair thanked Bimpe for the presentation and noted the staggering figures contained within it, with significant costs to some of the borough's most disadvantaged groups. The board discussed the importance of promoting smoking cessation at work. Dr Amr Zeineldine added that prevention must remain the key focus, and to ensure that actions in the JHWS action plan could incorporate activity around smoking cessation, for example through pop-up provision, healthy schools activity or workplace support.

RESOLVED:

1. That the Local Government Tobacco Control Declaration set out in the presentation document be agreed.
2. That the Director of Public Health's update report be noted.

10. INTEGRATION FOCUS

This item had not been circulated 5 clear days in advance of the meeting. The chair agreed to accept the item as urgent as the paper's agreement was essential to supporting the local integration agenda. The ITF incentive and pace of developments in SLIC meant that a delay in considering the item may potentially impact on delivery.

The board watched a short film produced by Southwark's youth council which captured views from young and older people about local services for older people. Following this Tamsin Hooton, Director of Service Redesign, outlined the national and local context. She outlined for discussion the objectives for taking forward the integration of local services for

older people. She noted that integration was not a new concept in Southwark, with many lessons to build on, including the progress locally of SLIC. Although noting that progress had been slower than wished-for, she highlighted achievements including development of the homeward and enhanced rapid response service, as well as the establishment of community multi-disciplinary teams and a geriatrician hotline. She noted the ambitions to extend to other cohorts including those under 65 years, as well as to transform the workforce, improve care in nursing homes and simplify discharge pathways.

Sarah McClinton, Director of Adult Social Care, continued the presentation noting the role of the board in relation to the ITF and supporting integration across the wider system and connections with the JHWS. She highlighted that the central questions were how to bring together services across mental and physical health, across health and social care, and in supporting a whole-person care approach, and in particular what performance measures the board wished to use to track progress in achieving its ambitions around integration. She stressed that the ITF represented a lot to do in a very short space of time, supporting the view that additional workshops were desirable to ensure sufficient pace in developments, with the board providing the scope and steer to frame the development work. She also noted that the £3.8bn ITF was largely existing money which was attached to contracts including those for acute services.

The board agreed to set aside additional development time, such as through masterclasses, in order to ensure this work progresses with sufficient pace. Romi Bowen, Strategic Director of Children's and Adults' Services, added that the principles and overarching objectives set out in the report recommendations were right in ensuring that this work focused on the improved outcomes and experiences sought for residents, rather than being swamped in integration "for integration's sake". The board approved the recommendations as the basis for the masterclass's work on developing more detailed performance measures. Eleanor Kelly, Chief Executive, noted that partners would continue to be involved in ongoing work between meetings, with the chair adding that the board bore the responsibility for delivering the ITF and wider integration agenda. It was agreed that updates would be provided to every board meeting going forward to ensure the board exercised its strategic oversight effectively.

RESOLVED:

1. That the progress to date in taking forward the local integration agenda, as set out in paragraphs 10 – 14 of the report be noted.
2. That the integration working party be tasked with creating a shared narrative for integrating services in Southwark as set out in paragraphs 10 – 14 of the report and report these back to the next meeting.
3. That the shared objectives and performance measures which underpin local development for integrating older people services, as set out in paragraphs 15 – 16 of the report be agreed.

The meeting ended at 12.35pm

CHAIR:

DATED: