

Health and Wellbeing Board

MINUTES of the Health and Wellbeing Board meeting held on Wednesday 26 June 2019 at 4.30 pm at Ground Floor Meeting Room G02C - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Peter John OBE (Chair)
Councillor Evelyn Akoto
Councillor Jasmine Ali
Andrew Bland
Cassie Buchanan
Kevin Fenton
Ross Graves
Dr Jonty Heaversedge
Catherine Negus
David Quirke-Thornton
Dr Yvonneke Roe
Deborah Hayman (Observer – Community Southwark)

OFFICER SUPPORT: Everton Roberts, Constitutional Team

1. APOLOGIES

Apologies for absence were received from Sally Causer, Eleanor Kelly, Councillor David Noakes and Dr Matthew Patrick.

Apologies for lateness were received from Andrew Bland.

2. CONFIRMATION OF VOTING MEMBERS

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

3. ELECTION OF VICE-CHAIR

It was moved, seconded and,

RESOLVED:

That Jonty Heaversedge be appointed vice-chair for the 2019-20 municipal year.

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

There were no additional items.

5. DISCLOSURE OF INTERESTS AND DISPENSATIONS

There were no disclosures of interests or dispensations.

6. MINUTES

RESOLVED:

That the minutes of the meeting held on 21 November 2018 be approved as a correct record and signed by the Chair.

The minutes for the meeting held on 4 March 2019 would be submitted to the next meeting for approval.

MEETING THEME: WHOLE SYSTEM TRANSFORMATION

PRESENTATIONS ON THE THEME

David Quirke-Thornton, Strategic Director of Children's and Adults' Services and Jonty Heaversedge, Chair of the Clinical Commissioning Group provided some introductory comments to the theme.

David Quirke-Thornton highlighted that there had been a lot of conversation in government and wider society about integration and that the focus had mainly been on the NHS and adult social care, older people in hospital and delayed transfer of care. He stressed that for Southwark that the interest was in early life, prevention, public health and whole system transformation.

He highlighted that in the absence of the green paper on Adult Social Care which had been awaited for two and half years that it was difficult for people in the health and social care field to look to the future with confidence and vision. He stated however, that despite this the council would be taking the opportunities of change in the NHS to also change social care and the wider council services and partnerships, creating something new and meaningful, which was about partnerships with the council as a major landlord, with schools, the police, NHS and social care, all coming together and valuing public health and the public health approach to having a very hopeful vision for the communities within

Southwark. He conveyed the view that the partnerships were not about joining entities, but more about creating something new that will make a significant difference to the people of the borough and enable them to realise their best potential.

Jonty Heaversedge impressed upon the board that it was hard to describe what whole system transformation meant as there were multiple systems and a need to understand a really complex landscape of different providers and different systems and to make sense of those in a way that enables improved outcomes.

He explained that people in Southwark received care within the borough, so there was a need to understand the importance of the system within the borough. Also people received care locally within their neighbourhoods and that there were a lot of changes taking place, particularly in the primary care space around development of primary care networks and thinking about greater integration and collaboration between partners in social care, mental health, and clinical care from general practice. He further explained that parallel to this, people in southeast London used acute services which were not confined to their boroughs, so it was important to think about the system across Southeast London as a whole. It was also necessary to understand people holistically and all of their needs as some needs would be met by hospitals and some would need to be met elsewhere. It was therefore important to think about systems at different levels.

Dr Heaversedge referenced previous discussions around the importance of thinking about the Southwark population and how the system can identify outcomes, and collectively make best use of the Southwark pound and the resources available to improve outcomes for the residents of Southwark.

He stressed that the task was to create and nurture the right environment so that the systems could flourish in the context of Southeast London boroughs, very local neighbourhoods and at community level.

7. SOUTHWARK FIVE YEAR FORWARD VIEW - PRESENTATION

Ross Graves, Managing Director of the Southwark NHS CCG presented the report.

In taking the report as read, Ross Graves briefly reminded members of the original premise around the Five Year Forward View agreed in 2015 which became the shared strategic document for system transformation for the period 2016 – 2021. He reminded the board that the strategy focused on populations (rather than institutions or providers), value for money, outcomes over cost, getting best value for money from the collective resources, on how to empower residents, being holistic and co-ordinated in service delivery and being more proactive and focussed on an agenda around prevention, as well as treatment.

He stated that real progress had been made and over the next 18 months there was opportunity to accelerate this through Partnership Southwark, the development of CCG system reform which was moving towards an integrated care system approach and the introduction of place based boards.

He reported that progress had been made in terms of traditional commissioning, which was now more joined up. An example of this was the joint mental health and wellbeing strategy.

RESOLVED:

That the contents of the report be noted, in particular:

- The progress made by the Council and the CCG over the first three years of the Forward View, and
- The next steps for Partnership Southwark and system reform.

8. PARTNERSHIP SOUTHWARK - PRESENTATION

Sam Hepplewhite, Director of Integrated Commissioning, NHS Southwark CCG, Genette Laws, Director of Commissioning, Southwark Council and Jay Stickland, Director of Adult Social Care, Southwark Council, gave an overview of the work they were doing on the development of Partnership Southwark.

RESOLVED:

That the contents of the report be noted, in particular

- Progress to date on the development of Partnership Southwark
- The case for change and priorities for the next two years
- The key role of the Neighbourhood Model and the Southwark Bridges to Health and Wellbeing approach.
- Ambitions and next steps.

9. SOUTH EAST LONDON CCGS SYSTEM REFORM - PRESENTATION

Andrew Bland, Accountable officer for NHS Southwark CCG gave a presentation to the board on the Clinical Commissioning Group System reform across south east London.

Andrew Bland informed the board that the system reform arose out of national policy and local ambition in January 2019. He advised that the NHS long term plan made over 130 commitments, and also invited the opportunity to look at the shape and scope of CCGs, and to develop a multi layered approach to how commissioning decisions are made with partners. There was a programme of work that would seek to merge CCGs across the six parts of southeast London into one CCG from 1 April 2020. That same piece of work was happening in the other parts of London with the areas divided as follows - south west, north west, north central and north east.

Andrew Bland explained that if there was a merger of the southeast London CCGs into one CCG, then at the same time there would be a need to create place based boards. He explained that nationally a 'place' is regarded as a population between 150,000 and 500,000. This was similar to the size of the various boroughs in south east London.

He informed the board that CCGs had been asked to look at the reform from a system level, how pathways across many boroughs get managed appropriately and decisions made in a coherent way both at borough and neighbourhood level. He reported that Southwark had opted for two primary care networks which were quite sizeable. Across south east London, there would be 34 primary care networks in total.

Andrew Bland reported that there would be tiers of the system of which to make decisions which was welcomed, because there were parts of Southwark residents care that needed coherence and decision making across south east London as someone's care might start in one part of the region and end in another. However the vast majority of decisions for local people would need to happen with the local authority and local partners. He welcomed the idea of taking a very localised view at ward level and neighbourhood level as to what people needed, as the wider areas of Southwark, i.e. Dulwich, Peckham and Camberwell and up into the north of the borough were not similar.

He indicated that the SELCCG wanted to delegate a significant part of its budget to each borough's place based board to take local decisions, but importantly to take them with a board that had health and social care representation rather than just health. He reported that as a minimum the SELCCG would like to delegate the hospital spend to that board, with formal delegation of decision making powers, but to be populated by its partnership of health and social care.

Andrew Bland advised that an application to have a southeast London CCG would have to be made at the end of September for it to come into force on the 1 April 2020. Also as a CCG for south east London there would be one governing body so there would be a need to have place based boards for each borough.

He informed the meeting that from 1 April 2020, every borough in southeast London must adopt one of the three areas for the delegation to work, Level 1, Greater Involvement, Level 2 Aligned Commissioning, Level 3, Joint Commissioning (see page 61 of the agenda for detail).

It was signalled by the chair of the board during the discussion that Level 3 would be the preferred option for Southwark.

RESOLVED:

That the contents of the report be noted.

DISCUSSION ON THE THEME

The board discussed issues arising from the presentations and asked questions.

The following is a summary of the discussion:

Jonty Heaversedge reported that in relation to the children and young people, there had already been quite a lot of work across Lambeth and Southwark on the provider side with commissioners around the children and young people's programme. He explained that through the commissioning approach, they were trying to define groups within the population who have similar needs, so that they can bring those people who are responsible for providing care for those patients in that population together. He reported that Claire Leema in Southwark did some work with Dr Bob Klaber based at Imperial College London on how to stratify children and young people in a way that recognises need differently and allows for the consideration of services that reflect that need better.

Action point

Jonty Heaversedge to provide Genette Laws with more information about this work.

It was pointed out that a challenge of integration, whether at local level or at southeast London level was how data and intelligence was used to help characterise populations to better evaluate and improve services. In response to this it was reported that there was a work stream around data and data sharing and that progress was being made on what could be done now with the systems that were currently in place. It was also reported that data analytics were being used at two levels, at population level for the purposes of planning ahead and targeting the areas needed and also in terms of individual interventions – using data shared within the system to enable early intervention.

A board member reported that at a recent Adult Safeguarding Board meeting there had been a discussion about a number of anonymised case studies reported by local councillors in relation to people being discharged from hospital into the community prematurely. The board member commented that communication between the different departments seemed to be a cause of the problem which needed to be improved urgently. The board member also hoped that with the new partnerships to be formed across southeast London, that the ideas of Southwark Partnership, the fairer future vision and what was good about Southwark were maintained, whilst having equality of service on the ground.

Following on from this, a question was asked about how data would be used from a governance perspective to get quality assurance so that there wouldn't end up being place based 'pockets' of excellence and some communities suffering as a result. Andrew Bland re-iterated the importance of looking at issues from a local perspective and recognised that there were different populations across southeast London and that the partners would have to hold SELCCG to account in respect of assuring that this didn't happen. He indicated that health and wellbeing boards in every borough would have a really clear role in doing this. He stressed he was not seeking to merge health and wellbeing boards but was trying to tie up partnerships. He saw the place based boards as a key driver in getting things done.

In respect of hospital discharges Andrew Bland explained that one of the questions he had been asked by King's College Hospital is why neighbouring authorities have different discharge processes and that at anyone time they may be in contact with 14 different authorities, essentially to do the same thing and at their end there is no difference about that process between boroughs. He stressed the importance of being discerning about what was genuinely local and what should be consistent across the boroughs.

In terms of data and pockets of excellence Andrew Bland felt that this was more of a question for provider alliances such as Partnership Southwark coming together with commissioners and as it would be for other alliances across southeast London.

It was acknowledged that from borough to borough, community to community, people were experiencing different outcomes currently from a health perspective. It was expressed that the only way to improve this was to start to create some greater consistency of standards and the use of data to understand much more effectively the kind of care people are receiving and the outcomes they are obtaining because of that. It was stressed that because of the movement that there was across southeast London that it

was necessary to have that southeast London footprint as well. This would be a solution to the problem rather than exacerbate it.

A member of the board stressed that it was really important in the communication of this initiative, that it was made clear that it would be a different way of working as opposed to formalising what was already there.

10. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

The Board heard from Genette Laws, Director of Commissioning, Southwark Council, Kirsten Watters, Consultant in Public Health and Sam Hepplewhite, Director of Integrated Commissioning, NHS Southwark CCG.

Genette Laws emphasised that it was important to have a clear and shared definition of what had been agreed at the November 2018 health and wellbeing board meeting in respect of the 100% target of meeting the needs of children and young people experiencing mental health issues. She informed the board that the definition was that we will take a whole system approach and aspire to improve outcomes and care for every child and young person, regardless of the level of need, or severity. In terms of what this meant, Genette Laws referred the board members to the Thrive model that was contained in the agenda. It showed that whilst there were some excellent specialist services in Southwark, what was needed was more early intervention and prevention and that the partners should be seeking to do reduce the stigma, build resilience, and involve children and young people and their families as part of finding solutions so that they are producing for themselves how they take their needs forward.

Genette Laws stressed that wellbeing needed to be everyone's business and that the workforce beyond health and social care should be looked at also. Particular reference was made to schools because that was where children and young people spend most of their time, but also other places that young people go to such as leisure services. She advised that consideration needed to be given as to how to broaden out support for the workforce to be able to support young people. In terms of action, Genette Laws advised that a working group had been established dedicated to early intervention / prevention which was being lead by Kirsten Watters, Consultant in Public Health, Children and Adults Services.

Genette Laws reported on four key areas of focus:

- Open access drop-in services - A number of exemplars had been visited (the visits are summarised in the appendices to the report).
- More support for schools - this was being focused on and led by the £2 million pounds investment from the council in terms of supporting mental health in schools. The lead member through the member officer policy unit was conducting a survey to understand what was already available in schools, some of the good practices that existed and where there were areas that needed further support/review so that the best could be made from the £2 million pounds that was available.
- Providing more support for parents and families - there were a number of good services already available for example, the parent and communities team, who work in some very small neighbourhoods across the borough. Consideration needed to be given as to how this work could be harnessed to further support

parents who know their children best to be able to support them.

- Digital self help – The council had recently commissioned as a borough an 18 month pilot online counselling service (Kooth), this service was available across the whole of Southeast London. Whilst commissioned at scale, thought had been given to how it would be delivered locally. There were a series of workshops on the horizon to focus on how to really take early intervention and prevention forward.

Kirsten Watters reported on other areas of work that had taken plan. She informed the board that Public Health had been leading a number of programmes of work, detailed below:

- A review of self harm case notes had been undertaken and SLaM were looking in more depth at self harm, as this was a key issue of which there was little evidence and understanding of at the present time. An Annual Public Health report had been produced on the emotional health and wellbeing of adolescence (the annual public health report had been circulated with the agenda for information). The report looked at some key themes around emotional health and wellbeing, particularly, in terms of loneliness, parenting, and relationships.
- A new specialist registrar with an expert interest in public health, mental health had been appointed. They would be scoping out what is meant by good mental health and emotional wellbeing, both in adults and young people, and looking at how to measure this in terms of feeling good, but also functioning well in terms of school readiness, attendance, etc.
- A new joint strategic needs assessment on what public health, mental health and wellbeing is, across all age groups had been finalised. This supported the young people's emotional health and wellbeing needs assessment which had been previously presented to the board.

Kirsten Watters also informed the board that her team had been looking at developing a scorecard approach to measure progress so that they knew they were on the right track and also doing well. A key task of the group leading on early intervention and prevention would be to bring this all together, making it coherent and meaningful for professionals and for communities and families, and to enable progress to be tracked.

Sam Hepplewhite explained to the board that this was one of the joint team working arrangements between the CCG and the council and that there was a strategic context to it which linked to the conversations around Partnership Southwark. Sam Hepplewhite further explained that whilst the working arrangements were not at a stage of full integration (level 3) one plan, one budget, they had done things slightly different this year, in that they had started to align planning and spend with the council and had aligned their investment into mental health services with the investment of the council so that there was no duplication, resulting in the Southwark pound being used in the most appropriate way. Two of examples of this were investment around CAMHS and perinatal health.

Points raised in the discussion.

The importance of being mindful of language used when discussing mental health with young people. Through discussions held at the Southwark Serious Youth Violence panel, mental health came up as one of the big issues for young people but also the stigma around 'mental health'.

A question was raised around co-production with parents as well as with young people and also about supporting and upskilling the wider workforce across the whole health and care system, including the police, schools, and the council. Genette Laws reported that work with parents and families was being undertaken by experts in engagement who already have forums available such as the active communities network who bring families together from where the family is based. The approach to consultation was also changing, moving away from the traditional tick box exercise towards engaging more in dialogue.

With regard to upskilling the workforce, Genette Laws informed the meeting that they were not yet at the point of having a plan in terms of how training will be undertaken, however the forum for where discussions on this will take place had been identified. The children and young people's commissioning development group had been repurposed into the Southwark's children and young people's partnership. It was no longer focused on commissioners and included providers that were wider than health and care. This forum would enable conversations about appropriate levels of training. Genette Laws stressed that they did not want a one size fits all approach and that there was a need to be proportionate about what the different members of the workforce will need in order to be able to either support someone or have enough information to direct someone to the right place.

Cassie Buchanan informed the board that the peer review programme referred to in the report appendix was already taking place in Southwark and that the programme set up to build capacity in schools already existed in Southwark, it was titled 'leading a mentally healthy school' and was being led by London Teachers School Alliance. The programme had been co-developed by John Ivans who leads the hospital school at the Maudsley and practitioners in schools. Cassie Buchanan advised the board that the programme would greatly benefit from further input from health. She also informed the board that instead of being consulted, schools wanted to be given permission to lead on this work themselves and be supported in co-developing something that sits within education, rather than feeding into a work stream.

Action point

Sam Hepplewhite, Genette Laws, Kirsten Watters to meet with Cassie Buchanan to discuss leading on the work relating to emotionally healthy schools.

RESOLVED:

1. That the report be noted as an update following the presentation of the Southwark Joint Review of Emotional Wellbeing and CAMHS Services.
2. That the proposals outlined in the report be agreed as part of the implementation plan and subsequent progress reporting to the Board.

11. DEVELOPING OUR NEXT 5 YEAR PLAN - KING'S HEALTH PARTNERS

The board received a presentation from Jill Lockett, Professor John Moxham and Joseph Casey from King's Health Partners on the King's Health Partners new 5 year strategic plan.

Following the presentation, Jill invited the board to ask questions which she would take away and review. Questions were asked around the following:

- Sustainability of the workforce and innovation, and also the role of robots in the health service in the future.
- Making best use of the opportunities from King's being located in the borough in terms of creating learning and employment opportunities for young people and the diverse communities of Southwark.
- Work with schools and raising aspirations.
- Workplace wellbeing and a robust engaged sustainable workforce.
- Articulating and raising the profile of King's Health Partners unique ambitions.
- Using every contact with patients to improve health and wellbeing, not only with patients but also with the families and communities of where the patients are coming from – maximising the reach of excellence to communities and to patients.
- Achieving impact and the capitalising affect that is being had within hospitals, into community based care, across community assets and within communities generally.
- Partnering with Southwark in researching children and young peoples mental health needs and also partnering with Southwark in work they are doing on autism.

CORE BUSINESS

12. BETTER CARE FUND - UPDATE ON 2018/19 DELIVERY AND 2019/20 PLANNING

Sam Hepplewhite, Director of Commissioning and Integrated Care, NHS Southwark CCG and Genette Laws, Director of Commissioning, Southwark Council introduced the report.

Sam Hepplewhite informed the board that the national planning guidance for Better Care Fund guidance was still awaited and that officers were therefore going to continue during 2019/20 in the same way as for the previous year. She anticipated that when the guidance was eventually issued that there would be a very short timetable to return information and therefore sought to put in place arrangements which enabled the return of the Better Care Fund submission without needing to come back to the Board if the timetable did not allow.

RESOLVED:

1. That the impact of the delayed publication of national planning requirements for the Better Care Fund for 2019/20 (detailed in paragraph 8 -11) be noted.
2. That Option (b) be agreed as the option to enable the Health and Wellbeing Board to formally agree the submission of the Better Care Fund plan (along with three signatures: Chair of the CCG, Strategic Director of Children's and Adults' Services, and the Chair of the Health and Wellbeing Board).

3. That the potential changes to the Better Care Fund for 2020/21 (paragraph 15 of the report) be noted.
4. That the performance on the key BCF targets during 2018/19 (paragraph 16 of the report) be noted.

13. SOUTHWARK JOINT MENTAL HEALTH AND WELLBEING STRATEGY DELIVERY PROGRAMME ANNUAL REVIEW

Sam Hepplewhite, Director of Commissioning and Integrated Care, NHS Southwark CCG and Genette Laws, Director of Commissioning, Southwark Council introduced the report.

RESOLVED:

1. That the progress to date in the delivery of the Joint Mental Health and Wellbeing Strategy delivery programme be noted.
2. That the developing plans for alignment with Partnership Southwark's Primary and Community Mental Health work stream be noted.
3. That it be noted that a review of the work streams is taking place so that areas are rationalised to support more effective and efficient delivery of the action plan.

14. SOUTHWARK PRIMARY CARE COMMISSIONING COMMITTEE - HEALTH AND WELLBEING BOARD REPRESENTATIVE 2019/20

RESOLVED:

That Councillor Evelyn Akoto be re-nominated as the named member to attend the (NHS Southwark) Primary Care Commissioning Committee in the capacity as a non-voting member from the health and wellbeing board for the 2019/20 year.

REPORTS FOR INFORMATION

The following items have been included on the agenda for information only.

15. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT - MENTAL WELLBEING AND RESILIENCE IN YOUNG PEOPLE

The report for this item was circulated with the agenda for information only. There was no discussion on the item.

16. A FOOD SECURITY PLAN FOR SOUTHWARK (RECENT REPORT TO CABINET)

The report for this item was circulated with the agenda for information only. There was no discussion on the item.

**17. DIGITAL PUBLIC HEALTH IN SOUTHWARK: OUR STRATEGIC APPROACH
(RECENT REPORT TO CABINET)**

The report for this item was circulated with the agenda for information only. There was no discussion on the item.

**18. INTRODUCING A COUNCIL ADVERTISING POLICY IN SOUTHWARK (RECENT
REPORT TO CABINET)**

The report for this item was circulated with the agenda for information only. There was no discussion on the item.

The meeting ended at 6.45pm

CHAIR:

DATED: