

# HWB



## HEALTH AND WELLBEING BOARD

Thursday 20 October 2016 at 6.00 pm

### MINUTES

PRESENT: Adrian McLachlan, Councillor Jane Pickard, Councillor Jim Dickson (Chair), Catherine Pearson, Helen Charlesworth-May and Annie Hudson

APOLOGIES: Councillor Louise Nathanson, Andrew Eyres, Prof. John Moxham and Councillor Jackie Meldrum

ALSO PRESENT: Dr Abdu Mohiddin

Action  
required by

#### **1. DECLARATIONS OF INTEREST**

None were declared.

#### **2. MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the previous meeting held on 6 July 2016 be approved and signed by the Chair as a correct record of the proceedings.

#### **3. LAMBETH AIR QUALITY ACTION PLAN CONSULTATION**

Sustainability Manager, Andrew Round, introduced the report.

The Chair stated that further priority in general had been given to the issue of air quality, as the Mayor of London was committed to improving air quality in London. Poor air quality significantly adversely affected

people living in more deprived areas.

The Chair thanked Councillor Jennifer Brathwaite, who often raised issues relating to air quality. Poor air quality was also an issue around areas which had buses frequenting the area. The Health and Wellbeing Board needed to lend support to issues relating to air quality and noted that the consultation responses needed to be submitted by 15 November 2016.

The Chair stated that a recommendation would be added to ensure that air quality would be part of the JSNA going forward.

The Board noted the process and stressed the importance to respond to the consultation and ensure that Board would receive reports in the future.

The meeting heard that reduction to exposure to poor air quality involved taking action such as not driving rather than simply avoiding parts of London which may have higher levels of poor quality air.

**RESOLVED:**

- (1) That the Health and Wellbeing board to note the report and advocate air quality in all local strategies
- (2) That the Health and Wellbeing board monitor the progress in implementing the Air Quality Action Plan
- (3) That Members of the Health and Wellbeing board promote the Air Quality Action Plan within their own organisations
- (4) That issue of air quality be added to the JSNA.
- (5) To embed consultation outcomes in LGA Health in All Policies peer review process

#### **4. BLACK WELLBEING PARTNERSHIP**

Catherine Pearson introduced the report.

The Chair stated that the progress had been encouraging and thanked Catherine Pearson for her work. The Board would be updated on the progress in due course.

**RESOLVED:**

That the Board note the progress towards setting up a new Black Wellbeing Partnership to take forward the recommendations of the Black Health and Wellbeing Commission report 'From surviving to thriving', 2014.

#### **5. PRIMARY CARE COMMISSIONING IN LAMBETH**

Adrian Mclachlan introduced the report.

No new resource either in staff or budgets would be appointed applied or allocated. Concerns had been raised in relation to increased workload on Clinical Commissioning Groups (CCGs) and this was a concern that was being addressed. Processes were in place for managing conflicts of interest. A governing body was in place which could bring a range of voices in addition to a conflict of interest panel. There would also be a conflict of interest guardian. In relation to health inequality, ideas had been submitted for a single national contract to manage inequalities nationally. A local control would give Lambeth a greater ability to address inequalities in the borough. How contracts are managed would be of significant importance.

The CCG governing body was in favour of the delegation, as it would allow Lambeth to deliver more services for residents. The governing body was made up of a mixture of GPs and non-GPs and had clear processes and protocols. There were also other lay members.

Healthwatch were in favour of the delegation because it would give greater access for residents who had a range of issues and most people simply went to their GP for any number of issues.

RESOLVED:

That the report be noted.

## **6. COMMITTEE IN COMMON FINANCE REPORT**

The Chair informed the meeting that Committee in Common had moved into a new year having reviewed its programme and key pipeline of projects whilst not losing focus of its core activity such as the better care fund and alliance projects. There were no major concerns about budget deficits, but the budget was being monitored. The performance figures were generally positive and the Committee was working closely with partners in the mental health area.

RESOLVED:

That the financial position and report be noted.

## **7. ELECTIVE ORTHOPAEDIC CARE PROPOSALS**

See item 8.

RESOLVED:

That the report be noted

## **8. SOUTH EAST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN**

Adrian McLachlan introduced the report and informed the meeting that the story printed in the South London Press which had stated that the STP would result in a cut of £1 billion was inaccurate and that a gap of £1 billion would only occur if processes continued to be implemented in their current iterations. A correction has been sent to the paper and this correction would be printed.

The Chair stated that there were areas of concern which needed to be raised. This included what appeared to be an excessive level of secrecy from NHS England who did not appear to be producing adequate amounts of information in some areas. There also appeared to be a lack of consultation which needed to be improved and a failure to distinguish a good level of service delivery particularly on prevention and primary care against savings that needed to be made. Although savings needed to be made, it was important that residents benefited from the services delivered.

Nicola Kingston informed the meeting that there had been a good level of consultation which was attended by Healthwatch and the PPG. However, she felt that there appeared to be a democratic deficit in the way processes were being conducted, particularly with a level of enforced secrecy.

Ms Kingston stated that areas of focus from higher levels of administration appeared to be more about hospital provision and prevention had not been funded or practically taken forward. Lambeth needed a good level of local consultation particularly around adverse health impacts and equality issues.

Ms Kingston also noted that the audit trails on some of the reports had been left blank such as on page 71 of the agenda papers.

The Chair stated that an informal session had been held examining the implication for Lambeth residents.

Catherine Pearson stated that there appeared to be a lack of detail in the report. For example there were no specific details listed for each borough or information regarding patient experience. This needed to be added to the evaluation. There also did not appear to be a commitment to Public Health underpinning the prevention programme.

Helen Charlesworth-May stated that governance and parts of the process remained a concern. It was important that the process had adequate scrutiny and that all authorities had an opportunity to influence the shape the programme. The operational staff in the local authority would be more active in trying to shape the agenda going forward.

The meeting heard that the contribution of Public Health in the STP was not clear.

The Chair informed the Board that, with the final wording agreed by all parties, he would formally write a letter to make a series of points to Our

Healthier South East London and the NHS based on four key areas:

- a) the democratic accountability in the governance of local government and the involvement of local government in central government
- b) the need to focus on the quality of the consultation on service changes including a greater transparency on factual background
- c) the patient experience within the five top line priorities
- d) the clarity of the role of Public Health in creating prevention strategies and the appropriate role for Public Health.

Board Members agreed to the proposed letter.

The Chair informed that the report for the elective orthopaedic would be submitted to Joint Scrutiny and subject to scrutiny in individual boroughs.

The Chair stated that he was content for the consultation to continue but needed to be brought back to the Health and Wellbeing Board. He also emphasised that reports needed to provide more clarity with regard to its sign off process.

RESOLVED:

- (1) That the report be noted.
- (2) That the Chair formally write a letter to NHS England to query issues raised in the report.
- (3) That the consultation be brought back to the Health and Wellbeing Board.

## **9. HEALTH AND WELLBEING STRATEGY REFRESH**

Sarah Corlett introduced the report.

The Chair stated that key features included prevention, integration, housing and other key features. An appropriate approach has been undertaken in the refresh and the Lambeth 2020 plan was partly based around the activities and approach of various partners as well as the Council.

The Chair thanked all staff members involved, including Valerie Dinsmore who also played a role on the Staying Healthy Partnership Board. It was important to have clear objectives of achievement during a time of rapid change.

Councillor Pickard stated that she felt the strategy was clearer than the previous iteration and she was pleased to see attention given towards prevention and early action.

RESOLVED:

- (1) That the refresh of Lambeth's Health and Wellbeing strategy that was approved at the Cabinet Meeting of 19 September 2016 be noted.

#### **10. QUARTERLY REPORT OF THE DIRECTOR OF PUBLIC HEALTH FOR LAMBETH (JULY - SEPTEMBER 2016)**

Sarah Corlett introduced the report.

Robert Dunne, Public Health, reported that there were two upcoming events including a Great Weight Debate Roadshow in Windrush Square and in Stockwell. The events would include surveys, guided exercises, provision of information, ideas for solutions and complementary ideas that could be used in Lambeth.

The Chair stated that it was important that a high level of turnout was ideal for the upcoming events and all efforts needed to be made to ensure that residents were made aware of the events. Appropriate advertising and messaging was needed to ensure a high turnout. The data produced by the events needed to be re-packaged and passed upwards as part of the London initiative.

The meeting heard that discussions had been held regarding improving quality of health and needed to be spread London wide. Public Health would support delivery of strategy.

The meeting noted the presentations of members of Public Health England at the conference which took place in Warwick. Matters addressed included tobacco control and work on tackling obesity.

The meeting noted that Dr. Ruth Wallis had officially retired and had received a Lammy award at Lambeth CCG.

The Chair thanked the team and looked forward to work with all members of staff going forward.

RESOLVED:

- (1) That the report be noted.

#### **11. CHILDREN AND FAMILIES STRATEGIC PARTNERSHIP UPDATE**

Councillor Pickard introduced the report and explained that the Partnership Board used to be the Children's Trust Board and was good for bringing together the schools, health, the local authority and voluntary sectors. More work was needed to be completed before consolidation. School teachers had been appointed to the Partnership Board.

Issues relating to mental health illustrated the need for school involvement

and more school representation was required.

An update on CYPHP outlined the work being done in the community and in schools.

Councillor Pickard hoped that the Partnership Board had a strong future.

The terms of reference were scheduled to be re-written.

The Chair stated that the relationship between the sub-group and the Health and Wellbeing Board needed to be strengthened and built into the Health and Wellbeing strategy and commissioning work.

Annie Hudson informed the meeting that a joint post had been created at the CCG and will be occupied by Ms Amy Buxton Jennings who could provide further support and leadership.

It was important the focus of partnership and the role of Children's Safeguarding Board was complimentary and adequate. The Safeguarding Partnership had become more focused on child protection and generally had a narrower focus on safeguarding remit so the Partnership's objectives were more clearly defined. Focusing on subject areas where all professionals could contribute would be beneficial.

RESOLVED:

(1) That the contents of the report be noted.

## CLOSE OF MEETING

The meeting ended at 7:35pm

CHAIR

Date of Despatch: Friday 28 October 2016

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