

LONDON HEALTH BOARD

London Health Board - 5 October 2017

Public Meeting Record

Board members present:

Sadiq Khan, Mayor of London (Chair)

Cllr Kevin Davis, Leader, Royal Borough of Kingston Upon Thames and London Councils' Portfolio Lead for Health

Cllr Richard Watts, Leader, London Borough of Islington, London Councils' representative

Professor Yvonne, Doyle, Regional Director, Public Health England

Professor Jane Cummings, Director, NHS England, London

Daniel Elkeles, Chief Executive, Epsom and St Helier University Hospitals NHS Trust

Dr Marc Rowland, Chair, London-wide Clinical Commissioning Council

Dr Tom Coffey, Mayoral Health Advisor

In attendance:

Dr Nick Bowes, Mayoral Director for Policy, GLA

Amanda Coyle – Assistant Director Health, Education and Youth, GLA

Dick Sorabji - Director of Policy and Public Affairs, London Councils

Will Tuckley - Chief Executive, London Borough of Tower Hamlets (CELC Lead for Health)

Dr Nabihah Sachedina, Director London Health and Care Devolution Programme

Professor Chris Ham, Kings Fund (items 8-10)

Secretariat:

Gus Wilson – London Health Board Secretariat Manager, GLA

Eleanor Lloyd – Senior Board Officer, GLA

Observing:

Anna Charles, King's Fund

Clive Grimshaw, London Councils,

Tony Johnstone, Office of London CCGs,

Javina Sehgal, Thrive LDN

Keri Torney, Healthy London Partnership

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1. Welcome and introductions

- 1.1 Apologies for absence had been received from Cllr Denise Hyland and Claire Murdoch.
- 1.2 The Chair noted his gratitude, and that of the Board for the work of Anne Rainsberry, following her recent retirement after 33 years' service in the NHS. Her support to the Board and contribution to healthcare in London had been invaluable.

2. Minutes of last meeting on 14 June 2017

- 2.1 The minutes of the previous meeting were agreed as an accurate record.
- 2.2 Dick Sorabji updated the Board on progress toward the Fast Track Cities proposal. An event had been organised on 31 October for Health and Wellbeing Board (HWB) Chairs to brief local leaders on progress and next steps for the initiative.

3. Health Inequalities Strategy Update

- 3.1 Professor Yvonne Doyle updated the Board on the Better Health for All Londoners consultation on the London Health Inequalities Strategy, which was underway and would run until 30 November 2017.
- 3.2 Qualitative as well as quantitative responses were being sought, and a public pledge website had been established. Members were asked to engage with their networks to promote full and timely responses to the consultations. Active engagement was also taking place with as wide a range of stakeholders as possible. Partner organisations were encouraged to lead by example.
- 3.3 A full paper on responses to the consultation and proposed next steps would be discussed at the 20 December 2017 Board meeting.

4. Thrive LDN Update

- 4.1 Amanda Coyle updated the Board on the progress of the Thrive LDN programme launched on 4 July 2017 and the roll out of the Are we OK London? campaign, including engagement with Londoners and feedback received. Thrive LDN was intended to initiate and provide statutory support for a social movement. The partnership model had already proved extremely successful, with local authorities taking a lead role.

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- 4.2 Instances of targeted implementation had been particularly welcome and it was agreed that Thrive LDN should do everything possible to tackle mental health inequalities, particularly amongst London's BAME communities.
- 4.3 Senior mayoral staff would look to access their extended networks and reach as many organisations and individuals as possible with the initiative, as well as involving business, sports and civil society leaders. All senior GLA staff had attended mental health awareness sessions and the Mayor and his team had undertaken mental health first aid training.
- 4.4 Members welcomed the GLA Group's focus on planning and investing for suicide prevention, and it was agreed that boroughs would benefit from the sharing of best practice in this field.
- 4.5 A new mental health champion would be sought following the departure of Cllr Sarah Hayward.
- 4.6 A further progress report would be brought to the 20 December Board meeting.

5. S136 Mental Health Crisis Care Update

- 5.1 Dr Coffey summarised the progress made since the launch of the pan-London s136 care pathway in identifying how the new model of care would be implemented across the capital. The new pathway would improve care for people in mental health crisis by establishing high quality, well-resourced Health Based Places of Safety and preventing the need to use police cells, ambulances and other inappropriate locations. London partners were in the process of setting criteria for location selection.
- 5.2 The Board discussed potential geographies for the centres stressing that travel time should be an important criterion, rather than borough or other geographical boundaries.

6. LHB Forward Look

- 6.1 The Board received an update on forthcoming engagement activity in areas where it was providing political oversight and leadership. It was noted that a major City Mental Health Alliance event would be held at City Hall on 27 November.

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7. Health and Care Devolution Update and Next Steps

- 7.1 Dr Nabihah Sachedina updated the Board on progress towards finalisation of the London health and care devolution memorandum of understanding (MoU). Progress on the MoU had been delayed by the June 2017 general election but work had now resumed at pace and discussions regarding a date for signing the MoU were underway.
- 7.2 Dr Sachedina thanked all involved for their efforts and explained that the focus was now on devising mechanisms for rapid implementation and fully reengaging and mobilising the system to ensure momentum was maintained.

8. London Strategic Partnership Board Update

- 8.1 Professor Jane Cummings and Will Tuckley presented a paper on the progress and vision of the London Health and Care Strategic Partnership Board (SPB), and sought members' views on how the two boards could interact. The London Health Board would provide political oversight, with the SPB proactively providing technical and clinical expertise and direction. The interaction between health and care would be crucial and that there was a need to involve wider policy areas to focus on prevention.
- 8.2 The Board would consider strategic priority-setting at its next meeting, following which the SPB would draw up a workplan for discussion.

9. Integration of Health and Social Care: Narrative and Next Steps

- 9.1 Dr Nabihah Sachedina provided an update on efforts underway to support health and care partnerships, which were developing at different scales in different localities. Integration needed to be bottom up with aggregation only where needed.
- 9.2 All partnerships would need support to understand underlying data and local needs; build capacity for collaborative working; and develop a shared vision for London's health and care systems. The move toward locally accountable care would present significant challenges as well as benefits, and would offer an important opportunity for London to work with the national system to influence emerging guidance and ensure it was suitable for the city's needs.

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9.3 The Board discussed the emerging narrative on integration on and how this might best be developed. The narrative should explore all potential levels of integration from neighbourhood to citywide and reflect different organisational perspectives of practical issues. Inclusion of examples would be crucial, as would devising and explaining mechanisms of accountability would also be important.

10. Analysing STPs in London: Service reconfiguration, finances and leadership

10.1 Professor Chris Ham CBE, Chief Executive of the King's Fund introduced his report: *Analysing STPs in London: service reconfiguration, finances and leadership*. This independent analysis of the STP process had been commissioned by the Mayor and published the previous month. The King's Fund was in principle supportive of place-based approaches but the speed at which STPs had been instigated and developed had led to errors.

10.2 The report recommended that STPs must be strengthened by:

- increasing stakeholder engagement;
- reviewing content, especially where bed closures had been recommended; and
- additional work on the underlying data and assumptions, particularly financial assumptions.

10.3 Most STP leaders broadly accepted the report's analysis and recognised that more work would be needed. Members welcomed the report and expressed support for the principle of STPs, but it was agreed that more and better communication was needed to convey the purpose of STPs and manage expectations.

10.4 The Chair observed that that there had been little public advocacy for STPs amongst politicians and that he would need to be assured on a range of issues before he felt able to offer them his support. The Board wished to exercise oversight of the STP process as plans developed to ensure it was evolving and properly communicated as well as taking into account the final devolution settlement. The London Health Board will be the place for further independent analysis and leadership comment on future STPs.

11. Any other business

11.1 The Chair confirmed he would join a forthcoming meeting between Dr Coffey and Claire Murdoch on mental health.