

London Health Board – 20 December 2017

Public Meeting Record

Board members present:

Sadiq Khan, Mayor of London (Chair)
Cllr Kevin Davis, Leader, Royal Borough of Kingston Upon Thames
Cllr Denise Hyland, Leader, Royal Borough of Greenwich
Cllr Richard Watts, Leader, London Borough of Islington
Dr Tom Coffey, Mayoral Health Advisor
Professor Jane Cummings, Regional Director, NHS England, London
Professor Yvonne Doyle, Regional Director, Public Health England (London)
Daniel Elkeles, Chief Executive, Epsom and St Helier Foundation Trust
Claire Murdoch, Chair, Cavendish Square Group (London Mental Health Trusts)
Dr Marc Rowland, Chair, London-wide Clinical Commissioning Council

In Attendance:

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
Geoff Alltimes, Co-Chair, London Estates Board
Oliver Shanley, Regional Chief Nurse England/NHS Improvement
Una Carney, Head of Partnership Communications and Engagement, Healthy London Partnership

Secretariat:

Gus Wilson – London Health Board Secretariat Manager, GLA
David Pealing – Senior Board Officer, GLA

Observers:

Clive Grimshaw, London Councils,
Peter Kohn, London CCGs,
Keri Torney, Healthy London Partnership
Javina Sehgal, Thrive London
George Howard, Healthy London Partnership
Dr Liz Brutus, Department of Work and Pensions (shadowing Prof Yvonne Doyle)

1. Welcome and introductions

1.1 The Chair welcomed attendees to the meeting and those present introduced themselves.

2. Minutes of last meeting on 5 October 2017

2.1 The minutes of the previous meeting were agreed as an accurate record.

2.2 The Chair noted a commitment to transparency in the recently signed London Health and Social Care Devolution Memorandum of Understanding (MoU) and asked for a paper to be brought to the next meeting to consider what might be done to increase transparency around the Board's work.

2.3 DECISION:

The Board agreed that a report on options to increase transparency would be brought to the next meeting. **[Action: Secretariat]**

3. Matters Arising and Actions List

3.1 The Chair invited responsible Members to discuss recent actions they had undertaken in relation to the work of the Board.

3.2 Dr Tom Coffey reported that he had recently met with Chris Ham, Chief Executive, King's Fund and would provide an update at the June 2018 meeting.

3.3 Prof Yvonne Doyle updated on the consultation on the Mayor's Health Inequalities Strategy (HIS). She noted over 2,000 people had engaged via Talk London and that officers were going through the responses. Prof Doyle was satisfied all the groups that the HIS had identified for engagement had responded during the consultation.

3.4 Prof Yvonne Doyle informed the Board that progress on the *Fast Track Cities* programme meant that London was in a position to sign an agreement on 10 January 2018, making it only the second European city to do so.

3.5 Dr Tom Coffey outlined the S136 update implementation plan circulated to members before the meeting.

3.6 Nick Bowes updated on work done to address suicide prevention within the London Plan. He drew attention to Chapter 3 of the draft Plan, which included sections on personal safety in tall buildings and noted that more generally consideration of suicide prevention had been threaded throughout the document.

3.7 DECISIONS:

The Board agreed that:

- a) Emerging findings from the Health Inequalities Strategy consultation, including partnership offers of support, should be presented to the next Board meeting; and

[Action: Prof Yvonne Doyle]

- b) Updated analysis of Sustainability and Transformation Partnerships (STPs) by the King's Fund should be presented to a future Board meeting.

[Action: Dr Tom Coffey]

4. Devolution and Strategic Partnership Board (SPB) Update and Prioritisation

- 4.1 The Chair invited presenters to introduce their updates.

4a) Devolution Update

- 4.2 Dr Nabihah Sachedina announced to the Board that the MoU had been signed on 16 November 2017 by London, national Government and partners.
- 4.3 Dr Sachedina gave thanks to members for their tenacity and leadership in pursuing the work needed to prepare the MoU for agreement and to partners for their coverage of the signing. Early indications were that the MoU had been well received.
- 4.4 Letters had been sent to national partners in order to follow up on specific MoU commitments at pace and to establish the broad, strong partnerships needed to deliver the MoU. An event had been held on Friday 15 December 2017 with health and care leaders across London to discuss the MoU commitments and key steps toward delivery.
- 4.5 Work was now underway to secure the tangible benefits offered by the MoU as quickly as possible and to ensure commitment to them. It would also be important to communicate clearly to Londoners and to health and care partners the practical benefits of devolution.
- 4.6 DECISION:
The Board noted the update.

4b) SPB Prioritisation

- 4.7 Will Tuckley and Prof Jane Cummings told the Board that the SPB had hit the ground running on implementing the MoU. A key area of current focus was preparing for delegation of NHS Transformation Funding to London from April 2018. The details were to be finalised in the coming months. NHS England had agreed to delegate funding allocation decisions to an NHS England London Region representative to be exercised within the forum of the SPB. It was recognised that in 2018/19 some of this resource would be pre-committed due to existing contracts and, in some cases, earmarked for spending against national priorities e.g. primary care. It was expected that in future years, the proportion of uncommitted funding would increase.
- 4.8 Cllr Kevin Davis reflected that the delays in securing the MoU now meant that London had to accelerate the pace of work. Cllr Davis asked that work to communicate the benefits of partnership working and devolution for Londoners, rather than the structures underpinning the MoU, be prioritised by the Board.
- 4.9 Dr Marc Rowland welcomed the opportunities offered by the SPB to enable strengthened collaboration on issues impacting wider determinants of health including transport, housing and air quality.

- 4.10 Prof Yvonne Doyle suggested that the first two MoU priorities for implementation by the London Prevention Board should include illegal tobacco and the introduction of fast food exclusion zones around schools.
- 4.11 Cllr Richard Watts expressed that changes to commissioning and payment models were necessary to support health and care integration and that a report should be brought to a future meeting on what progress had been made in payment design. This work should include an assessment of the most effective approaches at different spatial levels. It would be important to reflect the principle of subsidiarity and the different needs of different local areas.
- 4.12 Daniel Elkeles welcomed the opportunities to influence the allocation of such a significant amount of transformation funding within London. It was noted that the useable figure should be much higher, as NHS transformation funding would be used to leverage and unlock wider funding to support health and care transformation.
- 4.13 The Chair noted that given the issues of recruiting, retaining and supporting health and care staff in London, a key area of focus would need to be workforce and skills. He encouraged members to work with his Skills for Londoners Taskforce to explore opportunities to address health and care skills needs within London.
- 4.14 The Chair called for a work programme of the SPB to be brought to the next meeting of the Board, with political leaders involved in the drafting of the programme. It should clearly identify actions and intended benefits within the next 12 months.
- 4.15 The SPB co-chairs reflected that at the 15 December stakeholder event it was clear that health and care leaders were increasingly speaking the same language, identifying mutual challenges and co-developing solutions. This was an example of the progress already made towards strengthened partnership working.
- 4.16 DECISIONS:
- The Board:
- a) Noted the paper, including progress on developing the SPB work plan and on integration and governance arrangements;
 - b) Agreed that recruitment and retention of nursing staff; and the Apprenticeship Levy should be priorities in the SPB's 'workforce' category; and
 - c) Agreed that an SPB work programme should be brought to the next Board meeting, taking into account proposed prioritisation criteria and addressing those points made at paragraph 4.14, with political leaders involved in the drafting.

[Action: Prof Jane Cummings and Will Tuckley]

4c) NHS Estates as an example of SPB priorities

- 4.17 Geoff Alltimes presented a paper on NHS estates. He suggested this work was illustrative of the potential opportunities of devolution, with all partners recognising that the current system was overly complex, fragmented and not meeting the needs of stakeholders or Londoners. The London Estates Board (LEB) had been set up to provide greater transparency of NHS estate plans, activities and decisions within London and increasing substantially the engagement with local authorities through the One

Public Estate programme. The LEB had now been operational for a year and has links with the Mayor's Homes for Londoners Board (HfL).

- 4.18 Sustainability and Transformation Partnerships (STPs) were currently refreshing their estates plans. From these, a London-wide capital plan would be developed. Professor Jane Cummings committed to discuss this with national and STP partners.
- 4.19 It was expected that Government would be producing its response to the Naylor review of NHS property and estates in early 2018. As part of this, work was also underway to improve alignment between the LEB and the national property companies including NHS Property Services.
- 4.20 It was recognised that as part of the MoU, capital receipts raised in London would remain in London. This would be contingent on the development of a clear capital plan. It was likely that there would continue to be capital scarcity within the NHS and innovative partnerships with local authorities and the GLA may provide access to additional development and delivery opportunities.
- 4.21 Cllr Kevin Davis explained that local authorities had local expertise and capital budgets available for this kind of work. It would be a priority of many local authorities to support the development of the health and care estate but this would require closer collaboration between the LEB, local authorities, NHS providers and NHS Property Services to work together with councils to enable this.
- 4.22 Members agreed that London should have world-leading hospital and community care services. Dr Marc Rowland asked that a priority should be to identify new estate models, including hub-and-spoke practices that would link local, sub-regional and London-level services.
- 4.23 Members also stressed the importance of ensuring effective utilisation of existing health and care estate with a clear policy regarding the use of surplus capacity. Geoff Alltimes informed the Board that this was underway.
- 4.24 Daniel Elkeles noted that there was continuing tension in land valuations, with Trusts keen to achieve maximum financial value for surplus land to reinvest into provision but recognising that this may preclude social housing, which in itself is a determinant of health.
- 4.25 The Chair reflected that local authorities could bring significant local intelligence to inform the development of STP capital plans and ensure that these reflected wider public estate synergies. Homes for Londoners also aims to encourage this. The GLA and boroughs could support more affordable land availability with well-thought out Supplementary Planning Guidance, but a key success factor would be ensuring earlier and improved communication between NHS partners looking to sell and the local planning authority.
- 4.26 DECISIONS:
The Board agreed that:
- a) An NHS London capital plan be developed and presented to the next Board meeting;

- b) An NHS Estate Utilisation review be undertaken and presented to the next Board meeting;
- c) A spare capacity policy should be developed; and
- d) Information should be provided to the Board on LEB's connections with other governance structures (e.g. Homes for Londoners).

[Actions: All Geoff Alltimes]

5 Dementia-friendly London

- 5.1 Dr Tom Coffey informed the Board of a recent approach made by the Alzheimer's Society on making London the first Dementia-friendly city. The Board considered work already underway towards this initiative and the potential to add value to existing plans. Members were invited to send examples of good practice to the Secretariat and agreed that an update should be brought to a future meeting.
- 5.2 The Chair described how the success of the World Para Championships in London in summer 2017 had encouraged more disabled people to visit London and that the Dementia-friendly City status could have a similar affect for dementia sufferers and carers.
- 5.3 DECISIONS:
The Board:
 - a) Noted the paper and progress to date;
 - b) Agreed to submit examples of good practice in this field; and
[Action: Board members/Secretariat]
 - c) Agreed to receive an update on Dementia-friendly London at a future meeting.
[Action: Dr Coffey /Secretariat]

6 Thrive LDN update

- 6.1 Amanda Coyle introduced an '[initial findings report](#)' that had been circulated to the Board at the beginning of the meeting. It was explained that a fuller report would be produced in the new year.
- 6.2 Headlines were that the campaign had reached 11.5 million people; that more work was being done on mental health stigma for young people and there would be a report produced on how to prevent stigma and to improve early access to treatment for young people.
- 6.3 Additional work was underway with particularly marginalised groups including the homeless and military veterans. Mental health awareness and help was being mainstreamed across the GLA's work. International best practice was being incorporated.
- 6.4 An implementation and evaluation plan would be produced and further report would be brought to the board's April 2018 meeting.

- 6.5 Cllr Kevin Davis was pleased to announce to the Board that London Councils had appointed Cllr Sachin Shah, Leader of Harrow Council as its mental health representative to further lead on the positive, tangible work of local authorities in this area.
- 6.6 The Chair considered the funding the project had so far levered as being great work and that a proper evaluation of the value added by the work was vital. He gave his thanks to all those who had worked on this so far and was encouraged by the private sector take-up of the initiative.
- 6.7 DECISION:
The Board noted the update.

7 Mental Health Services in London

- 7.1 Claire Murdoch outlined the national context for mental health service policy and drew the Board's attention to the ambitions of the Five Year Forward View for mental health.
- 7.2 Claire explained that her role was to ensure that each NHS region had its own credible and fully-funded response to the recommendations set out in the forward view. She set out five hot spot issues affecting implementation:
- Workforce;
 - Urgent and emergency care pathways;
 - Perinatal mental health;
 - Supporting people with mental illness into work; and
 - Suicide prevention and reduction.
- 7.3 Claire reported that there was a Green Paper consultation open on young people's mental health services. There were three main elements to the consultation:
- Each school having a lead teacher for mental health, along similar lines to current arrangements for teachers supporting pupils with special educational needs;
 - A bespoke counselling service available in each secondary school; and
 - A young person's mental health service referral waiting time target.
- 7.4 Oliver Shanley informed the Board that in London the response on adult mental health services was so far positive with numbers of hospital beds required reducing; an increase in physical health checks for mental health patients; physical safety issues being addressed; Accident and Emergency standard exceeded; and the existing national targets for adults met.
- 7.5 For children, all access standards were being met and more beds were being opened. To address acute care pathway problems more crisis teams were being established.
- 7.6 The Chair asked which level of workforce was most affected by capacity issues. In response, the Board heard that it was across every level but particularly nursing.

- 7.7 The following issues were raised during discussion:
- Existing targets around children’s mental health services were too unambitious and that London’s standards were declining thanks to long-term underinvestment;
 - That current branding for access counselling services could be significantly improved including perhaps provision for a single, London-wide phone number to access services;
 - More and better links needed to be made in adult provision between mental health and physical health issues;
 - That the fragmentation of the school system, with 70% of schools no longer being under local authority influence, complicated the situation;
 - Counselling being provided in schools both identified and/or addressed issues early in a person’s life, in an environment that was more comfortable to them, and reduced lifetime costs for the healthcare system as well; and
 - Tier 4 bed numbers required had reduced in northwest London, and eating disorder services had increased this year. However, such positive news was set against the context of an exceptionally difficult existing situation.
- 7.8 The Chair welcomed the work underway that Claire had described. He made clear his ambition that London should use the opportunity presented by the Green Paper for London to become a pilot/Trailblazer site for CAMHS in secondary schools. As an interim step, the Chair was keen to explore other possibilities, for example, all London secondary schools to have a counselling service available for half-a-day a week.
- 7.9 The Chair was due to meet with Claire and Matthew Patrick, South London and Maudsley Mental Health Foundation Trust in the new year and would use this opportunity to consider London’s response to the Green Paper and what could be done to build on existing good practice. The Board would be updated at its next meeting.
- 7.10 DECISIONS:
The Board:
- a) Noted the paper, including progress by the NHS in London in delivering improved access to Mental Health Services for Londoners; the publication of the Government green paper on transforming CYP mental health provision; production of the London Mental Health Workforce Delivery Plan and other key developments.
 - b) Agreed to receive an update on the Chair’s meeting with Claire Murdoch and Matthew Patrick at its next meeting. **[Action: Chair]**
 - c) Agreed that a London response should be submitted to the CAMHS Green Paper, including identifying Trailblazers. **[Action: Secretariat]**

8 London Health Board *Better Health for London* Conference

8.1 Una Carney introduced the item and explained that the Board had committed to a public conference during summer 2018. A focus would be on communicating the work of the Board to Londoners.

8.2 DECISIONS:

The Board agreed that:

- a) A Better Health for London conference should be held in summer 2018;
- b) The Health Inequalities Strategy should be launched at the event; and
- c) The event should focus on communicating the work of the LHB to Londoners, with a programme for the day to be worked up in collaboration with partners and presented to the next Board meeting. **[Action: Una Carney]**

9 Date of Next Meeting

9.1 The date of the next meeting of the Board was confirmed as 19 April 2018.

10 Any Other Business

10.1 The Chair thanked Members for their work this year and wished them a merry Christmas.

11 Close of Meeting

11.1 The meeting ended at 15:37pm.