MINUTES OF THE HEALTH AND WELLBEING BOARD

Wednesday, 4 July 2018 at 3.00 pm

PRESENT: Mayor Damien Egan, Councillor Chris Best, Dr Marc Rowland, Danny Ruta, Martin Wilkinson, Michael Kerrin, Peter Ramraker, Tony Nickson, Aileen Buckton, Val Davison

ALSO PRESENT: Salena Mulhere, Trish Duffy, Donna Hayward-Sussex

Apologies for absence were received from

1. Minutes of last meeting and matters arising/Action Tracker

1.1 The minutes of the last meeting agreed as a true record, subject to Martin Wilkinson being added to the attendee list.

2. Declarations of Interest

2.1 There were no declarations of interest

3. Introduction to the Health and Wellbeing Board in the 2018/19 Council Administration

3.1 Salena Mulhere introduced the report. The key points to note were:

- Board members had been invited to an informal induction session in May, to meet the new Mayor/Chair and discuss the role of the Board.
- At that session there was a discussion about the role of the Board and its way of working. There was a collective appetite for "refreshing and reinvigorating" the Board and ensuring a focus on taking action where the Board as collective strategic leaders could have an impact that other boards and forums, or organisations individually couldn't.

3.2 In the subsequent discussion the following points were noted:

- All Board members are keen to act as system leaders collectively and want to identify the issues they want to focus on and how collectively the Board could make a difference, rather than solely noting reports of actions taken elsewhere
- It is important that the Board individually and collectively accept the challenge of being more energized and focused on delivering system change, and that there is collective agreement about what it is they are going to focus on, and then exactly what they are going to do

3.3 Resolved:
- That meetings will be used primarily to progress a focus around specific health inequalities, focusing on where and how the Board can act as collective system leaders to influence change and improvement.

4. The 'Big Question' and Health Inequalities

4.1 Salena Mulhere introduced the report. The key points to note were:

- The Board has agreed it could contribute added value to tackling health Inequalities by focusing on fewer things but delivering tangible results using their position as system leaders to deliver a more coordinated approach to both identification of the "big issues" and appropriate system wide solutions.
- The identification of a 'Big Question' could help refine this activity, to provide a narrative thread through all Board meetings over the coming year to ensure that people, priorities and resources are more targeted and coordinated to deliver around an agreed theme or issue.
- An example could be the prevention agenda, which sits at the heart of the integration between health and social care. The Board might wish to identify "what can each organisation represented on the Board do to prevent escalation of need" or "what can each organisation represented on the Board do to encourage and support people to take greater responsibility for improving their own health and wellbeing?"
- In line with raised around BAME Health Inequalities, some initial data has been provided to the Board to inform a discussion as to where the Board may wish to focus its attention initially.

4.2 In the subsequent discussion the following points were noted:

- The Chair thanked officers for the report and wide range of data around BAME health inequalities provided.
- In the Mayor's manifesto there was a heavy focus on parity of esteem for mental health issues, particularly in relation to BAME mental health.
- The Board had a wide reaching discussion around what exactly its initial focus in relation to BAME Health Inequalities should be, in addition to a primary focus on BAME mental health, building on the already agreed THRIVE approach.
- Officers have already spoken to the BAME health network, via the Stephen Lawrence Trust, and the network is keen to build on existing work already being done through the network researching into long term conditions. The BAME health network involves lots of community leaders, meets on a monthly basis and is particularly interested in mental health.
- Engagement in identifying the priority areas could begin with the BAME health forum whilst also considering the data available and how best the Board can engage and involve people more widely across other forums, to assist the Board in identifying what the priority areas in relation to BAME health inequalities it should focus on going forward.
- The network also has some good feedback on how the Board might engage more effectively with BAME communities, using the knowledge and information already available to the various board members organisations.
- It would be ideal to co design with the BAME health network what the priorities are, identify how the mental and physical health issues and inequalities are already linked. The "Big" issues will not be solved by professionals alone and tackling health inequalities has to be done "with" people not "to" people. Engagement with BME communities will assist in identifying what does and doesn't work and what could be done differently, collectively by strategic leaders to tackle BAME health inequalities.

- Health watch has done work on breast screening with BME women about experiences of breast screenings and this is the sort of work and qualitative data that should also feed into discussions around what the priority focus should be.
- VAL will also have a role in facilitating community engagement around Health Inequalities as it also has access to wide range of networks and would be key to supporting effective community engagement and identifying the priority health inequalities from a community and public perspective.
- SLaM have reviewed their data and would suggest the board consider looking at identifying and tackling BAME health inequalities through further understanding the CAMHS services and transition: BAME CYP are underrepresented in CAMHS but subsequently over represented in adult mental health services.
- Mayor and Cabinet will be receiving a report in a weeks' time recommending a review of the effectiveness of CAHMS services in meeting needs in Lewisham. If agreed Cllr Barnham will be carrying out the review which will include reviewing what is currently being delivered in partnership with the CCG and SLaM – it is an important piece of work
- There is a rich tapestry of information about BAME Health inequalities, as shown in the data presented to date, that needs to be brought together and analysed to identify the BAME Health Inequalities where collective action could be of benefit.
- The data needs to be reviewed in terms of the role of the board - ie not the public health indicators to receive an update on, but areas where the Board can, and is best placed, to come together to work collaboratively to address things they can't tackle comprehensively in their own area.
- A lot of work is already going on in relation to population health using Cerner with CCG and other partners doing a lot to identify information around inequalities; the Board needs to ensure that it doesn't just ask the same questions slightly differently.
- It would be helpful if a working group could be set up to 1) analyse the data, 2) to identify what this would suggest the priorities are, and then 3) which of these are issues that would benefit from a systems leadership approach, and 4) how we will be informed by community and stakeholders in selecting and taking the issues forward once the analysis has been done.
- Early death could be considered the most important inequality (looking at the life expectancy gap between areas of deprivation and through BME date) you can see that 26% of the gap is explained by early heart attack and stroke, 17% due to cancer – this could be considered to lead to the priority focus from a public health perspective.
- An alternative prism of the NICE guidance on promoting health and preventing premature mortality provides 6 quality statements that could be applied to any services and the Board might choose to drill down into those area to find out how unequal those services are, that could suggest a programme of work
- With all these various options, it is important that the data is one element, with the BAME community themselves setting out the priorities in terms of inequalities having the most impact, quality of life and what they feel should be addressed.

4.3   Resolved:

- That the Health and Wellbeing Board will initially focus on BAME mental health inequalities

- That a working group of officers be set up to drive forward the work around BAME health inequalities, specifically to carry out further work to 1) analyse the data, 2) to identify what this would suggest the priorities in addition to and within mental health might be, and then 3) which of these are issues that would benefit from a systems leadership approach, and 4) ensure the Board is informed by the

community and stakeholders input in selecting and taking the issues forward once the initial analysis has been done.

- That interaction between the HWB and the BAME health network continue to be facilitated by the lead officer, to initially identify the key priorities around BAME mental health;

- Following on from initial discussions, continue to work with the BAME health network, voluntary sector organisation and wider forums to identify in more detail the priorities the Board should look to address.

5. Joint Strategic Needs Assessment Update

5.1   Trish Duffy introduced the 4 completed JSNAs, advising that each had been signed off by the project sponsor.

5.2   In the subsequent discussion the following points were noted:
- A summary of the key points potentially pertinent for the Board to address collectively via action across the system would be helpful with any future presentation of a completed JSNA.
- With some JSNA this won't be the case as the action will be necessarily taken by one or two lead organisations, with some the actions might be relevant for the Joint Commissioning Group to take rather than the HWB
- It would be helpful if the JSNA steering group undertook this work identifying the relevant audiences, and summary of key points for consideration by the Board: ensuring appropriate representation at the steering group of each organisation represented on the Board will be key.

5.3   RESOLVED: JSNA steering group to review and ensure appropriate additional audiences to take forward any actions from each JSNA completed. JSNA steering group to provide summaries of pertinent points for the Board in advance of future presentation of all completed JSNA.

A.O.B

Councillor Best recorded the Boards thanks to Marc Rowland at his last Board meeting for his leadership across London, his consistently thoughtful contributions.

Marc thanked the Board and advised he was proud of the way the Board and the system in Lewisham was pulling together despite the financial challenges, and he was heartened by the sense of energy from the Board going forwards.

(a)   Repeated Removals of Children into Social Care

(b)   Young People in Contact with the Criminal Justice System

(c)   Air Quality (Refresh)

(d)   Maternal Mental Health

6. Health and Wellbeing Work Programme

7. Information Items