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HEALTH AND WELLBEING BOARD

Date: THURSDAY, 11 JULY 2019 at 3.00 pm

Committee Room 1
Civic Suite
Lewisham Town Hall
London SE6 4RU

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MEMBERS

Damien Egan (Chair)	Mayor of Lewisham
Chris Best	Deputy Mayor and Cabinet Member for Health and Adult Social Care
Thomas Brown	Executive Director for Community Services, Lewisham Council
Val Davidson	Chair, Lewisham and Greenwich NHS Trust
Roz Hardie	Voluntary and Community Sector Representative
Donna Hayward-Sussex	Service Director, South London and Maudsley NHS Foundation Trust
Martin Hunt	Interim Chief Executive Officer, Voluntary Action Lewisham
Gwen Kennedy	Interim Director of Nursing South London, NHS England
Michael Kerin	Healthwatch Lewisham
Dr Faruk Majid	Chair, Lewisham Clinical Commissioning Group
Dr Catherine Mbema	Director of Public Health, London Borough of Lewisham
Dr Simon Parton	Chair, Lewisham Local Medical Committee
Sara Williams	Executive Director for Children & Young People, Lewisham Council

INVESTOR IN PEOPLE

The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. Copies of reports can be made available in additional formats on request.

ORDER OF BUSINESS – PART 1 AGENDA

MINUTES OF THE HEALTH AND WELLBEING BOARD

Thursday, 7 March 2019 at 3.00 pm

PRESENT: Mayor Damien Egan (Chair to the Board); Faruk Majid (Vice Chair to the Board and Chair, Lewisham Clinical Commissioning Group); Cllr Chris Best (Deputy Mayor of Lewisham and Cabinet Member for Health and Adult Social Care); Aileen Buckton (Executive Director for Community Services, LBL); Val Davison (Chair of Lewisham & Greenwich Healthcare NHS Trust); Mark Drinkwater (Policy and Communications Coordinator, Voluntary Action Lewisham); Roz Hardie (Voluntary and Community Sector Representative); Michael Kerin (Healthwatch Lewisham); Dr Danny Ruta (Director of Public Health, LBL); and Sara Williams (Executive Director for Children & Young People, LBL).

APOLOGIES: Roger Paffard (Chair, South London and Maudsley NHS Foundation Trust); Dr Simon Parton (Chair of Lewisham Local Medical Committee) and Gwen Kennedy (NHS England Representative).

IN ATTENDANCE: Martin Wilkinson (Managing Director, Lewisham Clinical Commissioning Group); Catherine Mbema (Consultant in Public Health); Kenneth Gregory (Joint Commissioning Lead for Adult Mental Health, LCCG &n LBL); Donna Hayward-Sussex (Deputy Director, South London and Maudsley NHS Foundation Trust); Trish Duffy (Health Intelligence Manager, Public Health, LBL); Salena Mulhere (SGM Inter-agency, Service Development and Integration) and Stewart Weaver-Snellgrove (Clerk to the Board, LBL).

Welcome and introductions

The Chair welcomed Mark Drinkwater (Voluntary Action Lewisham) and Roz Hardie (Voluntary and Community Sector Representative) to their first meeting as new members of the Health and Wellbeing Board.

The Chair and Cllr Best thanked departing members of the Board, Aileen Buckton and Danny Ruta, for their commitment, dedication and years of service to the Board.

Apologies were received from Roger Paffard, who was represented at the Board by Donna Hayward-Sussex.

1. Minutes of last meeting and matters arising

1.1 The minutes of the last meeting were agreed as an accurate record.

2. Declarations of Interest

2.1 There were no declarations of interest.

3. Healthier Communities Select Committee Referral - Lewisham and Greenwich NHS Trust Changes to Opening Hours of Sexual and Reproductive Health Services in the Borough

3.1 This referral from the Healthier Communities Select Committee is regarding changes by Lewisham and Greenwich NHS Trust to the opening hours of Sexual and Reproductive Health Services in the borough.

3.2 Salena Mulhere apologised to the Board that due to a previous error in the dispatch of papers this referral had not been presented at the November 2018 meeting of the Board.

3.3 Action: The Board noted the contents of the report.

4. BAME Health Inequalities Update

4.1 Kenny Gregory updated the Board with progress on the community-led approach to addressing BAME health inequalities.

4.2 A meeting between representatives from Public Health, Adults Joint Commissioning, Corporate Policy and the Lewisham BME Network took place on 19th December 2018.

4.3 The purpose of this meeting was to discuss how best to set up an informal workshop session to set the tone for co-production going forward and begin to build relationships between members of the Board and Lewisham BME Network.

4.4 At a follow-up planning meeting on 17th January 2019 it was agreed that experienced and independent third-party facilitation was key to the success of the initial workshop session.

4.5 Following a tendering exercise, Michael Hamilton, a Programme Director at the Ubele Initiative was appointed to design and facilitate the workshop, to take place on the 7th March 2019 at the Health and Social Care Leader's Forum.

4.6 A written report is to be produced by Michael Hamilton with observations and outcomes from the workshop session. It should be noted that this is an embryonic piece of work. Organisational priorities will need to be aligned with actions that the community feels are important.

4.7 It is likely that there will be a call for resource from the organisations represented on the Board in the delivery of key priorities. This will come to a future meeting of the Board for review.

4.8 Members of the Board made the following comments regarding the report:

- Priorities around BAME health inequalities were welcomed. The three priority areas of mental health, obesity and cancer need to be underpinned by key targets driving improvement in outcomes.
- There needs to be a cultural shift in workplace behaviours across the current system (e.g. friendly and helpful staff as a first point of contact for service users who may feel untrusting, confused or outside of the system).
- Lessons to be learned from initiatives elsewhere that involve faith leaders in the delivery of BAME health interventions.

4.9 Action: The Board noted the contents of the report.

5. Joint Strategic Needs Assessment (JSNA) Update

5.1 Trish Duffy reported the latest progress on our Joint Strategic Needs Assessments (JSNAs) to the Board.

5.2 To undertake its responsibilities the Board needs to be periodically updated on the local population and its health needs. Individual JSNA topics provide in-depth analysis and recommendations for that specific service/population group.

5.3 The JSNA Steering Group is now well-established and meets bi-monthly. The group has representation from Public Health, Lewisham CCG, Voluntary Action Lewisham, Children and Young People's Commissioning, the Local Medical Committee and Lewisham and Greenwich Trust. South London and Maudsley have also been identified as a membership need.

5.4 The group have approved the following JSNA Topic Assessments and refreshes to be signed off by the board:

- **Parenting** - The Parenting JSNA looks at the breadth of services provided in the borough and more in-depth at Domestic Violence, Mental Health and Substance misuse, the so called toxic trio.

- **Refresh of Tobacco Control** - The refresh of the Tobacco Control JSNA Topic Assessment updates data on smoking prevalence within the borough but also considers key groups such as pregnant women and people with mental health conditions. Furthermore the assessment outlines current stop-smoking services within Lewisham.

- **Refresh of Immunisations** - An Immunisations JSNA Refresh has also been completed. This now incorporates adult vaccinations such as flu for pregnant women and those aged 65+ and the Shingles vaccine.

5.5 The new JSNA process is progressing and aims to become further embedded in strategic planning.

5.6 In addition, *The Picture of Lewisham* has been refreshed with up-to-date data. Of note, life expectancy for females has continued to improve but for males has decreased fractionally.

5.7 Members of the Board raised the following comments/questions regarding the report:

- JSNA's are only as robust as the underpinning data. All Board members need to commit to the collection of better equalities monitoring on behalf of their respective organisations.
- Although vast majority of data collection is voluntary, all parties need to focus on doing this locally – quality of JSNAs is dependent on it (e.g. nothing about same-sex parents in Parenting JSNA as Public Health doesn't have this info).
- It might be helpful if data categories (e.g. ethnicity) were consistent across partner organisations so that it can be shared more easily.
- Sub-categories of Protected Characteristics are necessary for targeted work in some areas e.g. BAME mental health.
- Public Health England guidance to be published re vaping. E-cigarettes are not currently included as approved nicotine replacement therapy. However, evidence has not shown vaping to be a stepping stone to smoking.
- LGT welcomed the refreshed immunisations JSNA as concerns prevail regarding the number of children attending A&E who are very ill from non-vaccination.

5.8 Actions:

- The Board noted progress on the Parenting JSNA and the refreshed Tobacco Control and Immunisations JSNAs.
- All Board members to take immediate action towards improving equalities data monitoring within their respective organisations.

6. Lambeth, Southwark and Lewisham Sexual and Reproductive Health Strategy 2019-2024

6.1 Danny Ruta provided the Board with an overview of the Lambeth, Southwark and Lewisham Sexual and Reproductive Health Strategy 2019-2024. The strategy has already been approved by Lambeth and Southwark's Health and Wellbeing Boards.

6.2 It is proposed that the three Cabinet members and Directors of Public Health for Lambeth, Southwark and Lewisham publicly launch the strategy on 12 March 2019.

6.3 Sexual health services are jointly commissioned across the three boroughs, with Lambeth acting as the lead commissioner. The service has been redesigned in the last five years with a push towards prevention, a shift of activities online, and the introduction of new models of integrated care.

6.4 The strategy outlines the key sexual health challenges facing our boroughs and identifies four key priority areas for action:

a) **Healthy and fulfilling relationships** – People have healthy, safe and fulfilling sexual relationships.
b) **Good reproductive health across the life course** – People effectively manage their fertility and reproductive health, understand what impacts on it, and have knowledge of and access to contraceptives.
c) **High quality and innovative STI testing and treatment** – The local burden of STIs is reduced, in particular among those who are disproportionately affected.
d) **Living well with HIV** – We move towards achievement of 0-0-0: zero HIV-related stigma, zero HIV transmissions, and zero HIV-related deaths

6.5 The Elton John Foundation awarded £2.5m to Lambeth, Southwark and Lewisham to increase HIV testing. HIV is still terminal where interventions occur at a later stage. Routine HIV testing has now been implemented in Lewisham A&E.

6.6 The Chair raised a question regarding the extension of the pilot for PrEP (pre-exposure prophylaxis) as a protection against HIV. Danny Ruta advised that the PrEP Programme Board had offered to double the number of treatment places available but this was not backed-up by any additional funding. Recommendation to undertake more online management of PrEP has been rejected as it has the potential to contaminate the results of the pilot study by introducing a new process. At the last meeting of the Council a motion was passed that there should be universal treatment for PrEP but that this needed to be adequately funded by the Government.

6.7 Action: The Board noted the content of the report and approved the publication and joint launch of the strategy on 12th March by all three boroughs.

7. Update on NHS Long Term Plan

7.1 Martin Wilkinson provided members of the Board with an update on the NHS Long Term Plan (The Plan).

7.2 In June 2018, the Prime Minister made a commitment that the Government would provide more funding for the NHS over the next five years, with an average increase of 3.4% a year.

7.3 In return, the NHS was tasked with detailing its ambitions for improvement over the next decade and its plans to meet them over the five years of the funding settlement. That Long Term Plan has now been published, covering all three life stages:

- Making sure everyone gets the best start in life

- Developing world-class care for major health problems
- Supporting people to age well

7.4 The Plan also sets out actions to overcome the challenges that the NHS faces, such as staff shortages and growing demand for services by:

- Doing things differently
- Preventing illness and tackling health inequalities
- Backing the workforce
- Making better use of data and digital technology
- Getting the most out of taxpayer's investment in the NHS

7.5 Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) now need to develop and implement their own strategies for the next five years.

7.6 These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve.

7.7 Operational plans for the next year are being developed now, with a refresh of the STP due in autumn 2019. Lewisham has a clear vision but it needs to influence the delivery of services across the South East London region.

7.8 Health and care partners are working on different commissioning arrangements and helping providers to work together more effectively. The challenge is freeing up the time and energy to think about tomorrow rather than today. Refreshing the HWB strategy collectively may help the Board collectively focus on this.

7.9 Members of the Board raised the following comments regarding the report:

- This is a large and complex undertaking involving numerous stakeholders. The gap between practitioners and community leaders needs to be bridged.
- Careful consideration needs to be given to prevent divergence between the STP and 'the system'. Information must be effectively shared.
- Many service users have feelings of being outside 'the system'. Although certain things are done better at scale, our approach must also empower the shaping of health and wellbeing services at a local level.
- This is an opportunity to shape what local health and wellbeing means, but we need to move fast to grab this opportunity and secure the best value for money for Lewisham.

7.10 Martin Wilkinson thanked the Board for their recent positive feedback to NHS England re the contribution of Lewisham CCG to the delivery of Lewisham's Joint Health and Wellbeing Strategy

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7.11 Action: The Board noted the contents of the report.

The meeting ended at 16:15 hours

Agenda Item 2

Health and Wellbeing Board		
Title	Declarations of interest	
Contributor	Acting Chief Executive – London Borough of Lewisham	Item 2
Class	Part 1 (open)	11 July 2019

Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

1 Personal interests

There are three types of personal interest referred to in the Council's Member Code of Conduct:-

(1) Disclosable pecuniary interests
(2) Other registerable interests
(3) Non-registerable interests

2 Disclosable pecuniary interests are defined by regulation as:-

(a) Employment, trade, profession or vocation of a relevant person* for profit or gain

(b) Sponsorship –payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).

(c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.

(d) Beneficial interests in land in the borough.

(e) Licence to occupy land in the borough for one month or more.

(f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.

(g) Beneficial interest in securities of a body where:-

(a) that body to the member's knowledge has a place of business or land in the borough; and

(b) either
(i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or

(ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

(3) Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

(a) Membership or position of control or management in a body to which you were appointed or nominated by the Council

(b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party

(c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

(4) Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

(5) Declaration and Impact of interest on members' participation

(a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take not part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**

(b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in consideration of the matter and vote on it unless paragraph (c) below applies.

(c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.

(d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.

(e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

(6) Sensitive information

There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

(7) Exempt categories

There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

(a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
(b) School meals, school transport and travelling expenses; if you are a parent or guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor;
(c) Statutory sick pay; if you are in receipt
(d) Allowances, payment or indemnity for members
(e) Ceremonial honours for members
(f) Setting Council Tax or precept (subject to arrears exception)

Health and Wellbeing Board		
Title	Comments of the Healthier Communities Select Committee on BAME mental health inequalities.	
Contributor	Healthier Communities Select Committee	Item 3
Class	Part 1 (open)	11 July 2019

1. Context

1.1 The Constitution provides for the Healthier Communities Select Committee to make reports and recommendations to the Executive/Council (including the Health and Wellbeing Board).

2. Summary

2.1 This report informs the Health and Wellbeing Board of the comments and views of the Healthier Communities Select Committee arising from discussions held on BAME mental health inequalities at its meeting on 14 May 2019.

2. Recommendation

2.1 The Health and Wellbeing Board is recommended to note the views of the select committee as set out in this report and agree to provide a response.

3. Healthier Communities Select Committee views

3.1 At its meeting on 14 May 2019, the Healthier Communities Select Committee received a report on BAME mental health inequalities (attached as Appendix 1).

3.2 The committee took oral evidence from council officers and after questioning resolved to refer its views to the Health and Wellbeing Board in the following terms:

- *The committee requests that progress of the work on BAME Mental Health inequalities is set out, with clear timelines, responsibilities and proposed actions, in line with our commitments in the new corporate strategy, for both adults and children and young people.*

4. Financial implications

4.1 There are no financial implications arising out of this report, but there may be financial implications arising from carrying out the action proposed by the Committee.

5. Legal implications

5.1 The Constitution states that 'the Council has appointed the Healthier Communities Select Committee to carry out, among other things, the scrutiny of health bodies under the Local Authority (Public Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and other relevant legislation in place from time to time'. The Constitution provides for the Healthier Communities Select Committee to review and scrutinise the decisions and actions of the Health and Wellbeing Board and to make reports and recommendations to the Executive/Council. It is the duty of the Executive body to respond within 2 months of receipt of the report/recommendations.

6. Further implications

6.1 At this stage there are no specific environmental, equalities or crime and disorder implications to consider.

Background papers

Healthier Communities Select Committee Agenda (14 May 2019)

If you have any queries about this report please contact John Bardens (Scrutiny Manager) on ext. 49976.

Health & Wellbeing Board			
REPORT	Black, Asian and Minority Ethnic (BAME) Health Inequalities Progress Update – Children & Young People and Adults		
CONTRIBUTORS	Director of Public Health, London Borough of Lewisham	**Item No:**	4
CLASS	Part 1 (Open)	**Date:**	11th July 2019

1. Purpose

1.1. To provide an update to the Board on developments that have taken place over the past year to address Black, Asian and Minority Ethnic (BAME) health inequalities in Lewisham, and to request Board approval for the suggested approach and planned actions for 2019/20 onwards.

1.2. The activity presented in this report covers the wide range of services, programmes, projects and initiatives that are commissioned and/or delivered via Lewisham Council, Lewisham CCG and its partners. The activity presented covers both Children & Young People (CYP) and adults to give an overview of progress to date for both population groups.

2. Recommendation/s

2.1. Members of the Health and Wellbeing Board are recommended to:

- Note the progress made in the past year across CYP and adults, specifically around addressing mental health inequalities for BAME communities in Lewisham.
- Approve the approach and planned actions identified for 2019/20 onwards.

3. Strategic Context

3.1. The Health and Social Care Act 2012 required the creation of statutory Health and Wellbeing Boards in every upper tier local authority. By assembling key leaders from the local health and care system, the principle purpose of the Health and Wellbeing Boards is to improve health and wellbeing and reduce health inequalities for local residents.

3.2. The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in Lewisham's Health and Wellbeing Strategy.

3.3. The work of the Board directly contributes to the Council's new Corporate Strategy. Specifically Priority 5 – Delivering and Defending: Health, Social Care and Support – Ensuring everyone receives the health, mental health, social care and support services they need.

4. Background

4.1. In July 2018 the HWB agreed that the main area of focus for the Board should be tackling health inequalities, with an initial focus on health inequalities for BAME communities in Lewisham.

4.2. Following analysis undertaken by a sub group of the Board, three priority areas were identified through which the Board could play a significant role in addressing the widest gaps in BAME health inequalities. The areas identified were: mental health; obesity; and cancer.

4.3. The work of the Board has focused on the area of mental health in this first year and a strategic approach has been considered across both Children and Young People (CYP) and Adults.

4.4. The approaches and commissioning for these two population groups are carried out by separate teams across the council and CCG. However, there is a clear understanding that reducing mental health inequalities amongst BAME communities in Lewisham requires an integrated approach to maximise resources and improve mental health and wellbeing outcomes.

5. Activity To Date (Adults)

5.1. **<u>BAME Mental Health Summit (October 2018)</u>**

5.1.1. A mental health summit for BAME communities in Lewisham was held last year to start a community conversation about how Lewisham could develop a community-led approach to address BAME mental health inequalities. This followed the Thrive LDN community conversation around mental health and wellbeing that was held in Lewisham earlier in the year.

5.1.2. The following themes arose from the community discussions:

- ***Stigma*** – the widespread stigma around mental health issues need to be addressed.
- ***Communication*** – improved communication around what is already happening in terms of both community and statutory services is needed.
- ***Early intervention*** –the need for earlier intervention with young people, via education and other routes to prevent mental ill health.
- ***Genuine co-production*** – a clear mechanism is needed for genuine dialogue and co-production with BME communities for both mental and physical health
- ***Cultural competence of services*** – need further understanding of the need for and the benefits of culturally specific services, including the potential benefits of seeing a professional from a similar background to your own.

5.1.3. The specific recommendations that followed for the HWB were:

- Endorse and support stigma and discrimination reduction activities such as the Time to Change campaign.

- Require the Lewisham Health and Care Partners to develop mechanisms for genuine co-production with members of the BAME communities in Lewisham to support commissioning of all-age mental health services.

- Consider how a stronger focus on prevention and early intervention for mental health (particularly with BAME communities) can be achieved.

5.2. **HWB Workshop: Improving Health Outcomes For BAME Communities In Lewisham (March 2019)**

5.2.1. A 90 minute workshop for senior representatives from Lewisham's Health & Social care providers, community organisations and the BME Network was subsequently held, planned and facilitated by a member of the BME network, to fulfil recommendations arising from the summit, particularly around developing a mechanism for genuine co-production for BAME communities.

5.2.2. The recommendations from this follow-up workshop focused on resourcing BAME participation, exploration of how to better empower BAME communities as part of decision-making processes and an agreement by all that this was the start of a process to develop a long-term sustainable co-production approach to address health inequalities – in both physical and mental health.

5.2.3. The Executive Director of Community Services subsequently met with representatives from the BME network to continue to develop the Lewisham approach. Commissioning leads and BME network representatives are now in the process of agreeing the initial stages this approach specifically for BAME adult's mental health in the first instance.

5.3. **Mental Health Joint Strategic Needs Assessment (JSNA) (Completed June 2019)**

5.3.1. The topic of mental health was selected as a priority area by the JSNA Steering group in 2018. A comprehensive needs assessment has been undertaken by Public Health focusing on adult's mental health and is due to be made publicly available shortly. An integral part of this has been a series of recommendations focusing on inequalities in BAME adult mental health, which include the following:

- More targeted support for protected characteristic groups and groups we know are at higher risk of developing mental health conditions (BAME, refugees and asylum seekers, men, older people, LGBT+ population, homeless people, people with substance/alcohol misuse issues, unemployed people, carers, and people in the criminal justice system)
- Continued to work towards reducing BAME mental health inequalities
- A continued focus on prevention and early intervention
- Improving the physical health of people with severe mental illness

5.3.2. A plan of action to address the JSNA recommendations will be developed with the Joint Commissioning Group (JCG) and Mental Health Provider Alliance, which will work alongside aforementioned work to develop a co-production approach for BAME adult's mental health.

5.4. **Good Practice Models Research (May 2019)**

5.4.1. Networking with other London boroughs to research models of good practice for co-production to address health inequalities has been taking place. Additional desktop research to identify key learning points from other co-production initiatives are also being collated in order to transfer aspects of any successful models to Lewisham.

5.5. **Lewisham Suicide Prevention Strategy Implementation**

5.5.1. The Suicide Prevention Strategy was agreed by the HWB in March 2019 The action plan is currently being implemented. The number of completed suicides among BAME Lewisham residents is not known at present due to lack of available data, however younger men (24-45) are have been identified as a priority risk group in Lewisham, which includes men from BAME communities. A launch of the Suicide Prevention Strategy is planned for September 2019, bringing together local professionals, key stakeholders as well as local residents. The specific application of the strategy to the needs of BAME communities around self-harm and suicide will be an important part of the strategy's implementation.

6. Activity To Date (Children & Young People)

6.1. The CYP Joint Commissioning team established a school focused mental health participation group which the young people called **Inspire**. All members of the group are Black, Asian, Minority Ethnic and Refugee (BAMER) and they work together to develop an approach to reduce mental health stigma and strengthen peer to peer support in schools (Nov 2018).

6.2. The Anna Freud Centre awarded Lewisham CAMHS with the '**Best Participation in Service**' award. The given reasons for selecting Lewisham included the Young Advisory Group (YAG) tips for staff that can be seen around the offices and the Alchemy BAME & LGBTQ+ Groups.(2017/18 awards).

6.3. The CAMHS-led participation group, **Alchemy**, designed and delivered cultural awareness training to CAMHS staff. They used their knowledge of inequality together with their lived experience to help CAMHS staff to better tailor services to their

> ***"I've had a lot of experience of CAMHS and all kinds of clinicians… to be honest my favourite clinician was one that just acknowledged that I was black and she was white"***
>
> Young Person, Alchemy

needs.

6.4. Alchemy was commissioned for a further year to extend the co-produced BAME and LGBTQ groups to children and young people beyond the scope of CAMHS creating an increased psychology presence in schools. The new specification includes a **focus on peer-to-peer support and increased emotional literacy in schools** (March 2019).

6.5. A relationship has been brokered between the National Maritime Museum and the two CAMHS participation groups; the Young Advisory Group and Alchemy. The project involved young people with mental health problems **designing and making mental health first aid kits for refugee families** arriving in Lewisham. (June 2019)

6.6. The CYP Joint Commissioning team have an on-going consultative relationship with Parent ENGage, the Young Mayors Advisors and the Looked after Children Council.

6.7. An Expression of Interest (EOI) has been submitted to the Department of Education for funding for two Mental Health Support Teams (MHST). The teams would deliver interventions to CYP with mild to moderate needs in schools. Children, young people and local residents' voices were at the centre of Lewisham's MHST proposal, which was predicated on the following three inequality drivers: Targeting schools affected by poverty and crime; Reducing pupil exclusion: Targeting and tailoring services for BAMER CYP (March 2019).

6.8. Recruitment of Healthy Schools Officer to directly support Lewisham schools achieving Healthy School status which incorporates a whole school approach to improving emotional wellbeing and mental health (June 2019).

7. Planned Approach & Actions

7.1. <u>Planned Approach</u>

7.1.1. There have been significant developments in promoting participation and co-production alongside a greater emphasis on targeting and tailoring services to BAME CYP and adults over the last 12 months.

7.1.2. The learning gained over the last year across CYP and adults will be enhanced further though more integration of the two work streams where relevant. It is recognised that the needs of the BAME communities span both CYP and adults. People live as part of communities and family units and engagement and co-production with communities needs to recognise this.

7.1.3. There is an acknowledgement of the opportunities that can potentially be missed with early intervention approaches when mental health, or indeed any health topic, is considered independently across these two population groups.

7.1.4. Obtaining, scrutinising and communicating data relating to mental health services for the BAME populations will be key to further developments within the commissioning cycle.

7.1.5. The on-going relationship between the CYP Joint Commissioning Team, the Adult Joint Commissioning Team and a range of participation groups will be necessary for authentic co-production and young person/family - led services. Establishing the most effective forms of co-production with the BAME community is critical, recognising that a blend of many different approaches may be needed.

7.2. Planned Actions 2019/20

7.2.1. A number of actions have been identified specifically relating to CYP:

- **Increasing participation and co-production** is one of the eight local priorities within Lewisham's CAMHS Transformation Plan 2018. This has driven the establishment of a new, commissioner-led, mental health participation group alongside a re-focused CAMHS-led participation group, with a particular focus on BAME children and young people (CYP).

- A **member-led review** and an **NHS Intensive Support Team review** of the mental health pathway for children and young people in Lewisham were undertaken. Both reviews highlighted certain strengths, such as professional commitment to this work, and of specific areas of good practice such as the neuro-developmental pathway. However, it was noted that more could be done to promote seamless pathways and target and tailor services to the needs of CYP from BAMER backgrounds. The recommendations are currently being progressed by the CYP commissioning team. (2018 and early 2019)

- The reviews generated 32 recommendations, around which joint commissioners have built a **robust improvement plan**. The plan is being monitored by NHS England and by the CYP Mental Health and Emotional Wellbeing Board on behalf of the Local Authority. Many of these recommendations have implications for the Early Help Review, which is running alongside improvement plan.

7.2.2. A number of priority areas have been identified for development as part of this improvement plan. These include:

- Exploring using LA CAMHS funding to develop an approach to work specifically with **young people at risk of exclusion**, paying particular attention to the needs of BAME young people.

- A school-based pilot initiative involving the development of a **young person peer-to-peer support model** (including training for young people, problem solving booths and supervision for the peers providing support.

- Working with **voluntary and community sector providers** such as youth services, to enhance wellbeing and resilience for young people in community settings.

- Undertake a deep dive into **gaps in the data** in relation to the extent to which different demographic groups are accessing mental health support, potentially through a sampling approach. This should include breakdown by ethnicity across services.

7.2.3. A number of actions have been identified specifically for adults:

- To build upon community and service user participation to co-design local service and care pathways through the Mental Health Provider Alliance Development process.

- To ensure that the increase in Lived Experience workers (Peer Support, etc.) is representative of the local community and where necessary adopt a targeted recruitment approach/campaign.

- The Mental Health Alliance has broadly accepted the findings and recommendations from the JSNA and will seek incorporate these into ongoing development plans.

7.2.4. A number of actions have been identified across both CYP and adults:

- To follow up work with the BME Network to prioritise and develop an action plan over the next 3 years.

- To develop a co-production participation infrastructure to engage BAME communities in commissioning decisions that impact upon emotional wellbeing and mental health.

- To develop a Lewisham approach that promotes the interface between adult and CYP services especially:
    - For parents experiencing mental health difficulties, supporting them in the context of their family environment
    - For CYP experiencing mental health difficulties, supporting them in the context of their family and peer environment.

- To continue the development of the Lewisham Time to Change Hub in conjunction with promoting awareness of mental health and wellbeing among BAME communities in Lewisham.

8. Financial Implications

8.1. The various work described within the report that is the responsibility of the Council will be met from existing revenue budgets in the Community Services and Children and Young People Directorates.

9. Legal Implications

9.1. Members of the Board are reminded of their responsibilities to carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012. Activities of the Board include, but may not be limited to the following:

- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
- To provide such advice, assistance or other support as its thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.
- To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board.
- To prepare Joint Strategic Needs Assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007).
- To give opinion to the Council on whether the Council is discharging its duty to have regard to any JSNA and any joint Health and Wellbeing Strategy prepared in the exercise of its functions.
- To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006.

10. Crime and Disorder Implications

10.1. There are no Crime and Disorder Implications from this report.

11. Equalities Implications

11.1. The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

11.2. In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

11.3. The duty continues to be a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

11.4. The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: http://www.equalityhumanrights.com/legal-and-policy/equalityact/equality-act-codes-of-practice-and-technical-guidance/

11.5. The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

11.6. The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty, including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: http://www.equalityhumanrights.com/advice-and-guidance/publicsector-equality-duty/guidance-on-the-equality-duty/

12. Environmental Implications

12.1. There are no environmental implications from this report.

13. Conclusion

13.1. Reducing BAME mental health inequalities is a priority area across all ages within Lewisham Council. A variety of different work has already been implemented and plans are in place for further work in 2019/20 and beyond. The longer term aspiration is for the consideration of BAME health inequalities to be a routine consideration in all aspects of commissioning local services and programmes for the Lewisham population.

If you have any difficulty in opening the links above or those within the body of the report, please contact Stewart Weaver-Snellgrove (stewart.weaver-snellgrove@lewisham.gov.uk; 020 8314 9308), who will assist.

If there are any queries on this report please contact Catherine Mbema, Public Health, Lewisham Council, on 0208 314 4937, or by email at: catherine.mbema@lewisham.gov.uk.

Appendix 1: Lewisham BAME Health Inequalities Development Plan version 1.0

Ref No.	Action	Owner/Governance	Timescale	Progress	RAG
Children and Young People (CYP)					
1.	Establish mental health participation group with a focus on BAME children and young people	LBL CYP commissioning team / CYP Mental Health and Emotional Wellbeing Board	June 2019	Specific school work will commence In October 2019	
2.	Response to recommendations from member-led review and NHS intensive support team review of mental health pathway for CYP in Lewisham	LBL CYP commissioning team / CYP Mental Health and Emotional Wellbeing Board	April 2019 – March 2021	32 recommendations with short, medium and long term actions	
Adults					
3.	Work to ensure that there is community and service user participation in co-design of local service and care pathways	Adults Mental Health Provider Alliance	September 2019		
4.	Implementation of recommendations from the Adults Mental Health JSNA	Adults Mental Health Provider Alliance	August 2019		
5.	Work to ensure that Lived Experience workers are ethnically representative of the Lewisham population	Adults Mental Health Provider Alliance	September 2019 (Linked to external funding bids)		
6.	To co-produce approaches to engagement and on-ongoing dialogue as component of the Alliance Engagement & involvement strategy	Adults Mental Health Provider Alliance	September 2019		
CYP and Adults					
7.	To work with the Lewisham BAME Health Network to continue to develop this action plan for the next 3 years	CYP Mental Health and Emotional Wellbeing board/Adults Mental Health Provider Alliance/Public Health	October 2019		
8.	To develop a co-production infrastructure to engage Lewisham BAME communities in	CYP Mental Health and Emotional	October 2019		

Appendix 1: Lewisham BAME Health Inequalities Development Plan version 1.0

Ref No.	Action	Owner/Governance	Timescale	Progress	RAG
	commissioning decisions that impact upon mental health and emotional wellbeing	Wellbeing board/Adults Mental Health Provider Alliance/Public Health			
9.	To develop a Lewisham approach to promote the interface between adult and CYP mental health services	CYP Mental Health and Emotional Wellbeing board/Adults Mental Health Provider Alliance	October 2019		
10	To develop the Time to Change Hub to include a focus on reducing stigma in BAME communities in Lewisham	Lewisham Public Health/Adults Mental Health Commissioning Team/Adults Mental Health Provider Alliance	September 2019	The Hub has already been established but work to focus on reducing stigma in BAME communities to be developed.	

HEALTH AND WELLBEING BOARD				
Report Title	Making Sense of Mental Health 2018-2019			
Contributor	Folake Segun, Chief Executive Community Waves (Healthwatch Lewisham)		Item No.	5
Class	Part 1 (Open)	Date:	11 July 2019	

1. Purpose

1.1. To provide the Health and Wellbeing Board with outcome of engagement carried out by Healthwatch Lewisham with children and young people regarding their knowledge of mental health, their experiences and opinions on the services available to them.

2. Recommendations

2.1. Members of the Health and Wellbeing Board are asked to:

- Note the engagement, outcomes and recommendations of the report, and
- consider how this information complements their own organisational data, and how it might influence their strategies.

3. Policy Context

3.1. In 2012 the Health and Social Care Act received Royal Assent. From April 2013, local authorities were required to commission a local Healthwatch organisation.

3.2. The Lewisham Corporate Strategy 2018 – 2022 has as one of its commitments that 'all health and social care services are robust, responsive & working collectively to support communities and individuals'. Healthwatch Lewisham supports the Council to deliver its commitment to local people.

3.3. Healthwatch Lewisham also supports the Council's commitment to improving the health and wellbeing of Lewisham citizens and contributes to the following key objectives of *'Shaping our Future – Lewisham's Sustainable Community Strategy'*:

- Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and wellbeing.
- Empowered and responsible – where people can be actively involved in their local area and contribute to supportive communities.

4. Background

4.1 Community Waves, was awarded the contract to deliver Healthwatch Lewisham in February 2015 and again in February 2016. The current contract commenced 1st April 2016.

4.2 Healthwatch is a voice for children, young people and adults in health and social care living in Lewisham. Anyone, young or old can speak to us about their experiences of health or social care services and tell us what was good and what was not good. Healthwatch then ensures that service providers and commissioners hear this feedback to make changes to their services.

4.3 Healthwatch Lewisham is part of the regulatory and scrutiny function of health and social care.

4.4 It forms part of a national network of Local Healthwatch. The network includes Healthwatch England which sits as a committee of the CQC. All Healthwatch Lewisham reports are shared with Healthwatch England and are used by the CQC to inform their work in hospitals, adult social care and primary care services.

4.5 As set out in statute, the Local Healthwatch is expected to:

i. Gather views and understand the experience of people who use services, carers and the wide community.

ii. Obtain people's views about their needs for, and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of health and care services.

iii. Promote and support the involvement of local people in the monitoring, commissioning and provision of local care services.

iv. Make recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern (or, if the circumstances justify it to go direct to the CQC with their recommendations, for example if urgent action were required by the CQC).

v. Provide information and signposting to services and support for making informed choices.

vi. Make people's views and experiences known to HW England (and to other HW organisations) and provide a steer to help it carry out its role as national champion.

vii. Gather the views and understanding the experiences of patients and the public.

5. Making Sense of Mental Health 2019

5.1. Children and Young People's mental health and wellbeing is a national and local priority. From September to December 2018 we carried out a survey asking children and young people about their mental health knowledge, experiences and their opinions on the services available to them.

5.2. By working with schools, youth groups and organisations we sought to hear directly from young people. Five hundred and eleven (511) children and young people from 5 schools and three organisations contributed to this work. Those engaged were from:

- Bonus Pastor Catholic College
- Trinity Secondary School
- Lucas Vale Primary School
- Forster Park Primary School
- Launcelot Primary School
- Lewisham Young Advisors
- The Metro Charity (LGBT+ group for CYP)
- Young Lewisham Project (CYP not in mainstream school)

5.3 Key Findings:

- In their services, children and young people value options, continuity, respect for privacy, good listening and those services that are readily available.
- 31% of those who took part felt they had experienced anxiety in their lives, and one in four felt they had experienced depression.
- The top 5 mental health concerns reported were exam stress, school pressure, stress (in general), not being listened to and sleeping difficulties.
- One in five of the children and young people we engaged, when asked what they would would do if they experienced mental health issues said they would do nothing, or block it out. Children and young people were four times more likely to speak to their teacher than to a counsellor if they were experiencing poor mental health. They were most likely to speak to a family member or a friend.
- One in four believed they had experienced depressions and 31% anxiety.
- 13% of those engaged had used counselling services.

5.4 Key Recommendations

5.4.1 Stronger support within schools. CYP told HWL that two of their concerns were exam stress and pressure at school. They were also four times more like to speak to their teachers than a counsellor. **Where they are not already receiving it**, CYP would like further school-based support for mental health, including:

- General education on mental health and wellbeing, including resilience techniques e.g. the Five Ways to Wellbeing (NHS recommended steps to improve mental wellbeing).
- Further support from schools/staff:
    - Having a designated teacher/staff member to speak to
    - Being asked how they are feeling
    - Early identification of ill mental health symptoms
    - Signposting to services, including the pathways. Self-referral services such as Kooth were valued by CYP.
- A forum between schools, parents and professions to strengthen community support, create continuity and share good practice. CYP told HWL they were most like to speak to family or friends about ill-mental health, indicating the importance of support for parents. PTA meetings may serve as an appropriate forum.
- Support from their peers from an elected/trained representative
- In Lewisham's Mental Health and Emotional Wellbeing Strategy, a commitment to meeting waiting time standards for CAMHS has been made. CYP agree that this commitment should be met as a priority.
- Particular difficulties faced by particular groups must be considered in the design of services e.g. it was found that female CYP were twice more likely to have experienced self-harm.
- CYP told HWL they valued honesty, privacy, being listened to and trust in their mental health support system. These values should be embedded in conversations surrounding mental health, including setting expectations for services available.

5.4.2 Many of our findings were also reflected in the outcomes of the two local CYP mental health reviews. These were the member-led review led by Councillor Holland in December 2018 and the NHS Improvement-led review of January 2019.

5.4.3 Our findings were presented in partnership with the CYP Mental Health Commissioners at the most recent meeting of the Children and Young People Strategic Partnership Board. Our data has influenced the Comissioners' Improvement Plans for Mental Health and Emotional Wellbeing Services for Children and Young People in Lewisham.

6. Financial implications

6.1 There are no specific financial implications arising from this report.

7. Legal implications

7.1. The Health and Social Care Act 2012 requires local authorities to have a local Healthwatch service.

8. Crime and Disorder Implications

8.1 As noted in Lewisham Council's May 2019 report, 'A public health approach to violence reduction', more than half of CYP living in cities have experienced some form of community violence. Youths exposed to violence may have emotional, social and cognitive problems.

9. Equalities Implications

9.1 Through the work of Healthwatch and our targeted engagement with communities and groups that are often harder to reach or seldom heard we assist in influencing the reduction of inequalities in health and social care.

10. Environmental Implications

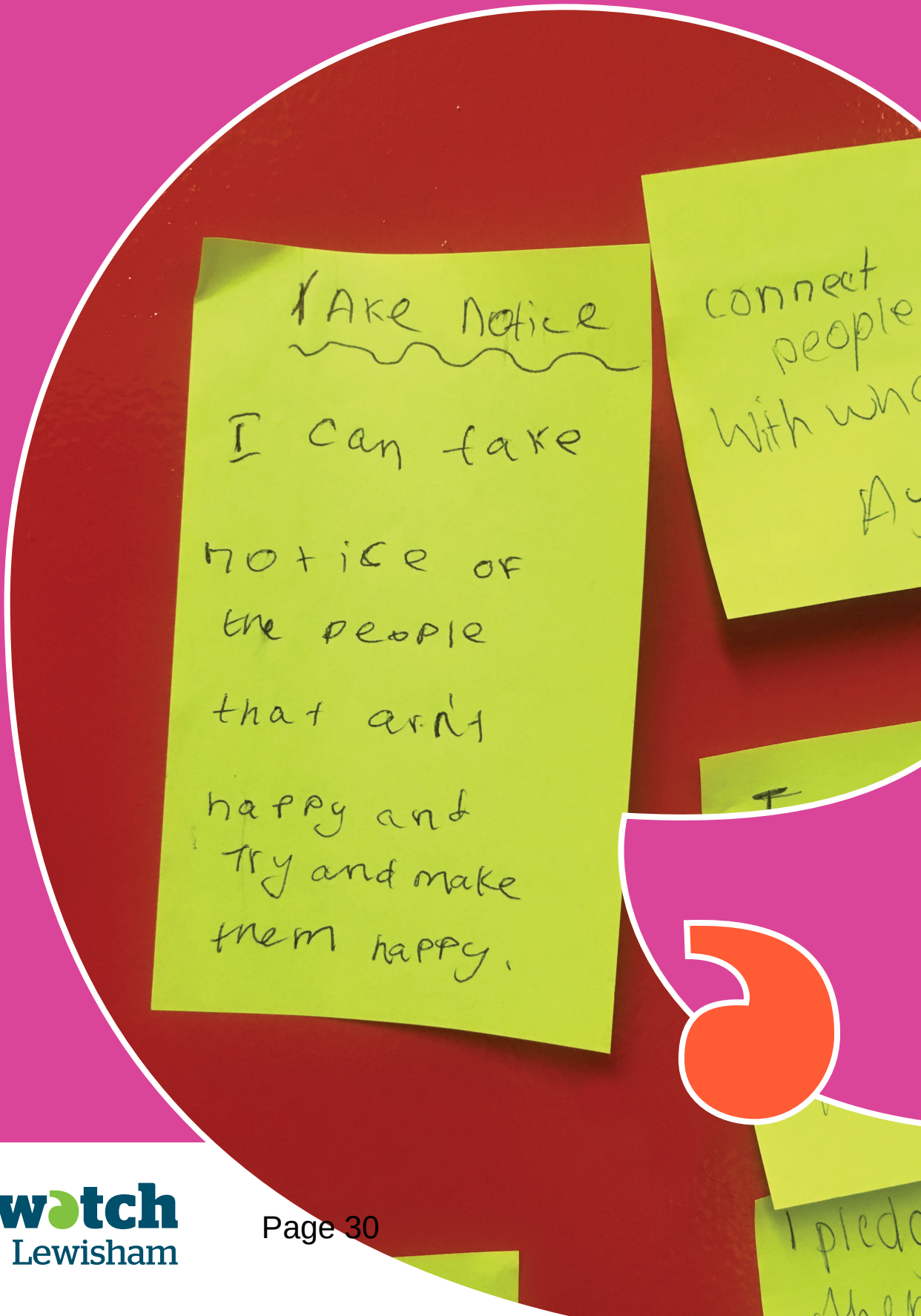
10.1. There are no environmental implications.

11. Conclusion

11.1 Further updates on our work and reports produced will be presented as appropriate to the Health and Wellbeing Board.

Making Sense of Mental Health 2018-2019

Children and Young People's Wellbeing in the London Borough of Lewisham



healthwatch Lewisham

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Contents

What is Healthwatch Lewisham?

We are one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012. The dual role of local Healthwatch is to champion the rights of users of health and social care services and to hold the system to account for how well it engages with the public.

Our remit as an independent health and social care watchdog is to be the voice of local people and ensure that health and social care services are safe, effective and designed to meet the needs of patients, social care users and carers.

We give children, young people and adults in Lewisham a stronger voice to influence and challenge how health and social care services are purchased, provided and reviewed within the borough.

Our core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Working with the Health and Wellbeing board in Lewisham on the Joint Strategic Needs Assessment and Joint Health and Wellbeing strategy (which will influence the commissioning process).

Strategic Drivers

Mental health is crucial to wellbeing, including that of children and young people (CYP). National statistics highlight just how important CYP mental health is:

- Almost one in four CYP show some evidence of poor mental health (including anxiety and depression). [1]
- In 2017, one in eight 5-19 year olds assessed had at least one mental disorder (emotional, behavioural, hyperactivity and other less common disorders). The most common disorder experienced was emotional. [2]
- Only a quarter of CYP who require mental health support can access the services they need. [3]
- 50% of mental health problems manifest by the age of fourteen, and 75% by the age of 24. [4]
- In 2015, suicide was the most common of death for both boys and girls aged between 5 and 19 years, at 17% and 11% respectively. [5]

In particular, these statistics demonstrate the importance of early intervention in CYP mental health. CYP need support before they reach adulthood, and before they reach crisis point. Mental wellbeing is a matter of priority, and young people need our support.

Recently, CYP mental health has been recognised as a national priority. Mental/emotional health was the number one concern CYP talked to Childline about in 2017/18. [6] Issues included low self-esteem, lack of confidence, anxiety, low moods and loneliness, as young people struggled to cope with challenges such as difficulties at school and relationships. In their annual review, Childline stated they are 'overwhelmed' by the numbers of young people who contact them, and that they 'need everyone, the public and the professionals to hear them too, because to solve this huge problem, we urgently need to recognise it.'[7] In Lewisham, CYP mental health has also been described as "everybody's business" [8]. Young people's mental health problems must be all of our concern.

Locally, significant plans have been set out to transform CYP mental health services. In Lewisham, CYP (under 19 years) make up a major proportion of the population, at 25% [9]. Essential concerns have been highlighted, such as accessibility to services. The Children and Young People's Partnership has stated it is committed to ensuring that 'new and existing service developments are accessible to all children and young people 0-18 (up to 25 for children with disabilities)' [10]. A transformation of the Children and Adolescent Mental Health Services in Lewisham has also been set out, with the following vision:

1. ONS (2016) Selected Children's Well-being Measures by Country: 3 CentreForum (2016) Commission on Child.
2. https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017
3. https://www.parliament.uk/business/committees/committees-a-z/commons-select/public-accounts-committee/inquiries/parliament-2017/inquiry12/
4. Kessler RC et al., (2005), 'Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication.' Archives of General Psychiatry, 62 (6) pp. 593-602.
5. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredinenglandandwalesseriesdr/2015#number-of-land-transport-accidents-among-5-to-19-year-olds-decreases-in-2015
6. https://learning.nspcc.org.uk/media/1596/courage-talk-childline-annual-review-2017-18.pdf
7. Ibid
8. Mental Health and Wellbeing Strategy of the London Borough of Lewisham, https://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/CYP%20MH%20and%20EWB%20strategy.docx
9. http://www.lewishamjsna.org.uk/a-profile-of-lewisham/demography/population
10. https://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Mental%20Health%20and%20Emotional%20Wellbeing%20Strategy%20for%20Children%20and%20Young%20People.pdf

'Our children and young people will be emotionally resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise. Those that require mental health support are able to access this, where and when they need it.

Secondly our parents/carers and young people's workforce will be equipped to identify and respond to low levels of emotional well-being amongst our young people.' [11]

In order to achieve a vision that meets the needs of CYP, it is fundamental that their voices continue to be heard in the process.

Healthwatch Lewisham's role is to support the voices and views of the local community and ensure their voice is taken into account when health and social care services are developed and commissioned. We exist for our residents, and therefore asked them what our 2018/19 priorities should be. The answers: mental health, access to services, and disadvantaged groups (CYP and older people). Lewisham's CYP Mental Health Strategy and Childline's message – that we must share responsibility for young people's mental health - was also felt by Lewisham residents.

In 2016, we engaged with 70 CYP in a survey of young people's mental health needs in Lewisham. We felt a more in-depth investigation was necessary and so, we embarked on a survey of young people's mental health knowledge, experiences and opinions on services available to them. We aimed to identify where any gaps may fall in services provided to CYP. The findings presented in this report are the result of engagement with 511 CYP in Lewisham.

This report presents findings that emerged through our engagement with CYP in relation to their mental health needs. The recommendations made are based on the experiences and feedback shared by the CYP themselves, and can be used to shape the future provision and commissioning of services.

This report will be shared with the Lewisham Health and Wellbeing Board, CYP Strategic Partnership Board, Lewisham CYP Joint Commissioners, the schools and organisations that participated, the Lewisham Clinical Commissioning Group (CCG), Young Mayor and Advisors, the Care Quality Commission (CQC), NHS England, Healthwatch England and others.

11 NHS Lewisham CCG CAHMS Transformation Plan, October 2018, https://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Lewisham%20CAMHS%20Transformation%20Plan%202018.pdf

Engagement Methodology

This project took place from October 2018 to January 2019, with two main aims. First, to educate CYP on what mental health is, and how to look after their wellbeing. Second, to capture the views of CYP on their mental health needs and services available to them, and identify where any gaps may fall. Both a survey and a focus group were used to achieve this. A total of 507 CYP completed the survey. Three CYP and one adult attended the focus group.

The following schools and organisations took part in this engagement:

- Bonus Pastor Catholic College
- Trinity Secondary School
- Lucas Vale Primary School
- Forster Park Primary School
- Launcelot Primary School
- The Metro Charity
- Lewisham Young Advisors
- Young Lewisham Project

Surveys

During a two week period, Healthwatch Lewisham participated in the Lewisham Junior Citizens Scheme. 1,200 Year 6s attended the scheme, where they took part in a variety of workshops, including our workshop on Wellbeing. Each 8-12 minute workshop began with an informal discussion about health in general. In order to gauge CYP understanding of their mental health, they were asked:

- Who has physical health?
- Who has mental health?

Answers included 'disabled people', 'bonkers people', 'old people' or athletes'. Generally, answers had negative connotations. Around half answered correctly, that everybody has both, and this was explained to those who were unsure. Many children were surprised and confused at this. It was explained that physical health is how healthy our bodies are, and mental health is how we are feeling, and that both are linked.

Next, they were asked:

- If you got sick e.g. with the flu, and had poor physical health, what would you do to look after yourself?

Answers included taking medicine, resting and drinking lots of fluids. Then, they were asked:

- If you wanted to prevent yourself from getting sick, what should you do every day?

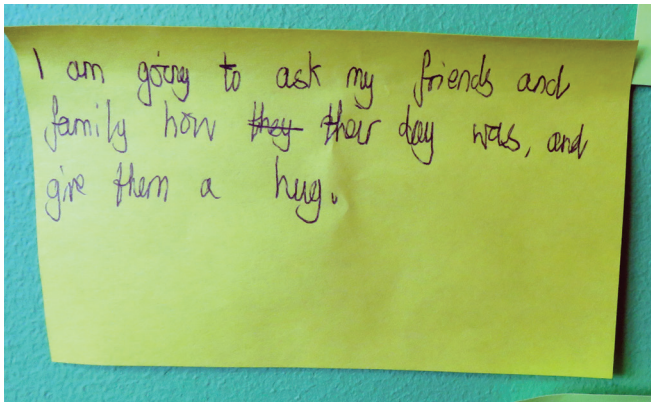
Answers included getting enough sleep, exercise, eating a balanced diet and drinking lots of water. Most children were very confident with these answers.

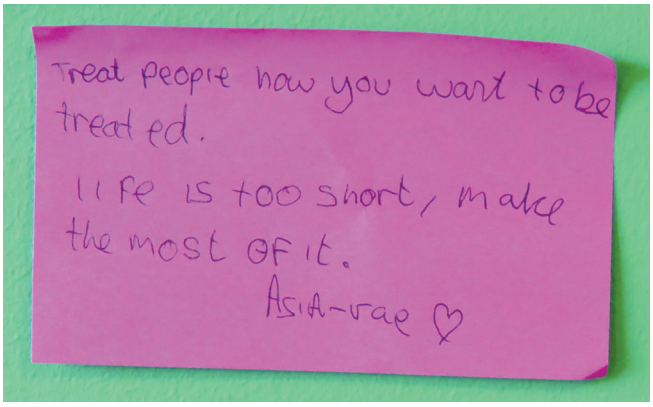
It was then explained to participants that just as we can look after our physical health, and prevent ourselves from getting sick, we can also look after our mental health. It was explained that there are Five Ways to Wellbeing, which can be used to look after our mental health, build resilience and to feel as happy as possible. Participants were played a video that explained the Five Ways: Take Notice, Connect, Be Active, Give and Keep Learning [12].

12 'What are the 5 Ways to Wellbeing?' Rochdale Borough Council, https://www.youtube.com/watch?v=yF7Ou43Vj6c

After the video was played, participants were asked again: who has mental health? Nearly all children answered correctly and those who were still unsure were reminded. The Five Ways to Wellbeing were recapped and how they help improve their mental health, and the children were asked to give examples of how they could incorporate them into their everyday lives. They then each made a pledge, based on the Five Ways to Wellbeing, of how they would look after their mental health. After the workshops, participants were asked to complete a survey [13].

In addition, ten workshops were held across two secondary schools (Bonus Pastor Catholic College and Trinity Secondary School), following a similar format but with more time for in-depth discussion. CYP completed the surveys before the workshop. Participants were also asked to devise a short performance around problems they felt young people faced in relation to mental health. Examples included bullying and sexual pressure. The situations and characters were discussed, and the advice and support that could be given in these scenarios.





CYP's comments on the workshop:

- 'It was very informative.'
- 'It is really helpful.'

Teacher's comments on the workshop:

- 'Pupils really enjoyed the sessions and got a lot out of them.'
- 'Very enjoyable'
- 'Very interesting'

13 Appendix Two

Focus Group

Moreover, a focus group was held in partnership with the Metro charity. The Metro charity promote health and wellbeing and celebrate difference. We attended their LGBT group for young people in Lewisham. This engagement method allowed meaningful qualitative data to be gathered from a seldom heard group. Participants were asked core questions, including:

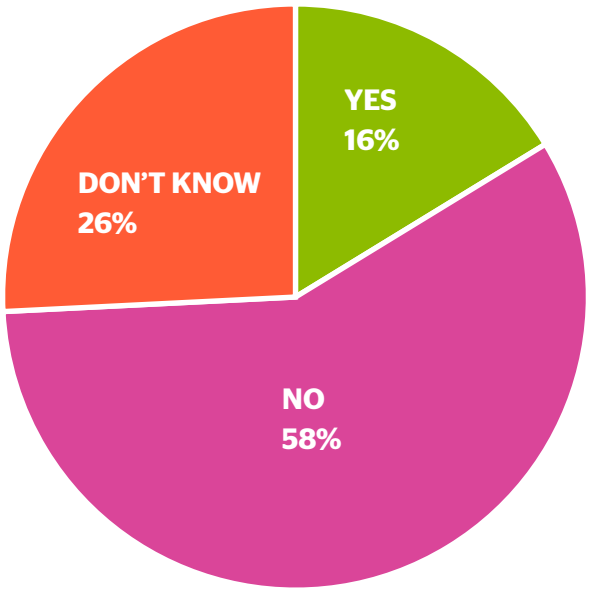
- Do you feel you have experienced poor mental health?
- What would you do/who would you turn to if you felt this way?
- Have you ever used any mental health services?
    - If yes, what was your experience?

The demographics of the focus group were recorded separately, and can be found alongside their experiences.

Survey Findings

507 CYP completed our survey. Below is a summary of the findings, question by question. A summary of the demographic data of survey participants will be provided in the appendices. [14]

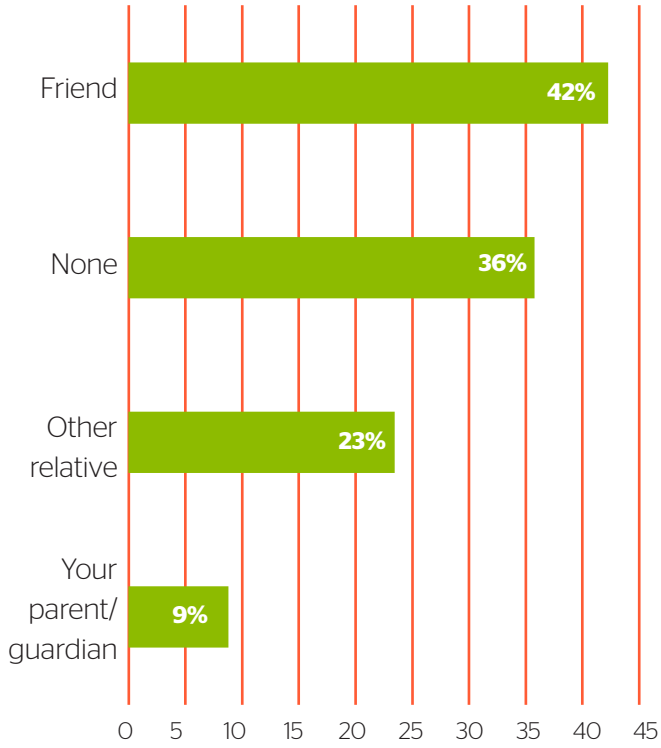
Do you believe that you have ever suffered with poor mental health?



58% of respondents did not believe that they had ever suffered with poor mental health. 16% replied yes, they did feel that they had suffered with poor mental health, and 26% were unsure.

The most common issues CYP felt they had experienced were exam stress, stress and trouble sleeping.

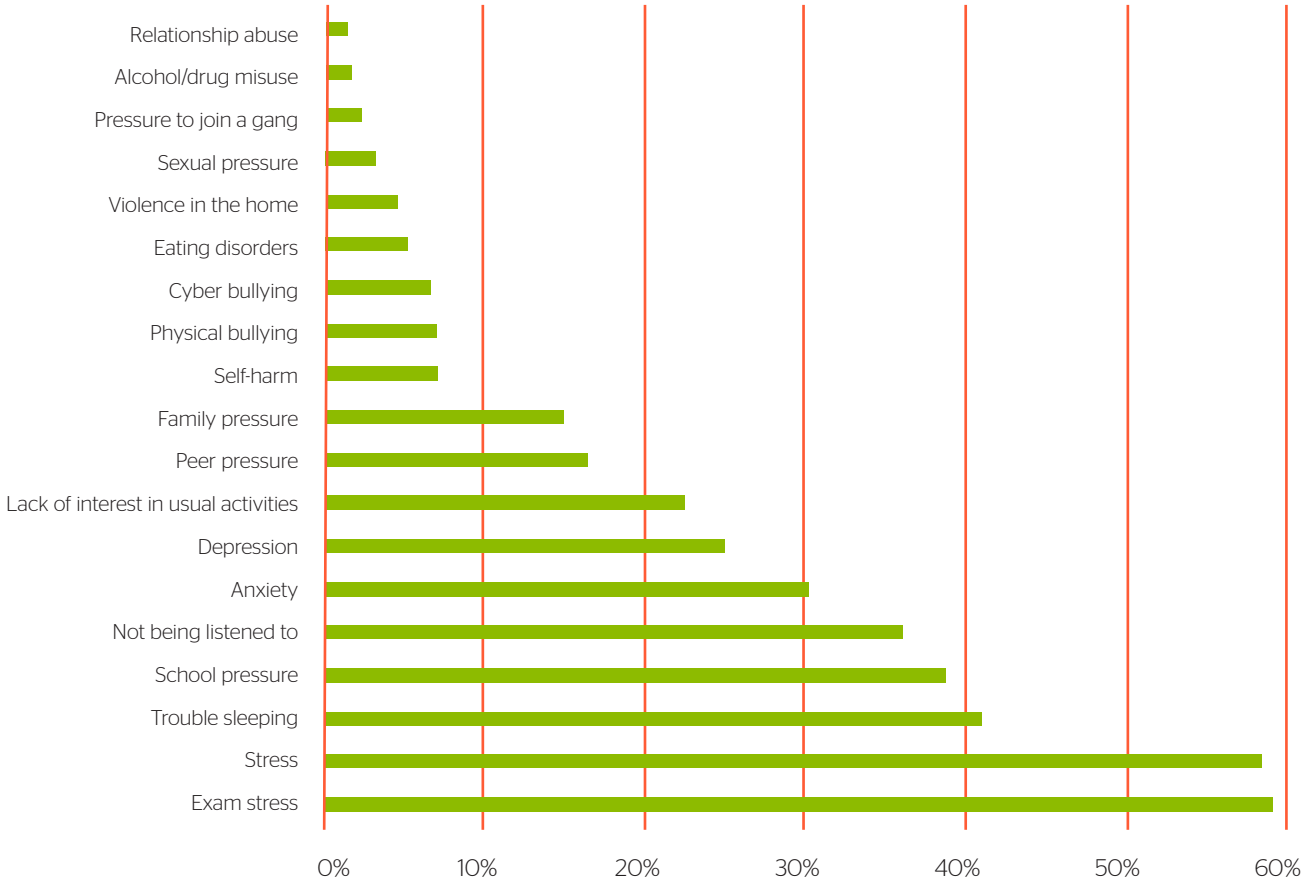
Do you feel any of the following people around you have experience poor mental health?



Whilst only 16% of CYP felt they personally had suffered with poor mental health, 42% felt that their friend had. 9% believed their parent or guardian had, and 23% felt another relative had. Just over a third felt that no one they knew had suffered with poor mental health.

14 Appendix One

Do you feel you have experienced any of the following?



CYP were asked whether they had experienced any of 19 indicators of poor mental health listed in the above graph, and had the opportunity to comment any others they may have experienced.

Overall, 89% of respondents admitted to having experienced an indicator of poor mental health. This number starkly contrasts with the above findings, that only 16% of CYP felt they had suffered with poor mental health. 26% were unsure if they had suffered poor mental health, signifying a need for further education on recognising indicators of poor mental health. It suggests that CYP associate experiencing poor mental health with being seriously ill, rather than with the indicators outlined above. In particular, 59% felt they had experienced exam stress, and 39% school pressure. This demonstrates that issues related to school are a specific concern amongst CYP. Also, more than half of the respondents felt they experienced stress and 41% had experienced trouble sleeping. More than a third of CYP felt they had experienced not being listened to at some point in their lives.

Additionally, one in four CYP believed they had experienced depression, and 31% anxiety.

Experiences of depression were consistent with the national average, whilst experiences of anxiety were slightly above. This illustrates the fundamental need of CYP mental health support in Lewisham.

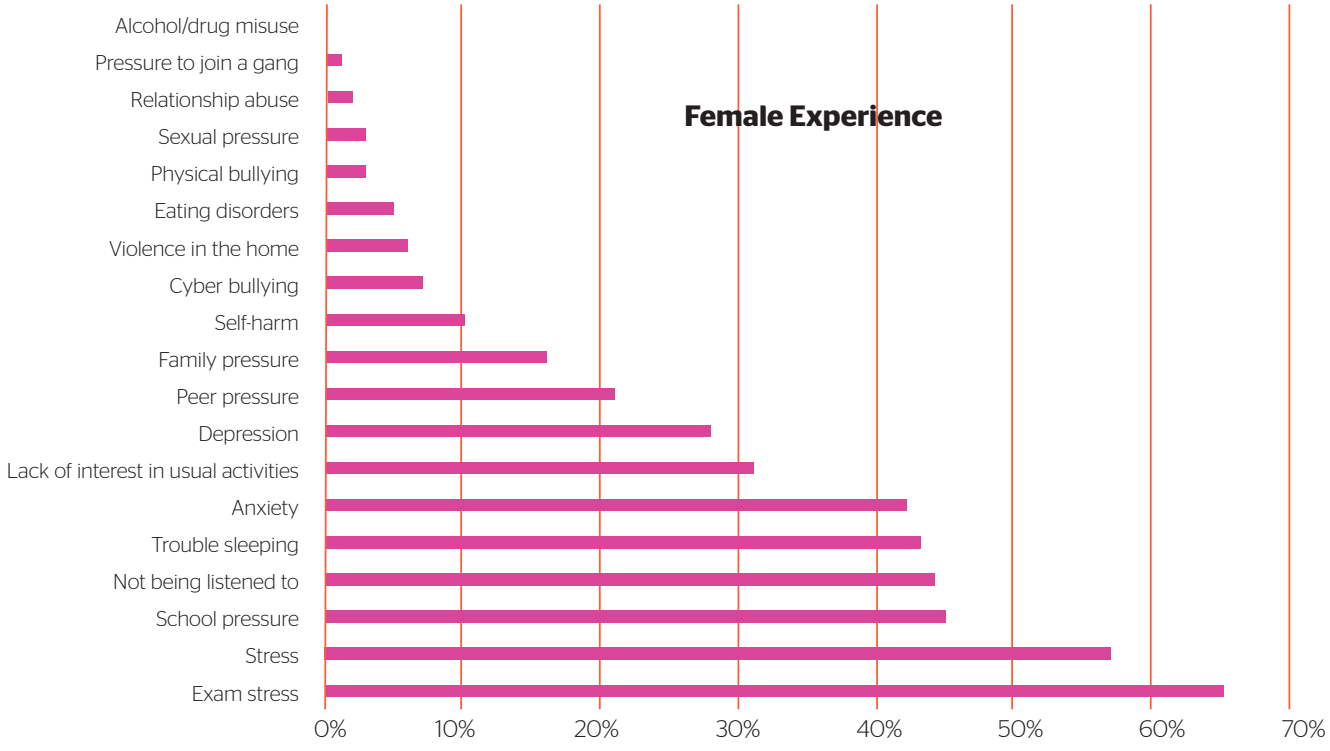
Other comments/issues raised by CYP included:

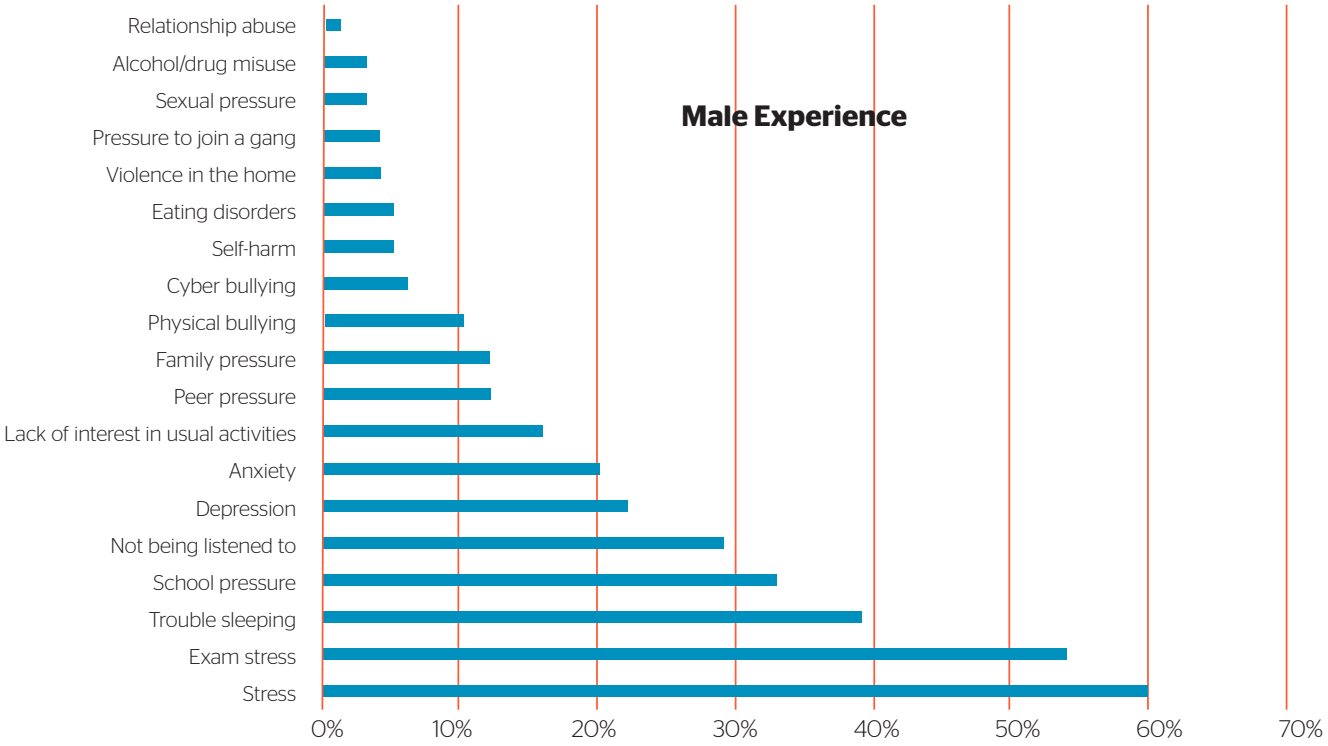
'Money worries'
'Friendship stress'
'Being called names often nowadays just as banter'
'Scared to get it wrong'
'Hate my life'
'Anger problems, not focussed'
'Insecurity'
'Social anxiety'

It is also interesting to note that when asked if they considered themselves to have a disability, 8 of the 507 survey respondents listed issues related to anger. One respondent stated 'I get annoyed and angry easily', whilst another cited 'hot-headed/anger issues'.

The top five concerns for female respondents were:
1. Exam stress (65%)
2. Stress (57%)
3. School pressure (45%)
4. Not being listened to (44%)
5. Trouble sleeping (43%)

The top five concerns for male respondents were:
1. Stress (60%)
2. Exam stress (54%)
3. Trouble sleeping (39%)
4. School pressure (33%)
5. Not being listened to (29%)





Both male and female respondents shared the same top five concerns. The top concern for female respondents was exam stress, whereas male respondents highlighted stress more generally. A significantly higher number of female respondents felt they had suffered from anxiety, at 42%, 22% higher than male respondents. 28% of females felt they had experienced depression in their lives, compared to 22% of males. One in ten females had experienced self-harm, at twice the rate of males.

Of the 19 categories presented in the survey, female respondents stated they had experienced more indicators of poor mental health than males, with the exception of:

- Stress (males 60%, females 57%)
- Physical bullying (males 10%, females 3%)
- Pressure to join a gang (males 4%, females, 1%)
- Alcohol/drug misuse (males 2.7%, females 0%)
- Eating disorders (both 5%)
- Sexual pressure (both 3%)

The table below demonstrates a breakdown of the top three CYP concerns by age:

Age	Concerns
10	1. Exam stress (52%) 2. Stress, not being listened to, trouble sleeping (39%)
11	1. Exam stress (45%) 2. Stress (39%) 3. Not being listened to (32%)
12	1. Exam stress (63%) 2. Stress (62%) 3. Trouble sleeping (44%)
13	1. Stress (69%) 2. Exam stress (56%) 3. School pressure (43%)
14	1. Exam stress (71%) 2. Stress (65%) 3. School pressure (49%)
15	1. Stress (69%) 2. Exam stress (59%) 3. Anxiety, trouble sleeping, school pressure (41%)

Across all age groups, the most common causes for concern were exam stress and stress, with the highest rates of exam stress felt by 14 year olds and the highest rates of stress felt by 13 and 15 year olds. Also, school pressure was the third highest concern amongst 13, 14 and 15 year olds. Strengthening mental health support of CYP in schools therefore must be a matter of priority.

Amongst 10 and 11 year olds, not being listened to was their third highest concern. 10 and 15 year olds also cited trouble sleeping. 15 year olds experienced particularly high levels of anxiety, at 41%.

The table below outlines the experiences of depression and anxiety felt across the age groups surveyed.

Age	Depression	Anxiety
10	12%	17%
11	16%	26%
12	36%	34%
13	30%	31%
14	22%	38%
15	16%	41%

More than a third of 12 year olds and 30% of 13 year olds felt they had experienced depression during their lives. Significantly, one in four 11 year olds had experienced anxiety. The 2017 'Review of Transition from Primary to Secondary School' notes the important impact transition can have on a child's wellbeing [15]. Children from Lewisham revealed their biggest worries included the behaviour of older children, homework and the school journey. The transition from primary to secondary school is a difficult time for 10-11 year olds, and CYP need the appropriate support. It is interesting to note that one primary school from the Junior Citizens Scheme declined to complete our survey, stating that it was felt 'that the questionnaire is more appropriate for children rather more mature than our current Y6'.

However, the above data shows that it is imperative that the mental health needs of children of a young age are not underestimated.

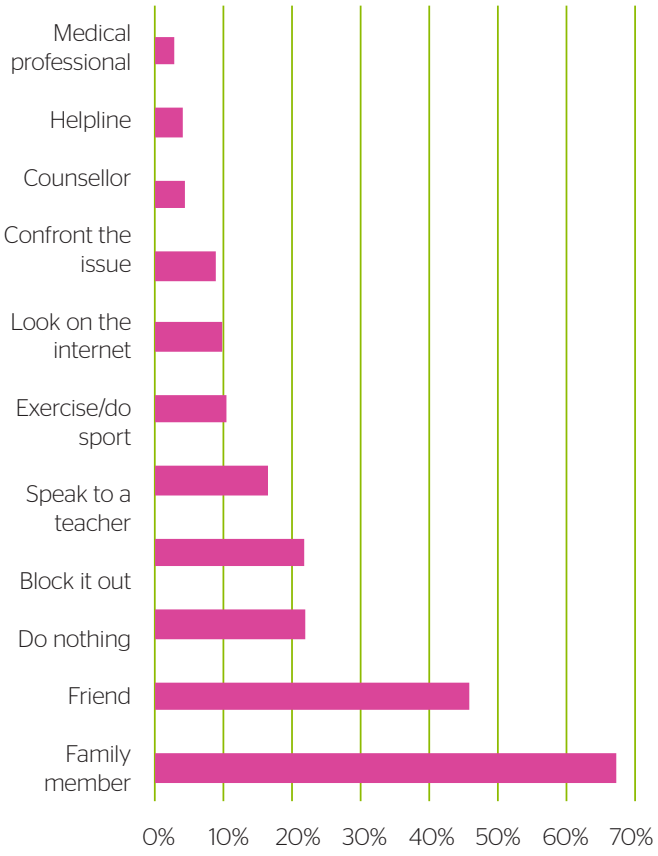
15 http://councilmeetings.lewisham.gov.uk/documents/s48752/Appendix%20A%20Transition%20from%20primary%20to%20secondary%20review.pdf

The table below outlines the levels of depression, stress and anxiety felt by those who considered themselves to have a disability:

	Depression	Stress	Anxiety
Learning disability/difficulty	45%	71%	52%
Mental health condition	75%	69%	63%
Physical or mobility	25%	50%	38%
Hearing	40%	80%	40%
Visual	28%	44%	22%
Long standing illness or health condition	40%	60%	40%

Three quarters of those who suffered from a mental health condition felt they had experienced depression. Of the five respondents who stated they had a hearing disability, 4 of them had experienced stress. Just over two thirds of those who suffered from a mental health condition had experienced anxiety.

When or if you feel that you need support with any of the above, where might you turn to and/ or what may you do?



CYP were asked where they might turn or what they may do when they are experiencing the above difficulties. The most popular answer was to turn to a family member, at 68%. 46% would speak to a friend, and 17% would speak to a teacher.

Of those who admitted to experiencing a symptom of poor mental health, 23% stated they would either do nothing or block it out. This suggests that one in five young people may benefit from further education on alternative coping mechanisms when experiencing poor mental health.

The top three answers from female respondents were:

1. Family (66%)
2. Friend (54%)
3. Do nothing (29%)

The top three answers from male respondents were:

1. Family (71%)
2. Friend (40%)
3. Block it out (18%)

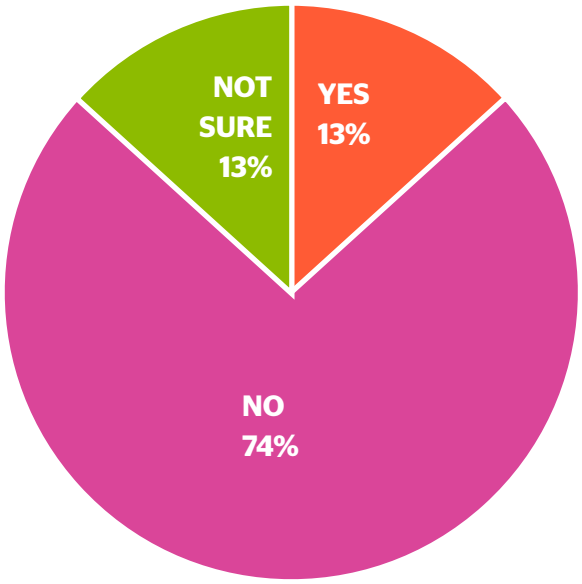
Both males and females were mostly likely to speak to either a friend or family member. After this, they would do nothing or block it out. One female respondent wrote that she blocks it out 'because sometimes I don't feel complete. I know I can trust people but I keep my pain and worries to myself'. Again, CYP may benefit from the offer of alternative coping mechanism. Only 13% of males would do exercise and even fewer females (7%). CYP would benefit from education on the huge benefits of exercise for their health as a whole, and that their mental health is linked to their physical health.

Other comments of who CYP might turn to, or what they may do, included:

'God'
'Childline'
'Myself'
'Gaming'
'School mentor'
'Suffer in silence'
'Listen to music'
'Mentor'
'Mum and dad'
'Be with my dog'
'Write on paper'
'De-stress activities'

One school has a school mentoring scheme in place. It was particularly noticeable that many students at this school knew their designated mentor they could speak to when they needed.

Have you ever used any counselling services? This can include talking to a health professional, a school counsellor, online and/or telephone counselling.



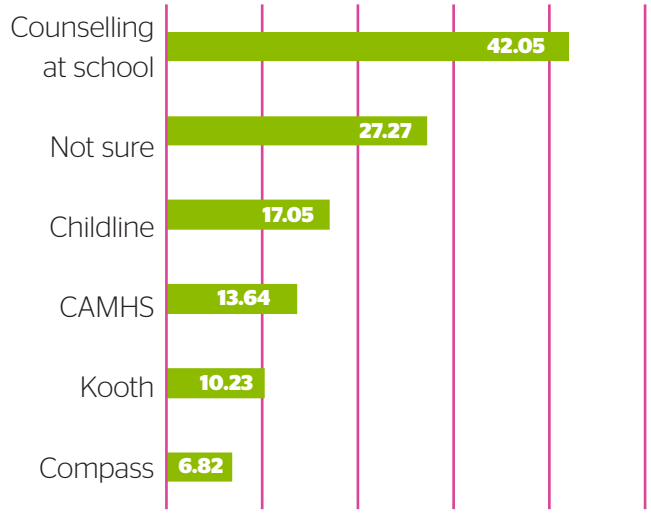
74% of CYP had never used counselling services. 13% were unsure, and 13% had used services.

13% of female respondents and 9% of males respondents had used counselling services.

Only 4% of CYP stated that they would turn to a counsellor if they were experiencing difficulties, 4% would use a helpline and 3% would speak to a medical professional. CYP were more likely to look on the internet (10%) or speak to a teacher (17%).

If you circled yes, which service did you use?

Of those who responded yes, or not sure, to using counselling services, 42% had had counselling at school. 27% were unsure which service they had



used. 17% had used Childline. 14% had used Children and Adolescent Mental Health Services. 10% had used Kooth and 7% Compass.

CYP also listed having used:

- Place2Be
- Mentor
- GP
- Art therapy
- Kaleidoscope
- Family social worker
- School mentor
- Bereavement counselling

If you circled yes, how would you rate that service?

	Excellent		Good		OK		Poor		Very Poor		Don't know		Total
Compass	33.33%	2	66.67%	4	0.00%	0	0.00%	0	0.00%	0	0%	0	6
Kooth	12.50%	1	50.00%	4	12.50%	1	0.00%	0	0.00%	0	25%	2	8
CAMHS	33.33%	4	25.00%	3	33.33%	4	8.33%	1	0.00%	0	0%	0	12
Childline	14.29%	2	50.00%	7	21.43%	3	0.00%	0	7.14%	1	7.14%	0	14
Not sure	9.52%	2	0.00%	0	19.05%	4	4.76%	1	4.76%	1	61.90%	13	21
Counselling at school	25.00%	9	30.56%	11	33.33%	12	0.00%	0	2.78%	1	8.33	3	36

Compass received the highest satisfaction rate, with 33% of respondents rating the service as excellent, and 67% as good. Compass is a service available to young people aged 0-19 (up to 25 with evidenced additional needs) and offers support to CYP in Lewisham needing help or advice with emotional wellbeing, sexual health or substance misuse.

Childline received mixed but overall high scores, with 64% rating it excellent or good. Kooth also received high satisfaction rate with a 50% score of good and 12.5% excellent. Kooth is an anonymous and free online counselling service in Lewisham for 11-25 year olds. Children and Adolescent Mental Health Services received a slightly more mixed review of its service, but overall had high satisfaction rates with 33% excellent and 25% good. Counselling at school also had a mixed review, with 56% rating it excellent or good.

Why did you choose that rating?

During the Junior Citizens Scheme, workshops were only a maximum of 12 minutes long. Therefore, the decision was made to omit this question from surveys. Of 507 respondents, 102 were not asked this question. 7 of the 102 answered had used counselling services.

Respondents were asked to explain the reasons behind their ratings of the services. CYP highlighted the importance of being listened to when using a service, praising services that 'listen well', did not change the topic and allowed them to let out their feelings. Staff who were 'nice', 'helpful' and respectful were noted at all services, including Place2Be, and valued for their support. Respondents were grateful to services for support overcoming problems such as panic attacks, negativity and anger issues. One respondent was thankful to have a place to relieve 'all the pressure'.

However, long waiting times and issues of access were amongst problems highlighted by CYP. In particular, respondents were critical of long waiting times at CAMHS, stating 'the wait for CAMHS is too long' and that the 'waiting list is 18 months long'. Whilst some respondents praised the accessibility of services at schools, where they could 'drop in at any time', others felt that counsellors were not always available when needed. Being put on hold for a long time or not answering was also an issue for one respondent who contacted Childline.

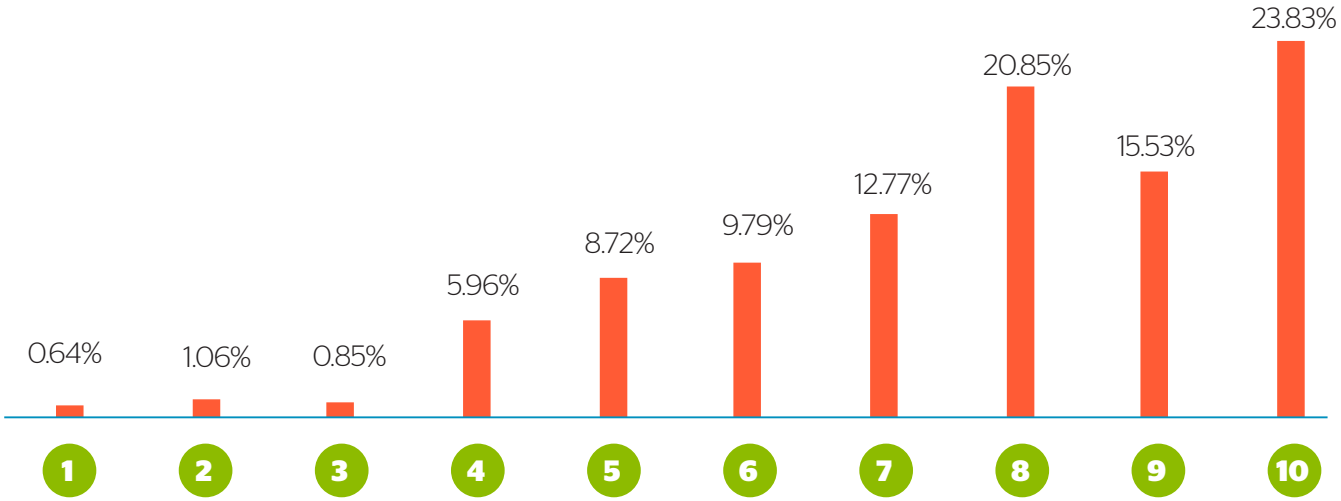
Privacy and confidentiality was also particularly important to respondents. Services were criticized for breaking confidentiality and not having enough privacy, whereas others were praised for valuing CYP's privacy and noted as trustworthy.

CYP also highlighted the need for a varied service and options when seeking support with their mental health. Some criticisms of services included advice feeling 'repetitive and predictable'. They also mentioned feeling uncomfortable discussing some particular topics and feelings of awkwardness. Others felt that the support they had received had not helped or made a significant difference. Some respondents felt uncomfortable discussing problems in the school environment and stated there is not enough privacy.

Finally, continuity in support was important to CYP. Whilst some respondents felt they had overcome their problems, some felt as though they still struggled. Some CYP felt that they were not able to cover all problems they wanted to discuss when they had used services. One CYP described a service as 'more of a place to go with a friend and speak about problems and not how to deal with mental health', indicating that they would benefit from learning self-help tools to use long-term in daily life.

On a scale of 1-10, how happy do you feel about your life as a whole?

24% of CYP answered that on a scale of 1-10, they felt they were 10 out 10 happy with their life as a whole. 21% rated themselves an 8 and 16% a 9. 18% rated themselves a 5 or below.



Focus Group Findings

The focus group organised in partnership with Metro

The Metro charity promote health and wellbeing and celebrate difference. We attended their LGBT group for young people in Lewisham.

A total of three CYP and one adult participated in this focus group. Several themes emerged from discussions with the group.

First, accessing services was highlighted as one of the most significant challenges to young people seeking support with poor mental health. Again, the length of the CAMHS waiting list was emphasised. It was felt there ought to be more immediacy in access, and that a drop in service should be available, where CYP can speak to professionals and be prescribed medicine if necessary. As it stands, participants felt that the services available to under 18s in Lewisham seeking mental health support is inadequate. Participants felt that their only option if they needed immediate support would be to go to University Hospital Lewisham.

Also, participants emphasised that the continuity of support, in all areas of life, is fundamental to effective mental health support. Those who had received a diagnosis of a disability complained of long waits for their diagnosis, or receiving contrasting diagnoses from different services. Some had also received conflicting advice, or had been passed on to different services and felt unsupported. Participants noted the importance of continued support in schools with mental health challenges. One participant praised their counsellor at college, who had helped them build their confidence and self-worth by 'telling me the good things about me'. Others had more mixed opinions about their support at school. Participants had experienced extreme difficulties with bullying and felt unsupported, to the point where one participant began to skip school. One participant who had attended school outside the Lewisham borough felt they had received 'superior' support in comparison to their experiences with Lewisham services. They felt they were asked how they were feeling more frequently, and that they received more substantial support, in particular with their handwriting and bullying.

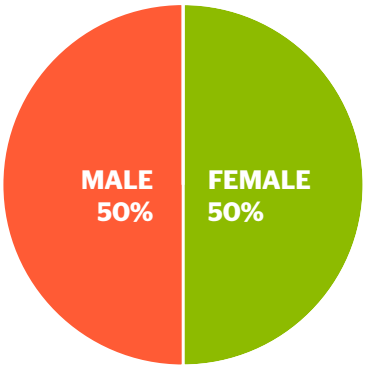
Moreover, participants underlined the need for mental health support in a comfortable environment. Some wished they could receive counselling in house at the Metro charity, but again were faced by long waits to access the service. On the other hand, one participant had received mental health support at CAMHS and praised the service. They were very happy with their treatment and the medication prescribed. Participants felt comfortable in different environments, demonstrating the need for options amongst CYP seeking support.

Participants were asked how they cope with ill mental health, and gave the following answers:

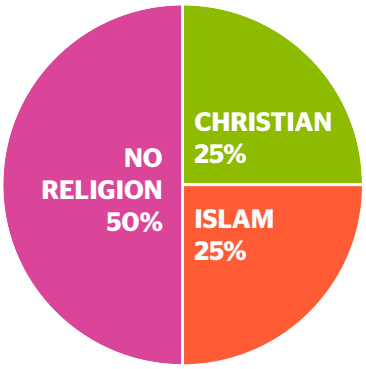
'Sleep'
'Do nothing'
'Talk to friends'
'I just cry'
'Boxing'
'Keep busy'

Demographics of participants of the focus group

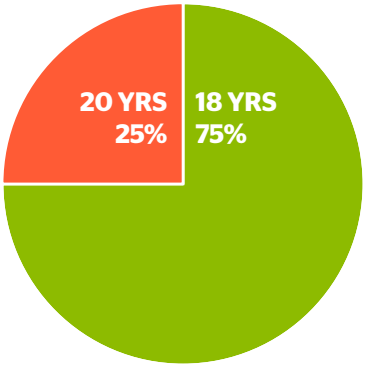
What gender are you?



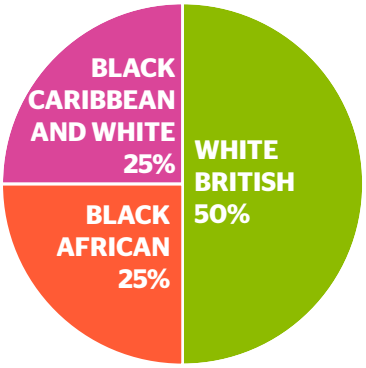
Do you consider yourself to belong to any religion?



What is your age?



What is your ethnic background?



Do you consider yourself to have a disability?

Summary of Findings

- Overall, CYP were confident on how to look after their physical health, but much less assured on how to look after their mental health.
- Two of the top five mental health concerns amongst CYP were school related (exam stress and school pressure). The others were stress, not being listened to, and trouble sleeping.
- Female CYP experienced much higher levels of anxiety than males, at 42% and 22% respectively.
- Overall, females were more likely to experience an indicator of poor mental health than males.
- Female CYPs were twice more likely to have experienced self-harm than males.
- Stress was a top concern amongst all age groups and genders.
- One in four CYP believed they had experienced depression, and 31% with anxiety.
- The highest rates of depression were felt by 12 year olds, at just over one third.
- The highest rates of anxiety were felt by 15 year olds, at two in five.
- When experiencing an indicator of poor mental health, CYP were most likely to speak to a family member or a friend.
- Of those who stated they had experienced poor mental health, one in five CYP would do nothing, or block it out.
- CYP were four times more likely to speak to a teacher than a counsellor if they were experiencing an indicator of poor mental health.
- Males were more likely to do exercise when experiencing an indicator of poor mental health than females, at 13% and 7% respectively.
- Only 13% of CYP had used counselling services.
- CYP valued services who they felt had listened well, respected their privacy and were available readily.
- CYP were critical of long waiting lists at services such as CAMHS. They also criticised a lack of continuity in support offered generally, and expressed a wish to learn how to “deal with” mental health in the long term.
- Consistency was also highlighted as fundamental to effective mental health support across services, including diagnosis and advice offered.
- Support with mental health should be extended to schools and colleges, in particular to CYP with disabilities.
- There must be a variety in the environment on offer at mental health services.

Conclusions and Recommendations

Commissioners, Providers and Schools

1. The Children and Young People's Partnership has committed to ensuring all new and existing mental health services are available to all CYPs 0-18 years (up to 25 for children with disabilities). In light of data showing that CYP share the same top five concerns (exam stress, stress, not being listened to, trouble sleeping and school pressure), we agree with this recommendation for the ages surveyed (10-15 years). However, further study would be needed to comment whether this is appropriate for 0-9 year olds and 16-18 year olds. Also, particular difficulties experienced by particular groups ought to be recognised when designing services, for example that female CYP more frequently suffered with poor mental health, in particular self-harm. Also, CYP of 10-11 years may struggle with the transition from primary to secondary school.

2. CYP would benefit from a campaign promoting resilience and tackling stigma in Lewisham schools and community groups. In Lewisham's Mental Health and Emotion Well-Being Strategy a campaign in line with the national campaign "Time to Change" is suggested. A "Time to Change" day could be held in schools and community groups across the borough.

3. CYP value honesty, privacy, being listened to and trust in their mental health support system. These values should be embedded in conversations surrounding mental health, including setting expectations for services available.

Commissioners and Schools

CYP have stated they are more likely to turn to their teachers than counsellors when experiencing poor mental health. Also, exam stress and school pressure were cited as top concerns amongst Lewisham CYP. 89% of respondents admitted to having experienced an indicator of poor mental health. However, when asked, only 16% of CYP felt they had suffered with poor mental health. This suggests that CYP associate experiencing poor mental health with being seriously ill, rather than something everyone can experience.

Where they are not already receiving it, CYP need school-based support for mental health. CYP would benefit from the following provisions, where they are not already in place.

4. CYP would benefit from general education on mental health and wellbeing, through their teachers. This should include:
   a. Resilience techniques/coping mechanisms (for example, the Five Ways to Wellbeing framework).
   b. The value of exercise and sport for health as a whole. In the Lewisham CAHMS Transformation Plan, it is stated that 'we want to stop treating the mind and body separately', in relation to health and care services. This should also extend to exercise and sport. Currently, only 11% of CYPs state they would do exercise or sport when experiencing poor mental health.

5. With appropriate training and support, CYP would benefit from a designated teacher to speak to regarding their wellbeing.

6. Teachers should be trained in the importance of the following areas when supporting CYP mental health:

a. Asking young people how they are feeling.
b. Early identification of ill mental health symptoms.
c. Signposting services, including the pathways to services. This should include appropriate online services. For example, teachers should make students aware of Kooth, the free, safe and anonymous online support available for all young people in Lewisham.

7. Also, a forum between schools, parents and mental health services seems necessary. CYP expressed dissatisfaction at receiving mixed messages between services, and not enough support within school. It is suggested that schools could be encouraged to have a Mental Health and Wellbeing Representative at PTA meetings. Schools may vary in the way they use this Representative, but ideas may include:
   a. Liaising with other specialists in the school, such as the designated teacher for looked after and previously looked-after children.
   b. Signposting parents to services.
   c. Attending CAMHS service user forums and updating schools and parents.
   d. Promotion of free self-care and resilience techniques such as the Five Ways to Wellbeing, perhaps through school newsletters. CYP are most likely to speak to their family when facing mental health problems, and schools are a channel through which information to help families can be passed.
   e. Support for parents with CYP who struggle with mental health issues.
   f. Training e.g. Mental Health First Aid Training. The Representative may then share practice and ideas with the PTA.

These recommendations would help build 'parenting and peer support in the community', as promised by the Lewisham CAHMS Transformation Plan. Within the plan, a commitment has been made to 'strengthening our work in schools'. We agreed with this commitment, and highly recommend the need for strong working relationships between all schools and mental health services.

Schools

8. CYP may also benefit from an elected Representative in their peer group at schools to represent their mental health needs. CYP participation is vital for effective support.

Commissioners

9. In Lewisham's Mental Health and Emotional Well-Being Strategy, a commitment to meeting waiting time standards for CAMHS has been made. We agree that this commitment must be met as a priority.

10. Further qualitative research on CYP mental health experiences in Lewisham would be incredibly valuable. Whilst quantitative research is extremely useful for surveying the experiences of large groups of CYP, some CYP share more honest opinions during one to one conversations. Also, the opportunity to ask follow up questions is presented.

Finally, it is important to note that local services, such as Compass, were highly valued by CYP.

Acknowledgements

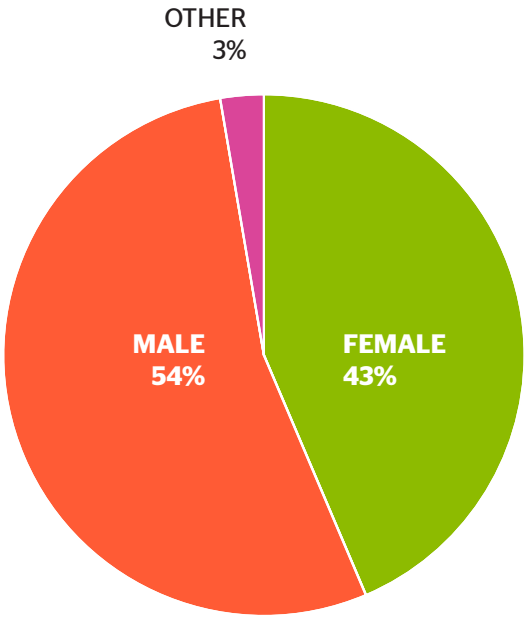
We would like to say thank you to all schools, organisations, volunteers and individuals who supported this project and committed time to gathering CYP feedback, including the students and staff at Bonus Pastor Catholic College, Trinity Secondary School, Lucas Vale Primary School, Coopers Lane Primary School, Forster Park Primary School, Launcelot Primary School, PC Wendy Lillie and all staff at the Lewisham Junior Citizens Scheme, the Lewisham Parent and Carer's Forum, the Lewisham Young Advisors and the Young Lewisham Project.

We are also extremely grateful to the Metro Charity for their support in organising and facilitating a focus group.

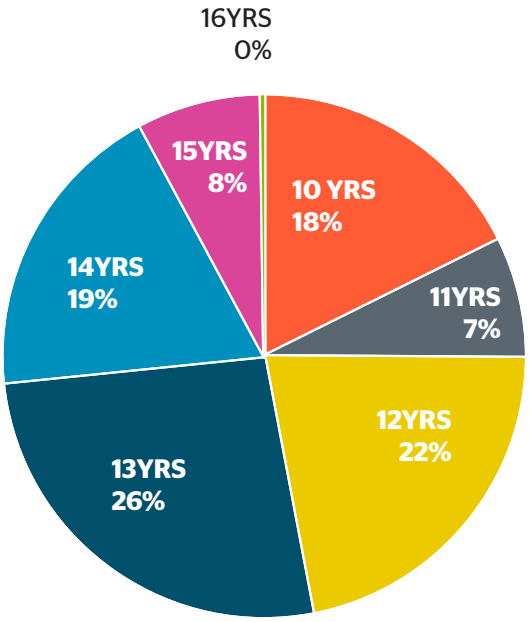
We would also like to say a special thank you to all the children and young people who took part in the workshops and focus groups, and shared their views with us.

Appendix 1
Demographics of Survey Respondents

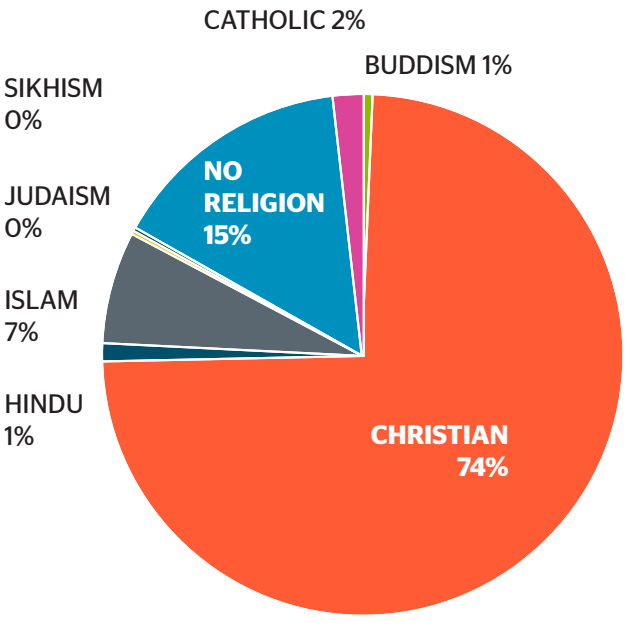
Gender



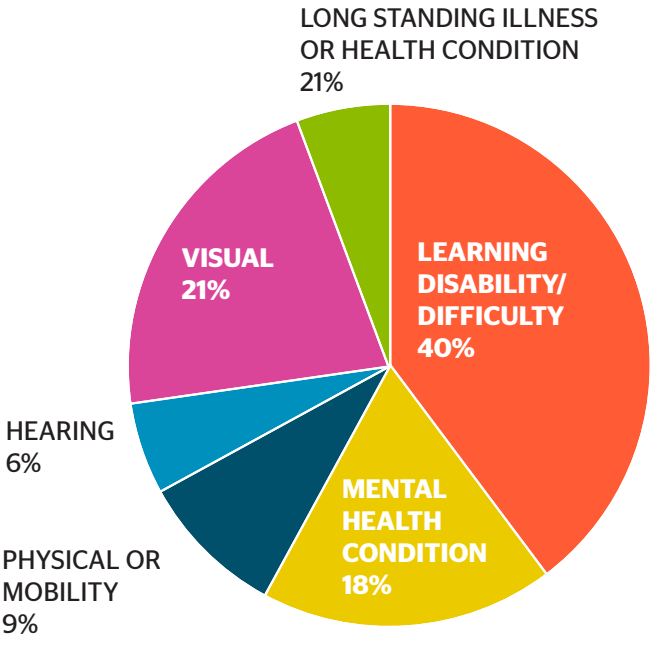
Age



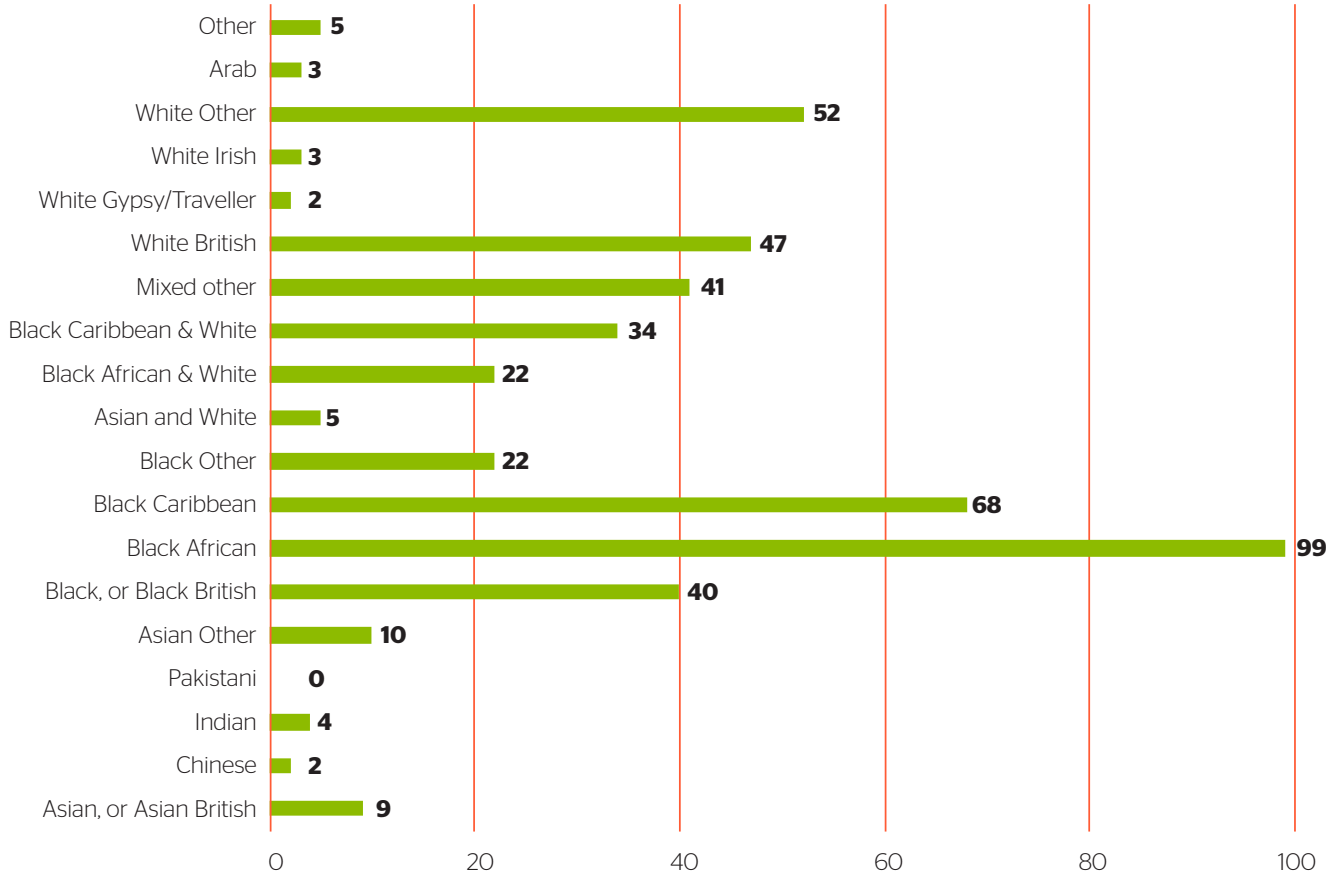
Do you consider yourself to belong to any religion?



Do you consider yourself to have a disability?



What is your ethnic background?



Appendix 2 - Survey

Please fill out this survey by circling the answers where appropriate. This survey is anonymous.

Do you believe that you have ever suffered with poor mental health?

- ☐ Yes
- ☐ No
- ☐ I don't know

Do you feel any of the following people around you have experienced poor mental health?

- ☐ Your Parent/Guardian
- ☐ Friend
- ☐ Other Relative
- ☐ None

Do you feel that you have experienced any of the following?

- ☐ Depression
- ☐ Stress
- ☐ Anxiety
- ☐ Trouble Sleeping
- ☐ Lack of Interest in Usual Activities
- ☐ Peer Pressure
- ☐ Eating Disorders
- ☐ Family Pressure
- ☐ School Pressure
- ☐ Alcohol/Drug Misuse
- ☐ Self-Harm
- ☐ Cyber Bullying
- ☐ Not Being Listened To
- ☐ Sexual Pressure
- ☐ Violence In The Home
- ☐ Pressure to Join a Gang
- ☐ Exam Stress
- ☐ Physical Bullying
- ☐ Relationship abuse
- ☐ Other(Please state)

When or if you feel that you need support with any of the above, where might you turn to and/or what may you do?

- ☐ Friend
- ☐ Family Member
- ☐ Helpline
- ☐ Look on the internet
- ☐ Block It Out
- ☐ Confront The Issue
- ☐ Speak To A Teacher
- ☐ Exercise/Do Sport
- ☐ Medical Professional
- ☐ Do Nothing
- ☐ Counsellor
- ☐ Other(Please state)

Have you ever used any counselling services? This can include talking to a health professional, a school counsellor, online and/or telephone counselling.

- ☐ Yes
- ☐ No
- ☐ Not Sure

If you circled yes, which service did you use?

- ☐ Compass
- ☐ Kooth
- ☐ Children and Adolescent Mental Health Services
- ☐ Counselling at school
- ☐ Childline
- ☐ Not sure
- ☐ Other (please state):

If you circled yes, how would you rate that service?

- ☐ Excellent
- ☐ Good
- ☐ Okay
- ☐ Poor
- ☐ Very Poor
- ☐ Don't Know

Why did you choose that rating?

On a scale of 1-10, how happy do you feel about your life as a whole?

1	2	3	4	5	6	7	8	9	10

What gender are you?

- ☐ Male
- ☐ Female
- ☐ Other

What is your age?

Do you consider yourself to belong to any religion?

- ☐ Buddhism
- ☐ Christianity
- ☐ Hinduism
- ☐ Islam
- ☐ Judaism
- ☐ Sikhism
- ☐ No religion
- ☐ Other (please state):

What is your ethnic background?

Asian, or Asian British

- ☐ Chinese
- ☐ Indian
- ☐ Pakistani
- ☐ Asian Other

Black, or Black British

- ☐ African
- ☐ Caribbean
- ☐ Black Other

Mixed/multiple ethnic groups

- ☐ Asian and White
- ☐ Black African and White
- ☐ Black Caribbean and White
- ☐ Mixed Other

White

- ☐ British
- ☐ Gypsy/Traveller
- ☐ Irish

Other

- ☐ Arab
- ☐ Other (please state)

Do you consider yourself to have a disability?
Please circle all that apply

- ☐ Learning disability/difficulty
- ☐ Mental health condition
- ☐ Physical or mobility
- ☐ Hearing
- ☐ Visual
- ☐ Long standing illness or health condition e.g. diabetes, HIV etc.
- ☐ Other (please state):

Many Thanks for completing this survey!

Making Sense of Mental Health 2018-2019

Children and Young People's Wellbeing in the London Borough of Lewisham

First published January 2019

Healthwatch Lewisham
2nd Floor, Old Town Hall,
Catford Road,
London, SE6 4RU

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healthwatch Lewisham

2nd Floor,
Old Town Hall,
Catford Rd,
SE6 4RU

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.

Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

Report & Recommendation Response Form

Report sent to	Ben Travis, Chief Executive of Lewisham and Greenwich NHS Trust
Date sent	04/03/19
Details of report	**Making Sense of Mental Health 2018-2019: Children and Young People's Wellbeing in the London Borough of Lewisham** A survey of children and young people's mental health knowledge, experiences and opinions on services available to them.
Response	**If there is no response please provide an explanation for this within the statutory 20 days**
Date of response provided	
General response	
1. Further study into ages 0-9 and 16-18 years. Particular difficulties faced by particular groups should be taken into account when designing services.	Most of the outcomes from this study impact on the South London and Maudsley (SLAM) who provided CAHMS services but we have commented from Lewisham & Greenwich NHS trust Presepective. We will be guided by further research when any services for children in mental health crisis are designed. We will work with CAMHS services when they suggest any changes to ensure that they have thought about different age groups. In addition within the Trust, there is a Transition work stream for 16 - 18, which will capture the recommendation of this report when designing services. We are also looking to apply for funding for a Transition nurse co-ordinator from the Roald Dahl charity. In younger age groups (0 – 9) this is a uncommon presentation however when it does occur particularly in ED e.g. by priotising any young children presenting mental health issues to be seen by a clinician as soon as possible. We also have daily access to the Crisis team from (CAHMS) to enhance the service.

For office use only	
Date response received	
Within 20 days?	

2. CYP would benefit from a campaign tackling stigma in Lewisham schools and community groups.	Outcomes / recommendations from this report will be shared with our commuity colleagues. However we would happily work with other agencies to deliver a programme to reduce stigma if one was produced. We aim to role model treating physical and mental illness with the same respect and time in our emergency department and wards to help reduce stigma.
3. Honest, privacy, being listened to and trust should be embedded into the mental health support system in Lewisham	We are pleased to see that CYP think that they can come to UHL as a safe place if they cannot access CAMHS and we have worked with SLAM to ensure that CYP can access a Crisis team when they present to our Emergency Department. CYP have opportunities to speak with CAMHS workers in privacy whilst in hospital. We aim to ensure that both CYP and families can speak to the teams separately and together. In addition, staff (mulit-disciplinary) have undertaken a 1 day training course titled “We can talk” This addressed the key principles in understaning and supporting children & young people’s mental health. The division / Trust is about to sign up to the scheme titled “The Rainbow Project which will help staff support lesbian, gay, bisexual & transgender (LGBT) patients.
Signed	Electronic Signature
Name	Robert Cole
Position	Head of Nursing

For office use only	
Date response received	
Within 20 days?	

healthwatch Lewisham

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Old Town Hall,
Catford Rd,
SE6 4RU

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Report & Recommendation Response Form

Report sent to	Lucy Canning, Associate Director of Strategy
Date sent	03/04/19
Details of report	**Making Sense of Mental Health 2018-2019: Children and Young People's Wellbeing in the London Borough of Lewisham** A survey of children and young people's mental health knowledge, experiences and opinions on services available to them.
Response	**If there is no response please provide an explanation for this within the statutory 20 days**
Date of response provided	13/05/2019
General response	We think these recommendations deserve support and will be more than happy to incorporate them into our service development plans within our teams.
1. Further study into ages 0-9 and 16-18 years. Particular difficulties faced by particular groups should be taken into account when designing services.	That is an excellent idea – We think that we should do more to incorporate co-production when we are designing teams and services, especially in the commissioning. We don't see many children under 6-7 years old and so some of this could be undertaken by other services. In terms of study, we will take these ideas to our academic colleagues to see if this is something that they could support.
2. CYP would benefit from a campaign tackling stigma in Lewisham schools and community groups.	We used to have a stand at the Lewisham people's day – however this was cancelled this year. I think this is an excellent opportunity to develop links with our local community and reduce stigma. I would welcome any opportunity to work with the young mayors group (or any other) to try to reduce stigma especially using more evidence based methodology
3. Honest, privacy, being listened to and trust should be embedded into the mental health support system in Lewisham	We believe that this is already a part of our Trust commitments and as such all employees would be expected to adhere to these principles. Where there are breakdowns in trust – we would want to know about it and investigate how we could do things better. We can measure improvement through our 'friends and family' test.
Signed	
Name	Dr Omer Moghravby & Brenda Bartlett
Position	Lead Clinician & Service Manager , Lewisham CAMHS

For office use only	
Date response received	
Within 20 days?	

healthwatch Lewisham

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Old Town Hall,
Catford Rd,
SE6 4RU

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Report & Recommendation Response Form

Report sent to	Paul Creech Caroline Hirst Jessica Juon Catherine Bunton *Joint Commissioners*
Date sent	27/02/19
Details of report	**Making Sense of Mental Health 2018-2019: Children and Young People's Wellbeing in the London Borough of Lewisham** A survey of children and young people's mental health knowledge, experiences and opinions on services available to them.
Response	**If there is no response please provide an explanation for this within the statutory 20 days**
Date of response provided	
General response	We think that this is a helpful and wide-reaching report.
1. Further study into ages 0-9 and 16-18 years. Particular difficulties faced by particular groups should be taken into account when designing services.	We thinking that this would be helpful, though we would like to collaborate more closely with future participation work.
2. CYP would benefit from a campaign tackling stigma in Lewisham schools and community groups.	Agreed
3. Honest, privacy, being listened to and trust should be embedded into the mental health support system in Lewisham	Agreed

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Date response received	
Within 20 days?	

4. CYP would benefit from general education on mental health and wellbeing through their teachers.	We think that there are some very emotionally literate school staff in Lewisham. There are limits to the direct delivery that school staff should be responsabe for. However we find that school staff are very open to learning new skills and working in collaboration. School staff have indicated that they would welcome training around parental mental ill health.
5. CYP would benefit from a designated teacher to speak to regarding their wellbeing.	Agreed, though it doesn't have to be a teacher.
6. Additional training for teachers in schools.	Agreed if evidence based- see above about working with parental mental ill health.
7. A forum between schools, parents and mental health services is necessary, potentially through a Mental Health and Wellbeing Representative.	Agreed
9. CAMHS waiting time standards must be met.	Agreed
10. Further qualiatative research on CYP mental health experiences in Lewisham.	I think that this is about joining up the good work that is already happening.
Signed	David McCollum and Jessica Juon
Name	As above
Position	Commissioners

For office use only	
Date response received	
Within 20 days?	

HEALTH AND WELLBEING BOARD			
Report Title	Public health approach to reducing violence		
Contributors	Executive Director for Community Services (Geeta Subramaniam- Mooney - Director Public Protection and Safety)	**Item**	6
Class	Part 1	**Date**	11 July 2019

1. Summary

1.1 This report sets out the policy context, background and resource implications of delivering the Public Health Approach to Reducing Violence.

1.2 This report sets out the Framework for delivering this.

1.3 Appended to this report is the Framework approach.

2. Structure of the Report

2.1 The report is structured as follows:

Section 3 sets out the recommendations

Section 4 policy context

Section 5 background

Section 6 the Framework

Section 7 provides the Financial Implications

Section 8 provides the Legal Implications

Section 9 provides Crime and Disorder Act Implications

Section 10 provides Equalities Implications

Section 11 provides Environmental Implications

Section 12 sets out the Conclusion

Section 13 appendix

3. Recommendations

3.1 It is recommended that the Health and Wellbeing Board:

- Note the contents of the report.
- Consider how all Board member organisations might support the Framework and collectively contribute to reducing violence in all its forms.

4. Policy Context

4.1 This report will be responding to the Council's Corporate Strategy and Strategic priorities:

- Lewisham is a welcoming place of safety for all, where we celebrate the diversity that strengthens us
- Building safer communities - Every resident feels safe and secure living here as we work together towards a borough free from the fear of crime.
- Giving children and young people the best start in life: Every child has access to an outstanding and inspiring education and is given the support they need to keep them safe, well and able to achieve their full potential.

5. Background

5.1 The World Health Organisation's defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, developmental impact, or deprivation

Violence in many forms can be preventable. There is a strong relationship between levels of violence and modifiable factors such as concentrated (regional) poverty, income and gender inequality, the harmful use of alcohol and drugs, and the absence of safe, stable, and nurturing relationships between children and parents/ adults

5.2 Violence cannot be attributed to a single factor. Its causes are complex and occur at different levels.

5.3 The public health approach is a science-driven, population-based, interdisciplinary, across sector approach which emphasises primary prevention. Rather than focusing on individuals, the public health approach aims to provide the maximum benefit for the largest number of people, and to extend better care and safety to entire populations. The public health approach is interdisciplinary, drawing upon knowledge from many disciplines including medicine, epidemiology, sociology, psychology, criminology, education and economics. Because all forms of violence are multi-faceted problems, the public health approach emphasises a multi-sectoral response. The public health approach considers that violence, rather than being the result of any single factor, is the outcome of multiple risk factors and causes, interacting at four levels individual, close relationship/family, community and wider society of the Social ecological model.

The public health approach is an evidence-based and systematic process involving the following four steps:

- Defining the problem conceptually and numerically, using statistics that accurately describe the nature and scale of violence, the characteristics of

those most affected, the geographical distribution of incidents, and the consequences of exposure to such violence.

- Investigating why the problem occurs by determining its causes and correlates, the factors that increase or decrease the risk of its occurrence (risk and protective factors) and the factors that might be modifiable through intervention.
- Exploring ways to prevent the problem by using the above information and designing, monitoring and rigorously assessing the effectiveness of programmes through outcome evaluations.
- Disseminating information on the effectiveness of programmes and increasing the scale of proven effective programmes.

5.4 "We believe that tackling violence requires both strong prevention and strong enforcement measures".

5.5 Lewisham has already undertaken much of the work that fit within a public health framework. We will be building on this work to deliver a comprehensive, community led approach.

6. The framework

6.1 This Framework is an important document in shaping our short, medium and long term approach to reducing violence in all its forms; in the public realm, within homes and domestic situations, hate crime and exposure to violence. This framework has been discussed with partners and stakeholders with support to deliver given

6.2 Lewisham is taking a public health approach to reducing violence which means:

- Understanding the extent of all violence, where and how it happens and who is affected to better inform including youth violence, domestic abuse, and sexual violence.
- Understanding that violence damages physical and emotional health and can have long-lasting negative impacts. It increases individuals' risks of a broad range of health damaging behaviours – including further violence – and reduces their life prospects in terms of education, employment and social and emotional wellbeing.
- A wide range of factors relating to individuals, their relationships, and the communities and societies in which they live can interact to increase or reduce vulnerability to violence. Issues such as Adverse Childhood Experiences (ACEs) can have significant impacts on families.
- There are a wide range of strategies that can be used to address risk factors for violence and promote protective factors across all ages. Some can be implemented universally and others are targeted specifically. Using evidence based models will shape impact.
- Working with the strengths that exist in communities to listen and collaborate on designing solutions together.

- Dialogue that challenges social norms aim to prevent violence by making it less socially acceptable.

6.3 The Aim is to:

- Reduce the impacts and actual violence across Lewisham
- Identify the causes of violence in Lewisham, and act to deliver short and longer term reductions
- Listen and work with communities to build on their strengths and deliver solutions together.
- Create a learning environment for continuous improvement.
- Impact positively on wider social, economic and health outcomes for our residents.

6.4 Building on the work already in place the following actions will be undertaken:

There will be the following key strands of work that form the framework approach:

- Community Dialogue
- Review of Services and Provision e.g. Early Help Review, YOS, VRT
- Homicide and Serious Violence Cases Review and learning
- A Strategic Needs Assessment and Performance Framework
- Evidence working group
- Supporting workforce resilience and creating Trauma informed restorative aware organisations
- Youth panel
- Creation of a Violence Reduction Board

6.5 The framework will shape and support the collective approach required to reducing violence.

6.6 The Boards role will be to support a learning environment for continuous improvement and critically seeking evidence based practice, review and provide insights to bring about change.

6.7 The work will influence and work alongside developments both regionally and nationally.

7. Financial Implications

7.1 The work described in this report will be carried out from existing resources which include both base budget and any confirmed external funding. Should there be proposals which require additional resources, then these will need to be agreed as part of the council's budget process or met from new external funding.

8. Legal implications

8.1 Under s17 of the Crime and Disorder Act 1998 the Council has a statutory duty to exercise its various functions with "…due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can, to prevent:

(a) crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment); and
(b) the misuse of drugs, alcohol and other substances in its area; and
(c) re-offending in its area."

8.2 Under s.195 of the 2012 Health and Social Care Act, central government has given local authorities a core role in the 'public health' of its area.

8.3. The Localism Act 2011 provides a general 'power of competence' for local authorities. This provides an opportunity for neighbourhood-level planning for health and use of community assets. Local authorities are also under obligations to demonstrate that they are delivering 'social value' in accordance with the Public Services (Social Value) Act 2012.

8.4. When carrying out its public health approach to reducing violence, the Council must be mindful to ensure it complies with the provisions of the Equality Act 2010.("The Act") introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

8.5 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

8.6 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above.

8.7 The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

8.8 The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-codes-practice

https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance

8.9 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

- The essential guide to the public sector equality duty
- Meeting the equality duty in policy and decision-making
- Engagement and the equality duty: A guide for public authorities
- Objectives and the equality duty. A guide for public authorities
- Equality Information and the Equality Duty: A Guide for Public Authorities

8.10 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-guidance#h1

9. Crime and disorder implications

9.1 delivery against this framework will have direct crime and disorder implications aiming to reducing violence in Lewisham. Section 17 places a duty on partners to do all they can to reasonably prevent crime and disorder in their area. The level of crime and its impact is influenced by the decisions and activities taken in the day-to-day of local bodies and organisations. The responsible authorities are required to provide a range of services in their community from policing, fire protection, planning, consumer and environmental protection, transport and highways. They each have a key statutory role in providing these services and, in carrying out their core activities, can significantly contribute to reducing crime and improving the quality of life in their area.

10. Equalities implications

10.1 The Council's Comprehensive Equality Scheme provides an overarching framework and focus for the Council's work on equalities and help ensure compliance with the Equality Act 2010.

The Equality Act 2010 (the Act) introduced a public sector equality duty (the equality duty or the duty). It covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

10.2 It is not an absolute requirement to eliminate unlawful discrimination, harassment, victimisation or other prohibited conduct, or to promote equality of opportunity or foster good relations between persons who share a protected characteristic and those who do not. It is a duty to have due regard to the need to achieve the goals listed above. The weight to be attached to the duty will be dependent on the nature of the decision and the circumstances in which it is made. This is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. The Mayor must understand the impact or likely impact of the decision on those with protected characteristics who are potentially affected by the decision. The extent of the duty will necessarily vary from case to case and due regard is such regard as is appropriate in all the circumstances.

10.3 The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:

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https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance

11. Environmental implications

11.1 All work needs to consider wider environmental safe spaces and places shaping to support the violence reduction framework. This will be done throughout the work.

12. Conclusion

12.1 This framework sets out the Intentions for the Council and its partners in delivering a programme that will build on the strong foundations set to date and seek to reduce violence, the impacts of violence and ensuring that we all focus on the safety and wellbeing of all our community.

Appendices

The table below outlines the appendices to this report:

Appendix A	A framework approach – Public health approach to reducing violence.

A public health approach to violence reduction

May 2019

Foreword

We know that violence is preventable, our community approach is a promise that by working together we can ensure everyone is able to live their lives free from the threat of violence but in a safe and nurturing environment.

In 2018 the Mayor and I were elected on the promise to deliver a public health approach to tackle violence in Lewisham. We all know that Lewisham is a young, exciting and diverse borough that we are proud to call home. It breaks all of our hearts when we hear about the tragic attacks that have too often left children and young adults losing their lives.

Public health approaches have been shown to be extremely effective around the world in reducing homicides and violence, not least in my home city of Glasgow. At the heart of these successful approaches are the community and genuine collaboration across all sectors to reduce and prevent violence.

This approach lays out the groundwork that puts violence reduction at the heart of Council action. With the establishment of a Violence Reduction Board it will ensure that whether it is in the planning or the public health department decisions are made with violence reduction in mind. However, we recognised that there is only so much the council and indeed the police can do to prevent violence.

This approach also sets out the foundations for a partnership with the community. We will begin with a series of conversations across Lewisham with young people, local community groups, parents, local charities, faith groups and many more to ensure this is a whole community approach. We hope you will join us.

Cllr Joani Reid,
Cabinet Member for Safer Communities

Introduction

The World Health Organisation defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, developmental impact, or deprivation ".

Violence is preventable. There is a strong relationship between levels of violence and modifiable factors such as concentrated (regional) poverty, income and gender inequality, the harmful use of alcohol and drugs, and the absence of safe, stable, and nurturing relationships between children and parents/adults.

Youth violence. Following the World Health Organisation, youth are defined as people between the ages of 10 and 29 years. Youth violence refers to violence occurring between youths, and includes acts that range from bullying and physical fighting, through more severe sexual and physical assault to homicide. Youth violence has a serious, often lifelong, impact on a person's psychological and social functioning.

According to researchers in 2018, more than half of children and adolescents living in cities have experienced some form of community violence. The violence can also all take place under one roof, or in a given community or neighbourhood and can happen at the same time or at different stages of life. Youth violence has immediate and long term adverse impacts whether the individual was the recipient of the violence or a witness to it.

Recent research has found that psychological trauma during childhood can change a child's brain. Trauma is known to physically affect the brain and the body which causes anxiety, rage, and the ability to concentrate. They can also have problems remembering, trusting, and forming relationships. Since the brain becomes used to violence it may stay continually in an alert state. Research suggests that youth who are exposed to violence may have emotional, social, and cognitive problems. They may have trouble controlling emotions, paying attention in school, withdraw from friends, or show signs of post-traumatic stress disorder.

It is important for youth exposed to violence to understand how their bodies may react so they can take positive steps to counteract any possible short- and long-term negative effects. By taking immediate steps to mitigate the effects of the trauma they've experienced, negative repercussions can be reduced or eliminated. As an initial step, youths need to understand why they may be feeling a certain way and to understand how the violence they have experienced may be causing negative feelings and making them behave differently. Pursuing a greater awareness of their feelings, perceptions, and negative emotions is the first step that should be taken as part of recovering from trauma they have experienced. This is the trauma informed approach adopted in Lewisham.

Youth who have experienced violence benefit from having a close relationship with one or more people. This is important because the trauma victims need to have people who are safe and trustworthy that they can relate and talk to about their experiences.

Intimate partner violence refers to behaviour in an intimate relationship that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, and psychological

abuse and controlling behaviours. Intimate partner and sexual violence have serious short- and long-term physical, mental, sexual and health problems for victims and for their children, and include both fatal and non-fatal injuries, depression and post-traumatic stress disorder.

The primary prevention strategy with the best evidence for effectiveness for intimate partner violence is school-based programming for adolescents to prevent violence within dating relationships.

Elder abuse is a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. This type of violence includes physical, sexual, psychological, emotional, financial and material abuse; abandonment; neglect; and serious loss of dignity and respect.

Factors are complex

Violence cannot be attributed to a single factor. Its causes are complex and occur at different levels.

Our approach is to consider all aspects of violence.

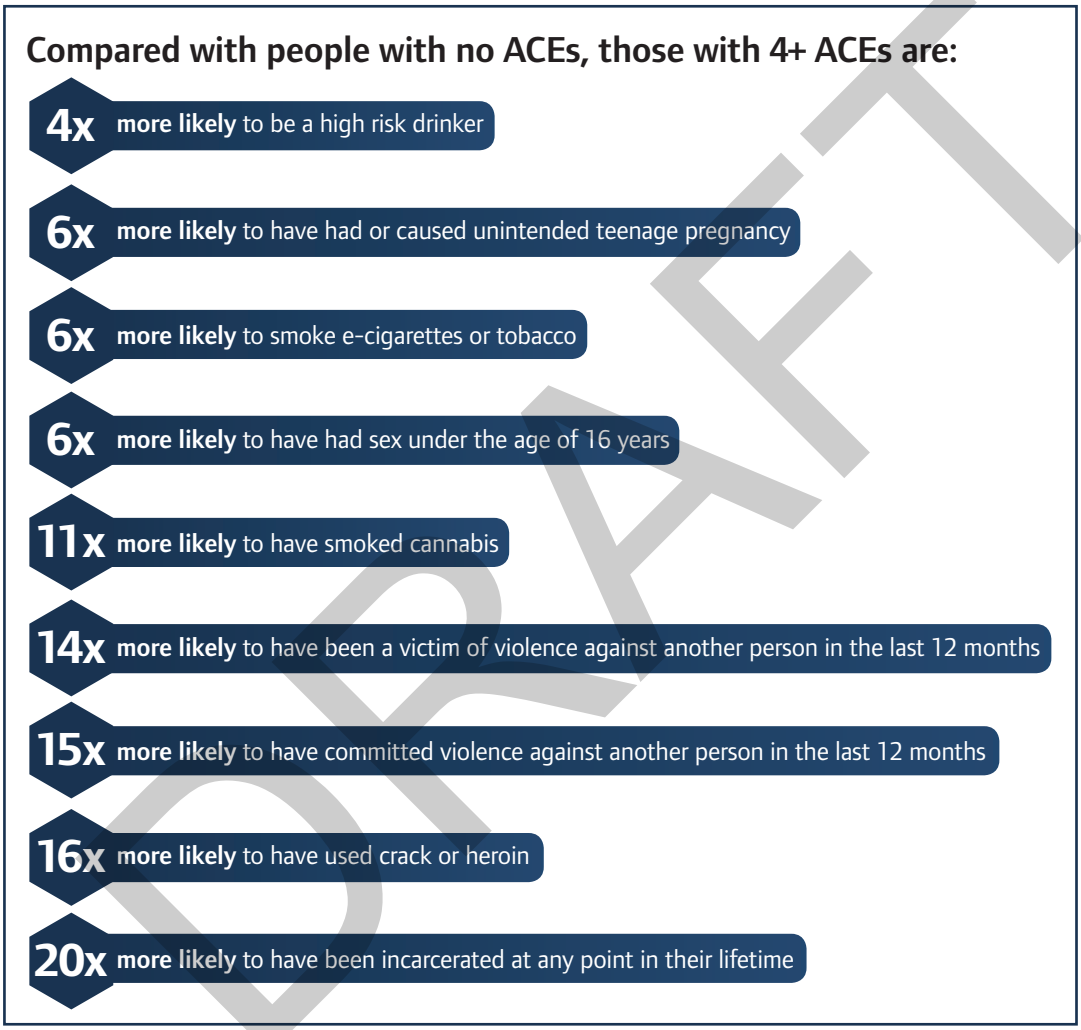
The first level identifies biological and personal factors that influence how individuals behave and increase their likelihood of becoming a victim or perpetrator of violence: demographic characteristics (age, education, and income), brain trauma, substance abuse, and a history of experiencing, witnessing, or engaging in violent behaviour.

The second level focuses on close relationships, such as those with family and friends. In youth violence, for example, having friends who engage in or encourage violence can increase a young person's risk of being a victim or perpetrator of violence. For intimate partner violence, a consistent marker is marital conflict or discord in the relationship. In elder abuse, important factors are stress due to the nature of the past relationship between the abused person and the care giver.

The third level explores the community context – ie. schools, workplaces and neighbourhoods. Risk at this level may be affected by factors such as the existence of a local drug trade, the absence of social networks, and concentrated poverty. All these factors have been shown to be important in several types of violence.

The fourth level looks at the broad societal factors that help to create a climate in which violence is encouraged or inhibited: the responsiveness of the criminal justice system, social and cultural norms regarding gender roles or parent-child relationships, income inequality, the social acceptability of violence, the availability of weapons, and the exposure to violence in mass media etc.

There is an increasingly large body of research that has shown that adverse childhood experiences (ACEs) are a main driver of violence and crime. ACEs are experiences and events that occur before the age of 18 which have a significant impact on child development. ACEs relate to the unmet needs of adults and then the impacts this has on the child.



Cooper S and Mackie P. 'Polishing the Diamonds' Addressing Adverse Childhood Experiences in Scotland. Edinburgh: Scottish Public Health Network (ScotPHN) May 2106

Addressing ACEs must be a key part of any long-term strategy. People who have experienced multiple ACEs have far higher levels of health-harming behaviours.

Taking a public health approach

The public health approach is a science-driven, population-based, interdisciplinary, cross sector approach which emphasises primary prevention. Rather than focusing on individuals, the public health approach aims to provide the maximum benefit for the largest number of people, and to extend better care and safety to entire populations. The public health approach is interdisciplinary, drawing upon knowledge from many disciplines including medicine, epidemiology, sociology, psychology, criminology, education and economics. Because all forms of violence are multi-faceted problems, the public health approach emphasises a multi-sectoral response. The public health approach considers that violence, rather than being the result of any single factor, is the outcome of multiple risk factors and causes, interacting at four levels individual, close relationship/family, community and wider society of the social ecological model.

The public health approach is an evidence-based and systematic process involving the following four steps:

1. Defining the problem conceptually and numerically, using statistics that accurately describe the nature and scale of violence, the characteristics of those most affected, the geographical distribution of incidents, and the consequences of exposure to such violence.

2. Investigating why the problem occurs by determining its causes and correlates, the factors that increase or decrease the risk of its occurrence (risk and protective factors) and the factors that might be modifiable through intervention.

3. Exploring ways to prevent the problem by using the above information and designing, monitoring and rigorously assessing the effectiveness of programmes through outcome evaluations.

4. Disseminating information on the effectiveness of programmes and increasing the scale of proven effective programmes.

"We believe that tackling violence requires both strong prevention and strong enforcement measures."

Yearly comparisons between London and Lewisham

- Lewisham has already undertaken much of the work that fit within a public health approach. We will be building on this work to deliver a comprehensive, community led approach. These include:

- A whole systems approach to tackling actual violence, exposure to violence considering impact within the home and in the public realm.

- Deep dive analysis of peer on peer abuse, county lines, knife crime, domestic abuse, JSNA parenting, JSNA SEN and youth Justice and annual strategic needs assessment which identifies violence as a significant crime causing greatest harm.

- Work on Adverse Childhood Experiences (ACEs) and evidence of critical flags and dynamic events which escalate the likelihood of violence.

- Using an evidence based approach the trauma informed approach along with restorative approach and unconscious bias is a model that has been used in the Youth Offending Service and in aspects of the voluntary sector and within the trusted adult's model.

- The trauma informed model being considered across a wide range of people through training and improved understanding of how these approaches can change our collective approach to children and families.

- Working with universities to provide evaluation on the model.

- Recognising the interchangeable nature of victims and perpetrators and the relationship this has to services and approaches.

- Tackling the disproportionate number of Black young boys who are represented in the criminal justice system at all aspects by challenging our collective responses and prioritising this to bring about change.

- Taking learning from international and national work to continuously improve our collective understanding and approaches.

Lewisham is taking a public health approach to reducing violence which means:

- Understanding the extent of all violence, where and how it happens and who is affected to better inform including youth violence, domestic abuse, and sexual violence.

- Understanding that violence damages physical and emotional health and can have long-lasting negative impacts. It increases individuals' risks of a broad range of health damaging behaviours – including further violence – and reduces their life prospects in terms of education, employment and social and emotional wellbeing.

- A wide range of factors relating to individuals, their relationships, and the communities and societies in which they live can interact to increase or reduce vulnerability to violence. Issues such as Adverse Childhood Experiences (ACEs) can have significant impacts on families.

- There are a wide range of strategies that can be used to address risk factors for violence and promote protective factors across all ages. Some can be implemented universally and others are targeted specifically. Using evidence based models will shape impact.

- Working with the strengths that exist in communities to listen and collaborate on designing solutions together.

- Dialogue that challenges social norms aim to prevent violence by making it less socially acceptable.

The aim is to:

- Reduce the impacts and actual violence across Lewisham.

- Identify the causes of violence in Lewisham, and act to deliver short and longer term reductions.

- Listen and work with communities to build on their strengths and deliver solutions together.

- Create a learning environment for continuous improvement.

- Impact positively on wider social, economic and health outcomes for our residents.

Existing work

The work focuses on violence in the home and in the public realm. It includes work focused on Domestic abuse, knife crime, youth violence and county lines. It stems across five main domains:

1. Universal approach.
2. Supporting early childhood development and meeting the needs of adults (parents).
3. Identifying protection and safety for those who may need additional support.
4. Preventing escalation.
5. Enforcement.
6. Reducing the effects.

The following illustrates some of the current work.

1 Universal approach

Trusted adult's community champions who are supported through workshops in key principles and issues regarding violence and are able to support through peer networks in local community areas. These will be expanded across the borough.

The delivery of the **universal schools safety programme (USSP)** to Year 7s across the borough providing support and opportunities for children to explore issues related to Bullying, knife crime, healthy relationships, drugs and alcohol and online.

Safe havens delivered by For Jimmy as a clear support from the business community in enabling a safer streets ethos and adults playing a key role in keeping children safe.

Working with young people in Lewisham schools to help them develop their **own Healthy Relationships** strategy, written by young people.

Through funding secured from the Home Office developing a pilot project for children and young people affected by domestic abuse is implemented the pilot is raising awareness through implementing a series of interventions in schools and delivering bespoke therapeutic support services. The pilot is focused on two wards, with learning from the pilot to be shared across the borough.

Important role schools play in keeping children safe and teaching personal, social, emotional skills.

Responsible retailers' agreements to safeguard against theft of knives from business premises and no underage sales of knives through test purchasing operations.

Delivery and wide scale awareness of **unconscious bias** and its effect on systems, services interventions and lives of our residents.

Community champions

Communities across London have seen a rise in serious youth violence and knife crime. This is a concern that we share in Lewisham, and one we are strongly committed to tackling. Exposure to violence has significant, long-lasting effects on our young people, families and the wider community and we want to support the community to better understand these challenges and work collaboratively to help build resilience.

Many people in every community come into contact with young people and their families, and can be affected by these issues. These could vary from teachers and youth workers to faith leaders, sports coaches and local shop keepers and residents. We know that many of these people are worried about young people, have felt the effects of violence in their neighbourhoods, and want to play a more active role in keeping young people safe.

Approach

As part of the Community Champions programme, we will…

1. Identify a place where the community are motivated and keen to engage with the issues of youth violence
2. Undertake a scoping exercise to identify professionals, groups and people interested in that area
3. Invite interested parties along to workshops, held in a community location

Workshop 1

- For local people, business owners, parents and identified people who are passionate about putting an end to youth violence

Workshop 2

- For professionals and practitioners who work with young people on a daily basis. Such as; teachers, youth workers, police officers and community groups

Structure of the workshops:

Workshops will provide champions with an understanding of some of the issues we experience in Lewisham and an overview of the Lewisham approach, including;

- An introduction to understanding trauma, including how trauma can impact on a young person's behaviour and decision making processes
- Recognising unconscious biases, how they can affect our judgements, and techniques for challenging them
- Introduction to some of the basic principles of the restorative approach, including using language positively in our relationships and interactions with one another
- An overview of the work of Lewisham's Crime Reduction Team

Workshop participants will also be provided with information on local service provision, useful resources, and advice for signposting to local services.

- Workshops will be facilitated by members of the Youth Offending and Crime Reduction Team
- Workshops will take approximately 4 hours and can hold up to 30 participants
- Local community organisations and experts who work within this area will also be invited to attend to present their programmes

Outcomes

- Young people, parents and community members can talk to Community Champions if they are concerned about violence
- An increase in community-led initiatives and projects aimed at keeping young people safe and putting an end to violence
- Improved understanding on the issues and risks around violence
- Improved awareness of the local service provision available to support young people, families and community members

Further Support

Community Champions will have the opportunity to join a network of local people who are passionate about ending violence. The network will facilitate links between local services, experts and volunteers and provide champions with up-to-date information on the local services available.

2 Supporting early childhood development and meeting the needs of adults (parents)

Supportive breastfeeding borough to support attachment, attunment and baby bonding.

Nurse family partnership provides prenatal health advice and support, child development education, and life coaching for vulnerable first time mothers

Children's centre offer including 5 to thrive model. Based on 'building blocks for a healthy brain', and on five key 'activities'; Respond · Cuddle · Relax · Play · Talk

Parenting support and advice including programmes such as Core Assets.

Street doctors; student medics giving young people skills and confidence to help in an emergency as well as influencing towards positive educational options.

3 Identifying protection and safety for those who may need additional support

Youth Justice Interventions using a trauma informed restorative model.

Functional family therapy model of intensive support for families.

Range of community based interventions through the **voluntary sector.**

Cooth **online counselling support** for young people.

Hospital based youth workers through the voluntary sector to support those injured using a teachable moment method.

Nonviolence resistance programme (NVRP) delivered to support models of conflict resolution.

Health and wellbeing service for young people including CAHMS provision for mental health.

Targeted education in schools through choices and consequences programme and work with individuals by Public Protection staff.

4 Preventing escalation

Violence reduction Team direct support to individuals and families.

Programmes such as **Athena** (supporting victims of Violence Against Women and Girls), the community groups programme to support mothers and children who have experienced Domestic abuse are essential.

The **Missing, Exploited and trafficked** approach. This multi-agency approach identifies the critical risks, harms and vulnerabilities and implements the right safety plans and intervention.

Pan London Rescue and Response county lines programme to identify and provide targeted case work for those at risk or involved.

Working with Women's Solace Aid, Southwark and Lambeth Councils, Lewisham Council has developed a Lewisham **Domestic Abuse perpetrator programme**.

5 Enforcement

Both reactive and proactive policing to arrest the most dangerous individuals involved in organised criminality.

Use of appropriate measures to **remove knives** from the streets.

Enforcement through p**robation services and youth justice** where needed for public protection.

Use of **legal measures** to protect victims from harm such as injunctions/ disruption notices etc.

6 Reducing the effects

The Stop the Violence campaign helps to deliver violence prevention messages, raise awareness of violence and seeks to change social norms.

County lines

A young boy had not made contact with his mum for a number of days. Even after several calls from her and his brother there was no contact. A few days later he was arrested in a county area with another young person and a female. He had been arrested for possession with intent to supply drugs. This was the first time he had gone missing.

The young person was found with 250-300 wraps of heroin and cocaine. He was placed in police protection and both boys were treated as victims of human trafficking.

However both boys now have a combined debt of the value of the drugs which they "lost" when arrested. This places them at further risk.

The case was referred to the multi-agency panel and a social worker allocated. The violence reduction team undertook a risk assessment with the police and social care. The risk was deemed high and an emergency housing move was discussed with mum and instigated.

The young person was attending education and a Team around the child meeting was held at the school to discuss safety planning. A referral was accepted by the National Referral Mechanism and treated as a victim of modern day slavery.

There was a period where mum was finding it difficult to continue supporting the young person but with close contact with the Violence reduction Team she was able to raise her concerns and have officers to support her.

Referrals were made to partners for mentoring / and specific county lines support

The family moved to a temporary housing, the young person has transferred to an education provision in that area and the Violence Reduction Team continue to support the family. The young person has also engaged with mentoring through a local boxing provider.

Building on existing work – next steps

Lewisham is committed to delivering a public health approach to serious violence. We believe that with the right approach we can reduce violence, exposure to violence and the negative impacts this has on our children, families and communities. Considering the wider health and wellbeing outcomes as well as direct reductions in violence is the future focus.

See Appendix for models and approaches which have evidence based impacts. There is clear evidence that indicates tackling ACEs will have wider scale impacts and reductions in:

Building on the work already in place the following actions will be undertaken:
There will be the following key strands of work that form the approach:

- Community Conversations
- Review of Services and Provision e.g. Early Help Review, YOS, VRT
- Homicide and Serious Violence Cases Review and learning
- A Strategic Needs Assessment and Performance Framework
- Evidence working group
- Supporting workforce resilience and creating Trauma informed restorative aware organisations
- Youth panel
- Creation of a Violence Reduction Board

Disproportionality

Throughout the work understanding and taking action regarding **disproportionality** will be a focus. The Safer Lewisham Partnership set out to answer the following question: How do we understand and ensure negative bias is reflected upon and protected against.

A number of reports have evidenced the disproportionate impact on aspects of our community through the Criminal Justice system. It is clear that the language used to describe issues, individuals and agencies needs to be objective and unbiased to ensure that fairness and equality is at the heart of approaches by all. Social cohesion and integration are at the heart of tackling discrimination with open and regular community conversations being crucial

Locally the work of the Stop and Search community scrutiny group is invaluable. Working together, and seeking opportunities to learn from communities about their experiences will lead to improving our collective understanding and approaches.

In 2017, across London the demographics of victims for both knife crime and knife crime with injury are very similar: 80% were male; 50% under the age of 25 and 50% identified as BAME. The proportion of BAME knife crime victims has increased from 44% in 2008 to 50% in 2017.

The disproportionately for knife crime homicides is just as stark. In 2017, those under 25 years old African-Caribbean male knife crime victims made up 41% of London knife homicides, despite making up just 1.4% of London's population. Therefore, any public health approach in London and Lewisham must seek to address these inequalities.

Community Conversations

The commitment to have a shared approach to reducing violence requires a shift in the relationship between the public agencies and the local communities. Building on the strengths and assets within the community will help to work together and co-design and co-produce the solutions. Having greater citizen participation will help shape the collective response and a wide scale culture change in tackling this issue.

- A strength based dialogue model will have a number of outcomes.
- Increase understanding of the factors causing violence and how the community wishes to address that violence
- Networks of engaged and involved local people seeking to become involved in ongoing community conversations/ delivering support / linking to the trusted adults community hubs/ and activity in their community
- Recruitment to Trusted Adult community champions, Youth Champions and community advocates
- A network of active citizens who may be able to lead and support community initiatives
- A greater synergy of community based and third sector programmes and initiatives aimed at reducing serious violence

The collective conversations will continue through key voluntary sector organisations and continue for the short, medium and long term.

Community conversations

Communities across London have seen a rise in serious violent crime, including knife and gang crime, since 2016. This is an issue we share in Lewisham and one we are strongly committed to tackling.

In Lewisham we recognise the significant, long-lasting effects that exposure to violence can have on our children and young people, families and the wider community. We are committed to supporting the community to understand the issues, build resilience, and to work in partnership to develop solutions.

Approach

We recognise that tackling the issues around serious violence cannot be achieved through a single intervention or led by a single agency. We are committed to having a shared approach, involving local communities and public agencies across the borough in the solution.

By building on the knowledge, expertise and assets within the community, we will be able to co-design and co-produce solutions together. Having greater citizen participation will embed a wide scale culture change, where the responsibility and motivation to tackle the issue is widely recognised and shared.

Requirements

Traditional community engagement techniques usually facilitate a question and answer, "you said, we did" approach. In Lewisham we want to begin ongoing conversations, where a wide range of perspectives are heard and people are encouraged to deliberate and find solutions.

This will require many ongoing conversations with a range of people and groups and should build upon existing structures, passionate community networks and groups already operating across Lewisham.

Tackling violent crime and getting to the root causes of violence is an urgent issue. However, we also need a sustainable way of understanding the changing nature of the issues and the impact of interventions. It is important that community leads are up-skilled in effective community conversation methods to ensure the approach can be used for years to come in a variety of settings and a culture of community participation is sustained.

Overall, the approach is hoped to;

- Improve understanding of the root causes of violence
- Enable communities to discuss the issues and formulate actionable solutions to address it
- Embed ongoing, sustainable community conversation mechanisms
- Encourage social-supportive networks, whereby local people develop confidence and resilience and feel motivated to be part of the response
- Motivate local people to actively deliver solutions, such as through delivering activities in their community, e.g. volunteering, mentoring, peer support etc.
- Create greater synergy of community based and third sector programmes, with the shared aim of reducing serious violence

The conversations will inform the development of a Community Strategy that will outline a collective, borough-wide approach to tackling violence.

Outcomes

- An initial community conversation facilitated by the lead organisation alongside Lewisham's Mayor and Cabinet member for Community Safety
- Training of 30 community members in an effective community conversation approach
- Further conversations across the borough led by those trained
- Collation of key information / feedback / solutions to be gathered from each session by the lead organisation. Information will be analysed to support the 3/5/10 year community strategy to reduce violence.
- Proactively contribute and work alongside Lewisham Council officers on the development of a 3/5/10 year Community Strategy
- Improved trust and confidence in public sector services and communities
- Increased joint understanding and working to reduce violence across the borough.
- Increased community participation in delivering solutions

Receive Reviews of services and provision e.g. Early Help Review, Youth Offending , Violence Reduction Team, exclusions, VAWG, mental health and CAHMS etc .
Sharing and learning from reviews will enhance our collective understanding and response. As part of this review process there will be a focus on how can we put violence reduction at the heart of council decision making. Building on the work of Reimagining services for children and families which took place across the borough in 2018, it is important to embed violence reduction into all areas of the Council's actions and that it is a shared priority across the organisation and its partners.

There is a review of VAWG provision to understand how effectively the service is meeting the needs of victims. This includes engaging with service users and learning from other boroughs across London.

There will be a review into Early Help services. Early Help services work with children, young people and families to provide support where needed. Given the large body of evidence over the link between childhood and complex trauma and violence, Early Help services are a vital part of any violence reduction approach.

There will be review of a range of children and adult services which will help to understand impact on reduction violence.

Evidence working group
At the heart of any preventative approach to violence crime must be detailed understanding and interrogation of all local data. It is only with an understanding of what is happening in an area, will we be able to design effective interventions. Working to support evidence based practice in the approach can help to show impact.

Homicide and Serious Violence Cases Review and learning
The Mayor of Lewisham recently announced a Homicide and Serious Violence Case Review, looking at cases from 2017 – 2018. A tendering process will begin early in 2019 for Lewisham. The review will aim to identify key themes and seek to learn and provide an environment for continue improvement and learning.

A Strategic Needs Assessment and Performance Framework
Creating a performance framework to assess the Council's and partnerships work is vital in measuring the success of interventions. Embedding a process that evaluates the work in reducing violence will help assess what works and what doesn't. It will include both quantitative and qualitative assessments.

Annually the Partnership undertakes a Strategic Needs Assessment and this will be completed in April 19. This builds on the work of the Safer Lewisham Partnership and provides wide scale focus and agreement to prioritise violence reduction. There will additionally be a JSNA (Joint Strategic Needs Assessment) undertaken in respect of violence.

Supporting workforce resilience and creating Trauma informed restorative aware organisations

Our most valuable resource are our staff. Creating an agreed philosophy, language and approach supported by workforce development is essential for this approach to be sustainable. Bringing about wide scale awareness of the significant impacts cumulative ACEs can have on children and families and generations to come will help to identify early on and act, prevent ACEs through promoting early attachment, building reliance and community capacity, as well as providing the right support to families. Developing a common framework of routine enquiry for ACEs across all services will improve information, advice, access, and interventions.

Youth advisory panel

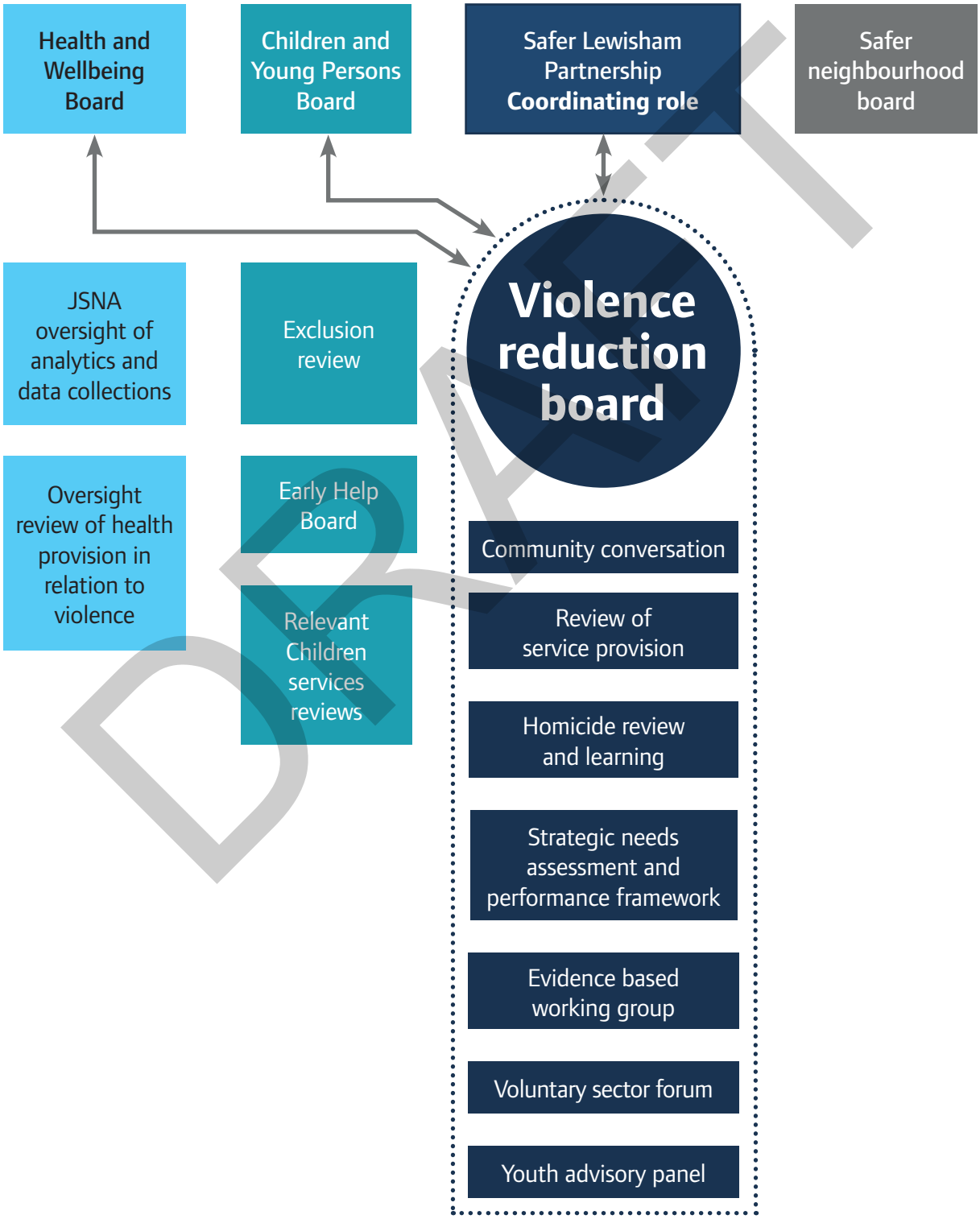
The voice of the child is important in understanding the issues from their perspectives and building on their experiences and insights in co designing solutions. Hearing life journeys and insights of those who have accessed services help to critically evaluate their effectiveness. Co-producing the solutions is an essential element of a sustained and long term approach.

Creation of a Violence reduction board

The Boroughs Public Health approach to reducing violence will be a co-production between the council, the community and key partners. A governance structure will be needed to oversee the development of this work and the development and implementation of a strategy. It is initially proposed that a Lewisham Violence Board (VRB) will formed, which will consist of a small number (6-10) of relevant councillors and senior officers in the council. This Board will ensure and drive that violence reduction will be at the heart of the Council's work. It is suggested that the Cabinet Members for Safer Communities will Chair the VRB. The Cabinet Members for School Performance and Children's Services, and Health & Adult Social Care would also join the VRB. Additionally, the 3 relevant Executive Directors would also join, as well as the Chief Executive. Other senior officers from across the organisation would also be invited to join the board, including the Head of public protection and safety.

The Safer Lewisham partnership (SLP) will play a coordinating role and the work of the VRB will directly feed into this whilst working with boards and committees such as, but not limited to the Health & Wellbeing Board, the Children and Young People's Board, both children and adults safeguarding arrangements and the Safer Neighbourhoods Board.

The Boards role will be to support a learning environment for continuous improvement and critically seeking evidence based practice, review and provide insights to bring about change.



Action at all levels

Lewisham is committed to tackling and reducing the impacts of violence on our communities, linking into strategies and plans that are in place such as the Violence against Women and Girls (VAWG) Plan 18-21, knife crime action plan 18/19, the Safer Lewisham Annual Plan 19/20 and building stringer communities programme.

Working with colleagues in other London boroughs on this agenda to share practice and findings will help to build the evidence base and opportunities for collaborative working. Doing more together helps to bring about greater change and impact.

Working with the **London Mayor's office for policing and crime (MOPAC)** is essential to ensure that Lewisham are learning from and feeding into the work of the Violence Reduction Unit for London. This focus for London is essential as our communities are affected by what occurs across London. Accessing resources for Lewisham community and voluntary sector groups, partners and the Council will be a priority where available.

Working at a **National level** to influence policy and bring about whole scale change is something we will continue to do working with colleagues in the Ministry of Justice, Home Office, National Crime Agency, and Department of Education. Lewisham is constantly learning from its approach to date and are keen to ensure that this is fed into National learning to help greater understanding about violence.

Together we can bring about change for all and reduce the harmful impacts of violence: the safety and wellbeing of our communities are our highest priority. The violence can be stopped.

Appendix – models and approaches emerging so far

Models	Definition	Link
Contextual safeguarding	Founded on the idea that young people's behaviours, levels of vulnerability and resilience l informed by the social/public, as well as private, contexts. Consequently interventions to support resilience and build protective factors should take place across these spaces.	www.beds.ac.uk/ic/current-projects/contextual-safeguarding-programme
Nurture	Built on recognition that not all children have their needs met at home to the same degree of others, and that this can be addressed. Built on 6 principles 1 Children's learning is understood developmentally 2. The classroom offers a safe base 3. The importance of nurture for the development of wellbeing 4. Language is a vital means of communication 5. All behaviour is communication 6. The importance of transition in children's lives	http://dspl3.co.uk/wp-content/uploads/2015/05/THE_SIX_PRINCIPLES_OF_NURTURE_GROUPS.pdf
5 to thrive	Based on 'building blocks for a healthy brain', drawn from research into attachment and attunment to support positive feedback processes. Based on five key 'activities' Respond · Cuddle · Relax · Play · Talk	https://fivetothrive.org.uk/approach/
Adverse Childhood Experiences (ACEs)	A language and evidence base to better understand and codify the impact of trauma, protective factors and stress responses and associated physical and mental health impacts. When a child experiences strong, frequent, and/or prolonged adversity – such as physical or emotional abuse, neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship – without adequate adult support and protective factors, a toxic stress response can occur. The evidence around ACEs is that over time this can disrupt the development of their brain architecture and other organ systems, and increase the risk of disease and cognitive impairment. This drives a focus on interrupting these changes by providing safe, stable, nurturing environments, while helping children build social-emotional skills and resilience.	www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

Trauma-informed	A recognition that trauma impacts on individuals' development and responses, shaping basic responses of fight or flight and making consequential thinking challenging. A trauma-informed approach includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves four key elements: • realising the prevalence of trauma; • recognising how trauma affects all individuals involved with the program, organisation, or system, including its own workforce; • responding by putting this knowledge into practice • resisting re-traumatisation.	www.nctsn.org/trauma-informed-care
Restorative approaches	Restorative approaches recognise that language impacts on a person's 'self-purpose', and when blaming or shaming does not provide a platform to find positivity and move forward. A restorative response to an incident of conflict involves asking the following questions: • What happened? • What were you thinking and feeling at the time? • What do you think and how do you feel now • Who has been affected by this? • What's needed to put things right? • How can we make sure this doesn't happen again?	https://alexvermeer.com/why-your-mindset-important/
Growth Mindset	Founded on the belief that your basic qualities are things you can cultivate through effort, and everyone can change and grow through application and experience. Based on research with children on the positive outcomes of feedback on effort and process over natural gifts, and widely used in educational context.	https://alexvermeer.com/why-your-mindset-important/
Attachment Theory	Psychological model attempting to describe the dynamics of long-term and short-term interpersonal relationships in terms of attachments with care givers and behavioural indications around experiences. Underpins a number of approaches including for example Nurture and 5 to thrive, but direct usage is known to be difficult outside of professionals highly trained in that area.	www.psychologistworld.com/developmental/attachment-theory
Thriving places	An intensive neighbourhood approach adopted by Glasgow Community Planning Partnerships' which targets specific areas of the City which have been identified as needing further support to tackle complicated local issues. The Thriving Places approach centres on partners working collaboratively with one another and with local communities to make better use of existing resources and assets in order to form an approach which is specific to each individual community's issues. It is an asset-based approach which builds on the capacity, skills and strengths in a community, with organisations working in partnership with residents to plan and deliver services.	www.glasgowcpp.org.uk/thrivingplaces

HEALTH AND WELLBEING BOARD				
Report Title	NICE Quality Standard on air pollution – council recommendations			
Contributors	Geeta Subramaniam, Head of Public Protection and Safety and Christopher Howard, Senior Environmental Protection Officer		Item No.	7
Class	Part 1 (Open)	Date:	11 July 2019	

1.0 Purpose of Briefing Note

1.1 To provide a briefing on the NICE Quality Standard on air pollution (outdoor air quality and health) https://www.nice.org.uk/guidance/qs181/chapter/Quality-statements and to address James Campbell's request to seek assurance from relevant colleagues across the local authority, public health, CCG and health providers that all aspects of this Quality Statement are either being met or have plans in place or in development for how they will be met, including ongoing monitoring of the measures.

2.0 Background and Summary of NICE Air pollution: outdoor air quality and health Quality Standard

2.1 This quality standard covers road-traffic-related air pollution and its impact on health. It describes high-quality actions in priority areas for improvement.

2.2 The report identifies 4 quality statements and identifies some quality measures.

2.3 The 4 quality statements are:

- *Statement 1*: Local authorities identify in the Local Plan, local transport plan and other key strategies how they will address air pollution, including enabling zero- and low-emission travel and developing buildings and spaces to reduce exposure to air pollution.

  What it means to Local authorities: work with partners to ensure the Local Plan, local transport plan, and other key strategies identify the approach to addressing air pollution. Local authorities work together to prevent migration of traffic and emissions to other communities, which may result in areas of poor air quality

- *Statement 2*: Local planning authorities assess proposals to minimise and mitigate road-traffic-related air pollution in planning applications for major developments.

What it means to Local planning authorities: ensure planning applications for major developments include proposals to minimise and mitigate road-traffic-related air pollution during and after construction. Local planning authorities provide guidance for applicants and have a clear framework for assessing proposals in line with the Local Plan, local transport plan and other key strategies. Local guidance should make it clear that proposals to minimise or mitigate road-traffic-related air pollution must be evidence based. Local planning authorities monitor compliance with planning conditions or obligations to minimise and mitigate road-traffic-related air pollution. Local authority planning officers encourage applicants to modify their planning applications if necessary, to include evidence-based approaches to minimise or mitigate road-traffic-related air pollution.

- *Statement 3:* Public sector organisations reduce emissions from their vehicle fleets to address air pollution.

  What it means to Service Providers (including Public Sector Fleet Managers and commissioners): consider a range of approaches including:

  •replacing vehicles with zero- or ultra-low-emission vehicles over time
  •incentives to lease zero- or ultra-low-emission vehicles
  •training drivers to change their driving style
  •consolidating and sharing vehicles to ensure efficient use
  •action to minimise congestion caused by delivery schedules
  •specifying emission standards for private hire and other licensed vehicles.

- *Statement 4:* Children, young people and adults with chronic respiratory or cardiovascular conditions are given advice at routine health appointments on what to do when outdoor air quality is poor.

  What it means to Service providers (such as general practices, community health services, hospitals and community pharmacies): ensure that healthcare professionals are aware that information on air quality is available, what it means and what actions are recommended. Service providers ensure that processes are in place to provide advice on what to do when outdoor air quality is poor to children, young people and adults with chronic respiratory or cardiovascular conditions (and their families or carers, if appropriate) at routine health appointments. Providers ensure that advice includes how to find out when outdoor air quality is expected to be poor such as from the Department for Environment, Food and Rural Affairs' Daily Air Quality Index.

  What it means to Healthcare professionals (such as doctors, nurses, healthcare assistants and pharmacists): provide advice on what to do when outdoor air quality is poor to children, young people and adults with chronic respiratory or cardiovascular conditions who are attending a routine health appointment (and their families and carers, if appropriate). They also provide information on how to find out when outdoor air quality is expected to be poor, for example using the Department for Environment, Food and Rural Affairs' Daily Air Quality Index.

What it means to Commissioners (such as clinical commissioning groups and NHS England): commission services that provide advice on what to do when outdoor air quality is poor to children, young people and adults (and their families and carers, if appropriate) at routine health appointments.

What it means to People with long-term breathing or heart conditions (and their family and carers, if appropriate): are given advice at routine health appointments on what to do when outdoor air quality is poor and how to find out when it is likely to be poor.

2.4 The NICE report provides a quality standards service improvement template. This is in an excel format and provides column headings with specific questions (This is the document that was sent through by James Campbell for the board to consider).

2.4.1 Initial Assessment: How does the current service compare with the statement?

2.4.2 What is the source of evidence to support this?

2.4.3 What are the risks associated with not making these improvements? This should be an initial high-level assessment.

2.4.4 Has this statement been prioritised for quality improvement? If no, record a date for the review of the decision; if yes, use the remaining columns to record an action plan and monitor delivery

3.0 Council's Air Quality Action Reporting and Monitoring

3.1 The Council has had an Air Quality Action Plan (AQAP) formally adopted since February 2008, with its current AQAP 2016-2021 approved by Lewisham's Mayor and Cabinet in December 2016.

3.2 The AQAP follows the guidance by GLA, which includes a matrix of actions they require all London boroughs to consider and report on. The Actions address emissions from developments and buildings; public health and awareness raising; delivery servicing and freight; borough fleet actions; cleaner transport and specific actions within Air Quality Focus Areas.

3.3 As part of the Local Government statutory function we report yearly on action we carry out, in addition to monitoring data. These reports are submitted for review and comment to the GLA. These actions are across all areas of the Council, particularly in areas of Planning development, Public Health, and Transport.

3.4 The Air Quality progress reports or Annual Status Reports (ASR) (as they are now termed) are available on the following link: https://www.lewisham.gov.uk/myservices/environment/air-pollution/Pages/Air-quality-reviews.aspx.

3.5 The ASR for 2018, is currently being compiled and a draft of the report will be submitted to the Health Protection Committee for the 26th June 2019 meeting, prior to submission to the GLA for 3rd July 2019. It reports on progress against over 40 Air Quality Actions to the GLA, which includes monitoring. **A substantial part of the Quality Statements within the NICE report are incorporated within this report.** It recommends monitoring measures on progress by use of emissions/concentration data, benefits, negative impacts / complaints, performance indicators etc., wherever possible.

3.6 In addition to following the recommended actions by the GLA the Council's overarching aims are to galvanise borough-wide action to address air quality issues in Lewisham, seeking to both reduce emissions to improve air quality, and reduce exposure to poor air quality and enable and encourage active travel.

3.6 The Council priorities has been to focus on behavioural change, providing a focused approach with children, schools, transport and infrastructure projects coupled with an evidenced based approach. An Air Quality Champion has been appointed by the Mayor which has shown the political importance and commitment to this issue. The Lewisham Air App was launched in April 2018, as a free service for Lewisham residents to provide pollution alerts, with tailored heath advice and also an active mapping service for travel to reduce air pollution exposure. Health professionals share information at routine health appointments with people with chronic respiratory conditions.

3.7 The Council has made significant steps in prioritising air quality and introducing strategies, measures and actions around road-traffic-related air pollution to manage and reduce its impact on health.

3.8 The Council is currently active in specific projects to:

- Control emissions from construction traffic and site activity within the Evelyn Corridor,
- Raise awareness and interventions around schools, including anti-idling events, STARS and a public health led school Superzone project.
- Controlling transport emissions from businesses within Lewisham Town Centre and Deptford High Street (Air Quality Focus Areas), as the lead authority for Cleaner Air Village 2, a collaborative project with 6 other London boroughs.
- Bring traffic reduction and increased walking and cycling through the Deptford Parks Liveability Neighbourhood, Healthy Neighbourhoods, Quietways and other planning development initiatives.

  The majority of funding for these projects has been obtained externally through successful bid applications.

3.9 There have been recent strategies and policies that are being developed including:

- Lewisham Council has been developing a dedicated 'Low Emissions Vehicle Charging strategy 2018-2022' for the Borough in direct response to the growing appetite for electric and hybrid vehicles in both the private and commercial

communities.

- Parking policy review that includes an emission based charging mechanism, will go through consultation in summer 2019 with a planned submission to Mayor and Cabinet in autumn/winter 2019.
- Delegated powers for enforcement of idling vehicles by civil enforcement officers with a planned submission to Mayor and Cabinet in autumn 2019.
- Preparing a new Local Plan for Lewisham, to be available in draft in summer 2019.

3.10 The Council is part of the London Local Air Quality Network. Along with the three continuous monitoring sites within the London Local Air Quality Network, Lewisham expanded its network of nitrogen dioxide diffusion tube locations in 2018 to 50 locations around the borough, The Council contributed towards the installation of an Air Quality Supersite, at Honor Oak Park Sports Ground. This is a new million pound air pollution research lab, with primary funding from Natural Environment Research Council (NERC), which started receiving data in January 2019. The Council is continually reviewing its monitoring capabilities and has plans to commission a new continuous monitoring site in Deptford.

3.11 The Council will continue to prioritise working with the GLA and neighbouring boroughs, as much of the issue with air quality is due to the London road network and travel patterns and behaviour of people across the City. The Council is for instance, campaigning for the extension of the proposed Bakerloo Line to improve public transport in the south of the borough.

3.12 The introduction of the Ultra-Low Emission Zone, in 2020, London wide for heavy vehicles and 2021 for the Inner Area for all other vehicles, will bring the air pollution levels down, and is going to be the most effective solution to meeting health criteria levels. The Council is, over the coming months, working with TfL to ensure the adoption can take place with minimal disruption and inconvenience and that a strategy to mitigate any adverse local impacts will be in place.

4.0 Recommendations

4.1 The responsibility for delivery of air quality actions identified in the NICE report and also within the Council's Air Quality Action Plan, for road transport emissions control and exposure, primarily lies with Planning, Transport and Public Health, with Environmental Protection providing the monitoring and reporting for these initiatives.

4.2 The Council has a regular quarterly Air Quality Working Group with lead officers from different services along with the Cabinet Member for air quality, Cllr McGeevor and the Mayor's Air Quality Champion, Cllr Krupski, to monitor internally the progress against actions.

4.3 The Air Quality Actions are reviewed against any new requirements and standards, for instance the London Local Air Quality Management (LLAQM) is currently under review and the Council responded to the recent consultation in April 2019.

4.4 In the LLAQM consultation the revised policy guidance requires Action Plans to be clear, measureable and focused. The Air Quality Matrix (recommended actions) provides a list of the general sources and/or actions to be implemented. The revised Policy Guidance emphasises that the Action Plan should not just relist these actions, but should identify clear steps on how actions will be implemented in the borough, including locations, mechanisms, timescales and wherever possible, projected benefits.

4.5 Once the finalised LLAQM is adopted, the Council will be reviewing the actions required under this management system and at this stage to look at how these align to the measures included within the NICE report.

4.6 It is not envisaged by officers to have separate reporting structure, but to use the existing LLAQM process and with the assistance and input from Public Health consider how the quality standards from NICE report can be incorporated.

5. Financial implications

5.1 The existing budgets for Environmental Protection and Public Health includes allocated resourcing for reporting on air quality actions. There are therefore no further financial implications from this report.

6. Legal implications

6.1 Section 82 of the Environment Act 1995 provides that every local authority is under a duty to review the air quality within its area. Section 83 of the 1995 Act requires local authorities to formally designate an air quality management area (AQMA) where air quality objectives are not being achieved, or are not likely to be achieved within the relevant period, as set out in the Air Quality (England) Regulations 2000.

6.2 Following designation of an AQMA, an air quality “Action Plan” should be completed. Under the London Local Air Quality Management process, London Boroughs are to provide Annual Status Reports to the GLA on progress with Air Quality Actions and reporting on air quality monitoring. Previously Progress Reports were submitted to DEFRA.

6.3 In the Mayor of London’s Policy Guidance 2016 (LLAQM.PG (16)) it states the following: ‘The establishment of the LLAQM system reflects the fact that the Mayor has broad powers of intervention under section 85 of the 1995 Act… Specifically, under section 85(5), the Mayor may give directions to boroughs requiring them to take such steps specified in the directions as he considers appropriate for the implementation of any European Union air quality obligations (e.g. under relevant EU directives). This is particularly relevant in the context of the current breach of NO2 air quality objectives and limit values under the EU Ambient Air Quality Directive (2008/ 50/ EC) in parts of London.’ Also the Localism Act 2011, enables the Government, if a fine is imposed on the UK by

the European Court of Justice, to require public bodies it considers responsible for the infraction to pay a financial penalty. The Mayor of London's Policy Guidance states: 'Proper participation in the LLAQM system and compliance with the relevant Mayoral advice and guidance should render statutory intervention by the Mayor unnecessary.'

7. Crime and Disorder Implications

7.1 The London Borough of Lewisham has a statutory responsibility under the Crime and Disorder Act 1998 to work with partners to reduce crime, disorder and substance misuse.

7.2 There are no crime and disorder implications associated with this report.

8. Equalities Implications

8.1 The majority of the AQMAs declared are to the north of A205, encompassing all of the north of the borough.

8.2. Poor air quality is often associated with areas of deprivation and consequently tends to disproportionately affect the health of the most disadvantaged. There is no data on the specific households affected by the exceedances of NO2 within the AQMAs but the Index of Multiple Deprivation suggests that there any many areas to the north of the borough that are deprived which fall within an AQMA.

8.3. The AQAP will apply across the areas designated as AQMAs. Measures aimed at tackling poor air quality however tend to have wider benefits and actions introduced will also improve air quality throughout the borough. Therefore, there is no adverse equalities implications associated with this report.

9. Environmental Implications

9.1 The NICE recommendations and the Annual Status Report monitoring and management of the air quality action will have positive benefits for the environment. A synergy exists between actions aimed at improving the quality of the air we breathe locally and tackling carbon emissions and improving public health and well-being.

If you have any difficulty in opening the links above or those within the body of the report, please contact James Bravin (Stewart.Weaver-Snellgrove@lewisham.gov.uk 0208 314 8393), who will assist.

If there are any queries on this report please contact Christopher Howard, Senior Environmental Protection Officer, Lewisham Council, on 020 8314 6418**,** or by email at: christopher.howard@lewisham.gov.uk

HEALTH AND WELLBEING BOARD				
Report Title	Joint Strategic Needs Assessment Update 2019/20			
Contributors	Director of Public Health, London Borough of Lewisham		Item No.	8
Class	Part 1 (Open)	Date:	11 July 2019	

1. Purpose

1.1 To inform the Health and Wellbeing Board of the prioritised Joint Strategic Needs Assessment Topic Assessments for the financial year 2019/20 as part of the agreed process at the July 2017 Health and Wellbeing Board.

2. Recommendation/s

2.1 Members of the Health and Wellbeing Board are recommended to note the topic assessments selected by the Joint Strategic Needs Assessment Steering Group.

3. Policy Context

3.1 The production of a JSNA became a statutory duty on PCTs and upper tier local authorities in 2007. The Health and Social Care Act 2012 placed a new statutory obligation on Clinical Commissioning Groups, the Local Authority and NHS England to jointly produce and to commission with regard to the JSNA. The Act placed an additional duty on the Local Authority and CCGs to develop a joint Health and Wellbeing Strategy for meeting the needs identified in the local JSNA.

3.2 The objective of a JSNA is to provide access to a profile of Lewisham's population, including demographic, social and environmental information. It also provides access to in-depth needs assessments which address specific gaps in knowledge or identify issues associated with particular populations/services. These in-depth assessments vary in scope from a focus on a condition, geographical area, or a segment of the population, to a combination of these. The overall aim of each needs assessment is to translate robust qualitative and quantitative data analysis into key messages for commissioners, service providers and partners.

3.3 The most recent version of the JSNA can be found here: www.lewishamjsna.org.uk. This will shortly be transitioned to the Lewisham Observatory, a soon to be launched publically available website which provides access to data and information about the borough.

3.4 The priorities of The Health and Wellbeing Strategy 2013-2023 were informed by the JSNA.

4. Background

4.1 To undertake its responsibilities the Board needs to be periodically updated on the local population and its health needs. Individual JSNA topics provide in-depth analysis and recommendations for that specific service/population group.

5. JSNA Steering Group

5.1.1 The JSNA Steering Group is responsible for topic prioritisation, and for review and approval of completed assessments to recommend to the Health and Wellbeing Board. The group is now fully established and has been meeting regularly since November 2017. It has representation from Public Health, Lewisham Clinical Commissioning Group, Lewisham and Greenwich Trust, Voluntary Action Lewisham, a representative of local community organisations, Children and Young People's Commissioning, Health Watch, the Local Medical Committee and South London and Maudsley Foundation Trust.

5.2 Prioritised JSNA Topic Assessments

5.2.1 The JSNA Steering Group has considered a number of JSNA Topic Assessment proposals, received from across partners in health and social care in Lewisham. These were assessed and scored against the JSNA Prioritisation Matrix, which is a tool developed to objectively assess and rank topic assessment proposals. The topics which scored highest have been approved and recommended to go forward:

- Health of Lesbian, Gay, Bisexual, Transgender/Transsexual Plus Population
- Self-harm in Children and Young People
- Transition and Preparing for Adulthood

5.3 Further JSNA work for 2019/20

5.3.1 Completed topic assessments on Autism, Supported Housing, Adult Mental Health and Adult Respiratory Illness will be presented at future Health and Wellbeing Board Meetings.

6. Financial implications

6.1 There are no specific financial implications. However the financial implications of any recommendations arising from the assessments will be considered either during or once the assessments are completed as appropriate.

7. Legal implications

7.1 The requirement to produce a JSNA is set out above.

7.2 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, Health and Wellbeing Boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in their area.

8. Crime and Disorder Implications

8.1 There are no Crime and Disorder Implications from this report.

9. Equalities Implications

9.1 JSNAs are a continuous process of strategic assessment and planning, with a core aim to develop local evidence, based priorities for commissioning which will improve health and reduce inequalities. Equalities Implications are highlighted in each produced JSNA Topic Assessment.

10. Environmental Implications

10.1 There are no Environmental Implications from this report.

11. Conclusion

11.1 The new JSNA process continues to progress and aims to become embedded in strategic planning in future years.

If you have any difficulty in opening the links above or those within the body of the report, please contact James Bravin (Stewart.Weaver-Snellgrove@lewisham.gov.uk 0208 314 8393), who will assist.

If there are any queries on this report please contact Patricia Duffy, Public Health, Lewisham Council, on *0208 314 7990, or by email at:* patricia.duffy@lewisham.gov.uk

HEALTH AND WELLBEING BOARD				
Report Title	Intention to Sign the Motor Neurone Disease Charter .			
Contributors	Dee Carlin – Director of Joint Commissioning Corinne Moocarme – Associate Director of Joint Commissioning		Item No.	9
Class	Part 1 (Open)	Date:	11th July 2019	

1. Purpose

1.1 Councillors were first approached by a resident of Lewisham in 2016 to request that they consider signing up to the Motor Neurone Disease Charter.

1.2 Following discussion with partners (including the Clinical Commissioning Group) this report sets out the intention of the London Borough of Lewisham, Lewisham CCG, South London and Maudsley Trust (SLAM) and Lewisham and Greenwich Trust (LGT) to collectively sign up to the MND Charter.

2. Recommendations

2.1 It is recommended that the Health and Wellbeing Board:

- Agree to endorse the MND Charter and work towards its vision.
- Task the healthcare partners with collective delivery of the aims within the Charter and receive an update on progress in due course.

3. Background

3.1 MND is a fatal, rapidly progressing disease that affects the brain and spinal cord. It can leave people locked in a failing body, unable to move, talk and eventually breathe. It kills around 30% of people within 12 months of diagnosis and more than 50% within two years. It affects people from all communities and there is no cure.

4. **The MND Charter**

4.1 The MND Charter has been developed by the Motor Neurone Disease Association (Charitable Organisation). It is a statement of the respect, care and support that people living with motor neurone disease and their carers should expect.

4.2 The Charter consists of 5 Quality Statements and an explanation of the "evidence" that would indicate that each Statement is being met. The Statements are:

i. People with MND have the right to early diagnosis and information

ii. People with MND have the right to high quality care and treatments

iii. People with MND have the right to be treated as individuals and with dignity and respect

iv. People with MND have the right to maximise their quality of life

v. Carers of people with MND have the right to be valued, respected, listened to and well supported.

5. Implementation of the Charter

5.1 In signing the Charter, partners are committing to undertake the work required to assess the current service provision, how it's coordinated and take steps to address identified areas for improvement.

5.2 The Charter sets out the key services that commissioning bodies will need to work with to ensure that Lewisham is working towards the Quality Standards.

These include:

- Neurology
- Primary Care
- Motor Neurone Disease Association
- Palliative Care
- Respiratory Service
- Dietetics
- Pharmacy (Medicine Management)
- Continuing Healthcare Team
- Social Care
- Speech and Language Therapy
- Augmentative and Alternative Communication (Assessment and Provision)
- Research Bodies
- Housing (includes Home Adaptations)
- Wheelchair Services
- Benefits Advice
- Carers Services

5.3 Officers will initiate a self-assessment to ascertain the current provision for those people living in Lewisham with a diagnosis of MND (and their families) and identify where there are gaps and areas for improvement.

5.4 Lewisham Public Health will be approached to assist with identifying the number of Lewisham residents affected by Motor Neurone Disease, so that we can begin mapping out pathways and exploring whether a joined up approach across SE London would be more effective. As the main centre for the diagnosis and treatment of MND is based at King's College Hospital, this may be more appropriate.

5.5 Any service implications and financial considerations will need to be taken into account when determining areas for improvement and plans to address them. This may impact on timescales and areas may need to be prioritised. It should also be recognised that choice of service may be limited due to some of them being of a specialist nature.

6. Conclusion

Lewisham Healthcare Partners are fully committed to ensuring that residents living with MND, and their families, get the right care and support at the right time. This care should be of high quality and ensure that people with MND have as high quality of life as possible and are able to die with dignity.

Due to the wide range of services involved in the care and support required, a partnership approach to agreeing prioritised actions and monitoring implementation will be essential. Therefore, it is recommended that the Lewisham Health and Wellbeing Board continues to receive updates and monitor the progress towards achieving the Motor Neurone Disease (MND) Charter.

If there are any queries on this report, please contact Corinne Moocarme, Joint Commissioning Team on 020 8314 3342. corinne.moocarme@nhs.net

Background Documents:

The MND Charter – MND Association (2014)
www.mndassociation.org/charter

NICE Guideline (NG42) – Motor Neurone Disease Assessment and Management – February 2016

mnda
motor neurone disease
association

CHAMPION THE CHARTER ON YOUR DOORSTEP

themndcharter

Achieving quality of life, dignity and respect for people with MND and their carers

The MND Charter is a statement of the respect, care and support that people living with motor neurone disease (MND) and their carers deserve, and should expect.

We believe that everyone with a connection to MND, either personally or professionally, should recognise and respect the rights of people with MND as set out in the Charter, and work towards the Charter's vision of the right care, in the right place at the right time.

About MND:

- MND is a fatal, rapidly progressing disease that affects the brain and spinal cord.
- It can leave people locked in a failing body, unable to move, talk and eventually breathe.
- A person's lifetime risk of developing MND is up to one in 300.
- It kills around 30% of people within 12 months of diagnosis, more than 50% within two years.
- It affects people from all communities.
- It has no cure.

Therefore, what matters most is that people with MND receive a rapid response to their needs and good quality care and support, ensuring the highest quality of life as possible and the ability to die with dignity. The MND Charter serves as a tool to help make this happen.

MND is a devastating, complex disease and particularly difficult to manage. We believe that if we get care right for MND we can get it right for other neurological conditions, and save public services money in the long run. But more importantly, we can make a positive difference to the lives of people with MND, their carers and their loved ones.

1 People with MND have the right to an early diagnosis and information

THIS MEANS:

- An early referral to a neurologist.
- An accurate and early diagnosis, given sensitively.
- Timely and appropriate access to information at all stages of their condition.

There is no diagnostic test for MND – it can only be diagnosed by ruling out other neurological conditions. People with MND can be halfway through their illness before they receive a firm diagnosis.

GPs need to be able to identify the symptoms and signs of a neurological problem and refer directly to a neurologist in order to speed up diagnosis times for MND.

Appropriate tests must be carried out as soon as possible to confirm MND. The diagnosis should be given by a consultant neurologist with knowledge and experience of treating people with MND[1]. The diagnosis should be given sensitively, in private, with the person with MND accompanied by a family member/friend and with time to ask questions. A follow-up appointment with the neurologist should be arranged soon after diagnosis.

At diagnosis people with MND should be offered access to appropriate information and should be informed about the MND Association. Appropriate information should be available at all stages of the person's condition in a language of their choice.

2 People with MND have the right to high quality care and treatments

THIS MEANS:

- Access to co-ordinated multidisciplinary care managed by a specialist key worker with experience of MND.
- Early access to specialist palliative care in a setting of their choice, including equitable access to hospices.
- Access to appropriate respiratory and nutritional management and support, as close to home as possible.
- Access to the drug riluzole.
- Timely access to NHS continuing healthcare when needed.
- Early referral to social care services.
- Referral for cognitive assessment, where appropriate.

People with MND may need care provided by health and social care professionals from up to 20 disciplines. This clearly needs co-ordination to work effectively. Co-ordinated care can improve the quality of life of people with MND and provide value for money for the NHS by preventing crises and emergency hospital admissions. The care should be co-ordinated by a specialist key worker with experience of MND who can anticipate needs and ensure they are met on time. Ongoing education for health and social care professionals is important to reflect advances in healthcare techniques and changes in best practice.

A third of people with MND die within 12 months of diagnosis. Early access to specialist palliative care[2] soon after diagnosis is therefore vital and should be available in a setting of the person's choice. Some hospices give preferential access to people with a cancer diagnosis. It is important that access is based on need, not diagnosis, so that people with MND have equitable access to hospice care. Hospices can

provide high-quality respite care, which can benefit both the person with MND and their carer.

As MND progresses, the respiratory muscles and muscles of the mouth and throat may be affected. People with MND may therefore need respiratory and nutritional support. It is important that these services are available as close to the person's home as possible so that travelling is minimised and support is available quickly.

In 2001 the National Institute for Health and Care Excellence (NICE) recommended riluzole as a cost-effective drug for people with MND. GPs can be reluctant to prescribe riluzole on cost grounds, despite its NICE-approved status, or to monitor for side effects during its use. However, it is vital that people with MND have ongoing access to this important treatment.

As the disease progresses, people with MND may need more intensive health care. It is important that people with MND have timely access to NHS continuing healthcare when they need it.

People with MND are likely to need help with getting up, washing, dressing and preparing food as the disease progresses. Access to social care services is therefore important to maintain quality of life. People with MND may also need access to cognitive assessment, as up to half of people with the disease experience changes in cognition.

3 People with MND have the right to be treated as individuals and with dignity and respect

THIS MEANS:

- Being offered a personal care plan to specify what care and support they need.
- Being offered the opportunity to develop an Advance Care Plan to ensure their wishes are met, and appropriate end-of-life care is provided in their chosen setting.
- Getting support to help them make the right choices to meet their needs when using personalised care options.
- Prompt access to appropriate communication support and aids.
- Opportunities to be involved in research if they so wish.

Everyone with MND should be offered a personal care plan[3] to specify what care and support they need. The plan should be regularly reviewed as the disease progresses and the person's needs change.

People with MND should be offered the opportunity to develop an Advance Care Plan[4] to make clear their wishes for future care and support, including any care they do not wish to receive. The plan should be developed with support from a professional with specialist experience and may include preferences for end-of-life care.

Some people with MND will need support to help them make the right choices to meet their needs when using personalised care options, such as personal budgets.

As the disease progresses, some people with MND will experience difficulty speaking. It is important that people with MND can access speech and language therapy to help them maintain their voice for as long as possible. However, as the disease progresses, people with MND may need access to communication aids including augmentative and alternative communication (AAC)[5]. The ability to communicate is a basic human right. For people with MND, communication support and equipment are vital in order to remain socially active and to communicate their wishes about their care, especially during hospital stays and other medical environments.

Many people with MND value the opportunity to be involved in research as it provides hope that one day an effective treatment will be developed. Everyone with MND who wishes to should be able to participate in research as far as is practicable.

4 People with MND have the right to maximise their quality of life

THIS MEANS:

- Timely and appropriate access to equipment, home adaptations, environmental controls, wheelchairs, orthotics and suitable housing.
- Timely and appropriate access to disability benefits.

People with MND may find their needs change quickly and in order to maximise their quality of life, they may need rapid access to equipment, home adaptations, wheelchairs and suitable housing. These needs should be anticipated so that they are met in a timely way. This is particularly true of wheelchairs which are important for maximising independence and quality of life.

People with MND need timely and appropriate access to disability benefits to help meet the extra costs of living with a disability. Information on appropriate benefits needs to be readily accessible in one place and easily understandable.

5 Carers of people with MND have the right to be valued, respected, listened to and well supported

THIS MEANS:

- Timely and appropriate access to respite care, information, counselling and bereavement services.
- Advising carers that they have a legal right to a Carer's Assessment of their needs[1], ensuring their health and emotional well being is recognised and appropriate support is provided.
- Timely and appropriate access to benefits and entitlements for carers.

Caring for someone with MND is physically and emotionally demanding. Carers need to be supported in order to maintain their caring role. Every carer should have their needs assessed and given timely and appropriate access to respite care, information, counselling and bereavement services. It is important to support the emotional and physical needs of the carer in a timely way so that they can continue their caring role.

Carers should also have timely and appropriate access to benefits and entitlements to help manage the financial impact of their caring role.

[1] Recomendation in the NICE guideline on MND.

[2] Specialist palliative care – palliative care is the active holistic care of patients with progressive illness, including the provision of psychological, social and spiritual support. The aim is to provide the highest quality of life possible for patients and their families. Specialist palliative care is care provided by a specialist multidisciplinary palliative care team.

[3] Personal care plan – a plan which sets out the care and treatment necessary to meet a person's needs, preferences and goals of care.

[4] Advance care plan – a plan which anticipates how a person's condition may affect them in the future and, if they wish, set on record choices about their care and treatment and/or an advance decision to refuse a treatment in specific circumstances so that these can be referred to by those responsible for their care or treatment (whether professional staff or family carers) in the event that they lose capacity to decide or communicate their decision when their condition progresses.

[5] Augmentative and Alternative Communication (AAC) – is used to describe the different methods that can be used to help people with speech difficulties communicate with others. These methods can be used as an alternative to speech or to supplement it. AAC may include unaided systems such as signing and gesture as well as aided systems such as low tech picture or letter charts through to complex computer technology.

"Many people with MND die without having the right care, not having a suitable wheelchair, not having the support to communicate.

We have got to set a standard so that people like us are listened to and treated with the respect and dignity we deserve.

We have got to stop the ignorance surrounding this disease and have to make sure that when a patient is first diagnosed with MND, they must have access to good, co-ordinated care and services.

One week waiting for an assessment or a piece of equipment is like a year in most people's lives, because they are an everyday essential to help us live as normal a life as possible and die with dignity"

Liam Dwyer, who is living with MND

For more information:

www.mndassociation.org/mndcharter

Email: campaigns@mndassociation.org

Telephone: 020 7250 8447

We are proud to have the following organisations supporting the MND Charter:

Royal College of General Practitioners

Association of British Neurologists

Royal College of Nursing

Chartered Society of Physiotherapy

College of Occupational Therapists

Royal College of Speech & Language Therapists

British Dietetic Association

MND Association
PO Box 246 Northampton NN1 2PR
www.mndassociation.org

Registered charity no 294354

HEALTH AND WELLBEING BOARD			
Report Title	South East London Commissioning Alliance: Engagement on CCG System Reform		
Contributors	Martin Wilkinson (Managing Director, NHS Lewisham CCG)	Item No.	10
Class	Part 1 (Open)	Date: 11 July 2019	
Strategic Context	The report provides an update on the south east London CCG merger process.		

1. Purpose

1.1 This report provides members of the Health and Wellbeing Board with an update on the the CCG merger programme across south East London, in response to the NHS Long Term Plan (January 2019).

2. Recommendation

2.1 Members of the Health and Wellbeing Board are asked to review the progress of the system reform merger programme and the proposed timeline for establishment of a single CCG.

3. Policy Context

3.1 The SEL CCG system reform is in response to the NHS's Long Term Plan which requires implementation of Integrated Care Systems by April 2021. The merging of the six SEL CCGs by April 2020 is considered the first step in that process.

4. Summary of report

4.1 The overall structure of the report will cover:

i. Existing collaboration across SEL
ii. Place based approach to ICS
iii. The outline case for change
iv. The NHS Long Term Plan and local authorities
v. ICS vision in SEL
vi. Current thinking on developing governance, including what will need to be defined at "place"
vii. Organisation of resources
viii. Timeline of the programme

4.2 This summary report on progress of the system reform programme is being shared with all six Health and Wellbeing Boards across SEL as part of the engagement process.

5. Financial implications

5.1 Specific financial implications are not covered in this paper

6. Legal implications

6.1 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

7. Crime and Disorder Implications

7.1 There are no specific crime and disorder implications arising from this report.

8. Equalities Implications

8.1 There are no specific equalities implications arising from this paper

9. Environmental Implications

9.1 There are no specific environmental implications arising from this paper

Background Documents

If there are any queries on this report please contact Martin Wilkinson (Managing Director), Lewisham CCG, e-mail Martinwilkinson@nhs.net

South East London Commissioning Alliance
Partnership of Clinical Commissioning Groups

South East London Commissioning Alliance: Engagement with Health & Wellbeing Boards on CCG System reform

June 2019
V3

We are building on existing collaboration

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In order to provide a more responsive and integrated commissioning system we are seeking to change how the CCGs in south east London work. This includes a focus on system oversight and planning at a South East London level through a single CCG, as well as ensuring the ability to focus on borough populations through enhancing local collaboration (across health and social care and between commissioners and providers) in '**Place Based Boards**' and **Local Care Partnerships:**

At a borough level

- **All boroughs already have some joint commissioning resources which work to the Local Authority and the CCG**
- **There are a number of projects led and resourced collaboratively within our boroughs (e.g discharge to assess)**
- **Some boroughs have gone further in looking to pool budgets and align decision making more substantively (and see slide 10)**

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At a SEL level

- **Local Authority leadership is a key part of the 'quartet' which leads our STP**
- **We have recently enhanced this Local Authority leadership role with dedicated and remunerated time**
- **We regularly hold joint CCG Executive and DASS Executive meetings across South East London**
- **We have DASS membership as part of the CCG system reform delivery group (SRDG)**
- **Some projects and programmes additionally have joint leadership – including Transforming Care Programme, Community Based Care programme etc**

These slides aim to outline our current ways of working and our approach to deepen our partnership arrangements across SEL (through a CCG merger) and in each borough through place based boards

We already have a coherent 'Place' based approach to ICS

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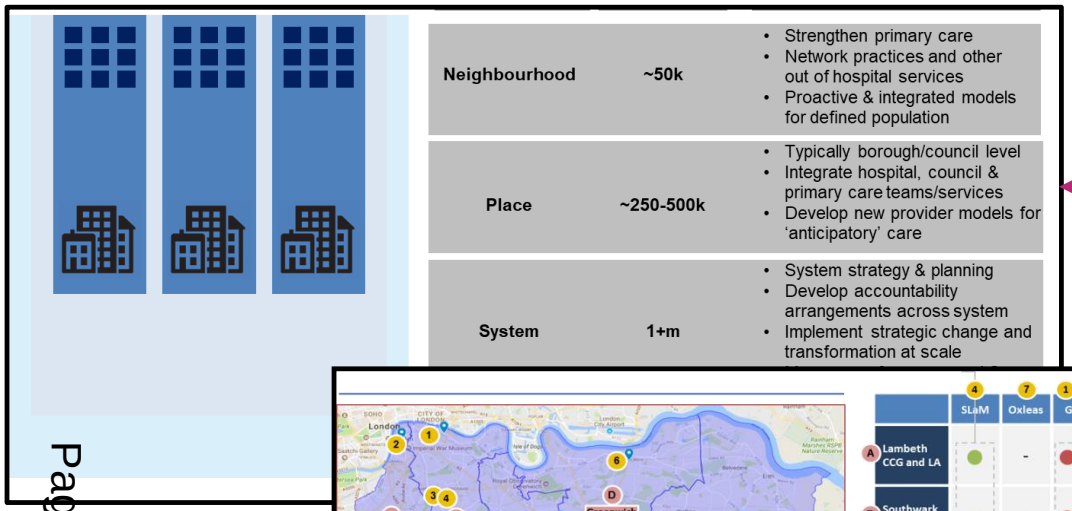
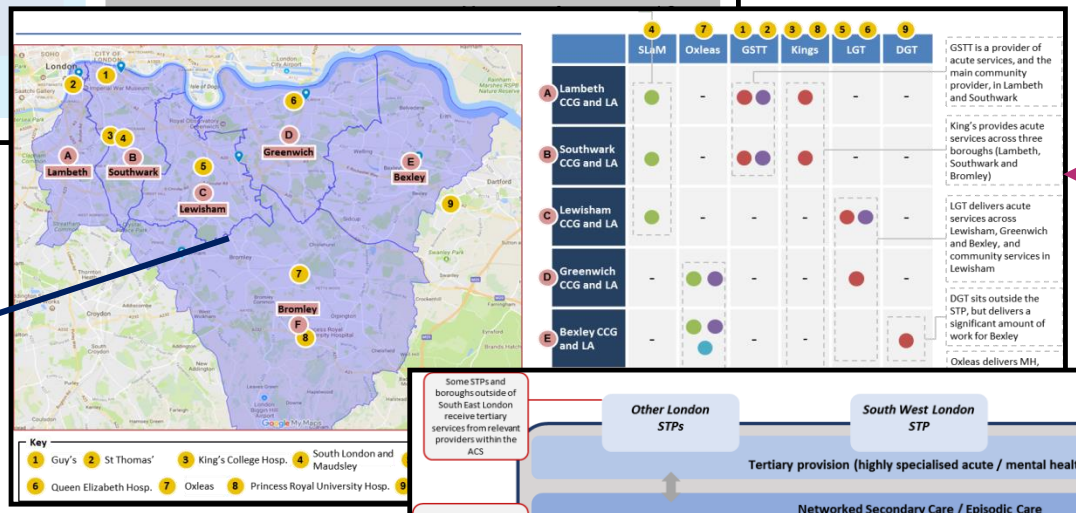


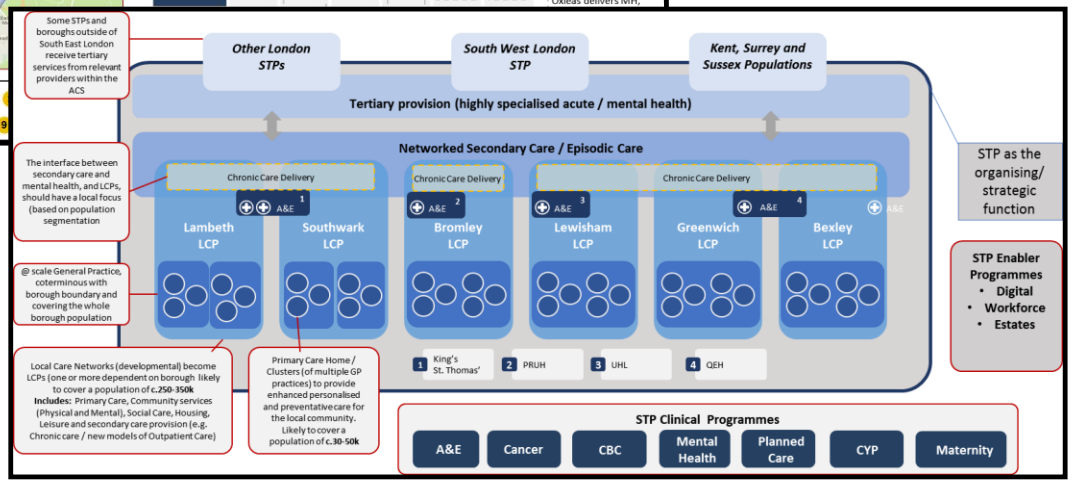
Neighbourhood	~50k	• Strengthen primary care • Network practices and other out of hospital services • Proactive & integrated models for defined population
Place	~250-500k	• Typically borough/council level • Integrate hospital, council & primary care teams/services • Develop new provider models for 'anticipatory' care
System	1+m	• System strategy & planning • Develop accountability arrangements across system • Implement strategic change and transformation at scale

National articulation of levels, Population size and purpose. In SEL:
Place = Borough
System = South East London (SEL)

95% of South East London residents get all of their care within the STP footprint



Applied to a highly complex Metropolitan health economy that will all be one ICS
(Currently six CCGs, five major providers, six Local Authorities, 200+ GP Practices and eight federations…)



Operating as an interdependent South east London System of Systems based on:
- Vertical Integration at borough level
- Organisations committed to delivering optimal productivity and efficiency through collaboration
- Horizontal integration across SEL

Outline case for change

The establishment of a single CCG is a key feature of our response to the NHS Long Term plan and a critical step toward the development of our Integrated Care System being a partnership of organisations, taking collective responsibility for the sustainable delivery of high quality outcomes to our population.

Through merger we will secure….

- The responsive **population based commissioning** at very local (neighbourhood), borough and system (SEL) place levels that our diverse communities require - simultaneously through the relocation of commissioning functions and planning and co-ordination of a single commissioning authority.
- A **different approach to commissioning** - that gives greater focus to **system strategy, planning and oversight**; greater **integration of health and social care commissioning**; and enables **alliances of providers to take 'traditional commissioning roles'** in service design, responding to populations of similar geography or need
- The ability to **derive solutions at the required scale and pace**, to the quality, performance and financial challenges that can not be resolved by our current organisations
- The requisite **capacity and different capability** required to commission services for our populations going forward within a reduced management cost envelope
- The ability to **take control and design our structures locally**, in south east London, by acting now.

The NHS Long Term Plan also emphasises how key local authorities are to this vision

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Local NHS organisations will increasingly **focus on population health and local partnerships with local authority-funded services**, through new Integrated Care Systems (ICSs) everywhere

Action by the NHS is a complement to, but cannot be a substitute for, the important role for local government

The long term plan makes a commitment to supporting **local approaches to blending health and social care budgets where councils and CCGs agree this makes sense.** The government will set out further proposals for social care and health integration in the forthcoming Green Paper on adult social care

New multi-disciplinary **Primary Care Networks will include** "expanded teams across groups of neighbouring GP practices who work together…. with local NHS, **social care** and voluntary services".. This is at neighbourhood level (circa 50k population size)

Health and care will need to work closely together in each borough, neighbourhood and throughout South East London (see next slide)

The importance of 'place' and 'population'

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The whole purpose of Integrated Care Systems is to ensure that patients and the public / our residents are supported with the best health and care by ensuring the organisations that support this can collaborate effectively with aligned incentives, shared accountability and the ability to make collective decisions on the best use of shared resource

In describing the south east London proposed approach it is important therefore that we are clear on definitions for:

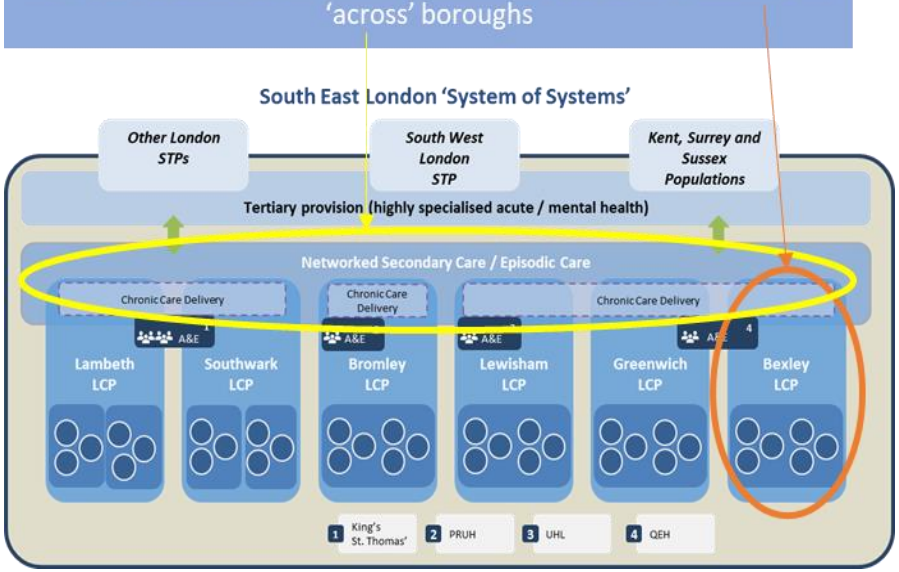
Place – refers to a geographical grouping; 150 – 500k population. **In London these are our boroughs**. 'Place' is also sometimes used to describe a 'level' or 'system' within our system of systems

Population – Is about a group of residents which we commission services for. This might be within a 'place', or it might be based on particular pathways (e.g. cancer), across multiple 'places' or at a SEL level

There are multiple places/ levels within and beyond our 'system of systems'

Level/ Terminology	Related to boroughs	Population size	Purpose
Neighbourhood (Primary Care Networks PCN)	Sub-borough	**~30-50k**	• Strengthen primary care • Network practices and other out-of-hospital services • Proactive & integrated models for defined population
Place (Local Care Partnerships)	Borough	**~150-500k**	• Typically borough/council level • Integrate hospital, council & primary care teams/services • Develop new provider models for 'anticipatory' care
System (ICS)	Multi-borough (6 South East London boroughs)	**1+m**	• System strategy & planning • Develop accountability arrangements across system • Implement strategic change and transformation at scale • Manage performance and £
Region *Agrees system objectives with each ICS*	Multi-borough (London)	**5-10m**	• Agree system 'mandate' • Hold systems to account • System development • Intervention and improvement

We need to think about delivery of services and change 'within' and 'across' boroughs



Our ICS vision in SEL is a 'system of systems'

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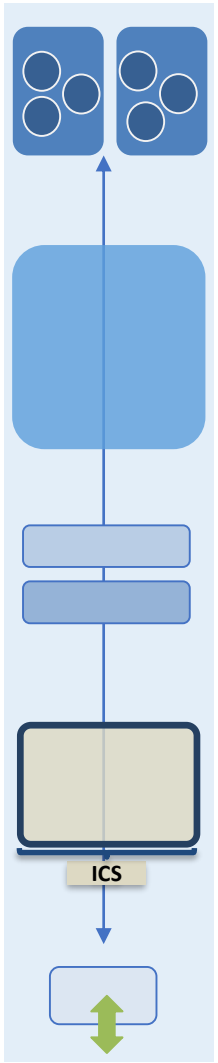
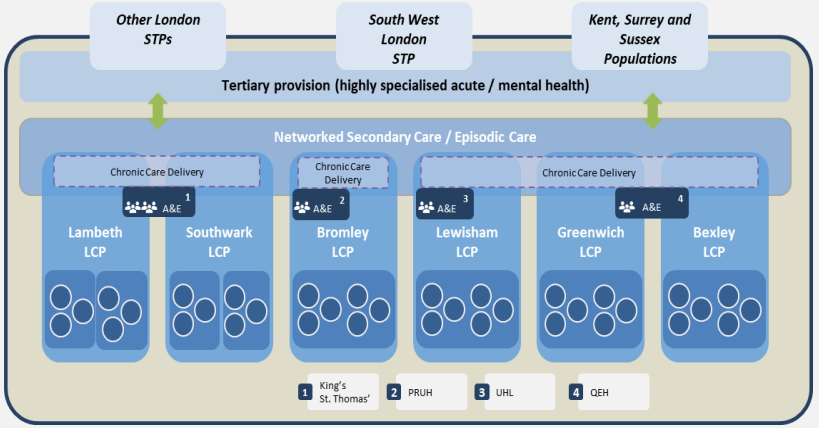
Our ICS approach considers how to:

- Support **Primary Care Networks** to work collaboratively across primary, mental, and community care at a **sub borough (or neighbourhood) level**
- Develop **Local Care Partnerships** integrating health and social care working collaboratively between different types of commissioners as well as providers **within a borough (place)**
- Work with **secondary care providers across multiple boroughs/ South East London** and tertiary services **across and outside the STP**
- South east London, working as a collection of health and care partners forms our **Integrated Care System (ICS)**

We will also continue to work with other STPs as well the London region



Each part links together in a
'system of systems'



The approach to each element of this 'system of systems' is for the purpose of providing the best support to our population, driving best value across health and care, and living within our means.

This is our vision for ICS

What are we trying to achieve?

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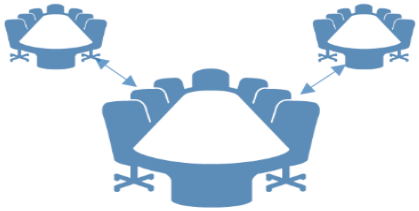
The vision outlined on the previous slide outlines our key ambitions and the CCG system reform programme will help to accelerate this through:

What are the objectives of our approach?	By establishing/ supporting
 We can be clear and more consistent about **WHAT** our priorities and expected outcomes are (based on our priorities)	 A **single CCG** and **place based** boards which we need to deliver **simultaneously**
 Our approach is about enabling more **INTEGRATED** working and decision making with our partners (Local Authorities, Trusts etc)	 Partners shape **SEL** (OHSEL board) and **local** (Place based boards) approaches
 And supporting these integrated teams to agree **HOW** this is implemented	 Place based boards will have **delegated decision making and funding** *

See the next two slides for more details

*(as agreed with local areas)

What is our current thinking in terms of our developing governance?

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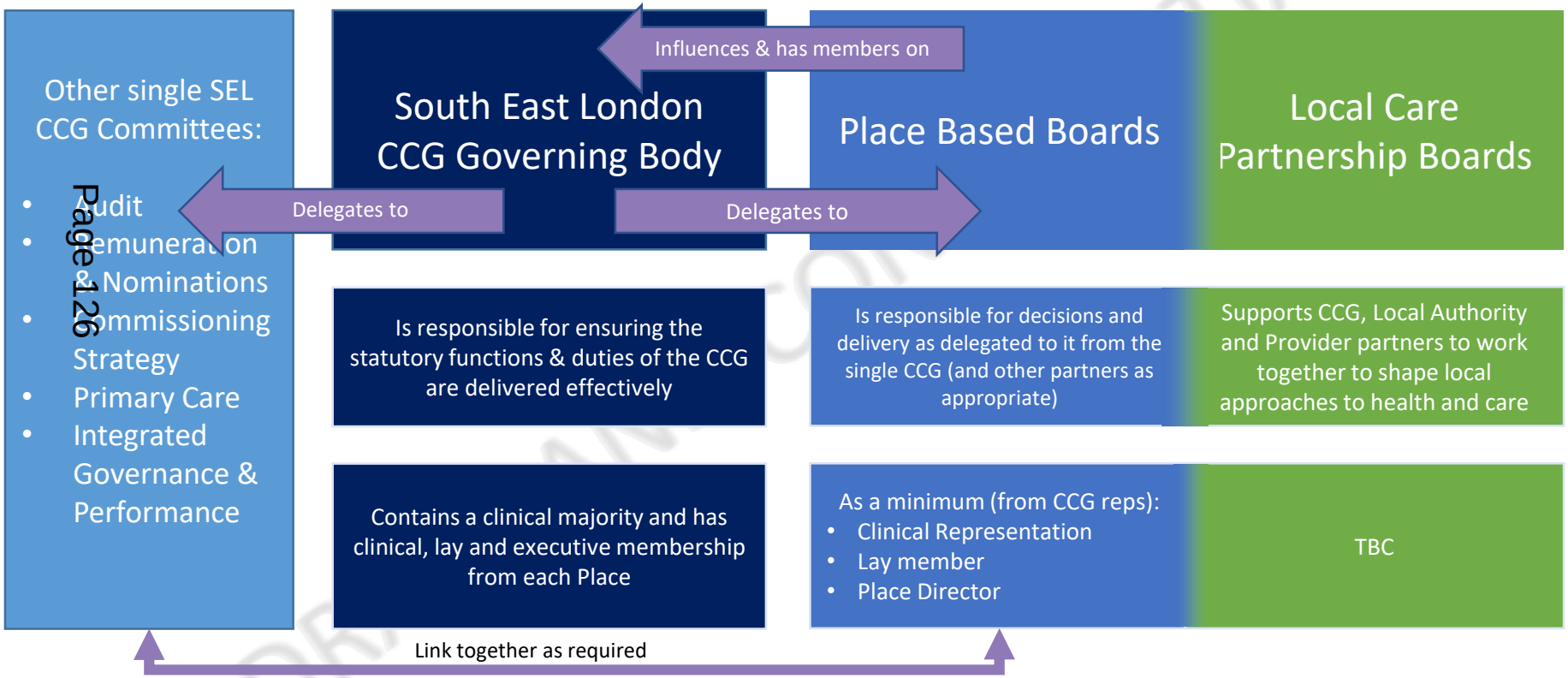
A single CCG for South East London would have a governing body and also a number of sub-committees. Many would be constituted to undertake necessary functions for the CCG, whilst place based boards would be the NHS' key commissioning forum at a borough level. Our aim is that this provides a forum for more collaborative working with Local Authorities (see next slide), but recognise our six boroughs may have differential positions on 1st April 2020. Place Based Boards would shape approaches and oversee delivery at a borough level and many of the CCG members would also be on the single CCG governing body. Increasingly over time boroughs would work more closely with other provider and commissioner colleagues to shape these local decisions as part of a Local Care Partnership.



There is a key objective to support partnership working and local approaches in each borough but also to ensure that there aren't unintended consequences on other boroughs, or at SEL level, from decisions are taken in an individual borough. Therefore the expectation is that there will be an agreed 'initial approach' to decision scope for all boroughs, with the ability for further changes by agreement across the boroughs.

What else needs to be defined in a place board?

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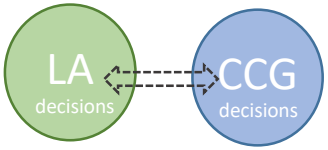
There are different starting points and options for joint working between NHS and LAs in a borough

1 Greater Involvement



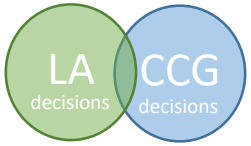
"Separate plans, separate budgets"

Local Authorities and CCGs discuss priorities and may collaborate but do not make aligned decisions

E.g. limited membership/ participation on place based boards (noting they would be members of the Local Care Partnership).

The Place Based Director is an NHS employee e.g. Managing Director

2 Aligned Commissioning



Aligned plans, separate budgets"

Local Authorities and place based health leaders agree priorities and to take respective organisational decisions based on achieving these

E.g. members of the place based boards, with agreement shared decisions are actioned; there is an agreed link into Local Authority governance.

Place Based Director dual accountability TBC?

3 Joint Commissioning

Aligned plan, aligned budget"

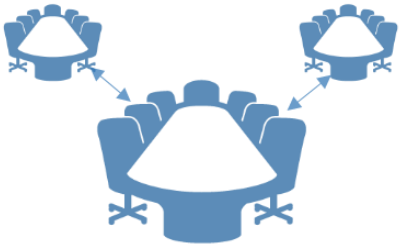
Local Authorities and place based health leaders would jointly make decisions on health and Local Authority functions with delegated budget from both organisations

E.g. the place based board is a committee in common or similar with the Local Authority.

The Place Based Director has dual accountability to the LA and CCG

There are no pre-defined starting points or change expectations related to these levels of delegation

Where budgets are delegated there will be choices about WHICH and HOW MUCH



All places will be delegated budget/ decisions from the single CCG but details of the delegation approach is a key element to be determined in the reform programme.

Local Authority delegation (of decisions and/or funding) will also need to be determined in each local area

We have also started to consider how resources might be organised…

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A key principle is ensuring that we have the right capacity and capability at each level of our system of systems. Current CCG functions and teams will therefore either:

- Work as part of a single South East London team; either fully consolidated or with a single point of leadership and staff embedded within places
- Work within a borough reporting to the Place Director (e.g. joint commissioning)
- Work as part of a team with resources and funding from multiple system partners, focused on implementing change

South East London Level

Once for SEL CCG

Part of a single team but embedded in different locations

This will eventually integrate further to form the system level ICS. One key step post CCG merger will be further integrated accountability with providers and others under a partnership board

Wider System Change Teams

In order to continue our journey towards ICS it is important we are increasingly supporting change and commitment of resources for and on behalf of the wider SEL (not just commissioning) system; at multiple scales/ places

Borough Level ('Place')

With commissioners (NHS & Local Authority)

With provider alliances/ PCNs

Place based commissioning teams will start to work both increasingly closely with Local Authorities (please note there are different starting points here) and then eventually more integration between commissioners and local providers

Where are we in the change programme?:

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The aim is to have a single SEL CCG and the place based systems established by 1st April 2020