

**MINUTES OF THE
HEALTH AND WELLBEING BOARD
Thursday 14th November 2019 at 3.30pm**

ATTENDANCE

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); Tom Brown (Executive Director for Community Services, LBL); Donna Hayward-Sussex (Service Director, South London and Maudsley NHS Foundation Trust); Michael Kerin (Healthwatch Lewisham); Dr Catherine Mbema (Director of Public Health, LBL); Chris Wykes Driver (Acting Chief Executive Officer, Voluntary Action Lewisham); and Sara Williams (Executive Director for Children and Young People, LBL)

APOLOGIES: Val Davison (Chair of Lewisham & Greenwich Healthcare NHS Trust); Dr Simon Parton (Chair of Lewisham Local Medical Committee); Roz Hardie (Voluntary and Community Sector Representative); and Gwen Kennedy (NHS England Representative).

IN ATTENDANCE: Brenda Bartlett (Deputy Service Director, CAMHS); Jacqueline Francis (Public Health Information Analyst, LBL); Sharon Gibbs (Programme Officer, Lewisham Clinical Commissioning Group); Barbara Gray (Mayoress of Lewisham, and the Mayor and Council Adviser on BAME health inequalities); Kenny Gregory (Joint Commissioner – Adult Mental Health); Caroline Hirst (Joint Commissioner); Salena Mulhere (SGM Inter-agency, Service Development and Integration, LBL); Sarah Wainer (Programme Lead, Lewisham Clinical Commissioning Group); Stewart Weaver-Snellgrove (Clerk to the Board, LBL); and Martin Wilkinson (Managing Director, Lewisham Clinical Commissioning Group).

Welcome and introductions

The Chair welcomed Chris Wykes Driver (Voluntary Action Lewisham) to their first meeting as a new member of the Health and Wellbeing Board. Apologies were received from Val Davison and Dr Simon Parton.

1. Minutes of the last meeting

- 1.1 The minutes of the last meeting were agreed as an accurate record with no matters arising.

2. Declarations of interest

- 2.1 There were no declarations of interest.

3.1 Healthier Communities and Children and Young People Select Committees referral

- 3.1.1 A referral from the joint meeting of Healthier Communities and Children and Young People Select Committees on 17th July 2019, with regards to discussions held on BAME health inequalities, was received by the Board.
- 3.1.2 Within the referral the two Select Committees recommended:
- i. That HWB investigates the lack of robustness and possible inaccuracies with CAMHS ethnicity data and provides details of how and when this deficiency will be addressed and remedied;
 - ii. That HWB considers a dedicated programme, with additional funding and other resources, based within community and third sector partner organisations that already have expertise and the trust of the BAMER communities, on whose cooperation public consultation and co-production will rely.
- 3.1.3 Action:
- The Board noted the referral and agreed to consider the report at item 3.2 on the agenda as the formal response to the Select Committees' referral.

3.2 BAME health inequalities – response to the referral made by Healthier Communities Select Committee and Children and Young People Select Committee

- 3.2.1 Caroline Hirst and Brenda Bartlett updated the Board re CAMHS ethnicity data and BAMER health inequalities with regards to children and young people.
- 3.2.2 Extensive work has been undertaken over the last three months by the Lewisham CAMHS service alongside SLAM data analysts to improve the accuracy and comprehensiveness of ethnicity data for Lewisham CAMHS. Data cleansing has identified that in September 2019, approximately 9% of children and young people against a CAMHS caseload of 1,733 did not provide their ethnicity details.
- 3.2.3 Alongside this work to improve the Lewisham CAMHS data, commissioners for children and young people have also undertaken analysis of research and ethnicity data across the wider commissioned mental health and emotional wellbeing pathway for children and young people. Early findings have been positive, with BAMER access being around 55-60% for most non-statutory/community based services.
- 3.2.4. Given the ethnic composition of the Lewisham CYP population, BAMER access to mental health services has been identified as one of nine key priorities within the refreshed CAMHS Transformation Plan 2019.

- 3.2.5 Catherine Mbema, Kenny Gregory and Jacqueline Francis updated the Board re the BAME mental health inequalities programme of work and the BAME Health Inequalities Action Plan.
- 3.2.6 The Provider Alliance Leadership group agreed to allocate the non-committed funding in the 2019/20 programme budget to community engagement and involvement. The Alliance will work with representatives of the BAME network to consider the most effective method of engaging BAME community members and/or representatives in the co-design and co-production within the Provider Alliance development network.
- 3.2.7 An initial service user involvement meeting has taken place to support the identification of service users that are engaged in local service, that are willing to participate in the co-design and co-production of local care pathways that will be delivered by the Provider Alliance.
- 3.2.8 SLaM have established a Lewisham Independent Advisory Group to directly engage BAME community representatives in dialogue that will support the improvement of access, experience and outcomes for BAME service users.
- 3.2.9 An updated version of the BAME Health Inequalities Action Plan was presented to the Board, addressing BAME health inequalities across children and young people and adults. The Action Plan has been extended to cover all three priority areas of BAME health inequality identified by the Board, namely mental health, cancer and obesity.
- 3.2.10 To facilitate the final agreement of a co-produced overarching action plan, it is proposed that a BAME health inequalities working group covering mental health, cancer and obesity consisting of Council officers responsible for the respective priority areas and members of the Lewisham BME network, continue to oversee the development of the plan.
- 3.2.11 This working group will also monitor progress using an agreed indicator framework for the action plan going forward. It is proposed that this working group be co-ordinated by Public Health and present update reports to each meeting of the Health and Wellbeing Board.
- 3.2.12 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:
- It would be beneficial to engage with GP surgeries to better understand potential barriers to specialist CAMHS provision.
 - Most BAME community engagement is happening through the Provider Alliance and there is good BAME involvement through the Service User Involvement forum, which meets again in January 2020.
 - Collaborative lunch sessions have been undertaken on a monthly basis to talk about priorities in the development of the Provider Alliance.
 - It is important to work closely with Lewisham BME Network in the co-production of the BAME Health Inequalities Action Plan, which should be reported back to the Board in March 2020.

- Time to Change hub receive training rather than funding. Struggling with recruitment of champions. Voluntary Action Lewisham to help promote initiative via social media.

3.2.13 Actions:

- The Board noted the content of the report and agreed that it should form the response of the Board to the referral at 3.1 and be provided to the Children and Young People and Healthier Communities Select Committees.

4. Joint Strategic Needs Assessment (JSNA) – refresh of Falls Service JSNA

4.1 Catherine Mbema provided an overview of the refreshed Falls JSNA for approval by the Board.

4.2 In Lewisham, in 2017, 6% of ambulance service calls were to people over 65 who had fallen and 73% of these cases were taken to hospital. There were 160 hip fractures in 2017-18, costing Lewisham Borough just over £1 million.

4.3 This JSNA Topic Assessment was undertaken to provide an overview of the epidemiology of falls in Lewisham and nationally and to identify gaps in current service provision and make recommendations for local planning and strategy formulation.

4.4 Since the original Falls JSNA, the Lewisham Falls service has been established.

4.5 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:

- Falls-awareness event held in Civic Suite on 8 November 2019 which was supported by the Positive Ageing Council.

4.6 Action:

- The Board agreed to sign-off the refreshed Falls JSNA.

5. Better Care Fund – 2019/20 Plan

5.1 Sharon Gibbs provided members with an overview of the Better Care Fund (BCF) plan for 2019/20 and asked the Board to formally agree the plan.

5.2 The plan was submitted to NHS England on 27 September 2019 but is subject to formal approval by the Health and Wellbeing Board.

5.3 As in 2017-19 the BCF plan has been developed by Lewisham Council and Lewisham CCG. Activity supported through the BCF has been developed jointly by commissioners and providers and agreed by the Managing Director of the CCG and the Executive Director for Community Services for the Council.

- 5.4 The BCF Plan 2019/20 covers one financial year and is an evolution of the 2017-19 plan. The 2019/20 plan continues to fund activity in the following areas:
- Prevention and Early Action
 - Community based care and the development of Neighbourhood Care Networks
 - Enhanced Care and Support to reduce avoidable admissions to hospital and to facilitate timely discharge from hospital
 - Estates and IMT
- 5.5 In 2019/20 the financial contribution to the BCF from the CCG is £22.055m. This has increased from £20.915m in 2018/19 in accordance with the published CCG allocations. The IBCF grant to Lewisham Council has been pooled with the BCF and totals £13.134m in 2019/20. The Winter Pressures Grant totalling £1.368m and the Disabled Facilities Grant totalling £1.339m, which are paid to the Council, have also been pooled with the BCF in line with grant conditions. An additional financial contribution from the Council of £774k to support neighbourhood teams is also included in the pooled fund. The total BCF pooled budget for 2019/20 is £38.671m.
- 5.6 Actions:
The Health and Wellbeing Board agreed to the recommendations to:
- Formally approve the Better Care Fund Plan 2019/20.
 - Delegate future approval of the BCF/IBCF quarterly returns to the S75 Agreement Management Group.
 - Receive the quarterly returns for information at the next available Health and Wellbeing Board following submission.

6. South East London Integrated Care System – Response to the NHS Long Term Plan

- 6.1 Martin Wilkinson provided the Board with an update on the South East London Integrated Care System (SEL ICS) Response to the NHS Long Term Plan.
- 6.2 In responding to the Long Term Plan, the SEL ICS is required to produce and submit a narrative plan for delivery between 2019/20 and 2023/24, supported by technical documents on finance, activity, workforce and performance metrics.
- 6.3 A national framework for implementing the LTP was released in June; the framework confirmed key timelines and importantly identified the areas of the plan that are the 'core foundations', the areas that we must have clear plans for delivering on over the next five years.
- 6.4 The framework also outlined a number of areas – 'prioritised commitments' – where there is more flexibility for local systems in determining how work is phased over the five year period.

- 6.5 In June 2019, SEL developed a system improvement plan that includes the areas where SEL does not currently meet the standards for a fully mature ICS, sets out a number of actions around performance and finance, and makes a series of commitments to enhance our ICS maturity and system ways of working.
- 6.6 Delivering the commitments of the Long Term Plan can only be achieved through working across the levels within our integrated care system – neighbourhood, place and system.
- 6.7 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:
- The formal response to the NHS LTP by SEL ICS has been agreed by the partners in private and will be submitted on 15 November 2019. A public summary of the document is not currently available due to Pre Election Period restrictions.
 - Healthwatch have surveyed local people about the LTP. The main concern relates to access to services, especially during a time of transition.
 - Workforce and the recruitment and retention of staff is a key element of the LTP.
 - Nursing roles are being reviewed to make these positions more attractive in Lewisham and to consider the opening up of specific elements to VCS providers.
 - There is a significant BAME workforce on the wards which isn't reflected in community settings. Need to rethink how to encourage people to work across broader areas.
 - There should be more opportunities for people in entry-level jobs, who can then progress through the system. Individuals should be working at "the top of their license".
- 6.8 Action:
- The Board noted the contents of the report.

The meeting ended at 16:15 hours