

# MINUTES OF THE HEALTH AND WELLBEING BOARD

Thursday, 12 March 2020 at 3.30 pm

## ATTENDANCE

PRESENT: 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); Val Davison (Chair of Lewisham & Greenwich Healthcare NHS Trust); Roz Hardie (Voluntary and Community Sector Representative); Michael Kerin (Healthwatch Lewisham); and Dr Catherine Mbema (Director of Public Health, LBL).

APOLOGIES: Mayor Damien Egan (Chair to the Board); Donna Hayward-Sussex (Service Director, South London and Maudsley NHS Foundation Trust); Pauline Maddison (Executive Director for Children and Young People, LBL); Dr Simon Parton (Chair of Lewisham Local Medical Committee); and Chris Wykes Driver (Acting Chief Executive Officer, Voluntary Action Lewisham).

IN ATTENDANCE: Barbara Gray (Mayoress of Lewisham, and the Mayor and Council Adviser on BAME health inequalities); 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).

## 1. Minutes of last meeting and matters arising

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. BAME Health Inequalities Update

3.1 Catherine Mbema provided an update to the Board on the development of an action plan to address Black, Asian and Minority Ethnic (BAME) health inequalities in Lewisham.

3.2 A BAME health inequalities working group was established in January 2020. The group has met twice since being established and have agreed a refined action plan. The action plan contains 16 key actions that will work to

address inequalities for BAME communities across the areas of mental health, cancer and obesity.

- 3.3 The working group comprises of representatives of organisations that are members of the Health and Wellbeing Board with influence over these health outcomes in BAME communities; plus members of the BME Network.
- 3.4 A cross cutting section of the action plan for all three priority areas will focus on community capacity building within BAME community groups and organisations.
- 3.5 An important action within this section of the plan will be the commissioning of BAME community groups to gather community insights to inform the procurement of public health commissioned obesity services.
- 3.6 The refined action plan was presented to a wider BME Network meeting in February 2020, giving Network members an opportunity to comment further on the plan and its development.
- 3.7 The progress of the plan will be monitored using the following methods:
  - A RAG rating system within the action plan.
  - Metrics within the existing Health and Wellbeing Board Indicator Dashboard and any monitoring mechanism developed as part of a new Health and Wellbeing strategy.
- 3.8 In addition to this, working group members agreed that it would be beneficial to develop a number of community-generated metrics to gauge community response to the plan. The development of this metrics will be facilitated by members of the working group.
- 3.9 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:
  - Outcomes rather than outputs need to be embedded in the Action Plan.
  - Need to identify how this will be resourced.
  - BAME groups need to be supported in the development of successful bids.
  - Mortality rates exist by Country of Birth and not Ethnicity.
  - Marmot Report has taken whole life approach from 2010 to now. Health outcomes have reversed.
  - One Health Lewisham starting to create health outcomes maps.
  - Cross-sector partnership in terms of delivery.
- 3.10 Action:

The Board noted the content of the report.

## 4. Joint Strategic Needs Assessments

4.1 Catherine Mbema provided members of the Board with details of the recently completed Joint Strategic Needs Assessments (JSNAs) on Mental Health and Adult Asthma and COPD (Chronic Obstructive Pulmonary Disease). She also outlined proposals for a revised JSNA topic selection process for 2020/21.

4.2 The Mental Health JSNA aims to understand the mental health and wellbeing needs (including dementia) of adults in Lewisham, review how well these needs are met, identify any gaps and make recommendations for improvements in service provision. Some of the key findings include:

- Lewisham has significantly higher rates of diagnosed depression than the London average (8.2% compared to 7.1%).
- The rate of severe mental illness (SMI) in Lewisham is significantly higher than both the London and England averages (1.3% in Lewisham compared to 1.1% in London and 0.9% in England).
- The prevalence of mental ill health is not spread evenly across the population, and there are some population groups that have higher rates of mental ill health in Lewisham, including; BAME communities, the unemployed and those who misuse drugs or alcohol.
- The numbers of people with common mental health disorders and severe mental illness in Lewisham are projected to increase in the coming years.
- There is a strong link between mental health and physical health. Adults in Lewisham who are in contact with secondary mental health services are more than three times as likely to die as people of the same age in the general Lewisham population.

4.3 Some of the key findings of the Adult Asthma and COPD include:

- The rate of premature mortality from respiratory disease in Lewisham is the second highest in London (behind Barking & Dagenham only), at 43.4 per 100,000. Rates are higher in men than women and correlate with increasing levels of deprivation.
- In Lewisham, the prevalence of smoking among adults is 15.5%, which equates to 35,780 current smokers. The burden of smoking-related ill health is particularly great in Lewisham as compared to the London and national averages.
- Lewisham also has a high level of smoking-attributable mortality, which is statistically significantly higher than the national or London average at 310.7 per 100,000 it is the second highest rate in London.
- According to the GP register, there are 4,308 people in Lewisham with a diagnosis of COPD, which equates to a prevalence of 1.3%. This is lower than the national average. It is widely recognised that COPD is under diagnosed across the UK. A recent estimate by Public Health England

suggests that there may be over 3000 patients with undiagnosed COPD living in Lewisham.

- According to GP registers there are 17,121 adults with a diagnosis of asthma in Lewisham. This equates to a prevalence of 5.9% in the adult population which is the same as the England average.

4.4 It was proposed that the current process for the selection of JSNA Topic Assessments be revised this year, postponing the call for topic suggestions until September 2020 and undertaking a smaller number of topic assessments (1-2) between September 2020 and March 2021. The “Picture of Lewisham” element of the JSNA will also not be updated this year. The rationale for this is as follows:

- There are a number of JSNA Topic Assessments still outstanding from 2018/19 and 2019/20. Postponing the agreement of topic assessments for 2020/21 will allow time for these assessments to be completed, approved and published.
- It has been proposed that the Health and Wellbeing Board review and refresh the Health and Wellbeing Strategy in 2020/21. It is likely that a Macro Level JSNA will be required to inform this process. Postponing the identification of new JSNA Topic Assessments will provide the analytical capacity to undertake this Macro Level JSNA.
- The trends in demographics and population health and wellbeing depicted in the “Picture of Lewisham” do not change significantly from year to year. It often takes at least 3 years of surveillance to identify a change in trend. Extending the period between updates to 2 years should not adversely affect the ability of stakeholders to use the information within the profile to inform their decision-making.

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

- Increase in cases of less severe mental health may be an indication of de-stigmatisation and improved public information.
- Focus on smoking (re Respiratory JSNA) and preventing the take-up in children. Extend smoke-free places e.g. playgrounds.
- Skilled technicians at respiratory hubs to process more people – are these hubs working?

4.6 Actions:

The Board noted the contents of the report and agreed the sign-off of the Mental Health and Respiratory JSNAs as well as the JSNA topic selection process for 2020/21.

## **5. Annual Public Health Report 2020**

5.1 Catherine Mbema introduced the Annual Public Health Report 2020. The report focuses on the Health in All Policies approach, providing case studies of how it has been implemented across Lewisham Council and with wider partners.

5.2 The report highlights the variety of influences on health and wellbeing and how the vast majority of these influences fall outside the remit of health service provision.

5.3 The report concludes with a set of recommendations about how we can work positively to influence health and wellbeing for all in Lewisham. The recommendations include:

- Continuing to work with stakeholders across the council and wider system to increase understanding and build capacity to implement a health in all policies approach when developing ideas.
- Developing a framework to enable the ongoing and robust assessment of the impact of policy decisions on health and health inequalities within the Lewisham population.

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

- Key messages within the report need to be prominent.
- Responsibility for air quality has moved into Public Health and is therefore easier to manage.
- Challenge to include more than two partner case studies in the report.
- Needs to link into the Health Innovation Network.

5.5 Action:

The Board notes the contents of the report.

## **6. Developing a New Joint Health and Wellbeing Strategy 2021-26**

6.1 Catherine Mbema introduced the report which sets out the current context and drivers for health and care across the borough. It recommended that members of the Board agree to the development of a new Joint Health and Wellbeing Strategy for the period 2021-26 with a set of broader aims and priorities.

6.2 Individuals should be encouraged to take greater control and responsibility for their own health and care with an emphasis on prevention, to promote sustainability in the system.

- 6.3 Consideration should also be given to whether it should incorporate the wider contributory factors to a person's overall health and sense of wellbeing such as housing, education, employment (the wider determinants of health), the environment and places that we live.
- 6.4 A new strategy should also reflect the Board's current focus on the need to address health inequalities in Black, Asian and Minority Ethnic (BAME) groups as it remains a locally agreed priority for both Lewisham BAME communities and statutory partners.
- 6.5 Throughout this process, effective and ongoing engagement with communities will be essential. Local people, service users, patients and VCS organisations must be involved so that their voice is heard alongside that of the professionals. Healthwatch and Rushey Green Timebank have critical roles to play in the undertaking of this activity.
- 6.6 In light of the above, any revised approach to the aims contained within the Health and Wellbeing Strategy should include consideration of the following:
- **Quality of Life** – too many people live with preventable ill health or die too early in Lewisham. Health inequalities persist and the wider contributory factors to a person's quality of life and overall wellbeing require focused attention to enable all people in Lewisham to live well for longer.
  - **Quality of Health, Care and Support** – People's experience of health, care and support is variable and could be improved. The system needs to evolve from a provider-focused one. The individual needs to be empowered to be in control of their own health and wellbeing through accessible information and local support, available closer to home.
  - **Sustainability** – there are increasing levels of demand - population growth, age, complexity of need – and the financial resources are limited. The local health and wellbeing system must be forward looking and adaptable to such competing pressures.

6.7 Actions:

The Health and Wellbeing Board agreed to the following:

- Community conversations to take place over the summer.
- Macro JSNA to be produced to underpin strategy.
- Initial outline to be brought to the November meeting of the Board by Public Health.

## 7. Health and Wellbeing Board - Membership Revisions

- 7.1 Salena Mulhere updated the Health and Wellbeing Board on three proposed revisions to the membership of the Board for 2020/21, two of which will be put to the next Council AGM for approval.

## 7.2 Details of these changes are as follows:

- **Clinical Commissioning Group** - According to the Council's Constitution, composition of the Health and Wellbeing Board is to include one "representative of Lewisham Clinical Commissioning Group". From 1 April 2020, following a merger, there will be a single integrated NHS South East London CCG (SELCCG). As Lewisham CCG will cease to exist after 1st April 2020, this representative will be the Lewisham borough SELCCG representative. In reality it will remain the same person (Dr Faruk Majid). The Council's Constitution will be updated to reflect this change.
- **Voluntary and Community Sector** - Lewisham's Constitution also states that there should be "other persons as the Council thinks appropriate. This will normally include 2 representatives from the voluntary sector". At present there is a representative from Voluntary Action Lewisham (VAL) and a representative of the VCS more broadly. Having a VAL representative on the Board was deemed appropriate due to VAL's function as the umbrella organisation providing capacity-building support for the VCS in Lewisham. However the appropriate Council funding and responsibilities for this function were transferred to Rushey Green Time Bank towards the end of 2019. It is therefore appropriate that the VAL representative should step down to be replaced by a Rushey Green Time Bank representative.
- **NHS England** - Lewisham's Constitution states that the NHS Commission Board (now NHS England) must appoint a representative for the purpose of participating in the development of a joint Health and Wellbeing Strategy if "requested to do so by the Board". In 2013, the Board requested this representation and the Director of Nursing for South London was nominated and approved. Initially this was Jane Clegg, who attended until May 2015 as a non-voting member. She was due to be replaced by Gwen Kennedy, however there is no record that Gwen Kennedy has actually attended the Health and Wellbeing Board. As there is sufficient coverage from a commissioning perspective across the Board membership, it is proposed that formal NHS England representation be discontinued from 2020/21. This should not have any noticeable impact as there has not been any actual NHS England attendance at the Board for almost five years.

## 7.3 Whilst the changes to membership detailed above are anticipated to take effect from 1 April 2020, the development of a new Joint Health and Wellbeing Strategy (2021-27) is likely to require further membership revisions. This will be to ensure that it remains fit for purpose and that the appropriate organisations to deliver the strategy objectives are properly represented. It is therefore proposed that a further review of Board membership will be undertaken once the development of the new strategy is completed. This is likely to be at the end of this calendar year at the earliest.

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

- Provider of Healthwatch Lewisham has changed to Your Voice in Health and Social Care (YVHSC).
- Rushey Green Time Bank to convene election to nominate new VCS rep for the Health and Wellbeing Board.

7.5 Action:

The Board noted the contents of the report.