

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 20 June 2023 at 7.00 pm

IN ATTENDANCE: Councillors Chris Best (Chair), Aliya Sheikh (Vice-Chair), Peter Bernards, Laura Cunningham, Stephen Hayes, John Muldoon and Carol Webley-Brown

ALSO JOINING THE MEETING VIRTUALLY: Nigel Bowness (Healthwatch Lewisham), Councillor Rudi Schmidt

ALSO PRESENT: Tom Brown (Executive Director for Community Services), Tristan Brice (Associate Director, Integrated Commissioning Team) and Nidhi Patil (Scrutiny Manager)

ALSO PRESENT VIRTUALLY: Councillor Paul Bell (Cabinet Member for Health and Adult Social Care), Councillor Andre Bourne (Cabinet Member for Culture, Leisure and Communication), James Lee (Director of Communities, Partnerships and Leisure), Neville Graham (Sport and Leisure Service Manager), Charles Malcolm-Smith (People and Provider Development Lead, SEL ICS), Ashley O'Shaughnessy (Associate Director of Primary Care for Lewisham, SEL ICS), Simon Parton (GP in Lewisham), Taj Singhrao (GP in Lewisham), Kenneth Gregory (Director of Adults Integrated Commissioning), Natalie Sutherland (Assistant Director of Adults Integrated Commissioning) and Catherine Mbema (Director of Public Health).

NB: Those Councillors listed as joining virtually were not in attendance for the purposes of the meeting being quorate, any decisions taken or to satisfy the requirements of s85 Local Government Act 1972

RESOLVED: that Cllr Chris Best be elected as Chair of the Committee and Cllr Aliya Sheikh be elected as Vice-Chair.

1 Minutes of the meeting held on 28 February 2023

- 1.1. RESOLVED: that the minutes of the last meeting be agreed as a true record.
- 1.2. A member of the Committee mentioned that under point 4.14 of the minutes, it was recorded that the tennis courts in Hilly Fields could be booked for £5 per hour and that they would like to inform Members that there was also an option to get an annual subscription for £35 per year. As part of this subscription, one could play 3 times a week for an hour.

2 Declarations of interest

- 2.1. Councillor Cunningham declared an interest as a council representative on the Trinity Laban Board.
- 2.2. Councillor Hayes declared an interest as a council representative on the Albany Centre in Deptford.

The Chair informed the committee that the items on the agenda would be considered in the following order- Physical Activity Strategy, Healthcare and Wellbeing Charter and then Dementia Strategy.

3 **Physical Activity Strategy**

James Lee (Director of Communities, Partnerships and Leisure) and Neville Graham (Sport and Leisure Service Manager) introduced the report. The following key points were noted:

- 3.1. In pre-Covid times, a public consultation was undertaken to inform this strategy which involved interacting with over 2000 people. After Covid hit, the sports and leisure team had to rebuild its services.
- 3.2. In conversations with Sports England, officers had prepared this strategy that referred to Sports England's strategic approach so that the Council could lean on them for future capital funding. The strategy also set out the Council's clear vision and priorities for creating a whole systems approach to physical activity.
- 3.3. Along with the strategy, the independent assessment of Lewisham's indoor built sports facilities was also going to Mayor and Cabinet for approval. This assessment formed the basis of the work that the Council was undertaking at Bridge and Bellingham sites to try to re-provide swimming water and for increasing sports hall provision in the south of the borough.
- 3.4. The strategy would have an embedded link to its action plan which would be available on the website and be updated regularly

The Committee members were invited to ask questions. The following key points were noted:

- 3.5. The Committee noted that the action plan for this strategy was circulated late which hindered the committee's ability to comment on it. Therefore, the Committee's comments on the action plan would be circulated by email after the meeting.
- 3.6. Lewisham used to be the 3rd most active borough in London but had slipped down to 9. A member of the committee enquired whether an analysis had been done to understand why this downward shift had occurred. Although it was difficult to provide a concrete reason for this downward trend without running a full consultation, officers suspected that the Covid-19 pandemic influenced this decrease in physical activity.
- 3.7. A member of the Committee enquired whether an equalities impact assessment of the strategy had been undertaken to understand its impact on diverse communities. Nigel Bowness, the Healthwatch Lewisham representative on the Committee also commented that the equalities implications listed in the report were not comprehensive and just listed the duties. Officers informed the Committee that a full Equalities Impact Assessment had been undertaken and was currently being finalised. This assessment would list the impact of the strategy on all groups of people along with the steps being taken for mitigation of any negative impact.
- 3.8. A committee member highlighted that the way certain activities were being delivered sometimes hindered participation from diverse communities. For example, swimming pools at Glass Mill Leisure Centre had large glass windows allowing outsiders to see inside and discouraging some communities from attending.
- 3.9. In response to the need for more pool space in Lewisham, a committee member suggested exploring the possibility of having pools with higher temperatures for therapeutic purposes, and officers revealed ongoing discussions with Greenvale School and Watergate School to enhance access to their hydrotherapy pools outside of school hours.

- 3.10. A committee member proposed incorporating examples into the strategy, such as showcasing various activities in parks like park runs, Saturday football clubs, tennis, walking clubs, outdoor gyms, cricket, baby gyms, community gardening, bowls etc. However, officers informed the committee that this document served as a strategic framework rather than a platform for specific examples, citing advice received from Sports England.
- 3.11. Officers informed the Committee that they needed to conduct a mapping exercise to understand the various activities in the borough and to ensure that they endorsed it to the right people. Officers were engaging with London Sport to utilise their activity finder platform, where providers could promote their activities for free. Committee members were encouraged to inform officers of any activity providers they knew of.
- 3.12. The sports team and the parks team had been brought together under one head of service as the importance of parks in promoting physical activity was recognised. Through joint working, these teams had successfully redeveloped the basketball courts in Evelyn Green. Officers acknowledged the importance of addressing the basketball courts at Hilly Fields and were actively exploring costing and funding options to facilitate their improvement.
- 3.13. The importance of ensuring the inclusion of every group's voice in the stakeholder forum was discussed by the Committee.
- 3.14. A member of the committee suggested that working with local sports icons was an engaging way of promoting physical activity. Officers agreed with this suggestion, expressing their preference for partnering not only with local sports icons but also with regular individuals who actively advocate for sports.
- 3.15. During the discussion, the use of terminology was highlighted, as individuals perceived sports, exercise and physical activity differently, and some found these terms intimidating. Officers acknowledged the importance of using the correct terminology in the strategy.
- 3.16. Given the small size of the sports and leisure team, the Committee enquired about how they would manage the implementation of the strategy and coordinate efforts across different Council directorates.
- 3.17. A Committee member raised the question about having more female gyms, and officers informed the Committee that the Council typically acts as a facilitator and enabler rather than a direct provider of such services.
- 3.18. A member of the Committee enquired about the impact of physical activity on the QRISK factor. The QRISK score was a system that was used to identify those patients who were at risk of coronary disease within the next 10 years.
- 3.19. The Committee was pleased to see dance being mentioned in the strategy as physical activity and a Committee member asked if a reference to Good Gyms may be added to the strategy.
- 3.20. Nigel Bowness welcomed the inclusive aspect of the strategy and suggested that it would be beneficial to include an analysis of the barriers to inclusion for different groups of people regarding physical activity.
- 3.21. The Chair of the Committee had the following specific comments regarding the content of the strategy:
 - The Chair stated that it would be beneficial to see some Lewisham-specific examples in the strategy. For example, on Page 3, extra text could be added that showcased the different activities that were already on offer in Lewisham.

- The Chair suggested that some areas of the strategy needed to use more simple and plain language as the target audience for this document was the residents.
 - On Page 9 of the strategy, there was a mention of non-traditional spaces. The Chair asked if it could be spelt out what was meant by these spaces and if some examples could be given.
 - On Page 15, there was an example of the Healthy Walks programme which was around 20 years old. The Chair asked whether some recent examples could be provided.
 - The Chair enquired whether the strategy's action plan was going to be appended to the strategy when it went to Mayor and Cabinet.
- 3.22. Officers responded that following the Chair's suggestion, they would revisit some of the language used in the strategy and attempt to simplify it.
- 3.23. It was proposed that Page 19 of the strategy be revised to specify that the action plan was included with the strategy, along with outlining the methods for tracking progress in the implementing the strategy.

RESOLVED: That

- the report be noted along with the comments made by the Committee and that the comments be reflected in the final strategy report that goes to Mayor and Cabinet.

4 Dementia Strategy

Tristan Brice (Associate Director, Integrated Commissioning Team) and Tom Brown (Executive Director for Community Services) presented this item to the Committee. The following key points were noted:

- 4.1. An eight-week consultation was undertaken to inform the Dementia Strategy and received over a 1000 response. Over 850 of those responses were gathered from door-knocking and in-person engagement exercises rather than electronically.
- 4.2. The consultation revealed that residents wanted the Council to:
- identify and articulate what the targets were for each of the eight outcomes in the strategy over the next 3 years;
 - use Healthwatch and other partner organisations to articulate to residents each quarter, how well the Council was doing against a target set within the strategy;
 - arrange a series of consultations and workshops building upon the knowledge gained from the strategy's development and addressing its outcomes;
 - develop short videos for each of the outcomes, showcasing the progress made through the 'you said, we did' approach.
- 4.3. In Lewisham, 0.4% of all residents were affected by dementia. Considering the intergenerational composition of households in Lewisham, officers were keen to ensure that the dementia strategy encompassed all age groups, recognising that this condition can impact anyone.
- 4.4. Officers noted that the Physical Activity Strategy presented to the Committee earlier in this meeting, did not mention how physical activity could reduce the risk of dementia.

The Committee members were invited to ask questions. The following key points were noted:

- 4.5. The Dementia Strategy was very well received by the Committee, who applauded its simplicity and use of plain language. The Committee was happy that the strategy acknowledged the impact of dementia on friends and families.
- 4.6. During the discussion, the importance of maintaining a balance between individuals' choice to live in their own homes and ensuring they are not left isolated without community support was emphasised.
- 4.7. One of the Committee members highlighted the need to acknowledge the connection between hearing loss and dementia.
- 4.8. It was discussed that this was not a clinical strategy but rather a strategy for how the Council can support residents with dementia and their families to live as well as possible. However, officers were aware of the academic research in the field. Certain components of the strategy such as the built environment and use of transport were influenced by the model of care and support for dementia in Netherlands.
- 4.9. A Committee member enquired whether there were any equalities issues when it came to being diagnosed with dementia i.e., did people from certain communities struggle to get diagnosed.
- 4.10. In care facilities, there were usually planned interactive sessions for residents. However, it was observed that care packages for patients staying at home often lacked opportunities for meaningful engagement and interaction with others. A member of the Committee emphasised the importance of incorporating interactive sessions with other patients into the care packages.
- 4.11. One crucial aspect addressed by the strategy was the concept of 'dying well'. This component underscored the significance of engaging in challenging conversations with individuals living with dementia and planning ahead to understand their wishes. It was noted that while discussing and planning for this aspect was difficult, it held tremendous importance in ensuring a dignified and satisfactory end-of-life experience.
- 4.12. The 'Maximising Wellbeing at Home' service was scheduled to go live on the 1st of September 2023 and the 'Maximising Wellbeing for Unpaid Carers' service was scheduled to go live in July 2023. Both of these services focused on improving the wellbeing of the client and the unpaid carer. As part of this service, both clients and the carers would be supported by solution focused wellbeing coaches. 300 hours per week of coaching would be available to around 1600 wellbeing workers.
- 4.13. Officers asked the Committee to be the champions of the Dementia Friends programme.
- 4.14. The Committee discussed that they may consider a visit to the Ladywell centre to explore the opportunities that the centre presented if it were to be redeveloped.
- 4.15. The Committee Chair suggested that officers engage in a conversation with their colleagues to explore the possibility of their inclusion in the stakeholder forum mentioned in the Physical Activity Strategy.

RESOLVED: That

- that the content and key outcomes of the Dementia Strategy be noted;
- the Committee champion the Dementia Friends programme, starting by incorporating it as a component of member training and development.

5 Healthcare and Wellbeing Charter

Charles Malcolm-Smith (People and Provider Development Lead, SEL ICS) and Ashley O'Shaughnessy (Associate Director of Primary Care for Lewisham, SEL ICS) presented this item to the Committee. The following key points were noted:

- 5.1. As agreed at the last meeting of the committee, a framework for the proposed Charter was presented to the Lewisham Health and Care Partners' (LHCP) Peoples Partnership Group (PPG) in May 2023 and a follow-up discussion had been scheduled for its July 2023 meeting.
- 5.2. In the May 2023 meeting of the PPG, it was discussed that for the proposed Charter to serve its purpose, there must be clarity on the accountability and the power that members of the population would have if its terms were not being upheld.
- 5.3. Important elements that were to be included in the Charter included- dignity, respect and culturally appropriate interactions, individualised and co-produced services and increased scope for self-referral to services.
- 5.4. The Primary Care Delivery Plan had just been signed off with the Local Care Partnership. Officers stated that they would be happy to share the full plan with the Committee as the presentation just included a summary of the plan.
- 5.5. The National Delivery Plan for recovering access to primary care had also recently been published and it outlined the national strategy and approach to providing support around improved patient experience.
- 5.6. The National Delivery Plan had four main areas of focus- empower patients; implement new Modern General Practice Access approach; build capacity and cut bureaucracy.
- 5.7. It was discussed that one approach to empowering patients was through increasing the use of digital technology such as improving the functionality of the NHS app. However, officers also recognised that digital inclusion was an important factor to consider, and work was already being done to address this. The Primary Care Digital Inclusion Plan was included in the papers submitted to the Committee and included some information on the different initiatives that had been taken to promote digital inclusion.

The Committee members were invited to ask questions. The following key points were noted:

- 5.8. A member of the Committee wanted to express gratitude for the work done by the doctors and nurses in NHS and wanted to assure them that members were aware of the pressures on the service.
- 5.9. Members of the Committee agreed that digital inclusion was an important issue and expressed concerns around the rapid pace of digitalisation, which seemed to disproportionately exclude certain groups of people, particularly older residents.
- 5.10. A GP from Lewisham, Simon Parton, reassured members that although importance had been given to digital communication as a way of empowering residents, that wasn't the only way of communication being used. Residents could still contact GPs through telephone, walk-ins, emails, referrals, contact through healthcare partners and so on. In theory, making a digital route available enhanced telephonic capacity, as individuals capable of utilising digital platforms would opt to contact their GP through those means. Consequently, this would result in reduced waiting time for callers as less people would be calling in.

- 5.11. It was discussed that the recruitment and retention of staff remained a significant challenge across NHS. However, a lot of work had been done to attract more nurse trainees to the borough.
- 5.12. A GP from Lewisham, Taj Singhrao, informed the Committee that there was a wider plan to expand the community pharmacy work, with the goal of conducting a greater portion of chronic disease monitoring through these pharmacies. This would take some pressure off the general practice and improve the chronic disease monitoring in Lewisham. However, there were capacity issues in pharmacies as well, so this work needed to ensure that any one part of the primary care system was not being overloaded.
- 5.13. Officers mentioned that intensive training on cultural competency had been delivered to the staff a few years ago and acknowledged the need to re-evaluate and potentially revisit that training.
- 5.14. It was discussed that the People's Partnership Group was an important forum for the development of the Healthcare and Wellbeing Charter. Nigel Bowness further expressed Healthwatch Lewisham's desire for increased direct public engagement in shaping the Charter.
- 5.15. The Chair of the Committee enquired when the Committee would be able to see the draft Charter and it was discussed that September 2023 was an achievable deadline. The Healthcare and Wellbeing Charter as well as the Health and Wellbeing Strategy were due to go to the Health and Wellbeing Board in September 2023 as well.

RESOLVED: That

- the update on the development of the Healthcare and Wellbeing Charter be noted;
- the update on primary care access improvement and digital inclusion plan be noted;
- that the draft Healthcare and Wellbeing Charter be presented to the Committee at its next meeting on the 6th of September 2023.

6 **Select Committee Work Programme**

RESOLVED:

- That the Committee's work programme for 2023-24 be agreed.

The meeting ended at 9.10 pm

Chair:

Date:
