

# MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Tuesday, 28 February 2023 at 7.00 pm

IN ATTENDANCE: Councillors Chris Best (Chair), Aliya Sheikh (Vice-Chair), Laura Cunningham, John Muldoon and Jacq Paschoud

APOLOGIES: Councillors Stephen Hayes and Peter Bernards

ALSO JOINING THE MEETING VIRTUALLY: Nigel Bowness (Healthwatch Lewisham)

ALSO PRESENT: Tom Brown (Executive Director for Community Services), Councillor Paul Bell (Cabinet Member for Health & Adult Social Care), Bobby Pratap (Director of Implementation, SLAM), James Lowell (Chief Operating Officer, SLAM), Mark Pattison (SLAM Service Director for Lewisham), Kenneth Gregory (Director of Adults Integrated Commissioning), and Nidhi Patil (Scrutiny Manager),

ALSO PRESENT VIRTUALLY: Councillor Andre Bourne (Cabinet Member for Culture and Leisure), Natalie Sutherland (Assistant Director of Adults Integrated Commissioning), Catherine Mbema (Director of Public Health) and Neville Graham (Sport and Leisure Service Manager).

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

## 1 Minutes of the meeting held on 11 January 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 section 4.11 of the minutes it was suggested that all Lewisham Councillors would be provided with data so that they could establish an effective relationship with the care homes in their wards. The Committee hadn't received this data yet and requested a follow-up on this.

## 2 Declarations of interest

2.1. Councillor Jacq Paschoud declared a personal interest as she had a close family member in receipt of a care package from Lewisham Social Care.

## 3 Lewisham Mental Health Estates and Adult Mental Health Care Model Review

Bobby Pratap (Director of Implementation, SLAM) and James Lowell (Chief Operating Officer, SLAM) introduced the report. The following key points were noted:

- 3.1. The Ladywell Unit in its current state presented an unfit physical environment for the patients and staff. £3 million had been spent on the building to allow basic renovations, but the building still remained unfit for purpose.
- 3.2. Even though the modern-day minimum requirement for mental health units was to have ensuite toilets for all rooms, the Ladywell Unit only had 2-3 toilets per 18 people.
- 3.3. Instead of just replacing the Ladywell Unit with a modern fit for purpose building, it was agreed that this situation presented an opportunity to pause, review and modernise the model of care being delivered.
- 3.4. It was discussed that there was mistrust in the community when it came to statutory mental health facilities in the borough, especially amongst residents from

Black ethnic groups. Levels of coercion, medication and police interaction were cited as being the key reasons for this mistrust.

- 3.5. Black residents in Lewisham were over-represented in the mental health wards, constituting 50% of inpatient bed days in Lewisham acute and psychiatric intensive care units (PICU).
- 3.6. There were national concerns around the fundamental model of acute mental health care and recent high-profile incidents had raised concerns around breach of human rights in these mental health facilities.
- 3.7. The business case for the mental health care model modernisation would require significant investment in the long-term future infrastructure of Lewisham's mental health services. With a robust and compelling case, there may be opportunities for some charitable fundraising.
- 3.8. Most of the Trust's investment and activity was focused on inpatient and acute care which left relatively little for community and social based care. Currently, ~58% of the adult NHS mental health budget was being spent on supporting ~4% of the people which meant the remaining 96% people had to be serviced with 42% of the budget.
- 3.9. However, there were some positive reflections in relation to Lewisham's mental health service such as Lewisham implementing SafeWards and the local authority's commitment to supported housing pathway.

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

- 3.10. At the Ladywell Unit, there were around 600 admissions last year out of which 70% were detained under the Mental Health Act. 50% of those admitted belonged to the Black ethnic group. Officers from SLaM stated that they would confirm these figures and data for the Committee and would circulate the data on what proportion of admissions were because of treatment orders.
- 3.11. SLaM had a medium secure, forensic acute admissions ward that was based in River House at Bethlem Royal Hospital.
- 3.12. A significant number of clinicians within SLaM were researchers who had contracts with the Institute of Psychiatry, Psychology and Neuroscience (IOPPN) which helped SLaM form strong links with the clinical academic groups.
- 3.13. Developing a new model of care was not driven by NHS budget reductions. On the contrary, as part of the Mental Health investment standards, more money had started to be invested in the mental health service over the last few years and more investment was due in the coming years as well. However, a lot of this money was being spent on inpatient services. The new model of care would focus on reducing the need for inpatient and crisis care by investing more in our community offer.
- 3.14. SLaM recognised that it could have invested more money in the Ladywell Unit early on to modernise the building but since the initial idea was to rebuild the building, investing in the current building was not a priority back then.
- 3.15. It was discussed that culturally appropriate mental health services were required. As part of developing the business case, SLaM was re-examining its research and evidence base to understand whether it correctly reflected the needs of the local population.
- 3.16. Transition services and family hubs were discussed in one of the community engagement workshops that SLaM undertook as part of its process for developing the business case and officers from SLaM stated that they would look into how they can join-up work around the family hubs.
- 3.17. The business case development being discussed was specifically focused on the Ladywell Unit and adults of working age, but SLaM also provided other services

that were part of their wider strategy such as CAMHS (Child & Adolescent Mental health services) and specialist services for older adults and people with learning disabilities. This wider strategy and the work within the Lewisham Mental Health Alliance looked at all transitions and SLaM would cover this in their strategic outline case to emphasise the work they were doing with partners in Lewisham in specialist service provision and transition.

3.18 SLaM was aware of the limits around capital funding and was in touch with the team in the Department of Health.

3.18 The Committee noted that the re-provision of the Ladywell Unit was a priority agreed by the Health & Wellbeing Board.

RESOLVED: That the Committee

- welcomed the report and fully supported the development of a new model of care and modernisation of our mental health estates.
- would be happy to assist with the resident engagement exercises required for the development of this business case.
- be kept informed of the progress on this business case.

#### **4 Leisure Contracts Performance**

Neville Graham (Sport and Leisure Service Manager) introduced the report. The following key points were noted:

- 4.1. There were 2 contractors that operated leisure centres in the borough. One was Greenwich Leisure Limited (GLL) that operated 6 sites. The second one was 1 Life that had managed Downham Health and Leisure Centre (DHLC) since March 2007 and had a 32-year contract through a Private Finance Initiative (PFI).
- 4.2. As part of the budget cuts, changes were proposed to the concession arrangements within the leisure centres that allowed free gym, swim & athletics track access to all those over the age of 60 or those who were disabled. From October 2022, the concession offer was continued for those who were disabled but those over 60 had to pay a subsidised concessionary rate rather than retaining free access.
- 4.3. Leisure centre participation had been steadily increasing since January 2022.
- 4.4. In November 2021, the Mayor & Cabinet approved a detailed feasibility study that would consider options for the future re-provision of the Bridge Leisure Centre which had remained closed following the Covid-19 pandemic when other leisure centres re-opened. This study was due to conclude soon, and public engagement would begin once the study had concluded.
- 4.5. A vacant unit in the Lewisham Shopping Centre had been converted into a health & wellbeing space called the CommUNITY space. This space was being used as a 'warm welcome zone' along with being a wellbeing space that provided free activity sessions, warm meals and support & advice to the local community.
- 4.6. The Council had been working with the Lawn Tennis Association (LTA) to agree and deliver a programme of work that would upgrade the Tennis Courts across the following sites- Ladywell fields, Telegraph Hill, Hilly Fields and Chinbrook Meadows.
- 4.7. The Physical Activity Strategy that focused on increasing borough wide physical activity rates by working in partnership with local stakeholders was currently in the final stages of development.

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

- 4.8. The Pool Water Treatment Advisory Group (PWTAG) recommended that the pool water temperature and the composition of chemicals used in pool water were monitored regularly so all leisure centres in Lewisham followed this practice.
- 4.9. There was a wide range of activities available in the leisure centres for the general public and the exercise on referral scheme meant the leisure centres also had specialist programmes for people with specific health conditions. GLL was exploring the opportunity to have an exercise on referral scheme for cancer patients in the pre-operative stage to help their bodies prepare for surgery.
- 4.10. After the concessionary arrangements at leisure centres were changed, older residents (60+) lost free access to swim & gym but were told they would be eligible for discounted rates. GLL was offering the Be Active membership to older residents (60+) at £29.95 per month. The Committee enquired how this was a concessionary rate since membership had previously been available at this price to everyone. Officers agreed that further information on this would be circulated to members.
- 4.11. Spaces in and around the Bridge Leisure centre such as the 3G football pitch and the indoor bowls space were being put to good use. GLL recently worked on repairing the 3G football pitch which was now offering community activities alongside structured bookings. The indoor bowls space was being used by the Lewisham & Crystal Palace Indoor Bowls Club that had a membership of around 300 people.
- 4.12. Officers recognised that some groups of people in the south of the borough such as Bellingham and Downham were harder to reach when it came to engagement exercises. Therefore, ward councillors would be consulted when public engagement on the future of Bridge Leisure centre began so that local community's needs were properly understood.
- 4.13. The CommUNITY space in the Lewisham Shopping centre unit was being used as an outreach space in partnership with GLL to encourage an active lifestyle.
- 4.14. The LTA would be paying for the refurbishment of tennis courts at the Hilly Fields site (along with 3 other sites). Even though the LTA was paying for the refurbishments, these courts were still very much a community asset and remained under the control of Lewisham Council. A £5 per hour fee was being charged for booking/ using the courts and this fee would be used for the upkeep of the courts. This message needed to be clearly communicated to the community as there had been some misunderstanding regarding these works at Hilly fields, where people assumed the LTA funding equated to privatisation of these courts.
- 4.15. Councillor Andre Bourne and Council officers visited the basketball courts in the Ladywell ward and at the visit they discussed upgrading those courts. An update on this issue was requested to ensure progress was being made.

RESOLVED: That

- the report be noted.
- the Committee have the opportunity to receive the Physical Activity Strategy for pre-decision scrutiny.

## **5 Lewisham Health and Wellbeing Board update & Lewisham Health Care and Wellbeing Charter**

Councillor Paul Bell (Cabinet Member for Health & Adult Social Care) conveyed the Mayor's apologies and provided the Committee with an update from the Health & Wellbeing Board. The following key points were noted:

- 5.1. Councillor Chris Barnham (Cabinet Member for Children's Services and School Performance) and Councillor Juliet Campbell (Cabinet Member for Communities, Refugees and Wellbeing) would be made formal members of the Health & Wellbeing Board (HWB).
- 5.2. Lewisham's Health & Wellbeing Strategy was due to expire this year and a new Joint Local Health & Wellbeing Strategy (JLHWBS) was being developed with support from the Local Government Association (LGA). Councillor Bell stated that he would welcome this Committee's comments on the strategy. The HWB wanted to be data-led, outcome-focused with a human face and the strategy would reflect this ethos.
- 5.3. The data from the JSNA (Joint Strategic Needs Assessment) and Census 2021 would inform the development of the JHLWBS.
- 5.4. LGBTQ+ health, particularly Trans healthcare was one of the areas of focus for the HWB. Data from 2021 Census highlighted that Lewisham had a significant number of trans people. There were 2471 people in Lewisham aged 16 years and over whose gender identity was different from their sex registered at birth.
- 5.5. Data from 2021 Census also demonstrated how indicators of bad health were significantly worse in some wards such as Bellingham and Downham.
- 5.6. The HWB had also noticed the challenges around the provision of information regarding a woman's right to choose an abortion and wanted to work towards enabling safe access to healthcare for all.
- 5.7. BLACHIR and the ICS strategy which was being published would play an important role in shaping the JHLWBS.
- 5.8. Following a 60-day consultation period that ended on the 15th of November 2022, the Lewisham Pharmaceutical Needs Assessment had been finalised and would be presented to the HWB in March 2023.

Catherine Mbema (Director of Public Health) provided the Committee with an update on the Lewisham Health Care & Wellbeing Charter. The following key points were noted:

- 5.9. The Lewisham Health Care & Wellbeing Charter was a way for the Council to work with our residents and would seek to address the feedback that had been obtained by Healthwatch and other existing surveys on access and provision of services.
- 5.10. A People's Partnership Committee (PPC) was being established by the Local Care Partnership that would function as the main forum for engaging with residents and the VCS (Voluntary & Community Sector).
- 5.11. The PPC would be launched in April 2023 and would work alongside the development of the JLHWBS. Both the draft Charter and the draft JLHWBS would be presented to the HWB in July 2023.
- 5.12. Four Health Equity Fellows had been recruited to four Primary Care Networks (PCNs) in Lewisham. Work was ongoing to align them with community groups within each PCN to form Health Equity Teams that would lead on community engagement and action to address health inequalities.

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

- 5.13. The systematic approach to developing the Charter and the Joint Local Health & Wellbeing Strategy (JLHWBS) was welcomed.
- 5.14. One of the Committee members raised a point around the lack of trust between the health service and the community particularly in certain wards such as Bellingham. Officers stated that the Lewisham Health Inequalities and Health

Equity Programme 2022-24 was designed to build infrastructure at neighbourhood level so that trust with communities could be re-built and strengthened.

- 5.15. The Chair of the Committee reported that the People's Partnership Committee was now being referred to as the Voice & Influence Partnership. This committee/ partnership would operate on a 'hub & spoke' basis. Therefore, the central group of individuals would meet regularly and take questions/ feedback to new or existing community groups.
- 5.16. The Committee welcomed the initial scope of rights and responsibilities listed in the report that would be explored by the People's Partnership Committee. In terms of prioritising those rights and responsibilities, the Committee agreed that 'Communication and Information' should be the first focus.
- 5.17. Councillor Bell mentioned that he would be contacting other Lewisham Councillors to assist him in understanding the barriers to accessing different healthcare services and the support that can be provided around it.
- 5.18. Along with a focus on addressing inequalities faced by Black and other racially minoritized communities, the Lewisham Health Inequalities and Health Equity Programme also considered the inequalities faced by residents with disabilities. Officers would ensure that people with disabilities were meaningfully engaged in the development of the Charter.
- 5.19. It was discussed that housing, education and employment, along with food and leisure, were all important factors to consider when discussing health & wellbeing. The development of the new strategy for the HWB would attempt to consider these multitude of factors and how they affected health & wellbeing in the community.

RESOLVED: That

- the report be noted.
- the Committee have further opportunity to contribute into and review the Lewisham Health & Wellbeing Charter before it was agreed.
- the Committee receive the Joint Local Health & Wellbeing Strategy (JLHWBS) for pre-decision scrutiny.

## 6 **Select Committee Work Programme**

It was discussed that the Committee would have an informal meeting to discuss suggestions for the Committee's 2023-24 Work Programme.

RESOLVED:

- That the completed work programme for 2022/23 be noted.

The meeting ended at 9.26 pm.

Chair:

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Date:

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