

# MINUTES OF THE HEALTH AND WELLBEING BOARD

Thursday 11<sup>th</sup> July 2019 at 3pm

## 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); Val Davison (Chair of Lewisham & Greenwich Healthcare 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); Michael Kerin (Healthwatch Lewisham); and Dr Catherine Mbema (Director of Public Health, LBL).

APOLOGIES: Sara Williams (Executive Director for Children and Young People, LBL); Dr Simon Parton (Chair of Lewisham Local Medical Committee) and Gwen Kennedy (NHS England Representative).

IN ATTENDANCE: Dee Carlin (Head of Joint Commissioning, Lewisham CCG and LBL); Keith Cohen (Youth Offending Service Manager, LBL ); Trish Duffy (Health Intelligence Manager, Public Health, LBL); Caroline Hirst (Joint Commissioning SGM ); Chris Howard (Senior Environmental Protection Officer, LBL); Salena Mulhere (SGM Inter-agency, Service Development and Integration); Folake Segun (Chief Executive, Healthwatch Lewisham); Stewart Weaver-Snellgrove (Clerk to the Board, LBL); Sarah Wainer (Programme Lead, Lewisham Clinical Commissioning Group); Martin Wilkinson (Managing Director, Lewisham Clinical Commissioning Group); and Christina Windle (Director of Commissioning Operations, NHS South East London Commissioning Alliance).

## Welcome and introductions

The Chair welcomed Tom Brown (Lewisham Council), Donna Hayward-Sussex (SLaM) and Martin Hunt (Voluntary Action Lewisham) to their first meeting as new members of the Health and Wellbeing Board.

Apologies were received from Dr Simon Parton, and Sara Williams. The latter was represented at the Board by Caroline Hirst.

### 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. Healthier Communities Select Committee (HCSC) referral**

3.1 This referral from the Healthier Communities Select Committee meeting of 14<sup>th</sup> May 2019 was with regards to discussions held on BAME mental health inequalities.

3.2 The committee requested that progress of the work on BAME mental health inequalities be set out with clear timelines, responsibilities and proposed actions in line with commitments in the new Corporate Strategy. This was to encompass both adults and children and young people.

3.3 Action:

- The Board noted the contents of the report and agreed that Item 4 on the agenda (BAME health inequalities update) would comprise the official response from the Board to this HCSC referral.

## **4. BAME health inequalities update**

4.1 Dr Catherine Mbema provided an update to the Board on developments that have taken place over the past year to address BAME mental health inequalities in Lewisham and to request approval for the suggested approach and planned actions for 2019/20 onwards.

4.2 Activities to date for Adults included:

- BAME mental health summit (October 2018)
- HWB workshop on 'Improving health outcomes for BAME communities in Lewisham' (March 2019)
- Lewisham Suicide Prevention Strategy (March 2019)
- Good practice models research (May 2019)
- Mental health JSNA (June 2019)

4.3 Activities to date for Children and Young People included:

- Inspire, a school-focused mental health participation group which developed an approach to reduce mental health stigma and strengthen peer to peer support in schools (November 2018).
- Anna Freud Centre awarded Lewisham CAMHS with the 'Best Participation in Service' award.
- CAMHS-led participation group, Alchemy, designed and delivered cultural awareness training to CAMHS staff.
- Alchemy commissioned for a further year with a focus on peer-to-peer support and increased emotional literacy in schools (March 2019).
- Project between National Maritime Museum and two CAMHS participation groups to involve young people with mental health problems designing and

making mental health first aid kits for refugee families arriving in Lewisham (June 2019).

- Expression of Interest submitted to the Department of Education for funding two Mental Health Support Teams. The teams would deliver interventions to CYP with mild to moderate needs in schools. Equality drivers at centre of Lewisham's proposal included tailoring services for BAMER CYP (march 2019)
- 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).

4.4 Reducing 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.

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

- Improving Access to Psychological Therapies (IAPT) is making a series of improvements in response to findings from the Mental Health JSNA.
- Lewisham is an organic 'Time to Change Hub' with sign-up forms on the Council's website. Training will be provided for new 'Champions' who have lived experience of mental health conditions.
- A plan of action has been developed regarding co-production work on BAME health inequalities and this will be presented to the Lewisham BME Network for review and sign-up. Key challenge is to identify time-based monitoring for Development Plan activities.
- Service user involvement on mental health issues also takes place at the operational group that sits under the Mental Health Alliance Board.
- A challenge will be to ensure that sufficient infrastructure is in place across the partnership to make progress and that a willingness exists to address BAME health inequalities.

4.6 Actions:

- The Board approved the approach and planned actions identified for 2019/20 onwards.
- The Board requested that work commence on the two other priority areas of BAME health inequalities previously identified i.e. obesity and cancer.
- That the report for Agenda Item 4 be referred back to HCSC as the Board's formal response to the HCSC referral in Agenda Item 3.

## **5. Making Sense of Mental Health 2018-19**

5.1 Folake Segun provided the Board with the 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.

5.2 Five hundred and eleven (511) children and young people from 5 schools and three organisations contributed to this work, with key findings as follows:

- 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.
- When asked what they would do if they experienced mental health issues, one in five 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.

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

- Responses to mental health issues are being developed through teacher and parent partnerships e.g. at Bonus Pastor children can come out of the classroom and go into a safe space.
- 48% of schools have accessed mental health first aid training, though there is less engagement from secondary schools.
- Place2Be is a children's mental health charity providing school-based support and in-depth training programmes to improve the emotional wellbeing of pupils, families, teachers and school staff. This whole school approach has been adopted by eight Lewisham schools, enabling pupils to self-refer for counselling support.
- Kooth is a provider of online mental health services for children, young people and adults. It is accessible through mobile, tablet and desktop and free at the point of use. It is also available in the evenings and at weekends.
- SLaM is in the process of developing psychological practice in community settings.
- A gap exists between Primary and Secondary provision of mental health services for children and young people.
- A key component of the Early Help review will be focussed on those not meeting CAMHS's thresholds.
- A recommendation for a self-harm JSNA topic has been put forward, which would include transitions (i.e. up to 25 years).

5.4 Action:

- The Board noted the content of the report.

## **6. Public health approach to reducing violence**

6.1 Keith Cohen provided members of the Board with an overview of the new Framework for delivering the Public Health Approach to Reducing Violence.

6.2 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.

6.3 The Framework will shape and support the collective approach required to reducing violence, with the following aims:

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

- A Youth Offending Service model re violence reduction is being developed by Goldsmiths.
- MOPAC-funded initiative has social workers based in hospitals to engage with those admitted with stab wounds. This is being piloted at King's.
- The Equality Impact Assessment of the Framework should be reviewed to identify any disproportionality of youth violence.
- Schools are often the gatekeepers of youth violence and there needs to be a conversation about transparency. Concern that school reputation management issues may influence this.
- For the Framework to be successful it needs to be driven over a longer period of time and engage a wide range of organisations. The relationship between the Health and Wellbeing Board and the Violence Reduction Board needs to be embedded so that momentum continues regardless of organisational changes.

6.5 Actions:

- The Board noted the content of the report.
- All Board member organisations to consider how they might support the Framework and collectively contribute to reducing violence in all its forms. Feedback on these contributions to return to Board at a later date for review.

## **7. NICE quality standard on air pollution**

7.1 Chris Howard provided the Board with a briefing on the NICE Quality Standard on air pollution, which included assurances that all aspects of the

Quality Standard are either being met, or have plans in place or in development for how they will be met.

- 7.2 The responsibility for delivery of air quality actions identified in the NICE report, primarily lies with Planning, Transport, Public Health with Environmental Protection providing the monitoring and reporting for these initiatives.
- 7.3 The four quality statements are:
- i. **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.
  - ii. **Statement 2** - Local planning authorities assess proposals to minimise and mitigate road-traffic-related air pollution in planning applications for major developments.
  - iii. **Statement 3** - Public sector organisations reduce emissions from their vehicle fleets to address air pollution.
  - iv. **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.
- 7.4 The report described what each of these statements means for service providers, healthcare professionals, commissioners and people with long-term breathing or heart conditions.
- 7.5 Action:
- The Board noted the contents of the report.

## **8. Joint Strategic Needs Assessments Update 2019/20**

- 8.1 Catherine Mbema advised the Board of the prioritised Joint Strategic Needs Assessments (JSNA) for the financial year 2019/20.
- 8.2 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:
- a) Health of Lesbian, Gay, Bisexual, Transgender/Transsexual Plus Population
  - b) Self-harm in Children and Young People
  - c) Transition and Preparing for Adulthood
- 8.3 Further JSNA work for 2019/20 includes completed topic assessments on Autism, Supported Housing, Adult Mental Health and Adult Respiratory Illness. These will be brought to future meetings of the Health and Wellbeing Board for sign-off.

#### 8.4 Action:

- The Board noted the contents of the report.

### **9. Motor Neurone Disease Charter**

9.1 Catherine Mbema introduced the Motor Neurone Disease (MND) Charter to the Board. This followed a request from a Lewisham resident for health and care partners to sign-up to the Charter.

9.2 The Charter is a statement of the respect, care and support that people living with MND and their carers should expect.

9.3 The Charter consists of the following five Quality Statements:

- 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.

9.4 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.

9.5 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:

- 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

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

- MND Association has offered to share awareness and training in relation to the disease with relevant stakeholders.
- Health and Care Partners will need to look at the Quality Standards as they apply to all the services listed above.
- Public Health and Joint Commissioning would need to identify any gaps and make the necessary recommendations to address these.
- The adoption of disease-specific Charters may result in people with health conditions that don't have a voice, losing out on the benefits that come from being in the spotlight.
- Health and Care Partners should therefore consider how to apply the principles of the Quality Standards across the board, rather than for specific diseases.
- Aspirations need to be more widely spread with resources targeted fairly and appropriately.

#### 9.10 Actions:

- Health and Care Partners to work towards the vision and aspirations of the MND Charter, with collective delivery of its aims.
- Consideration to be given as to how Health and Care Partners can apply the principles of the Quality Standards more broadly.

### **10. South East London Commissioning Alliance (SELCA): Engagement on CCG System Reform**

- 10.1 Christina Windle and Martin Wilkinson updated the Board on the Clinical Commissioning Group (CCG) merger programme across South East London (SEL), with a request that members of the Board review the progress and timeline for establishment of a single CCG.
- 10.2 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.
- 10.3 The 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.
- 10.4 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:
- Lewisham CCG has been rated as 'Good' for 2018/19, up from the previous 'Requires Improvement' rating.
  - NHS is driven centrally rather than locally. Potential tensions between the centre and the periphery with regards to these system reforms.
  - Always risk that system reform will retrench. Changes need to be real and honest and should enrich rather than undermine.
  - Lessons learnt from place-based working are already playing out via existing joint arrangements and experience of risk shares across CCGs.

- Local Authority will still have autonomy and budget alongside place-based working.
- Different boroughs will find own ways of working. Learning steps will need to be gone through.
- Under the new SEL governance structure, we need to ensure that the diverse voices of Lewisham residents are heard, this includes finding ways to fully engage the Voluntary and Community Sector on the Place-Based Boards and the inclusion of the patient-voice beyond a single Healthwatch representative.
- Need to build VCS capacity and stimulate the market to achieve the right outcomes. NHS providers must support VCS and non-NHS providers.
- Not clear to what extent SELCA are actually engaging or consulting with the Health and Wellbeing Board.
- Outstanding questions: Will Lewisham have a fair share of funding? Will Lewisham get its voice heard, not just locally but at a sector level? How do we work together?

10.5 Action:

- The Board noted the contents of the report.

**The meeting ended at 16:45 hours**