

## HEALTH AND WELLBEING BOARD MINUTES

Thursday 20 January 2022 at 6.00 pm

Committee Room (B6) - Lambeth Town Hall, Brixton, London, SW2 1RW

**Members Present:** Andrew Eyres, Councillor Jim Dickson (Chair), Ruth Hutt, Fiona Connolly, Councillor Jacqui Dyer (Substitute), Sarah Corlett and Councillor Lucy Caldicott

**Apologies:** Merlin Joseph

**Also present online:** Dr Dianne Aitken, Andrew Bland, Sarah Austin, Dr Adrian McLachlan, Jill Lockett and Catherine Pearson and Jill Lockett

### 1 Declarations of Interest

There were none.

### 2 Minutes of Previous Meeting

**RESOLVED:** That the minutes of the previous meeting held on 21 October 2021 be approved and signed by the Chair as a correct record of the proceedings.

### 3 Mental Health

Bimpe Oki, Public Health Consultant, introduced the report and stated:

- Mental wellbeing was relevant to everyone.
- Inequalities existed in mental health and certain groups are more likely to have poor mental wellbeing, such as those facing poverty, homelessness, and discrimination.
- COVID-19 had a significant impact on mental wellbeing. While evidence from the Office for National Statistics (ONS) survey revealed that most had recovered from before the pandemic, those from lowest income bracket continued to report lower mental wellbeing.
- Other groups impacted disproportionately by the pandemic were women, older people, younger people, ethnic minorities and those renting homes.
- The World Health Organisation (WHO) identified major determinants of mental health inequality: income security and social protection, living conditions, health services, social and human capital and employment conditions, as well as grief and loss.
- The impacts of the pandemic were just being realised and a focus on evidence based mental wellbeing was important.
- To tackle inequalities, the root causes needed to be addressed, such as financial resilience or employment opportunity.
- Lambeth had worked with community organisations to reach groups most challenged by the impacts of pandemic.

- The Council received funding to support groups such as carers, asylum seekers, isolated adults, and the recently unemployed, particularly those from the Black community.
- A Mental Health worker had been employed to assist the Health and Wellbeing Bus and other community programmes.
- Staff and organisations had received training for mental health awareness, mental health first aid, suicide prevention and bereavement awareness.
- Significant work had been done in schools to develop the mental wellbeing offer, as well as with Citizens UK and the Department for Work and Pensions (DWP) on financial debt advice and food hubs.
- Local community initiatives included the Health and Wellbeing Hubs and LGBTQ+ work to promote mental wellbeing as the Health and Wellbeing Grant Fund had increased in value to support people and initiatives around the borough.
- A wellbeing walk had been organised on 28 January 2022 to celebrate London's Great Mental Health Day to recognise the work of partners such as South London and Maudsley (SLaM), South London Listens and Thrive London.

Bimpe Oki introduced Matthew McKenzie, independent carer, author and poet; who addressed the Board and noted that:

- The previous presentation identified carers as being at poor mental health risk, which was something he experienced as current carer for his brother and a carer for his mother for 18 years.
- The Triangle of Care Steering Group engaged health and care strategies consisted of 45 members and Trusts.
- He was a member of the Royal College of Nursing Experts by Experience (EbyE) group and NHS England Health Service Journal (HSJ) judge and Chair of the Joint Lambeth and Southwark Carers Forum for five years.
- His mother had schizophrenia and recently passed away due to a lack of resources.
- Unpaid carers experienced difficulties and often suffered burnout from a lack of resources and support.
- Carer Support Groups were vital, such as the Lambeth Carer's Hub, and peer support increased carers' networks and access to support and information.
- Access to General Practices was vital as they were often a first port of call during crises.
- He followed the five steps for mental wellbeing.
- He wrote a book to share his experience in taking on mental health and unpaid care.
- Officers would circulate his Carer Wellbeing Poem to the Board.

Natalie Creary, Black Thrive, informed the Board that:

- Certain groups experienced poorer mental health, with Black communities generally overrepresented in acute services and entering mental health systems through coercive routes. Significant work was needed to reduce structural barriers to access services early and improve experiences and outcomes.
- The Patient and Care Race Equality Framework (PCREF) framework was to become compulsory, with SLaM as one of four UK pilots to address systemic racism.
- Healing Spaces were being tested in the community and the model was adjudged to be of significant value.
- A culturally appropriate peer support and advocacy service was being designed and was funded by the Living Well Network Alliance as members of the community were trained to deliver peer support within the community and inpatient settings.
- The Department of Health and Social Care (DHSC) received feedback that services delivered in clinical settings were less welcoming. The Brixton Road clinic had been

transformed into a living room space for close community services.

- A creative therapy model was to be tested with young people.
- Black Thrive worked with Kings College London (KCL) to understand the Stop and Search's mental impact and to provide support following difficult Police interactions.
- Neighbourhood Wellbeing Delivery Alliance was researching unemployment and social isolation for solutions to take forward.
- PCREF sought opportunities to deliver transformational systems change, offer choice and African-centred healing offers, which depended on a partnership approach to deliver.
- The unemployment rate for Black men was widening and it was important to address the barriers to accessing and sustaining work.

The Chair thanked speakers for their input and noted the valuable work of the Black Men's Consortium, using theatre to address mental health in the Black community.

It was noted in response to questions that:

- The PCREF framework was becoming mandatory, as work included engagement events to understand key issues.
- The importance of collecting quality data to provide an accurate picture of the need was noted and qualitative data had been collected to inform the Board.
- These projects were not being funded ordinarily, but these ideas would be embedded by 2026 to help sustain long-term change.
- Increasing unemployment of Black women was an issue, which mandatory vaccination compounded, while Black male unemployment rates were 50%.
- Poverty needed to be analysed from all perspectives.
- Integrated talking therapies were not yet available and the services websites were often not culturally appropriate. Family Advisors in Lewisham were a third sector organisation that focused on Afro-Caribbean ethnic patients and families, but the challenge was to educate the community as to the importance of mental wellbeing.
- Economic inequality was significant and tackling the root causes of inequality needed to provide increased access to income, improved administration of welfare advice and access to benefits.
- The Health and Wellbeing Hubs and community initiatives provided a holistic approach, through co-delivery of financial advice or signposting to agencies providing services as there were opportunities for primary care and tackling poverty.
- Another example of holistic approach was through the planning of and enabling access to affordable housing.

**RESOLVED:**

1. To note the report.

## **4 Suicide Prevention**

Councillor Rezina Chowdhury introduced the Strategy and said:

- The pandemic had changed the conversation around mental health and wellbeing.
- In 2021, University Oxford Press found children choose 'anxiety' as the word of the year which was both concerning and encouraging as normalising the language around mental health was the first step to removing stigma and seeking help needed.
- Suicide prevention was key in Lambeth, where an average of 17 people took their lives every year, which on average significantly affected an additional 10 others.

- Two thirds of those who committed suicides had not been known to services.
- Any suicide was one too many and Lambeth Council worked with the Mayor of London to reach the goal of zero suicide.

Margherita Sweetlove, Public Health Specialist, and Sarah Anderson, Listening Place, presented the Strategy and informed the Board that:

- Three quarters of suicides in Lambeth were men and the total figure had reduced since the previous Strategy.
- Suicide was more common in people aged 20-50 and in men from 30 - 39 years old.
- The Mayor of London's ambition to achieve London as a Zero Suicide City by 2028 would only be achieved through effective partnership work, based on evidence to identify and tailor to key high risk groups to deliver a sensitive service.
- High-risk factors included: social isolation, male, LGBTQ+, substance misuse, minority ethnic groups, and the prison system; with menopause being explored as another factor.
- Two more action plans would be developed after two years of the Strategy.
- There was the provision of regular suicide training, Southeast London Bereavement Support Services ensured awareness and support groups.
- There was an audit of Thrive LDN, public mental health research, suicide surveillance data.
- The year one Action Plan included social campaigns aimed at reducing stigma around mental health.

Sarah Anderson, Listening Place, informed the committee that:

- A Listening Place provided face to face support for those affected by suicide.
- Often, those admitted to the A&E department at Guys and St Thomas' (GSTT), or Kings College Hospital, were discharged after physical and psychiatric assessments to their GPs.
- GPs could make referrals, however there were long waiting list for one-on-one Psychological Wellbeing Service (IAPT) services and Listening Place referrals often came from talking services, the hospitals and GPs.
- The Listening Place in Pimlico was closest to Lambeth and received an average of 500 suicide-related referrals every month, with over 100 appointments a day.
- 68% of referrals came from the NHS and one third had been in touch with secondary mental health services, with 6% self-referrals.
- The service was a volunteer-based, confidential service and offered rapid response.
- Working with the Lambeth Suicide Prevention Partnership enabled referrals, such as those from Samaritans or British Transport Police.

It was noted in response to questions that:

- Children bereaved by suicide were included in bereavement support and the work of Winston's Wish to support bereaved children was noted.
- Improved data quality was needed to understand the scale of increasing cases of self-harm, as this was collected nationally.
- The Listening Place was a London-based charity, and 16% of referrals were from Lambeth, as the second highest borough in terms of referrals (1,000 referrals up to the end of December 2021).
- The Listening Place worked closely with the GSTT psychiatric liaison team, and further discussion and feedback was welcomed for improvement.

The Chair thanked the partnerships for their work to make the system work better and Councillor

Rezina Chowdary for leading the Strategy and its launch.

## **RESOLVED**

1. To agree the Lambeth Suicide Prevention Strategy and Action Plan (2022 – 2025).

## **5 Covid-19 Update**

Ruth Hutt, Director of Public Health, introduced the report and noted that data in the slide pack had been updated since the reports pack was published and that:

- Plan B measures were lifted on 19 January 2022.
- The Plan A measures included good infection control and access to vaccination and the use of antivirals, identifying cases and working with NHS and Social Care to manage pressures.
- Plan B acted as a guide as to what would be taken forward, including ensuring vaccinations were available internationally and managing risks at the border.
- Cases of the Omicron variant peaked in Lambeth the week before Christmas and the COVID-19 Incidence Rate exceeded both London and England.
- While rates had fallen to 760 / 100,000, rates were still high and the school age population was experiencing rising cases.
- Due to vaccination, the variant had not had the same impact it could have, but challenges remained for NHS, including the number of staff who had had to isolate.
- The testing offer for targeted communities was available and cohorts were prioritised, especially those needing to test to work, as online suppliers and pharmacies restocked.
- PCR demand increased during the variant surge, but this had since fallen due to changes in testing policy regarding confirmatory PCR tests for positive LFDs.
- Three Mobile Testing Units operated in the borough and there was a total of six locations to receive a PCR test and these services existed to support those who needed to self-isolate or who were losing income as a result of the pandemic.

Andrew Eyres, Strategic Director, Integrated Health and Care provided a vaccination update and noted that:

- The booster programme was carried out at pace with an increase from administering circa 30,000 vaccinations per week across Southeast London, to over 180,000 per week in mid-December across all Southeast London sites.
- The Civic Centre pop up site opened in December and would stay open at weekends for vaccinations until February.
- Vaccinating school children aged 12 – 15 had been completed during October and November 2021.
- A second phase was planned through both schools and access to vaccinations in other community settings and during the first phase of the programme, more children had received the vaccination outside of school.
- Lambeth had secured £485,000 funding to support community vaccine work and encourage uptake through grassroot programmes and the Covid Ambassadors Programme, as well as targeting Black community and clinicians to increase uptake.
- Lambeth had administered a total of 650,000 vaccinations. 250,000 people had received at least one vaccination, which constituted 58% of Lambeth's total population, while over 100,000 people remained unvaccinated.
- The uptake programme continued to encourage residents to come forward and protect themselves and their community, and vaccines were still available.

Sarah Corlett commended the team for their work and Fiona Connolly noted the hard work from across the partnership to set up the vaccination programme and support residents and staff throughout the pandemic.

Wendy Horler thanked Ruth Hutt for her rapid support when residents contracted the omicron variant.

**RESOLVED:**

1. To note the report.

## **6 Lambeth Together / ICS Update**

Andrew Eyres, Strategic Director, Integrated Health and Care, introduced the report and noted:

- The paper was an update to the October 2021 report and with a specific focus on the new arrangements for Lambeth Together.
- The Health and Care Bill was at Committee stage in Parliament and the proposed start date of the Integrated Care System (ICS) had been deferred to 31 July 2022.
- Lambeth continued integration and place arrangements planning, within the context of Southeast London.
- Lambeth Together partners were reviewing local arrangements and areas for improvement to fit into the new ICS process.
- Learnings had been taken from the collaborative response to the COVID-19 pandemic, which created new arrangements and left Lambeth in a good position to enhance integration and transition to new arrangements.
- Shadow arrangements for the Lambeth Together Strategic Board commenced in January 2022 and the Chairs were confirmed as Councillor Jim Dickson and Dr Dianne Aitken, which reflected the preferred approach of bringing together democratic / community and clinical leadership, working with the executive lead.
- The Board had reviewed the Lambeth Together Pledge to improve health and address health inequalities in the borough.

At this point in proceedings, officers displayed a video of the Lambeth Together Pledge, which showed Board members affirming their commitment to work together.

Ms Gay Lee, Susan Sidgwick and Wendy Horler, representing Lambeth Keep Our NHS Public, addressed the Board and stated:

- Current provisions in the Health and Care Bill, which did not appear to give statutory powers to the Local Care Partnerships and may make the Lambeth Together Care Partnership less effective without statutory control over provider collaboratives, primary care networks, or private companies in the Health System Support Framework.
- The current provisions of the Health and Care Bill did not cater for everyone in the geographical area of the ICS but only defined groups, including emergency services.
- There were no guarantees residents would be involved at the Board level with statutory powers and queried the scope for of meaningful public involvement.
- It was queried how the Health and Wellbeing Board fitted into the ICS structure.

Andrew Eyres, Strategic Director, Integrated Health and Care, responded as follows:

- The Health and Care Bill was going through Parliament and legislation was not finalised.

- Lambeth Together Care Partnership's authority would come through delegation from the ICS. Building local care partnerships and delegating decision-making and resource was the extent to the LTCP's powers, which were not statutory.
- The Health and Care Bill did not remove the sovereignty of Trusts, Primary Care Organisations or Local Authorities; but stipulated partnerships, reinforced by contractual relationships.
- Innovative arrangements, such as alliancing in mental health, had been piloted, and would encourage accountability.
- The ICS covers all residents within the Southeast London ICS, including those registered with local GPs, even if living elsewhere.
- The extent to which national and regional specialist services were delegated, in terms of specialist care that was not always managed at a subregional level, required further information.
- Additional guidance on community engagement requirements had been developed by the NHS for organisations, including involvement through Healthwatch.
- The ICS constitution would be subject to consultation in February 2022.
- The important roles of the Lambeth Together Board and the Health and Wellbeing Board were being differentiated. The HWB reflected learnings and moved its focus to public engagement and themed discussion. All local authorities were having similar conversations and arrangements would vary.

The Chair thanked officers for their responses and invited Ms Wendy Horler to present additional questions to the Lambeth Together Strategic Board public forum.

**RESOLVED:**

1. To note the contents of the paper.

## **7 Quarterly Report from the Director of Public Health**

Ruth Hutt, Director of Public Health, introduced the report and noted:

- The Mental Health Strategy was being launched at the Great Mental Health walk through Lambeth on the 28 January 2022 and she invited attendees to attend.
- Other health protection issues remained, including COVID-19 response, child immunisation uptake and drug incidents over the summer.
- Lessons learnt from the pandemic were being applied to other health protection challenges.
- Extensive work had taken place on substance misuse, reviewing the service offer and there was commitment to a national strategy and more funding to address issues substance misuse.
- World AIDS Day had taken place on 01 December 2021.
- The Elton John AIDS Foundation's Zero HIV UK Social Impact Bond had ended.
- Analysis of the pandemic and Lambeth's admission rates were being analysed and the importance of local data and intelligence were noted.
- Admission rates in Lambeth were higher than other Boroughs and reflected the challenges for deprived areas.

Councillor Jim Dickson noted that Secretary of State for Health and Social Care had launched the National Drug Strategy on 6 December 2021 in Lambeth. He thanked everyone present for attending, with special thanks to the members of the public who continued to take an interest in the work of the Board.

**RESOLVED:**

1. To note the report.

The meeting ended at 20:18

CHAIR  
HEALTH AND WELLBEING BOARD

Date of Despatch: Friday 28 January 2022

Contact for Enquiries: Julia Skinner

Tel: 020 7926 0147

E-mail: JSkinner@lambeth.gov.uk

Web: [www.lambeth.gov.uk](http://www.lambeth.gov.uk)