

## **PUBLIC REFERENCE GROUP MINUTES**

### **4<sup>th</sup> September 2019 Town Hall Chambers**

#### **Present**

Alex Camies (AC)	Member, PRG
James Campbell (JC)	Interim Co-Chair, PRG
Graham Carter (GC)	Member, PRG
Neville Fernandes (NF)	Member, PRG
Anne Hooper (AH)	Lay Member
Husseina Huzma (HH)	Member PRG
Adrian Ingram (AI)	Member, PRG
Rosie Jackson (RJ)	Secretary, PRG
Juliet McCollin (JMc)	Member, PRG (present from 10.30)
Mabel Nwoko (MNw)	Member, PRG
Keith Walton (KW)	Member, PRG
Russell Cartwright (RC)	Head of Communications and Engagement
Teresa Rodriguez (TR)	Engagement Officer

#### **Apologies**

Jude Ibe (JI)	Member, PRG
Tony Pilkington (TP)	Member PRG (lack of BSL interpreter)
Michelle Nembhard (MNe)	Interim Co-Chair PRG

#### **Speakers**

Marzena Zoladz (MZ)	Community Engagement Officer Healthwatch
Jessica Juon (JJ)	Joint Commissioner CYP Mental Health & Emotional Wellbeing

#### **1. Welcome, purpose and conflict of interest**

JC welcomed all, minutes have been distributed and any amendments have been made.

No conflicts of interest raised. TR will chase up outstanding PRG member's conflict of interest forms.

#### **2. Progress of actions from previous minutes**

TR had received a response from Valerie Richards that it was not possible to tweak EDS questions as had been suggested by PRG members as they are part of a standard format. Further local discussion to continue at subgroup meeting to be held to look at equality evidence.

Reminder from TR that subgroup activity needs to be captured so it can be fed back to PRG and CCG. AI said it is not easy to capture points discussed. It was suggested that any questions asked or points raised by PRG members should be recorded.

AH suggested asking the Chair at the end of the meeting for 3 key messages to be taken back,

this can help to ensure the role and purpose of the PRG member is visible.

TR clarified current membership of subgroups and will circulate to members.

### **3. 'You said – we did' update**

Tracking form has been updated so that completed actions are shaded which makes it clearer.

Items 3 - 10 Pharmacy First scheme and advertising/promotion of scheme led to discussion.

Logo has been updated, PRG members gave unanimous opinion on preferred version of logo.

Issues raised concerning Pharmacy First scheme included standards, patient feedback, which pharmacies offered the service whether the service was financially driven.

Role/scope/boundaries of pharmacist need to be clear; patient needs to trust that pharmacist is working safely as part of Primary Care Team.

AI and GC volunteered to lead PRG involvement on Pharmacy First scheme to address issues raised and work to ensure actions 3 -10 completed.

### **4. PRG Mid-Year Review** discussed and progress with subgroups on CCG priorities reviewed.

- where we are up to
- where we need to go

It was agreed that the review is useful and will be undertaken every 6 months which will enable the PRG to take action as required to keep on track with priorities.

### **5. Chair Election**

Temporary arrangements have been in place with James Campbell and Michelle Nembhard as interim Co-chairs. JC and MNe put themselves forward to continue as Co-Chairs, the rest of the group support this and voted unanimously for this arrangement to continue. JC and MNe believe this arrangement works well for them and the PRG. RC thanked them for their work as Co-Chairs and it was agreed this arrangement would continue.

### **6. NHS Long Term Plan Engagement**

MZ presented a report, The NHS Long Term Plan Engagement, that Healthwatch (HW) were commissioned to produce. The reports covers engagement in south east London and Lewisham and are published in Lewisham HW website. TR sent the reports to the PRG members prior the meeting. MZ summarised the main findings on a powerpoint presentation.

Some members were unfamiliar with Healthwatch, AI asked for specific examples of work done or things achieved by Healthwatch to help him understand the organisation better. KW did not know of them, and will give his details so that he can be added to mailing list to ensure he receives newsletters etc going forward.

The PRG members commented on the NHS Long Term Plan engagement:

- KW raised concerns re digital exclusion, MZ explained there had been some face to face contact with groups and the survey had not been undertaken exclusively digitally

- It was suggested that the findings seem broad and 'empty values' It is strategy not detailed plan. MZ explained that the statements on the slides are only a summary of the findings and indeed a general statement that would help to find out what are key priorities for people in line with the NHS LTP. MZ added that there is more detailed breakdown of the feedback in the report.
- JC asked whether the LA planning takes health reports/health plans in to account.
- AH stated that the survey predetermined what questions were posed to residents of the Borough.
- The group mentioned that HealthWatch have done this engagement work and now OHSEL must hold to account - how can we be assured it is going to happen? MZ encouraged members to take ownership of the report and use the findings to help people and groups influence future service change.
- Does Healthwatch have any authority on Health & Wellbeing Board in the Borough? MZ answered HW have a seat on this board.
- The data needs to translate into intelligence to fit into services we represent and promote. KW pointed out that often reports go in at high level but don't filter down, he will ensure he takes it to his community relations team. MZ encouraged this.

The group would like to know if there will be some action coming from this report and that it's not seen as a tick box exercise. MZ said that HW role is to inform and provide evidence. OHSEL will produce their plan and publish it in November. MZ reiterated that it is a public report and HW encourage individuals and communities to use it as their own to support their initiatives. MZ also reiterated that HW liaise with the CCG and OHSEL (CCG Lewisham is a member of) and hope that the CCG will support the report and the findings.

Lewisham Borough needs to take account of the report. People are not always able to get healthy to feed their families and the council could consider food initiatives.

MZ urged everyone to treat the report as their own and use it to improve services and inform projects.

MZ was asked if Healthwatch would follow up to see impact of report, i.e. any deterioration or improvement, what good practice, or any deterioration of services following report. MZ said that this would not be possible given the scale of the project and the capacity of the team, but hopes to hear from OHSEL that the report has been represented in their strategy. HW may look at some smaller aspects of the findings in the future (for example focus on projects as guided by intelligence from the report).

MZ explained when asked that Healthwatch is funded by local Government; Lewisham Council and that the service will be coming up for retender October 19. The services are Commissioned for a 2-3year period.

It was suggested that feedback is obtained from OHSEL asking how specific points in the report are being addressed, in order to get clear and specific information.

JC thanked MZ for her presentation and asked how the PRG could help/get involved.

Is there any specific work that can be done together?

**Action 1. TR to circulate Healthwatch NHS Long Term Plan Engagement presentation.**

**Action 2. TR to provide details to MZ for PRG members to receive HW newsletter.**

## **7. Children and Young People Mental Health and Emotional Wellbeing**

JJ introduced herself as Joint commissioner, employed by the LA and working/ acting on behalf of the CCG.

JJ recognises the importance of keeping children's voices at front and centre. JJ meets regularly with CYP to ensure she understands how it is for them.

JJ presented a report organised into 6 themes.

In line with the long term plan, the joint commissioning needs are seeking to plan to CYP's mental health needs from 0-25 years.

### 1. National Drivers

Access to evidence-based provision

### 2. Priorities for CAHMS transformation

#### CAMHS Transformation Plan Priorities

1. Increase participation and promote fair, timely and equitable services for Black, Minority Ethnic and Refugee (BAMER) CYP
2. Promote universal prevention and more targeted interventions that support a Public Health Approach to reducing violence in Lewisham, including psychological approaches within the community
3. Strengthen our work in schools and respond to the 2017 Green Paper
4. Reviewing urgent and emergency care
5. Prioritise access to evidence based interventions and reduced waiting times
6. Strengthen and streamline Mental Health provision for Looked After CYP
7. Implement the CYP Mental Health and Emotional Wellbeing Improvement Plan
8. Strengthen the graduated response to children with Special Educational Needs and Disabilities and mental health difficulties

### 3. Mental Health Support Team Trailblazers

- 3 inequality drivers for the Mental Health Support Team Trailblazer ; BAMER CYP, school exclusion, criminal justice system.
- JJ talked about the successful trailblazer bid for mental health input for circa 19 Lewisham schools. Go live date, January 2020.
- Approx. 15 new members of staff will be in team working in schools, delivering evidence based interventions for CYP with mild to moderate needs, they will be training on the job.

Discussion ensued. PRG members asked whether this was a national model and whether

it had evaluated positively in other areas of the country. JJ explained that this was a National model with Dept of Education and Dept of Health. Lewisham schools will be wave 2 (cohort 3). There will be paired outcome measures.

JMc raised concern re workforce and whether enough trained staff were available to recruit to work to support CYP mental health transformation. JJ agreed and added this to the risk and mitigation consideration for the trailblazers.

GC asked re evaluation and whether success outcomes were clear, if they are not how are the outcomes of the project going to be effectively measured  
JJ replied that evaluation will be set out by NHSE and will be extremely robust.

KW raised concern re the length of time between referrals, assessments and statementing. He believes that the long time between assessments has a negative impact on the mental health of the child and the family.

JJ explained that SLAM CAMHS are going to use the System Dynamic Modelling tool, as recommended by NHSI, to carry out some demand and capacity mapping.  
Systems to be improved with just one referral form, systems that talk to each other and streamlined service provision so that interventions are timelier and more effective.

HH raised issue of FGM and the need for mental health workers to work together with the community from different cultures to support these issues. HH offered her support to work with families affected by FGM.

KW raised issue of poor access to nutritious diet for some families and positive impact On mental health when access to healthy food

There was insufficient time to fully discuss the remaining drivers (5 and 6)

JJ invited members to attend the cross-sector i-THRIVE consultation and engagement event that will take place in Lewisham on 16<sup>th</sup> October.

JC thanked JJ for coming to the meeting and for her presentation and told JJ that there is a CYP subgroup of PRG members and asked what the PRG can do to collaborate and support this work. Attendance at i-THRIVE event a starting point for PRG to support and engage.

**Action 3. TR to circulate invitation and draft agenda for i-THRIVE event.**

**Action 4. JJ to share information on pathways part of the mapping exercise with the PRG CYP subgroup.**

## **8. Any other business**

TR showed a draft poster publicising routine HIV testing in GP practices, some comments were given. TR said there is to be a meeting to review this draft on Monday 9th Sept at Downham Health & Leisure Centre. AC and RJ agreed to attend and possibly HH who is going to take it to her clients and colleagues at African Advocacy.

Next meeting 11<sup>th</sup> October 10-1pm, Civic Suite, room 4.

**Actions**

REF	ACTION	LEAD	DUE DATE	COMMENT
1	TR to share Healthwatch NHS Long Term Plan Engagement presentation with PRG members	TR	October 19	COMPLETE
2	PRG members details to HW to receive newsletter	TR	October 19	COMPLETE
3	Circulate invitation and draft agenda for i-THRIVE event.	JJ/TR	October 19	COMPLETE
4	Share pathways information with CYP subgroup for mapping exercise	JJ	Ongoing	ONGOING
5	Members of subgroups to provide minutes/notes to TR	All	Ongoing	ONGOING