

ROYAL BOROUGH OF GREENWICH

HEALTH & WELLBEING BOARD

THURSDAY, 7 DECEMBER 2023 AT 10.30AM

MINUTES

PRESENT:

Voting Board Members

Councillor Denise Scott-McDonald (vice-chair in the Chair) (RBG), Councillor Ann-Marie Cousins (RBG), Councillor Matthew Morrow (RBG), Councillor Rachel Taggart-Ryan (RBG), Neil Kennett-Brown (ICS Director of Operations Greenwich), Joy Beishon (Healthwatch Greenwich) and Naomi Goldberg (Greenwich Action for Voluntary Service)

Non-Voting Board Members:

Director of Public Health

Others in Attendance

Adult Social Care Director (RBG)
Health and Wellbeing Strategist (RBG)

Item

No.

1 Apologies for Absence

Apologies for absence were received for Councillors Anthony Okereke (RBG), Sally de Haan (Metropolitan Police), Florence Kroll (Director of Children Services), Sarah McClinton (Director of Health and Adult Services)

Apologies for leaving early were given by Councillors Ann-Marie Cousins and Matthew Morrow.

2 Urgent Business

There was none.

3 Declarations of Interest

There were no declarations of interest.

Resolved –

That the list of Councillors' memberships as Council appointed representatives on outside bodies, joint committees and school governing bodies be noted.

4 Minutes

Resolved –

That the Minutes of the meeting of the Health and Wellbeing Board held on 25 July 2023 be agreed and signed as a true and accurate record.

5 The Healthier Greenwich Partnership's Local Care Plan Activity Progress Update

The ICS Director of Operations Greenwich and the Director of Public Health presented the report.

In response to questions from the Board the ICS Director of Operations Greenwich replied that then ten Ambitions were overarching goals and some of the High Impact Activities was not the actual outcome, rather they were an activity on the way to that outcome; the Health Greenwich Partnership was where the specific details went.

The ICS Director of Operations Greenwich explained the reasons cardiovascular disease was chosen for the 100 day challenges was it was an area where there was a primary prevention aim of stopping people getting cardiovascular disease and then a secondary prevention aim of identifying those people who may already have developed it and ensuring they had the right medication, and then there was tertiary aspect of treating who had had a stroke or a heart attack, it was whole care system approach and a key priority for the Healthy Greenwich Partnership. He detailed how the 100 day challenge had operated and added that they were trying to embed the approach going forward. The Director of Public Health added that the 100 day challenge had been used to test out different ways of reaching people who might not present. He commented that many people were unaware that they had high blood pressure until they tested.

In response to questions from the Board, the Director of Public Health replied that the Lung Health Check Programme pilot was a national initiative designed to try to find people with undiagnosed lung cancers early on because once people became symptomatic their outcomes were going to be poor. They were specifically targeting smokers because they were the group at high risk of developing lung cancer. It used the data about smoking status from GP registers to determine who to invite for an initial triage, and he detailed what checks and scans would happen thereafter. The data from the pilots had not been provided yet, but there was already a commitment from the Department of Health for a national programme in the next few years.

Members commented that actual numbers should be stated in the “Risk Breakdown” table when there were risks, and that there should be some key performance indicators in general; the ICS Director of Operations Greenwich indicated that they would re-consider the format.

Members queried whether the government’s proposal to ban younger people over a rolling period from buying cigarettes was challengeable as a potential equality issue. The Director of Public Health suggested that point was likely to have been made as part of the consultation on the proposal. Members noted that retailers already operated age restriction such as with the Challenge 25 scheme but that they would need specific guidance as to how this new proposal was to be successfully operated.

Members commented that menstruation might be a factor in young women dropping out of sports.

Resolved -

That the first progress update on the Healthier Greenwich Partnership’s Local Care Plan 2023-28 be noted

6 Greenwich Suicide Prevention Strategy 2023-2028

The report was presented by the Health and Wellbeing Strategist.

In response to questions from the Board the Health and Wellbeing Strategist explained that the South East London Suicide Bereavement Service was an outreach service and provided a really comprehensive offer and linked in with the Real Time Suicide Surveillance system. Next of kin, and witnesses who were identified by Emergency Services, were also offered support. He replied that some of the more relevant things from the national strategy were included in the local strategy. A commitment of the national strategy was to look at the guide that was issued to local areas, and when received it would

be considered by the suicide prevention partnership. They needed to keep the local strategy dynamic because numbers and understanding could change.

He explained that at an individual level suicide was extremely difficult to predict; the National Institute for Health and Care Excellence had recently clarified that they should not do so as it was unhelpful and could lead to the opposite of the intended effect. He indicated that the aim was to address the determinants and drivers of why people became distressed, and seek to intervene before people got into crisis. Intervention was effective, the problem was identifying when somebody was on track to commit suicide and intervening before then.

He noted that suicide was a much bigger contributor to deaths among younger people because they were not usually dying of other things at that age. He clarified that they had a relationship with Charlton Athletic Community Trust and at present was their best tool for reaching white males. They would try to use business networks; as there was such a number of SME's in the borough that made it a slower process. They did engage with SSAFA the armed forces charity,

The ICS Director of Operations Greenwich advised that the Additional Roles Reimbursement Scheme included provision for mental health practitioners, so there would be some support for those pre-crisis. They were provided by Oxley's but would be working as part of the primary care team so there was no need for a referral. There would not necessarily be someone present every day in every GP practice but they would be part of the team and would help strengthen the response.

Resolved -

That the Greenwich Suicide Prevention Strategy 2023-2028 be agreed

7 Adult Social Care Workforce update

The report was presented by the Adult Social Care Director.

In response to questions from the Board the Adult Social Care Director

The government's new regulations on international recruitment was expected to have an impact on filling vacancies

The local authority was committed to working with the voluntary sector and to looking to develop more trusted assessment type models and to look at how career paths might be further developed. There was a Health & Care Jobs Hub for South East London

The ICS Director of Operations Greenwich commented on the work around the inclusive economy and how it connected with the voluntary sector, and the opportunities to grow people at all levels going into health and social careers

Resolved -

That the update on the Adult Social Care Workforce be noted

8 Feedback from Informal Board Visit - March 2023

9 Feedback from Informal Board Visit - September 2023

Each report was presented by the Director of Public Health. He indicated the intention was to draft a forward plan for the Board meetings, both formal and informal.

Resolved –

That the presentation on the informal visit of the Board to the Targeted Lung Health Check mobile unit, where board members received presentations about a range of work to improve cancer outcomes and to understand the operation of the mobile unit be noted.

Resolved –

That the presentation on the informal meeting of the Board which focused on Public Mental Health and prevention- Social Connection and Suicide Prevention and Service improvement be noted.

The meeting closed at 12.12pm

Chair