PRESENT:
Chair: Councillor Naheed Asghar

Board Members: Councillor Grace Williams
Joe McDonnell (LBWF, Director, Public Health)
Dr Ken Aswani (WFCCG, Clinical Director)
Helen Davenport (WFCCG, Director of Nursing, Quality and Governance)
Althea Bart (Manager, Healthwatch),

Officers in Attendance:
Kim Travis LBWF, Head of Litigation and Public Law
Suzanne Elwick LBWF, Head of Strategic Partnerships
Neil Young LBWF, Strategic Board Coordinator
Jonathan Cox LBWF, Consultant in Public Health
Stella Bailey LBWF, Senior Public Health Strategist
Sally Burns LBWF, Consultant in Public Health
Cath Scholefield LBWF, Assistant Director, Operations – Adult Social Care
Amana Gordon LBWF, Head of Safeguarding and Family Support
Joanna Busz LBWF, Investment and Employment Project Manager
Holly Brogden-Knight LBWF, Democratic Services Officer

Others in attendance:
Sue Boon NELFT, Integrative Care Director – Waltham Forest
Brenda Pratt WFCCG, Associate Director of Health and Social Care
Integration and Better Care Together Programme Lead
Simone James Change Grow Live Waltham Forest, Service Manager
Beverly Gayle Department for Work and Pensions, Relationship Manager – London Boroughs of Havering, Redbridge and Waltham Forest

1. APOLOGIES FOR ABSENCE AND SUBSTITUTE MEMBERS

Apologies for absence were received from Linzi Roberts-Egan (LBWF, Deputy Chief Executive, Heather Flinders (LBWF, Divisional Director Children and Families), David Kilgallon (LBWF, Director of Learning), Anwar Khan (WFCCG, Chair & Health
2. DECLARATIONS OF INTEREST

None.

3. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 12 September 2018 were approved as a correct record and signed by the Chair.

4. DEEP DIVE THEME: MANAGED NETWORK OF CARE AND SUPPORT

Brenda Pratt, Associate Director of Health and Social Care Integration and Better Care Together Programme Lead, introduced the report and gave the board a brief overview of the Managed Network of Care and Support, the progress it had made and the challenges it faced. Ms Pratt described how the Network had been designed by the health care community and various partners had been engaged with its progress over the past three years. The main aim of the Network was to connect residents to the right care and support in the first instance and ensure an individual and person-centred approach to care. It aims to introduce a new tier of provision not in the system traditionally and will be a systemic way of coordinating support built around individual needs. Ms Pratt also described how a single IT system that would manage all referrals into the Integrated Support Offer (ISO) was being worked on that should ensure everything is aligned and that there will be no gaps in provision.

The Chair raised a question around the Wellbeing @ Home team and whether there was an even spread across the borough and what this meant for more deprived areas. Ms Pratt answered that there was flexibility and scope to move the team around the borough to where they were needed. Ms Pratt explained that they were looking to provide a standardised team offer across all three areas within the borough and establish support teams with sufficient team levels, experience and expertise that were sustainable.

Althea Bart, Healthwatch Waltham Forest, had concerns regarding patient involvement and raised questions around the capacity of the voluntary sector to play a role and be engaged with the network. Ms Pratt explained that there would be future engagement at team evaluations which would include forums with resident’s that will lead into the network design. There was then discussion around the complexity around supporting workers in a multi-agency way and what the plans to support multi-agency working were.
There was discussion around employment needs and support and how there was a Department of Work and Pensions (DWP) partnership under development that would help support the core need of employment but would hopefully also recognise other needs, such as training or mental health requirements, and be able to feed back into the network. Beverly Gayle, DWP, stated that there had been discussions as to how the DWP could be more involved but that they needed to be more plugged into what the needs are locally to have a better idea of what a resident requires, so there would be ongoing work to get to that stage.

Joe McDonnell, Director of Public Health, had questions around community provisions, such as charities and church groups, and how they fit into the model and also around if someone had a low level primary care need, where they would fit in the system. Ms Pratt referred to the diagram of services on page 25 agenda pack and to the connecting communities’ circular diagram on page 26 of the agenda pack and explained that social need was part of the system design and there would be managed onward referrals that would look to connect people to wider resources, such as activities and events, within the community.

Dr Ken Aswani praised the network model, but had concerns regarding a risk of lack of uptake and stressed there was a need to ensure the referral system from frontline staff to other community staff will be easy to understand. Ms Pratt stated that there was a small amount of money from the Better Care fund that could be used towards training and education and to help adjust how organisations are structured for integrated care.

There was discussion around how to evaluate the network, the challenge of measuring people’s wellbeing and the potential need to come up with Waltham Forest’s own strength based evaluation model. There was also discussion around timescales and Ms Pratt stated that she believed a year of development would be required to increase the value and visibility of the model.

5. SUICIDE PREVENTION STRATEGY

Sally Burns, Consultant in Public Health, introduced the report and gave an overview of the draft suicide prevention strategy for Waltham Forest and its objectives, which were in line with the national strategy, and asked that the Board endorse it to be used in the Borough. Ms Burns also asked the Board if it could give any steer on work with high risk groups and bereavement support that could be fed into the strategy. Ms Burns explained that a presentation on the draft strategy had already been made to the Health Scrutiny Committee.

Ms Burns then described the current work on mental health in Waltham Forest and also gave an outline of the local picture regarding suicide rates and demographics – notably that the suicide rate in the borough is lower than both the wider London and national average, but that the highest rate of suicide is amongst 40-44 year old men, which is similar to the national trend.

The Chair asked if faith organisations had fed into the strategy. Ms Burns answered that the strategy was well linked with many organisation groups and that faith groups had been communicated with around the development of the strategy, but there was
definitely scope to go further. She also explained that there was an arrangement with the Samaritans, but that, again, there was room for further consultation. Ms Bart suggested that there was significant work that could be done with smaller groups who could need extra engagement and advice due to barriers to accessing support, such as with faith groups that believe suicide to be a crime.

Sue Boon, NELFT, Integrative Care Director – Waltham Forest, suggested that there could be a greater focus on Eastern European communities in the strategy, as they were a high risk group, and had questions around analysis on methods and location of suicide. Ms Burns answered that there were often trends in method which were different based on age. Mr McDonnell explained that there were two clear main methods, hanging and overdose, and that choice of method may go some way to explaining why male suicide figures were higher. He stated that in Waltham Forest there was no clear location. Ms Burns also clarified that most people who commit suicide were not in contact with any services. She also stated that there had been an increase in self-harm reports among younger age groups, so while there were certain demographics that had statistically higher rates of suicide, it was important to not lose focus on other groups also.

Dr Aswani raised a question around follow up from Whipps Cross Hospital when someone presents with attempted suicide to Accident and Emergency (A&E), and what happens next. Ms Boon clarified that there would be a psychological referral immediately after presenting with a suicide attempt, and that this would be available 24 hours a day and assured the Board that there was a tightly followed follow up system in place.

There was discussion around the link with the alcohol and drug strategy and whether substance misuse could be seen as a long term suicide plan. Ms Boon stated that while substance misuse is an important link to risk of suicide, and there will be an increased risk factor of impulsivity, it is prolonged self-harm and is not right to be seen as suicide. Stella Bailey reiterated that there was closely linked work between the suicide prevention strategy and alcohol and drug strategy regarding risk factors but explained that at high levels of substance abuse, suicide may be a consequence, but is generally not intent.

Althea Bart raised a question about mental health first aid training. Ms Burns answered that it was in mental wellbeing plan and discussed the need to make the community more aware of issues surrounding mental health and ensuring they know how to respond. The Chair agreed that without extra funding it was essential to maximise public support.

There was discussion around bereavement support in the borough and London as a whole with a specific emphasis on mental health in schools. It was discussed that while there was a lot of broader work around mental health in schools, there was currently no specific concentration on how young people feel around the topic of suicide. Councillor Grace Williams stated that in regards to suicide prevention there was a need to speak in a way and use terms that young people can understand and suggested that this was potentially something the Life Chances Commission could pick up.
The Chair stated that the Board were happy to endorse the strategy provided that the feedback from the meeting was reflected in the final version.

**Action:** Sally Burns (Consultant in Public Health) to incorporate feedback from the Board discussion, including exploration of support pathways for people who have attempted suicide, and any actions fed into the Mental Wellbeing Task & Finish Group

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6. **JOINT STRATEGIC NEEDS ASSESSMENT**

Jonathan Cox, Consultant in Public Health, introduced the report and provided the Board with an overview of the contents of the Joint Strategic Needs Assessment (JSNA) and described how a number of its documents were undergoing a refresh. He explained that there was now a template being used for work on the chapters to ensure consistency and quality. Mr Cox explained that there had been a programme of work around the development of the JSNA process this year which had been managed by a steering group and that the process was now working more effectively which meant there would be accelerated progress on the remaining chapters. He also explained that they had moved to an in-house digital solution to publishing and were hoping to have some live JSNA content in early 2019.

The Chair raised a question around how it could be ensured that the JSNA will be used by the right people to its full potential. Mr Cox answered that there was ongoing identification of relevant stakeholders and that core stakeholders had added value to the relevant chapters and that any findings had, and would, be taken to the appropriate service areas. The Chair asked about whether there was consistent representation at meetings to which Mr Cox replied that they were getting the engagement and representation needed.

Dr Ken Aswani asked about the usefulness of the JSNA to other partners, specifically around differences in need based on locality and different risks to different population groups. Mr Cox answered that the chapters look to pick up variation in risks and outcomes and look at issues such as inequality and how services respond in different areas. He explained that ongoing intelligence and insight gathering will help them to improve the JSNA. Mr McDonnell further explained that the JSNA is a living document and it would be possible to go back and add, remove and edit parts as it evolves so specific inequalities can be addressed as they are identified.

Helen Davenport raised a question around the inclusion of loneliness support, development and prevention in the JSNA and about what Waltham Forest could expect to see regarding government funding around loneliness. Mr Cox agreed that loneliness needed greater consideration as it was a huge risk factor on morbidity and suggested it could be prioritised. Mr McDonnell stated that loneliness and social isolation had its own chapter and would be picked up at the JSNA steering group. Regarding funding, Ms Pratt answered that there was some money from the IBCF that would go towards reducing isolation. The Chair requested a written response on government funding for loneliness.
The Chair stated she was happy to note the progress of the JSNA.

**Action:** the inclusion of social isolation and loneliness as a separate JSNA chapter to be explored by Joe McDonnell (Director, Public Health) as well as any issues about financial resources and the link to the new Connecting Communities work.

7. **SCORECARD INDICATORS UPDATE**

The Board was given a brief update on where various indicators were on the RAG rating and were informed that the information for Q2 was now included in the report. There was discussion around potential scorecard and indicator development work.

The Chair raised a question around domestic violence referrals and the fact they were marked as red on the Scorecard. Mr McDonnell answered that domestic violence referrals from health services had been discussed recently at SafetyNet and remarked that the number of referrals was lower than expected.

8. **STRATEGIC PRIORITIES: UPDATE ON PROGRESS & PERFORMANCE**

**Children’s Healthy Weight Update**

Sally Burns, Public Health Consultant, gave the Board an update on the progress of the Children’s Healthy Weight Task and Finish Group and its action plan. Ms Burns informed the Board that the National Child Measurement Programme (NCMP) had a very high uptake in the borough and stated that this showed that levels of childhood obesity are very high in Waltham Forest – 23% versus 22% nationally in reception and 39% versus 34% in year six. Ms Burns stated that this was clearly a challenge for the task and finish group in itself and covered further challenges to the action plan, such as the lack of capacity within the dietetic team to work on weight management programmes with young people, and the limited uptake of the boroughs Play Street scheme.

Ms Burns highlighted the need for the childhood obesity strategy and action plan to be reviewed in 2019 and covered two pieces of ongoing work that may provide opportunities to tackle the problems faced; a school ‘super-zones’ project pilot and putting in a bid for the childhood obesity trailblazer programme grant.

The Chair raised a question regarding the need for 1:1 sessions with the dietetic team. Ms Burns responded that group work was currently being looked into which would hopefully improve capacity issues.

The Chair stated that the Play Streets scheme would be a missed opportunity if it was not utilised especially with the current emphasis on Borough of Culture and how that could play into the narrative. Councillor Grace Williams agreed and stated that there was much more Waltham Forest could do with both and to promote Play Streets. Councillor Williams further discussed the Life Chances Commission and
how it could be key to improving child obesity levels through collaborative work with parents, schools and wider partners.

**Alcohol and Drugs**

Stella Bailey, Senior Public Health Strategist, introduced the report. Ms Bailey described how there was a high level of unmet need in Waltham Forest, based on the number of drug and alcohol dependent users actually using treatment versus estimates. Ms Bailey also described how when the service model changed to an integrated system there was a drop off in referrals, especially alcohol related.

A question was raised around how the integrated service was seen by alcohol and drug users and to what extent there was a correlation between the integration of services and drop off of use nationally. Simone James, Service Manager Change Grow Live Waltham Forest, answered that the integrated system was a change in culture and meant more partnership working. Regarding the perception of the service, Ms James answered that it was difficult to answer regarding the correlation to the drop off in referrals, but it had been seen nationally, not just in the Borough. Ms James discussed the stigma surrounding drug use and suggested this may have affected the number of alcohol users choosing to use an integrated service.

Dr Ken Aswani raised a question around whether the correct pathways were being used by practitioners and whether this was due to a lack of awareness from A&E departments and also GPs and a lack of familiarity with the referral letter. Ms James answered that there was actually a high referral rate from A&E departments and strong links between staff, but that attendance from those referrals was low. Ms Bailey added that there was ongoing work with A&E on a model that included in house alcohol liaison, and also work to raise the profile and get information out regarding the referral system.

Sue Boon raised a question around the data in the graph on page 117 of the agenda pack and whether it had been mapped against investment to see if there was a correlation. Mr McDonnell answered that there had been savings made in 2015, which correlated to the drop off. Ms Boon suggested that investment should therefore be acknowledged as a potential factor to the lower rate of referrals.

**Action:**
The issue of low referral rates is to be referred to the Alcohol and Drug Steering Group as a key part of its work as one of the Board key priority areas. Part of this work to be Stella Bailey (Senior Public Health Strategist), Brenda Pratt (WFCCG, Associate Director of Health and Social Care Integration and Better Care Together Programme Lead), CGL and a representative from the WFCCG to speak about the Managed Network of Care. As part of this work, CLG will share data about referrals from accident and emergency departments.

9. **ANNUAL REPORT: UPDATE ON PROGRESS**

Neil Young, Strategic Board Coordinator, informed the Board that the annual report was, apart from some work on examples around sub-committees, near completion.
Mr Young also informed the Board that there was work looking into changing the way the annual report is prepared.

10. BOARD DEVELOPMENT WORK UPDATE

Mr Young stated that a paper with information and thoughts on development work for the Board was in progress, and would be ready and taken to the Board at the March 2019 meeting.

11. UPDATE ON CROSS-CUTTING WORK

Suzanne Elwick, Head of Strategic Partnerships, gave the board a brief verbal update on cross-cutting work. Ms Elwick discussed the recent Safeguarding Adults Review undertaken by the One Panel, which had a focus on the multi-agency approach to a current case of ‘cuckooing’. A panel was in place to review the findings, but it was explained that a criminal case was still ongoing so the review could not be published until that had closed, hopefully by February 2019.

Ms Elwick also informed the Board of a serious case review that was in progress and would be going to the Safeguarding Children Board in February 2019.

Ms Elwick also briefly covered work being done on modern slavery and self-neglect. Ms Elwick discussed the Bite size guides on issues that would be available on the Waltham Forest Strategic Partnerships website and urged the Board to sign up to the spotlights bulletin.

12. ITEMS FOR THE NEXT MEETING

It was suggested that an update from the NHS London Estates Board comes to the March meeting.

13. MESSAGE FROM THE BOARD

The Chair asked the Board to think about what it had achieved and expressed that she felt, through the development work the Board had undertaken recently, that they were now clearer on sharing visions and beneficial expertise. The Board felt that there was more to be done around loneliness and regarding publicising changes and developments around social care to residents. The Board appreciated the challenges around an integrated system approach and felt that working towards a holistic service was the way forward, but that there was more to be asked regarding how partners could support us. The Board also discussed how it may work going forward – whether this may be to continue to target a wide variety of topics, or whether it would be more efficient to focus its time and energy into one or two elements that may reap greater results.
The Chair then asked if there was any other business. Ms Bart informed the Board of an ongoing piece of work around urgent care which she hoped to provide a report on in April 2019. This would include a deep dive into mental health and housing. The Chair fully supported this work and asked in what way the Board could support it. Ms Bart stated that she appreciated the cooperation.

The meeting closed at 1.00 pm

Chair's Signature

Date