

Overview and Scrutiny



Healthier Communities Select Committee Supplementary Agenda

Monday, 21 June 2021

7.30 pm, Council Chamber, Civic Suite - the public are welcome to observe via the Council's website at <https://lewisham.public-i.tv/core/portal/home>

Catford

London SE6 4RU

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Part 1

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Healthier Communities Select Committee

Report title: Lewisham Health & Care Partners System Recovery Plan

Date: 11th June 2021

Key decision: No.

Class: Part 1

Ward(s) affected: All

Contributors:

John Bardens, Scrutiny Manager;

Amanda Lloyd, System Transformation and Change Lead;

Sarah Wainer, Director of System Transformation.

Outline and recommendations

This report provides an update on several areas highlighted in the Health and Care System recovery plan which was presented to the Committee on 23 September 2020. A presentation on Wave 2 of Covid 19 will also be given by Ben Travis, the Chief Executive of Lewisham and Greenwich NHS Trust. Other health and care partners will attend the meeting to answer any questions concerning recovery that Committee members may raise.

Members of the Healthier Communities Select Committee are recommended to note the updates on Lewisham's health and care system recovery and the plans for a full review of the recovery plan.

Reasons for lateness and urgency

This report was not published with the original agenda despatch and has not been available for five clear days before the meeting. This was to allow officers to provide the Committee with the most up to date information. The report is urgent and cannot wait to the next meeting of the Committee because the health and care recovery plans are a crucial consideration in the formation of the committee's work programme for the year ahead.

1. Summary

- 1.1. The purpose of this paper is to provide Members of the Healthier Communities Select Committee with an update on the recovery of the Lewisham health and care system which has been significantly affected by Covid-19.
- 1.2. The Health and Care System Recovery Plan outlined the plans for recovery and stabilisation of health and care services across the borough; detailed the learning and the impact of Covid-19 on the population and the system as known at that point; and set out the health and care priorities for the next 18 months.

2. Recommendations

- 2.1. Members of the Healthier Communities Select Committee are recommended to note the updates presented here and the further plans for updating the health and care system recovery plan.

3. Policy Context

- 3.1. The Council's *Corporate Strategy 2018-2022* outlines the Council's vision to deliver for residents over the next four years and includes the following priority relevant to this item:

Delivering and defending: health, social care and support - Ensuring everyone receives the health, mental health, social care and support services they need.
- 3.2. In 2019, Our Healthier South East London partnership set out its response to the Long Term Plan for the NHS, the London Vision and the opportunities presented by being London's first Integrated Care System (ICS). These plans included transforming the experience and outcomes of care, and reforming the way services are planned, commissioned and delivered. A new merged South East London CCG (SEL CCG) was also created in April 2020.
- 3.3. Since March 2020, the CCG and local providers have worked with local authorities and other partners to control and respond to the spread of COVID-19, including rapidly increasing critical care capacity and enhancing joint work across health and care.
- 3.4. Building on existing local plans, the SEL ICS remains focused on the development of better person-centred, co-ordinated care and addressing the impact of Covid 19. This includes addressing the disproportionate impact across different parts of society including BAME communities, people living in areas of deprivation, older people and those with existing health conditions, as well as the broader effects of lockdown on the mental and physical health of children and young people, and neighbourhoods and communities.
- 3.5. Building on progress and learning since March 2020, and reflecting Lewisham's local priorities, the SEL ICS has committed to:
 - Working with staff and communities to keep each other safe
 - Taking practical steps to address existing and new inequalities
 - Supporting people to stay healthy and well at all stages of life
 - Restoring services and "locking-in" beneficial changes
 - Developing high-quality, joined-up and sustainable health and care systems
- 3.6. In February 2021, the Department of Health and Social Care published legislative proposals for a Health and Care Bill which will put integrated care systems on to a statutory footing, including taking on the functions of CCGs with

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expectation implementation of 1st April 2022.

4. Background

- 4.1. The Health and Care System Recovery Plan set out Lewisham's approach to manage the recovery over an 18 month period, and formed an integral part of both the Lewisham Borough COVID Recovery Plan and SEL CCG's COVID Recovery Plan.
- 4.2. In developing the recovery plan, wide-ranging engagement took place with users and carers which informed the content of the plan and the subsequent approach to implementation and delivery.
- 4.3. The Health and Care System Recovery Plan was submitted to the Mayor and Cabinet on 16 September 2020, to the Clinical Commissioning Group's Borough Based Board on 22 September 2020 and to Members of the Healthier Communities Select Committee on 23 September 2020.
- 4.4. Progress reports on the system recovery were presented to Lewisham Health and Care Partners and the Borough Based Board on 3 and 24 November 2020. Implementation of the recovery plan is reflected in service delivery plans and progress is reported regularly to the partnership and borough based boards.
- 4.5. During COVID waves 1 and 2, Lewisham experienced three lockdown periods. Health and care partners have worked hard to keep services available and mitigate the worst impacts of COVID and lockdown, and have been reviewing lessons learned throughout.

5. Health and Care recovery update

- 5.1. Information and updates on specific areas that may be of particular interest to Committee Members are summarised below:
- 5.2. **Acute and Community Services**
 - 5.2.1. The Chief Executive of Lewisham and Greenwich NHS Trust, Ben Travis, will provide a report at this meeting. A summary covering his key points is set out here:
 - 5.2.2. Acute and community services adapted rapidly to the two waves of covid, significantly expanding critical care capacity, redeploying staff to high pressure areas, pausing non urgent work, redesigned clinical pathways and worked closely with health and care partners to manage demand.
 - 5.2.3. Lewisham and Greenwich NHS Trust (LGT) is making good progress against its recovery plan, focusing in particular on elective recovery and treating long waiters. Currently 2,600 patients have been waiting over 52 weeks. Patients are being contacted, their clinical priority is being reviewed and LGT is working closely with others across SEL to share capacity.
 - 5.2.4. LGT has made changes to delivery of services including managing infection control, maintaining some virtual appointments and putting plans in place for future waves
 - 5.2.5. Demand for emergency attendances is back to pre-covid levels
 - 5.2.6. LGT has a plan in place to manage the increased demand for blood testing services (40% increase in demand since April 2021) including increasing capacity and developing an online booking system.
- 5.3. **COVID-19 vaccinations**
 - 5.3.1. COVID-19 vaccination has been progressing well in Lewisham and the

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programme is being overseen by a Lewisham Borough COVID-19 Vaccination Group chaired by the Director of Public Health, Dr Catherine Mbema and has representation from Primary Care Networks, South East London CCG, Lewisham and Greenwich Trust, and Lewisham Council. The Group ensures that there is steady progress against the Borough Vaccination Plan that aims to achieve high levels of COVID-19 vaccination uptake in all eligible vaccination cohorts according to Joint Committee for Vaccination and Immunisation (JCVI) guidance and reduce inequalities in vaccination uptake among Lewisham communities.

- 5.3.2. The evidence-based plan outlines action under 4 main categories: Working in Partnership, Data and Intelligence, Removing Barriers to Access and Conversations and Engagement. The plan is updated on a monthly basis to incorporate the latest guidance, learning and insights regarding vaccination. The plan also has specific areas of action outlined to maximise uptake in care home staff and residents and among our Black, Asian and Minority Ethnic Communities.
- 5.3.3. To date there have been very strong examples of collaboration, community outreach and innovation to ensure that we are providing the most up to date information and access to COVID-19 vaccination to Lewisham residents. These examples include:
- The development of a Lewisham COVID-19 vaccination call-back service for Lewisham residents to book a confidential call with a healthcare professional to answer any questions about COVID-19 vaccination.
 - Several community pop-up events including events at Lewisham Islamic Centre, New Testament Church of God in Lee, Evelyn Community Store, and Besson Street Community Garden in New Cross.

5.4. **Black, Asian and Minority Ethnic Health Inequalities and COVID-19**

- 5.4.1. The Lewisham Health and Wellbeing Board is continuing to prioritise tackling health inequalities in Black, Asian and Minority Ethnic residents in Lewisham, particularly in light of the disproportionate impact that COVID-19 has had on Black and Asian communities.
- 5.4.2. During the pandemic the Health Inequalities working group of the Health and Wellbeing Board has developed a specific work stream around COVID-19 to drive forward action in the following areas:
- 5.4.3. COVID-19 communications and engagement with Black, Asian and Minority Ethnic residents through the development of the Lewisham COVID-19 Community Champion programme.
- 5.4.4. Data collection around COVID-19 deaths where we now locally collect ethnicity data the time of death registrations.
- 5.4.5. Overseeing the collaborative work that Lewisham is undertaking with Birmingham City Council to perform an in-depth review of health inequalities in Black African and Black Caribbean residents in Birmingham and Lewisham. This review has now started and is due to complete in 2022:
<https://lewisham.gov.uk/myservices/socialcare/health/improving-public-health/birmingham-and-lewisham-african-and-caribbean-health-inequalities-review>

5.5. **Mental Health Services**

- 5.5.1 Mental Health Community services have been increasing the proportion of face to face contacts based on the levels of need of their clients, clients with

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complex needs are prioritised for direct face to face support and individuals with lower levels of need are offered virtual contact through video conferencing or telephone contact.

- 5.5.2 Crisis pathways within the Borough are fully operational and support all clients through direct face to face contact. The Borough's mental health bed use reduced during the initial lockdown phase but has been rising slowly over the past year back to pre-covid levels of occupancy and use.
- 5.5.3 Lewisham Mental Health Adult Services continue to meet the national performance standards outlined in the NHS Long Term Plan.
- 5.5.4 The Lewisham Mental Health Alliance became a formal all-age Alliance (CAMHs, Working Age Adult services, Mental Health Older Adult services) in April 2021. The Alliance is now the primary borough based planning, development and delivery forum for Mental Health services in the borough and is based on overriding principle that we apply collective effort to address our borough mental health needs.
- 5.5.5 Addressing health inequalities remains a key objective and priority for the Mental Health Alliance. Insight work to gather a greater understanding of how Alliance partners can improve the access, experience and outcomes of our Black African and Caribbean ethnic groups within Mental Health Services has been completed and the findings of the study are being considered for action.

5.6 Primary Care

- 5.6.1 During the last 12 months General Practice has responded to the pandemic with flexibility and fluidity to ensure an on-going service. This has enabled General Practice to manage challenges such as infection control, workforce issues, supporting acute colleagues and rapidly learning new ways of working.
 - 5.6.2 There has been significant collaborative and at scale working to deliver, for example, hot covid sites, remote monitoring, virtual consultation, effective triage and of course the covid vaccination programme. General Practice continues to learn from the Covid experience - what worked well and what didn't. However General Practice is also aware that the pandemic has highlighted and generated new needs – health inequalities, access challenges specifically related to digitalized care, delayed proactive long-term care, preventative care such as screening and immunisations.
 - 5.6.3 As part of the recovery of primary care, General Practice wants to ensure the right contact for patients is available, be that face-to-face consultations or digital access; to provide Covid safe environments; to implement effective safe triage to manage demand and improve access; to work with local pharmacies to manage minor ailments; and to reintroduce with other health care partners, services previously hosted in the community – eg physiotherapy, midwifery, heart failure support.
- 5.7 Representatives from Primary Care, Public Health, Lewisham and Greenwich NHS Trust, Mental Health Commissioning and South London and Maudsley NHS Trust will attend the Healthier Communities Select Committee to respond to any questions Members may have.

6. Review of recovery plan

- 6.1. The original plan from September 2020 was intended to cover an 18 month period. Partners agreed to review the plan regularly to ensure that operational plans and associated activity appropriately underpinned the priorities set out in the plan and that resources had been identified and aligned.

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- 6.2. However, following the 2nd COVID wave, health and care partners agreed that a full review of the Recovery Plan was now needed, to reflect further learning and new ways of working that had been adopted across the system.
- 6.3. Accordingly, a working group has been convened to review the original priorities, commitments and associated activity and update as necessary.
- 6.4. The review is expected to be completed by end July 2021.

7. Financial implications

- 7.1. There are no direct financial implications arising from the implementation of the recommendations in this report.

8. Legal implications

- 8.1. There are no direct legal implications arising from the implementation of the recommendations in this report.

9. Equalities implications

- 9.1. The Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 9.2. The Council must, in the exercise of its functions, have due regard to the need to:
 - eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
 - advance equality of opportunity between people who share a protected characteristic and those who do not.
 - foster good relations between people who share a protected characteristic and those who do not.

10. Climate change and environmental implications

- 10.1. There are no direct climate change or environmental implications arising from the implementation of the recommendations in this report.

11. Crime and disorder implications

- 11.1. There are no direct crime and disorder implications arising from the implementation of the recommendations in this report.

12. Health and wellbeing implications

- 12.1. The recovery plan set out in detail the health and wellbeing implications of Covid-19 and the action that health and care partners are taking to address these.

13. Report contact

- 13.1. *John Bardens, Scrutiny Manager, john.bardens@lewisham.gov.uk 020 8314 9976*

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