

Healthier Communities Select Committee Agenda

Tuesday, 4 September 2018
7.30 pm, Committee Room 3
Civic Suite
Catford
SE6 4RU

For more information contact: John Bardens (02083149976)

Part 1

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Healthier Communities Select Committee Members

Members of the committee, listed below, are summoned to attend the meeting to be held on Tuesday, 4 September 2018.

Ian Thomas, Chief Executive
Tuesday, 28 August 2018

Councillor John Muldoon (Chair)	
Councillor Coral Howard (Vice-Chair)	
Councillor Peter Bernards	
Councillor Juliet Campbell	
Councillor Carl Handley	
Councillor Octavia Holland	
Councillor Sue Hordijkeno	
Councillor Sakina Sheikh	
Councillor Bill Brown (ex-Officio)	

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday 27 June 2018, 7.30pm

Present: Councillors John Muldoon (Chair), Coral Howard (Vice Chair), Sue Hordijkeno, Peter Bernards, Juliet Campbell, Carl Handley, Octavia Holland, Sakina Sheikh and Bill Brown (Chair of Overview and Scrutiny).

Apologies: Georgina Nunney (Principal Lawyer).

Also Present: Fiona Kirkman (Prevention and Early Intervention Lead), James Lee (SGM, Prevention, Inclusion and Public Health Commissioning), Alison White (Lead Nurse, Women's and Sexual Health, Lewisham and Greenwich NHS Trust) and Catherine Moniz (Matron, Sexual and Reproductive Health, Lewisham and Greenwich NHS Trust), Dee Carlin (Head of Joint Commissioning), Nigel Bowness (Healthwatch), and John Bardens (Scrutiny Manager).

1. Confirmation of the Chair and Vice-Chair

John Bardens (Scrutiny Manager) opened the meeting and asked Members to confirm the appointment of the Chair and Vice-Chair.

Resolved: that Councillor John Muldoon be confirmed as the Chair and Councillor Coral Howard be confirmed as the Vice-Chair of the Select Committee.

2. Minutes of the meeting held on 6 March 2018

Resolved: the minutes of the last meeting were agreed as a true record.

3. Declarations of interest

There were no declarations of interest.

4. Responses from Mayor and Cabinet

Fiona Kirkman (Prevention and Early Intervention Lead), introduced the Mayor and Cabinet response to the committee's in-depth review of social prescribing. The following key points were noted:

- 4.1 The committee noted that the council's work on social prescribing may have some financial implications if it is to work effectively.
- 4.2 The scrutiny manager informed the committee that an update on the Mayor and Cabinet response to the recommendations is due in December.

Resolved: the committee noted the response.

5. Sexual and reproductive health services

James Lee (SGM, Prevention, Inclusion and Public Health Commissioning), Alison White (Lead Nurse, Women's and Sexual Health, LGT) and Catherine Moniz (Matron, Sexual and Reproductive Health, LGT) introduced the report. The following key points were noted:

- 5.1 Officers outlined the proposed changes to the opening hours of the Sexual and Reproductive Health (SRH) service provided by Lewisham and Greenwich Trust (LGT), as set out in detail in the agenda papers.
- 5.2 The SRH service is currently stretched and clinics often reach capacity before their stated closing time. Consolidating service provision would allow the clinics to be staffed with enough people with the right skill mix.
- 5.3 The changes are intended to maximise clinical time and increase access. If the Sydenham service is removed, more comprehensive services will be offered elsewhere.
- 5.4 Commissioners are satisfied that the proposed changes will improve clinical outcomes and are happy for the changes to proceed with staff consultation. It is better to have fully staffed clinics open all the time. It cuts out the confusion with different opening hours on different sites.
- 5.5 There is no trial period for the proposed changes, as any impact would take a long time to notice, but they would nonetheless be kept under constant review. A delay in service change to carry out a public consultation would not be a justifiable use of resources.
- 5.5 A survey was carried out over four weeks with young people attending the Sydenham and Downham outreach sites. 57 people were surveyed, which likely represented all service users over the four weeks the survey ran.
- 5.6 The proposed changes will be communicated using posters and various websites (including those targeted specifically at young people). The overall Lewisham, Southwark and Lambeth sexual health strategy will include a communications and engagement strategy.
- 5.7 The committee raised a number of questions and concerns about how the changes would be communicated to service users. The committee queried whether there would be any communications targeted at young women and girls, given their greater representation among service users.
- 5.8 The committee noted that it is important that the proposals are taken forward quickly and that a long public consultation would cause significant delay. The

committee also noted the importance of communicating the changes effectively and following up to assess their impact.

- 5.9 The committee noted that data on sexual orientation in the Equality Impact Assessment did not appear to follow the NHS standard, using the word “homosexual”.

Resolved: the committee noted the report and resolved to refer its views to the Health and Wellbeing Board:

The committee notes the proposed changes to the opening hours of the Sexual and Reproductive Health service and appreciates the importance of making the changes without unnecessary delay. However, during discussions on the proposals, members of the committee expressed a number of queries and concerns about how service users would be made aware of the changes, if agreed, particularly those service users who may currently consider attending the outreach service at the Sydenham Green Group Practice, which would no longer be available following the proposed changes. The Committee therefore seeks further information about the plans for communication and engagement with service users in order to be reassured that the changes will be communicated as effectively as possible and avoid any negative impact on access to sexual and reproductive health services among service users.

6. Select Committee work programme

John Bardens (Scrutiny Manager) introduced the draft committee work programme for 2018/19. The committee made the following comments and suggestions:

- 6.1 To include an item to review how the council assesses applications for Blue Badge disabled parking permits.
- 6.2 To include a written update on progress with latent tuberculosis testing and treatment in the borough.
- 6.3 To consider a potential in-depth review into the cost of residential social care and the alternatives to expensive private residential social care once the government green paper on social care has been published in the autumn.
- 6.4 To include an item on the outcome of the latest CQC inspection of South London and Maudsley NHS Foundation Trust. The final report of the inspection is expected in early 2019.
- 6.5 Members agreed that committee meetings would start at 7.30pm unless there is a particularly busy agenda, in which case the start time would be 7pm.

Resolved: the Committee agreed the work programme for 2018/19.

7. Referrals

Resolved: The committee agreed to refer its views on item 5, Sexual and Reproductive Health services, to the Health and Wellbeing Board:

The committee notes the proposed changes to the opening hours of the Sexual and Reproductive Health service and appreciates the importance of making the changes without unnecessary delay. However, during discussions on the proposals, members of the committee expressed a number of queries and concerns about how service users would be made aware of the changes, if agreed, particularly those service users who may currently consider attending the outreach service at the Sydenham Green Group Practice, which would no longer be available following the proposed changes. The Committee therefore seeks further information about the plans for communication and engagement with service users in order to be reassured that the changes will be communicated as effectively as possible and avoid any negative impact on access to sexual and reproductive health services among service users.

The meeting ended at 21.25pm

Chair:

Date:

Healthier Communities Select Committee		
Title	Declaration of interests	
Contributor	Chief Executive	Item 2
Class	Part 1 (open)	4 Sept 2018

Declaration of interests

Members are asked to declare any personal interest they have in any item on the agenda.

1. Personal interests

There are three types of personal interest referred to in the Council's Member Code of Conduct:

- (1) Disclosable pecuniary interests
- (2) Other registerable interests
- (3) Non-registerable interests

2. Disclosable pecuniary interests are defined by regulation as:-

- (a) Employment, trade, profession or vocation of a relevant person* for profit or gain
- (b) Sponsorship – payment or provision of any other financial benefit (other than by the Council) within the 12 months prior to giving notice for inclusion in the register in respect of expenses incurred by you in carrying out duties as a member or towards your election expenses (including payment or financial benefit from a Trade Union).
- (c) Undischarged contracts between a relevant person* (or a firm in which they are a partner or a body corporate in which they are a director, or in the securities of which they have a beneficial interest) and the Council for goods, services or works.
- (d) Beneficial interests in land in the borough.
- (e) Licence to occupy land in the borough for one month or more.
- (f) Corporate tenancies – any tenancy, where to the member's knowledge, the Council is landlord and the tenant is a firm in which the relevant person* is a partner, a body corporate in which they are a director, or in the securities of which they have a beneficial interest.
- (g) Beneficial interest in securities of a body where:
 - (a) that body to the member's knowledge has a place of business or land in the borough;

(b) and either

- (i) the total nominal value of the securities exceeds £25,000 or 1/100 of the total issued share capital of that body; or
- (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person* has a beneficial interest exceeds 1/100 of the total issued share capital of that class.

*A relevant person is the member, their spouse or civil partner, or a person with whom they live as spouse or civil partner.

3. Other registerable interests

The Lewisham Member Code of Conduct requires members also to register the following interests:-

- (a) Membership or position of control or management in a body to which you were appointed or nominated by the Council
- (b) Any body exercising functions of a public nature or directed to charitable purposes, or whose principal purposes include the influence of public opinion or policy, including any political party
- (c) Any person from whom you have received a gift or hospitality with an estimated value of at least £25

4. Non registerable interests

Occasions may arise when a matter under consideration would or would be likely to affect the wellbeing of a member, their family, friend or close associate more than it would affect the wellbeing of those in the local area generally, but which is not required to be registered in the Register of Members' Interests (for example a matter concerning the closure of a school at which a Member's child attends).

5. Declaration and Impact of interest on members' participation

- (a) Where a member has any registerable interest in a matter and they are present at a meeting at which that matter is to be discussed, they must declare the nature of the interest at the earliest opportunity and in any event before the matter is considered. The declaration will be recorded in the minutes of the meeting. If the matter is a disclosable pecuniary interest the member must take no part in consideration of the matter and withdraw from the room before it is considered. They must not seek improperly to influence the decision in any way. **Failure to declare such an interest which has not already been entered in the Register of Members' Interests, or participation where such an interest exists, is liable to prosecution and on conviction carries a fine of up to £5000**
- (b) Where a member has a registerable interest which falls short of a disclosable pecuniary interest they must still declare the nature of the interest to the meeting at the earliest opportunity and in any event before the matter is considered, but they may stay in the room, participate in

consideration of the matter and vote on it unless paragraph (c) below applies.

- (c) Where a member has a registerable interest which falls short of a disclosable pecuniary interest, the member must consider whether a reasonable member of the public in possession of the facts would think that their interest is so significant that it would be likely to impair the member's judgement of the public interest. If so, the member must withdraw and take no part in consideration of the matter nor seek to influence the outcome improperly.
- (d) If a non-registerable interest arises which affects the wellbeing of a member, their, family, friend or close associate more than it would affect those in the local area generally, then the provisions relating to the declarations of interest and withdrawal apply as if it were a registerable interest.
- (e) Decisions relating to declarations of interests are for the member's personal judgement, though in cases of doubt they may wish to seek the advice of the Monitoring Officer.

6. Sensitive information

There are special provisions relating to sensitive interests. These are interests the disclosure of which would be likely to expose the member to risk of violence or intimidation where the Monitoring Officer has agreed that such interest need not be registered. Members with such an interest are referred to the Code and advised to seek advice from the Monitoring Officer in advance.

7. Exempt categories

There are exemptions to these provisions allowing members to participate in decisions notwithstanding interests that would otherwise prevent them doing so. These include:-

- (a) Housing – holding a tenancy or lease with the Council unless the matter relates to your particular tenancy or lease; (subject to arrears exception)
- (b) School meals, school transport and travelling expenses; if you are a parent or guardian of a child in full time education, or a school governor unless the matter relates particularly to the school your child attends or of which you are a governor;
- (c) Statutory sick pay; if you are in receipt
- (d) Allowances, payment or indemnity for members
- (e) Ceremonial honours for members
- (f) Setting Council Tax or precept (subject to arrears exception)

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Healthier Communities Select Committee		
Report Title	Public health grant cuts consultation	
Ward	All	Item No. 4
Contributors	Executive director for community services	
Class	Part 1	Date: 4/9/18

1. Summary and Purpose of the Report

The government will be making a further cut to the Public Health grant to local authorities for 2019/20. In Lewisham the grant is £24,325,000 for 2018/19 and the cut will be £642,000. The purpose of this report is to appraise the Healthier Communities Select Committee of work undertaken and consultation to date to identify proposals to balance this cut, and to describe the planned approach to further consultation on these proposals.

2. Recommendations

The Committee is recommended to review, note and comment upon the consultation to date, the proposals outlined and further plans for consultation.

3. Background

- 3.1 The Health and Social Care Act (2012) transferred the bulk of public health functions to local authorities. The Council is responsible for delivering public health outcomes through commissioning and building partnerships within the borough, region and city.
- 3.2 In the Spending Review and Autumn Statement 2015 the government announced an in-year cut to the ring-fenced Public Health grant, with further cuts for each subsequent year to 2019/20. In Lewisham the grant is £24,325,000 for 2018/19 and the cut for 2019/20 will be £642,000. This will reduce the grant for 2019/20 to £23,683,000 and take the total cuts to date to £3,985,000.

4. Proposal Development and Consultation approach

- 4.1 The proposals were developed using a marginal benefit comparison process led by Dr. Danny Ruta, Lewisham Director of Public Health. Public Health specialists for each area exemplified cuts and their impacts on Public Health outcomes. A process of prioritisation led by Dr. Ruta was then undertaken to identify and order the cuts with the lowest impact.
- 4.2 Officers have consulted with the Lewisham Interim Joint Commissioning Group, internally at Community Services and Children and Young People's Directorate Management Teams, and externally with Lewisham Healthwatch and commissioned providers. Updated proposals following this engagement are outlined below.
- 4.3 Officers propose to consult the public and wider stakeholders through the Council's Citizen Space platform for a period of ten weeks, as part of an overall 15 week process. This will include a full equalities analysis, and work with partners including Lewisham and Greenwich NHS Trust (LGT) and Lewisham Clinical Commissioning Group to

understand impacts elsewhere in the local health system. Targeted focus groups will also be undertaken with service users in Substance Misuse and Health Visiting.

- 4.4 Lewisham Healthwatch will offer support to individuals and groups as required to ensure equity of access.

5. Proposal areas

- 5.1 In developing proposals to balance the cut from central government, officers focussed on as far as possible protecting already stretched frontline services from additional cuts.
- 5.2 As a result of the above process a number of reductions were identified in staffing and commissioning arrangements totalling £106,400.
- 5.3 On 22 November 2016 the Executive Director of Resources and Regeneration gave approval to negotiate directly with LGT to provide sexual health services in Lewisham through a waiver of the contract procedure rules (single tender action). The contract was awarded February 9th 2017, and implemented the Integrated Sexual Health Tariff (ISHT).
- 5.4 To support LGT with the transition to ISHT, interim payments were agreed as part of this contract award. The tapering off of these payments across the life of the contract, and the implementation of ISHT across London, will result in a cost reduction of £192,294. Any proposed service changes following this will be consulted on separately, as with the realignment of primary care delivery agreed by the Healthier Communities Select Committee on 27 June 2018
- 5.5 Further proposals totalling £343,306 were considered to be significant service reductions requiring consultation.

6. Proposals for consultation.

- 6.1 Proposals are outlined below. The consultation will aim to appraise the public, service users and stakeholders of the range of activity in these service areas, to ask them about their priorities and experiences in order to inform the development of final proposals.
- 6.2 A £10,000 (10%) reduction in the grants available for Neighbourhood Community Development partnerships (NCDPs)
 - 6.2.1 In February 2017 LB Lewisham developed a Community Development Charter which outlines a partnership approach to community development and builds on current neighbourhood and borough-wide assets and networks by the creation of four Neighbourhood Community Development Partnerships (NCDPs). The partnerships bring together all the relevant voluntary and community sector partners as well as statutory services in each Neighbourhood to identify local health and wellbeing priorities as well as local resources and community assets to address them.
 - 6.2.2 Public Health has provided £100,000 to support grants to voluntary and community organisations in all of the four NCDPs. The grants have supported a variety of projects that promote health and wellbeing for local residents. These include befriending groups, community gardens, a soup kitchen, holiday at home schemes, storytelling and dance workshops, physical activity sessions

and a Fit Bus scheme. The funding was distributed using a community based participatory budgeting process.

- 6.2.3 Officers will consult on whether this should be evenly distributed across the 4 neighbourhood partnerships or targeted to those residents with the greatest health and wellbeing needs.
- 6.3 A £10,000 (5.8%) reduction in funding for the Community Nutrition and Physical Activity service delivered by GCDA (Greenwich Co-operative Development Agency).
- 6.3.1 This borough-wide service supports communities to become healthier and more resilient through delivery of initiatives such as cookery courses, physical activity sessions and the healthy walks programme, to working with food businesses to make their food healthier. The community development approach supports individuals, groups and organisations to promote healthy lifestyles and the service offers support, training and mentoring for community groups and organisations to deliver local healthy eating and physical activity initiatives
- 6.3.2 Consultation will focus on residents' priorities in this area, and the balance and targeting of delivery supporting individuals or community organisations.
- 6.4 A reduction of £127,000 (3%) in funding for substance misuse. The main services are delivered by Change, Grow, Live (GCL) and Blenheim CDP. Both provide a range of interventions targeted at patients and family members suffering from substance misuse.
- 6.4.1 CGL run the main complex needs service in the borough which assesses and triages all those presenting with a substance misuse or alcohol need. Service users receive a systematic assessments for an appropriate pharmacological therapy for opiate dependence and commencement of dose titration within 24 hours of presentation. In addition to this there are a range of specialist elements within the service designed to meet specific needs:
- Hospital Liaison Service. The service works across all local hospitals i.e. GSTT, Kings and LGT to support services users that are treatment naïve, frequent attenders and those with complex needs
 - Criminal Justice Liaison. This service works includes a worker located in Lewisham Metropolitan Police custody suite, a worker based in Lewisham National Probation Service (NPS) and Community Rehabilitation Company(CRC) that attends court one day per week, a prison liaison in-reach worker and 2 Criminal Justice Practitioners that deliver interventions/groups within service
 - Mental Health Services (Dual Diagnosis & Psychological Support). The service aims to enhance the delivery of intervention to service users with co-existing mental health and substance misuse/alcohol issues
 - Outreach Service and Homeless Support Service. The service provides a dynamic and proactive outreach service to engage with a range of individuals who have adopted a 'street lifestyle' including rough sleepers, beggars, service users involved in prostitution and street drinkers with a view to engaging them in appropriate services and move them into a more settled lifestyle

- Club Drug & Stimulant Support. The service supports a number of individuals using New Psychoactive Substances (Legal Highs), Club Drugs and Crack or Cocaine users
- Residential Rehabilitation and Inpatient Detoxification and Stabilisation
- Parents/Carers. The service provides support for carers/parents and significant others of adult drug and alcohol users.
- Work with pregnant individuals in partnership with ante/post-natal services to ensure optimum care.

6.4.2 Blenheim CDP deliver the Primary care recovery service which works in partnership with GPs and provides following interventions:

- Advice, information, brief interventions and extended brief interventions to help prevent and minimise problematic substance misuse or dependency
- Sessions of structured brief advice on alcohol for adults who have been identified via screening as drinking a hazardous or harmful amount
- Extended brief intervention for adults who have not responded to structured brief advice or who may benefit from an extended brief intervention for other reasons
- Assertive in-reach into other services to attract substance misusers not currently engaged with other agencies but not yet engaged in treatment services
- Substitute prescribing services and supervised consumption (e.g. through pharmacies) and the provision of biological drug and alcohol testing facilities
- A Primary Care provision of ambulatory detoxification for those presenting with low to moderate alcohol use
- Community detoxification for drugs, working in partnership with GP's to titrate and reduce substitute medication with the aim of abstinence and recovery
- Health, smoking cessation; healthy eating & access to physical exercise programmes/facilities),
- Overdose prevention and harm reduction advice, including the provision of Naloxone training and prescribing for injecting drug users presenting as high risk,
- Pro-active relapse prevention advice and support, including prescribing interventions
- Enhanced Blood Borne Virus Service in relation to Hepatitis A / B / C and HIV with access to on site screening, testing and rapid vaccination and robust referral pathways into appropriate treatment services
- Home visits, assessment and referral to early intervention services for all service users who have caring responsibilities for children under 16, these can be conducted jointly with other services.

6.4.3 The consultation will set out the range of activity delivered by the services and seek the views of the public, particularly those who have accessed the provision, as to the areas they feel are of particular importance or any changes that could be made.

6.5 A £196,306 (2.6%) reduction in funding for the Health Visiting service. The service is delivered by LGT, and comprises a wide range of activity outlined below. Public consultation will focus on residents' priorities in this area, and the experience of those who've used the service. Officers will also work with LGT to host a focus group with service users and Health Visitors to focus on prioritisation across this range of activity:

- Delivery of the statutory National Healthy Child Programme (HCP), including mandated checks delivered through a universal home visiting service to all families from pregnancy up until the child is 5 years old.
- MECSH, a structured programme of sustained nurse home visiting for families at risk of poorer maternal and child health.
- Family Nurse Partnership (FNP), an evidence based support programme for first time young parents aged 22 and under until the child reaches the age of two.
- The “Freedom Programme”, a 12 week programme for clients who disclose they are experiencing domestic abuse.
- A ‘link’ Health Visitor for every Lewisham GP practice.
- Targeted ‘listening visits’ to support better maternal mental health, including a joint home visit with Lewisham Children and Family Centres (CFC) colleagues.
- Development of Baby and Toddler Hubs across all four CCG and CFC Neighbourhoods, with further Baby Hubs planned during 2018.
- Longer term plans to develop a virtual Health Visitor who can respond to families’ questions or concerns online. This will support a move to make health visiting a 7-day-a-week service, building on the introduction of a 6-day-a-week service for new birth visits.
- Breastfeeding programme included Peer Supporters, Breastfeeding Hubs and an Open College Network accredited Peer Support training programme.
- The service is trialling a mental health post-natal group in conjunction with CFC colleagues, “Understanding your Baby”, for mothers who have been in receipt of ‘listening visits’ The ‘understanding your baby’ programme is delivered weekly over an eight week period and provides a two-hour session for up to eight mothers and their babies.
- Active involvement in the Lewisham Safeguarding Children’s Board, as well as wider arrangements to safeguard vulnerable children and families including regular attendance at Early Help Panel and potential to be lead professional for relevant targeted cases.

7. Next steps summary and timeline

7.1 consultation timeline

	July	August					September				October			November			December			
	23-Jul-18	06-Aug-18	13-Aug-18	20-Aug-18	27-Aug-18	03-Sep-18	10-Sep-18	17-Sep-18	24-Sep-18	01-Oct-18	08-Oct-18	15-Oct-18	22-Oct-18	29-Oct-18	05-Nov-18	12-Nov-18	19-Nov-18	26-Nov-18	03-Dec-18	10-Dec-18
Full consultation period	Full 15 week consultation period																			
Interim Joint Commissioning Group 26/7																				
Community Service DMT																				
Healthwatch meeting 2/8																				
CYP DMT 8/8																				
Healthier Select Paper																				
Healthier Communities Select Committee 4/9																				
consultation- online 5/9-7/11																				
consultation- stakeholders 5/9-7/11																				
PH analysis of consultation and review of proposals																				
Healthier Communities Select Committee 4/12																				
Mayor and Cabinet 14/12																				

- 7.2 Officers will conduct a 10 week consultation on proposals with the public and stakeholders. This will include a full equalities analysis, and work with LGT and Lewisham Clinical Commissioning Group to understand impacts elsewhere in the local health system. Targeted focus groups will be undertaken with service users in

Substance Misuse and Health Visiting. The results of this consultation will be reported on the 4th of December to the Healthier Communities Select Committee, alongside revised proposals. Final proposals will then be taken on the 14th to Mayor and Cabinet for approval, and will be implemented on the 1st of April 2019.

8. Legal Implications

- 8.1 The Health and Social Care Act 2012 (“the Act”) sets out the Council’s statutory responsibilities for public health services. The Act conferred new duties on the Council to improve public health. The Council has a duty to take such steps as it considers appropriate for improving the health of people in its area.
- 8.2 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (“the Regulations”), where the Council has under consideration any proposal for a substantial development of health services or substantial variation in the provision of such service the Council must consult.. The courts may also imply a duty to consult, as part of a public authority’s general duty to act fairly, or if there has been a past practice of consultation.
- 8.3 The Healthier Communities Select Committee has the scrutiny function under the Regulations. The Committee may review and scrutinise any matter relating to the planning, provision and operation of the health service in its area. The Committee may make reports or recommendations which must include an explanation of the matter reviewed or scrutinised, a summary of the evidence considered, a list of participants in the review and scrutiny and an explanation of any recommendations on the matter reviewed or scrutinised. Where a request for a response is required, the Council must respond within 28 days of the request.
- 8.4 Following consultation, the Committee may refer to the Secretary of State where it is not satisfied that consultation on a proposal has been adequate in relation to content or time allowed; where the Committee is not satisfied that the reasons given by the Council are adequate; or where the Committee considers that the proposal would not be in the interests of the health service in its area.
- 8.5 Any proposed amendments/reductions to existing contracts will need to comply with the contractual provisions for changes/variations within those contracts.
- 9.1 In relation to any decisions that may be made, the committee will need to take into account equality obligations. The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). 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. In summary, 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.
 -
- 9.2 The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not

an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

9.7 The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: <http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/>.

9.8 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty.

9.9 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

9. Financial Implications

9.1 Expenditure on public health in Lewisham is funded through the ring-fenced Public Health Grant.

9.2 In 2019/20 this grant will reduce by £0.642m. This report describes the approach commissioners are taking to achieving matching reductions in expenditure.

10. Crime and Disorder Act Implications

10.1 Section 17 of the Crime and Disorder Act recognises that there are key stakeholder groups who have responsibility for the provision of a wide and varied range of support services to and within the community. In carrying out these functions, section 17 places a duty on partners to do all they can to reasonably prevent crime and disorder in their area.

10.2 The purpose of section 17 is simple: the level of crime and its impact is influenced by the decisions and activities taken in the day-to-day of local bodies and organisations. The responsible authorities are required to provide a range of services in their community. Section 17 is aimed at giving the vital work of crime and disorder reduction

a focus across the wide range of local services and putting it at the heart of local decision-making.

- 10.3 The Government's Modern Crime Strategy highlighted drugs and alcohol of 2 of the 6 major drivers of crime in Britain with the social and economic cost of drug use and supply to society is estimated to be £10.7billion of which about £6 billion is attributable to drug-related crime. 45% of acquisitive offences (c. 2 million offences) are thought to be committed by heroin and/or crack users. The delivery of efficient substance misuse services is key to fighting crime in the borough as services to treat addictions are widely recognised as the most effective route to tackling associated crime and disorder issues.

11. Equalities Implications and human rights

- 11.1 Dr. Danny Ruta, Lewisham Director of Public Health, will lead a full equalities impact analysis alongside the consultation.

12. Environmental Implications

- 12.1 There are no environmental implications.

HEALTHIER COMMUNITIES SELECT COMMITTEE		
Title	Lambeth, Southwark and Lewisham Sexual Health Strategy 2018-23	
Key Decision	No	Item No. 5
Ward	Borough Wide	
Contributors	Danny Ruta – Director of Public Health	
Class	Part 1	Date: 4 th September 2018

1. Purpose

- 1.1. The purpose of this report is to provide members of the Healthier Communities Select Committee with an update on the development of the refreshed Sexual Health Strategy for Lambeth, Southwark and Lewisham (LSL) 2018-23 and seek approval for the plans for a public consultation on the draft strategy.
- 1.2. The strategy is due to be finalised in Autumn 2018.

2. Recommendations

- 2.1. The committee is asked to:
 - Note the progress made in the production of the draft Sexual Health Strategy
 - Note the contents of the draft strategy
 - Consider the proposals for the public consultation on the draft strategy
 - Consider the proposal to present the final draft of the LSL Sexual Health Strategy 2018-23 to the meeting of the committee in January 2019

3. Policy context

- 3.1. This paper supports the Sustainable Community Strategy principles of narrowing the gap in outcomes for citizens and delivering together efficiently, effectively and equitably – ensuring that all citizens have appropriate access to and choice of high quality local services. It also links to the priority “Healthy, active and enjoyable”.
- 3.2. The paper also supports the aim, to improve sexual health, identified in Lewisham’s Health and Wellbeing Strategy 2013-2023 and the priority identified in the strategy refresh 2015-18 to shift the focus of action and resources to preventing ill health and promoting independence and to support communities and families to become healthier and more resilient.

4. Narrative/Background

- 4.1. A sexual health strategy was previously developed across LSL in 2014, covering the three year period to 2017. The vision of this strategy was to ‘improve sexual health in LSL by building effective, responsive and high quality sexual health services, which effectively meet the needs of our local communities.’

- 4.2. The strategy supported a number of key achievements across LSL, which include:
- The development of online STI testing services.
 - Commissioning an LSL sexual health promotion service.
 - The development of new models of integrated delivery of substance misuse, sexual health & mental health for young people.
 - A commitment to work with partners to deliver the integrated sexual health tariff.
- 4.3. A refreshed LSL sexual health strategy, covering the period 2018-23, is being developed focusing on the following 4 strategic pillars:
- Healthy and fulfilling sexual relationships
 - Good reproductive health across the life course
 - High quality and innovative STI testing and treatment
 - Living well with HIV
- 4.4. The refreshed strategy is intended to:
- Build on the successes achieved over the course of the previous strategy
 - Address the continuing and changing challenges in sexual health that exist in LSL
 - Capitalise on the emerging opportunities available to improve sexual across all three boroughs.
 - Enable alignment of action across the boroughs by having a shared and clear strategic direction
- 4.5. The strategy development process has been underpinned by the following key principles:
- Working in partnership, at a local, London and national level.
 - High quality commissioning for effective and financially sustainable services, maximising technological innovations.
 - Listening to service users' views and experiences and using these to improve what we do.
 - Focusing on reducing inequalities in sexual and reproductive health.
 - Supporting the development of a resilient sexual health system
- 4.6. The strategy development process has covered the following stages to date to produce the draft strategy document:

Evidence and data review

Reviews of research evidence and epidemiological data were performed for each of the four strategic pillars to inform the aims, objectives, and action plan for the strategy.

Stakeholder engagement and feedback

A stakeholder engagement process was implemented throughout December 2017 consisting of an engagement event and online survey. The purpose was to collect feedback from professionals and other stakeholders, on the proposed framework and priorities for the strategy. The views of a broad range of Lewisham stakeholders were captured as a result of this process.

Co-creation workshops

Co-creation workshops were identified as a valuable means of engaging local residents in a specific element of the strategy development process. Two workshops were held with female residents from across LSL in April 2018. The workshops were well attended by Lewisham residents and focused on gathering creative insights on current and future need for contraceptive services.

Collaborative Strategy Steering Group

A strategy steering group was established, comprising of public health consultants, sexual health commissioners and public health analysts from Lambeth, Southwark and Lewisham. This steering group has produced, reviewed and revised a series of iterations of the draft strategy before agreeing the version of the strategy that is to be presented with this paper.

This draft strategy will also be approved by the Directors of Public Health for Lewisham, Lambeth and Southwark prior to the initiation of the consultation.

4.7. Next steps

A 6 week consultation on the draft strategy is proposed to run from September to October 2018.

It is proposed that a statutory 3 month public consultation period is not necessary as the strategy is an update of the original and does not include any commissioning intentions. It provides updated epidemiological analysis and articulates a refreshed strategic direction for the next 5 years for improving the sexual health of residents in all three boroughs. Both residents and professionals from Lewisham have also had the opportunity to participate during the strategy development process via the co-creation workshops and engagement events.

4.8. The consultation process will be coordinated, on behalf of each of the tri-boroughs, by the LSL Sexual Health Commissioning Team and will include:

- An online survey
- An engagement event (to be held at 1pm on Thursday 27th September at a central location in the LSL area).

The consultation questions will include:

- Do you agree with each chapter's vision, aims, outcomes and objectives?
- What do you want us to prioritise within each pillar and why?
- What does this strategy mean for you/your organisation?
- Are there any notable omissions?

A single consultation engagement event has been proposed as there was proportionate representation from Lewisham residents and professionals at the original engagement and co-creation events, held prior to the development of the strategy.

A local engagement process will also be undertaken, led by the Public Health Consultant lead for Sexual Health and Public Health Commissioners. This will involve presenting the draft strategy at key stakeholder groups across the borough during September and October 2018.

- 4.9. The consultation results, from the local and tri-borough engagement events, will be reflected in the final draft of the strategy. This will be presented to the Lewisham Health and Wellbeing Board and brought back to the Healthier Communities Select Committee in January 2019.
- 4.10. It is anticipated that each borough will then develop their own local action plan in response to the strategy. It is proposed that a Lewisham Sexual Health Strategy Implementation Group, chaired by the Consultant in Public Health lead for sexual health, will be established to oversee this process. Any proposed service changes arising from the local action plan will be consulted on separately, as with the realignment of primary care delivery agreed by the Healthier Communities Select Committee on 27 June 2018.

5. Financial implications

- 5.1. The strategy does not contain any specific commissioning intentions and therefore there are no financial implications. Any specific commissioning decisions arising from the development of the local response to the strategy will be presented to the Committee and consulted on separately. Detailed financial implications will be considered at that stage.

6. Legal implications

- 6.1. There are no specific legal implications.

7. Crime and disorder implications

- 7.1. There are no specific crime and disorder implications.

8. Equalities implications

- 8.1. Consideration of equalities has been made throughout the strategy development process in order to inform any approaches required to address inequalities in sexual health outcomes across the three boroughs.
- 8.2. Equalities monitoring information will be collected as part of the strategy consultation process.

9. Sustainability implications

- 9.1. There are no specific environmental implications arising from this report.

10. Conclusion

- 10.1. The purpose of this report is to provide members of the Healthier Communities Select Committee with an update on the development of the refreshed Sexual Health Strategy for Lambeth, Southwark and Lewisham (LSL) 2018-23 and seek approval for the plans for a public consultation on the draft strategy.
- 10.2. The strategy is due to be finalised in Autumn 2018 and the final strategy will be presented to the Lewisham Health and Wellbeing Board and Healthier Communities Select Committee in January 2019.

11. Background documents and originator

- 11.1. Report originator: Danny Ruta, Director of Public Health,
danny.ruta@lewisham.gov.uk, 020 8314 9094 / Mobile: 07969917016
- 11.2. **APPENDIX 1** – Draft Lambeth, Southwark and Lewisham Sexual Health Strategy
2018-23 Powerpoint Presentation

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Overview of Draft 2018-23 Lambeth, Southwark and Lewisham Sexual Health Strategy

Dr Danny Ruta, Director of Public Health

Key achievements over the period of the last strategy 2014-17

LSL have been leaders in London.

- Made substantial savings without decreasing testing capacity for STIs and reduced new STIs
- Developed the proof of concept and model of online testing
- Integrated services across the system
- Prevention programmes – RISE partnership, London HIV prevention programme Innovative & collaborative working – integrated sexual health and substance misuses services for young people,

Outcomes:

- Teenage pregnancy rates declining
- HIV late diagnosis falling
- STI rates falling
- Chlamydia screening stable
- Abortion rates stable

Sexual health in LSL 2018-23

CHALLENGES

- STI rates in LSL are the highest in London/England but are falling and testing rates are increasing.
- There are persistent inequalities in sexual and reproductive health.
- Key groups continue to shoulder the greatest burden of poor sexual and reproductive health: young people, BME, MSM.
- Access to reproductive health care needs improvement – especially in primary care.
- The epidemiology of HIV is changing – need to focus on increasing testing, especially in heterosexual groups, and engaging vulnerable groups in care.
- Refocus of sydemics of interrelated poor mental health, substance misuse & poor sexual health

2018-23 Strategy

BACKGROUND

Why do we need a strategy for the coming years?

- Continuing but changing challenges
- New opportunities, PrEP, Statutory RSE, technological innovations

Why do LSL work in partnership to improve sexual and reproductive health?

- We want to align action across the system and to do this we need a shared and clear strategic direction for action

What do we want to do differently?

- We really want to tackle the wider determinants of sexual health and upgrade prevention
- We can't do this in isolation and recognise the importance of links to existing strategies

Overview of 2018-23 Draft LSL strategy

2018-23 Strategy

A common set of principles which will inform our approach

Our Principles

Working in partnership, at a local, London and national level

High quality commissioning for effective and financial sustainable services, and capitalise on technological innovations

Listening to service users' views and experiences and using these to improve what we do

Focus on reducing inequalities in sexual and reproductive health

Supporting the development of a resilient sexual health system

Prevention Focused
Evidence Based

2018-23 Strategy

Our Priorities

Healthy and fulfilling sexual relationships	Good reproductive health across the life course	High quality & innovative STI testing and treatment	Living well with HIV
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2018-23 Strategic Priorities across LSL

Our vision:

People have healthy and fulfilling sexual relationships

People effectively manage their reproductive health, understand what impacts on it, and have knowledge of and access to contraception

The burden of STIs is reduced, especially in disproportionately affected groups

There is zero HIV stigma, zero transmission, and zero deaths

Key outcomes:

People make informed choices about their sexual and reproductive health, and have the knowledge, confidence and skills to protect themselves and their sexual partners from STIs, HIV and pregnancy.

People in unhealthy or risky sexual relationships are appropriately supported.

Reproductive health inequalities are reduced.
Unwanted pregnancies are reduced.
People have increased knowledge and understanding of reproductive health and fertility.

There is equitable, accessible, high quality testing and treatment of STIs, appropriate to people's needs.
Transmission of STIs and repeat infections are reduced.

People with HIV know their status and are undetectable on treatment.
People with HIV are enabled to live and age well.

Priority	Safe and Healthy Sexual Relationships	Good Reproductive Health Across the Life Course	High Quality & Innovative STI Testing and Treatment Services	Living Well with HIV
What does good look like?	<ul style="list-style-type: none"> ▪ Knowledge, confidence and skills for healthy and fulfilling sexual relationships 	<ul style="list-style-type: none"> ▪ In control of their body and fertility ▪ Understand what factors impact on fertility ▪ Choice and access to a range of contraceptive methods 	<ul style="list-style-type: none"> ▪ Self-sampling of STIs ▪ Access to appropriate testing ▪ High quality clinical services 	<ul style="list-style-type: none"> ▪ Increased HIV testing ▪ Earlier diagnosis ▪ Retention in care ▪ Holistic health management
Commissioner	<div data-bbox="193 321 579 392">High quality SRE in schools</div> <div data-bbox="193 399 579 471">Targeted work to young people</div> <div data-bbox="193 478 579 549">Tackling homophobia, transphobia, misogyny in communities</div> <div data-bbox="193 556 579 628">Community outreach / targeted health promotion work</div> <div data-bbox="193 635 579 706">Targeted CHEMSEX work</div>	<div data-bbox="637 321 1023 392">High quality SRE in schools</div> <div data-bbox="637 399 1023 471">Young people friendly services</div> <div data-bbox="637 478 1023 549">Knowledge of and access to full range of contraceptive offers</div> <div data-bbox="637 556 1023 628">Come Correct condom scheme for under-25s</div> <div data-bbox="637 635 1023 706">Integrated reproductive and sexual health services</div>	<div data-bbox="1081 321 1468 392">High quality SRE in schools</div> <div data-bbox="1081 399 1468 471">Young people friendly services</div> <div data-bbox="1081 478 1468 549">Come Correct condom scheme for under-25s</div> <div data-bbox="1081 556 1468 628">Online STI self-sampling or testing</div> <div data-bbox="1081 635 1468 706">Integrated reproductive and sexual health services</div> <div data-bbox="1081 714 1468 785">Specialist clinical services</div>	<div data-bbox="1516 321 1903 392">Reducing stigma and promoting good sexual health</div> <div data-bbox="1516 399 1903 471">Community outreach / targeted health promotion work</div> <div data-bbox="1516 478 1903 549">Online STI self-sampling or testing</div> <div data-bbox="1516 556 1903 628">Integrated reproductive and sexual health services</div>
Council				
Council & CCG	<div data-bbox="193 813 579 885">Psycho-sexual health services</div>	<div data-bbox="637 813 1023 885">Online offer of oral contraception</div> <div data-bbox="637 892 1023 963">Pharmacy and primary care</div> <div data-bbox="637 971 1023 1042">FGM prevention</div>	<div data-bbox="1081 813 1468 885">Pharmacy and primary care testing</div>	<div data-bbox="1516 813 1903 885">Pharmacy and primary care testing</div>
CCG		<div data-bbox="637 1078 1023 1149">High quality abortion services</div> <div data-bbox="637 1156 1023 1228">Vasectomy and sterilisation services</div>		<div data-bbox="1516 1078 1903 1149">Care and Support</div>
NHSE		<div data-bbox="637 1263 1023 1335">HPV vaccination</div> <div data-bbox="637 1342 1023 1413">Cervical screening</div>	<div data-bbox="1081 1263 1468 1335">PrEP</div>	<div data-bbox="1516 1263 1903 1335">HIV treatment services</div>

Healthy and Fulfilling Sexual Relationships

1. People have the knowledge, confidence and skills for safe, healthy and fulfilling relationships.
2. People make informed choices about their sexual and reproductive health and have the knowledge, confidence and skills to protect themselves and their sexual partners from STIs, HIV and pregnancy.

1. Support the delivery of high quality relationship and sex education across all schools
2. Offer targeted sexual health promotion to vulnerable groups which reduces stigma and supports the uptake of condoms, STI and HIV testing
3. Build capacity and capability for professionals to support young people
4. Deliver high quality cost effective psychosexual health services
5. Support the delivery of domestic violence, female genital mutilation and CSE support and prevention services.
6. High risk sexual behaviours – condomless sex, chemsex, seroadaptive

Shared actions across LSL : To be agreed via the LSL Strategy Implementation Group

Local Action Plans
Lambeth

Local Action Plans
Southwark

Local Action Plans
Lewisham

Indicators:

Reduce repeat Emergency Hormonal Contraception use
Under 18 and under 16 conceptions and terminations
Numbers of condom distribution scheme

Good reproductive health across the life course

1. People are in control of their fertility, understand what impacts on it and have knowledge of and access to a wide range of contraceptives.
2. Reproductive health inequalities are reduced by targeted contraceptive provision, cervical screening and HPV vaccination within key groups

1. Increase population knowledge of the range of contraceptive offers
2. Increase professional knowledge and skill of the range of contraceptive offers across the local health and care system
3. Increase access to the range of contraceptives
4. Ensure STI testing remains integrated into reproductive health services
5. Target contraceptive information, provision and support to
6. Integrate contraceptive provision into abortion and post-natal maternity services
7. Promote and assure high uptake of cervical screening and HPV
8. Build making every contact count into contraceptive pathways

Shared actions across LSL : To be agreed via the LSL Strategy Implementation Group

Local Action Plans
Lambeth

Local Action Plans
Southwark

Local Action Plans
Lewisham

Indicators:

Abortion and repeat abortion rate

Repeat Emergency Hormonal Contraception use

Uptake of Long Acting Reversible Contraception

Under 18 and 16 conception rate

High quality & innovative STI testing and treatment services

People have access to equitable, high quality testing and treatment offers which is appropriate to their needs

1. Integrate condom distribution across borough
2. Integrate partner notification into all testing offers
3. Improve STI testing, diagnosis and treatment in vulnerable populations
4. Increase early diagnosis, treatment and partner management for gonorrhoea and syphilis
5. Reduce repeat infection rates amongst young men
6. Integrate making every contact count into STI testing

Shared actions across LSL : To be agreed via the LSL Strategy Implementation Group



Indicators:

New STI diagnosis rates
Rates of gonorrhoea and syphilis
Repeat infections

Living well with HIV

People with HIV are diagnosed and on treatment, and late diagnoses of HIV are reduced

1. Reduction in stigma
2. Targeted outreach to PLWHIV not on treatment
3. Alignment with EJAF and Fast Track Cities priorities
4. Capitalising on EJAF partnership to improve outcomes for PLWHIV

Shared actions across LSL : To be agreed via the LSL Strategy Implementation Group



Indicators:

HIV testing uptake (also MSM, women, men)
HIV testing coverage (also MSM, women, men) [PHD]
HIV late diagnosis
New HIV diagnosis rate age 15+
HIV diagnosed prevalence rate age 15-59

Next steps...

- Lead Member and DPH review and approve draft version of the strategy
- 6 week public and stakeholder consultation focussing on the following key questions:
 - *Do you agree with each chapter's vision, aims, outcomes and objectives?*
 - *What do you want us to prioritise within each pillar and why?*
 - *What does this strategy mean for you / your organisation?*
 - *Are there any notable omissions?*

Consultation timeline

- **24th September** - launch of 6 week consultation period, to include a stakeholder engagement event and online survey
- **27th September** – LSL stakeholder consultation engagement event
- **September - October** – ongoing local stakeholder engagement throughout the consultation period
- **November - January**– governance processes for sign-off of final version of the strategy
- **February 2019**- sign off process complete and implementation begins

Any Questions?

Agenda Item 6

Healthier Communities Select Committee		
Title	Healthwatch annual report	
Contributor	Scrutiny Manager	Item 6
Class	Part 1 (open)	4 September 2018

1. Purpose

The annual report of Healthwatch Lewisham is attached.

Folake Segun, Director of Healthwatch Lewisham, will present the report and take questions from the committee at the meeting.

2. Recommendations

The Committee is asked to consider and note the report.

For further information, please contact John Bardens, Scrutiny Manager, on 02083149976.

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Healthwatch Lewisham



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Message from our Chief Executive



This has been a full and demanding year for Healthwatch Lewisham. We have demonstrated the powerful links made with our communities through our numerous projects and with our wonderful Healthwatch volunteers we have been able to bring real stories to health and social care decision makers.

As a small team we continue to punch above our weight and our projects this year have included social care, hospital discharge and **five** care home enter and view visits to name a few. Our workshops with young people in schools “Food for Thought” have resulted in schools making changes to their lunchtime policies.

We have been able to speak with over **5,700** Lewisham residents and made sure that your views and voices are heard through our intelligence reports and by our representation on numerous boards and committees.

Through our NHS complaints advocacy service **127** residents have been supported with their complaints. We have highlighted case studies of this work. They can be found on page 29. A further **124** residents have been signposted to other services.

It’s been important to us to make sure that people know about us and the support we can provide.

We continue to grow our website, launching a new feedback tool this year

(www.healthwatchlewisham.co.uk) and on Twitter (@HWLewisham) we now have over **1700** followers.

Our Engagement Hubs are effective in gathering experiences of health and social care and you can read more about this on page 12.

We continue to act as a critical friend to decision makers. We brought public and patient voice to the Our Healthier South East London STP roadshow.

We are indebted to the **28** local residents who supported us with **1,172** volunteer hours; the equivalent of **167** additional working days from April 2017 to 31st March 2018. Their ongoing commitment and expertise remain a great asset and I wish to thank you for this.

My thanks also to the Healthwatch Lewisham Workplan Committee members and the Trustees of our parent charity Community Waves who during the year have provided vital stability, support and constructive challenge. To the public this work may not always be obvious, but it has ensured that we are providing a high quality, value for money service and allowed us to attract additional funds and increase our sustainability.

At the Healthwatch England National Conference last year we received an award for our work in evaluating the local impact of NHS England’s winter campaign. We are pleased to be making a difference for patients and service users at both local and national levels.

Our plans for the year ahead are ambitious including a look at how the Accessible Information Standard is being implemented, exploring men’s mental health and a programme of work based on the views and experiences that people have shared with us.

I hope that you will enjoy reading about our impact in this annual report and agree with me that we are demonstrating that we are really making a difference and achieving improvements in services for our community.

Folake Segun
Chief Executive

Highlights from our year



1,741

people follow us on social media



28 Lewisham residents volunteered with us



Hello

Hi

We've spoken to **5,715** residents this year

Our reports have tackled issues ranging from **social care** to **healthy eating**



We carried out **5** Enter and View visits



We've given **124** people information and advice



Who we are



Healthwatch Staff team at our annual showcase

We are the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, what could be improved and we share their views with those with the power to make change happen.

You need services that work for you, your friends and family. That's why we want you to share your experiences of using health and care with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

As well as championing your views locally, we also share your views with Healthwatch England who make sure that the government put people at the heart of care nationally.

Health and care that works for you

People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.

As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them..

Our purpose

Our sole purpose is to help make care better for people.

People's views come first - especially those who find it hardest to be heard. We champion what matters to you and work with others to find ideas that work. We are independent and committed to making the biggest difference to you.

Our Values...

Inclusive

We are representative of all communities. We work with everybody (adults, children and young people)

Independent

We are an independent organisation from Lewisham Council, Lewisham Clinical Commissioning Group, all Health and Social Care Services, Providers and Commissioners.

Caring

We are committed to serving with empathy and compassion, ensuring that we listen to people's views and experiences.

Respectful

We respect people, treat everyone with dignity, value diversity, are committed to equality and act with integrity.

Honest

We are committed to a culture of openness and transparency in all we say and do.

Our Values...

Critical Friend

We will be constructive as well as challenging with service providers, ensuring that we provide evidence to support what we say and do.

Connected

We will work with others through local and regional cross sector links and partnerships to enhance Health and Social Care provision for Lewisham residents.

Integrity

We will rise above individual and single organisational interests and ensure that all that we do is for the benefit of the public and health and social care service users.

Accountable

We will be driven by the commitment of local volunteers and the passion of our Board and we will share information about the organisation widely.

Meet the team



Folake Segun
Chief Executive



Alexandra Doust
Administrator



Arlette Meli
Independent Health
Complaints Advocate



Mandy Millward
Independent Health
Complaints Advocate



Fay Russell-Clark
Engagement Officer (Children
and Young People)



Mathew Shaw
Communications and
Information Officer



Peter Todd
Volunteer Officer



Stephanie Wood
Engagement Manager



Marzena Zoladz
Engagement Officer

Your views on health and care



General engagement

We use a variety of methods to understand people's needs and experiences. General and targeted engagement through outreach activities by our staff and volunteers is key to what we do and how we make sure voices are heard.

Between 1 April and 31 March 2018 we spoke to 5,715 Lewisham residents and gathered 1,652 patient stories.

We spoke to **74%** more people than we did last year. This is the result of us engaging with more children and young people in the last 12 months.

We gather experiences in a variety of ways including emails, local events, meetings, post, telephone, our website, outreach and national services.

Our main sources of comments we receive are from our direct engagement with the public at Engagement Hubs and our Feedback Centre.

People generally choose to share their experiences and stories anonymously. We log these comments in our database and regularly monitor it for developing trends.

An essential part of influencing decision makers is ensuring that all the patient stories we capture as part of our public engagement are heard by those in charge of health and social care services.

We produce a quarterly intelligence report which analyses the patient stories and signposting enquiries we have received.

We built and maintained relationships with **61** local organisations including service providers, voluntary, community and third sector groups.

We publicise ourselves primarily through our website, a bi-weekly e-Bulletin, social media, press releases, promotional materials and through posters and leaflets located throughout the borough.

2017/18 has been a very successful year for our organisation and continues to see us go from strength to strength.

Our network has grown with our e-Bulletins and news flashes being viewed a combined total of **17,066** times. This means our online newsletter has been read **3,000** more times than last year.

Our reach through social media has extended with **1,741** people following us on Twitter. All of our tweets combined were viewed a total of **94,976** times. 10% more than last year.

The Healthwatch Lewisham website was visited **6,475** times over the last 12 months and was accessed by **4,859** people.

All of these figures show that our message is being heard by more people than ever.



(Our engagement at local summer festivals 2017)

#30 Days of Healthwatch



During September 2017, we held a social media campaign called **#30daysofhealthwatch**. This was an opportunity for us to show unseen photos of our organisation highlighting the different aspects of what we do.

The campaign was a success, with Lewisham residents interacting on a daily basis. **#30daysofhealthwatch** generated over **14,000** impressions and saw **1000** people visit our profile, a record for a single month.

Our hubs

This year we continue to run Engagement Hubs across the borough.

Our hubs give Lewisham residents and service users more face to face opportunities to share their experiences of local health and social care services.

Hubs are attended on rotation and are advertised at the venues, through our e-bulletin and by our voluntary sector partners.

In an effort to hear more experiences of local social care services we organised several hubs at new locations which house organisations who provide support for residents, such as Citizens Advice Bureau and the Job Centre.

Run by staff and volunteers, residents share their opinions, stories, ask questions and are signposted to other services.

This general engagement also offers the opportunity for our organisation to raise awareness and recruit people to our network.

To access our hub calendar and find out where will be in the next few months please visit www.healthwatchlewisham.co.uk/events

We carried out **40** Hubs across the borough where we have heard the views of over **640** residents.

We are looking for more residents to support us at our hubs. It's a great opportunity to talk to people and listen to their experiences. If you would be interested please call us **020 8690 5012**.



(Jovia and Sheila at a hub in Lewisham Library)

“A favourite moment for me was talking about Healthwatch to a room full of young mothers with babies on their laps, patiently waiting for the weighing clinic to begin. Listening to them later I realised that they had all had different experiences of local maternity care.

It was heart-warming to hear all the positive stories but for some people things did not work out as they had expected. They did not want to complain but were pleased to have the opportunity to tell me about their experience and to know that this information was going to be used and could be of benefit to other women in the future.”

(Mary, Social research volunteer)

Feedback Centre

In order to hear even more views and experiences from people who live or access services in the borough we developed an online Feedback Centre.

The Feedback Centre provides an opportunity for anyone to comment about local services. People can easily and anonymously rate the care that they receive in a simple way. There is also the opportunity to rate local services, using a 5-star system. The new online Feedback Centre is accessible on mobile phones, computers and tablets.

We believe that by helping people to easily express their views, we can improve health and social care.

310 residents have shared their experiences of local services through our Feedback Centre.

Analysis of the data helps us to better understand what the public feel about local services and represent their views in our role as patient champion - helping to tailor services to their needs.

The experiences which are collected through hub engagement and the Feedback Centre are then analysed and shared with commissioners and local stakeholders in our quarterly intelligence reports.

If you would like to access the new Feedback Centre and provide feedback about a local health and care service, please visit www.healthwatchlewisham.co.uk

Your feedback

healthwatch



Find your local health and social care services to leave feedback...

✕

Can't find your service? If it's not listed, you can [add your service here](#).

Your experiences

“I went to the surgery with my three year old son. He refused to be examined and the female GP suggested we came back in half an hour . During that time we managed to persuade our son to cooperate so when we came back the doctor could finish the examination and we got the diagnosis. Overall I think it was a very thoughtful solution and meant we could have the issue sorted despite initial difficulty. Following the prescribed treatment, to our delight our son recovered soon after.”

(GP Practice)

“Can't get an appointment, even if you ring at 8am. Lines are always down. If you go over in person, there is always a queue, then they run out of appointments.”

(GP Practice)

“I find the treatment that we receive at UHL tremendous. Really impressed by everything. The old boy is in Beech Ward and he couldn't be looked after any better! You call the nurse and they come running. This hospital used to have a bad name, it shouldn't anymore!”

(University Hospital Lewisham)

“I visited the A&E department with my partner in the early morning. I expected a long wait, I expected other patients to take priority. I didn't expect the extreme lack of communication, I also didn't expect my partner to be left in agony in a bay for hours. We enquired what was going on after two hours, we were told we were waiting for a doctor. Then we were told the doctor was in the department and my partner would be seen next. Then at 5am we were told there was no doctor so my partner discharged himself.”

(University Hospital Lewisham)

Intelligence report

We produce an intelligence report at the end of each financial quarter analysing the patient stories we have received. We then share our findings and recommendations with commissioners and service providers in the borough. The aim of our reports is to help improve the quality of local health and social care services

During 2017/18 we found that patient experience of the University Hospital Lewisham (UHL) continues to be mixed. Whilst access to GP appointments remains an issue across the borough.

Our findings showed that the majority of patients praised UHL for the quality of treatment they received. However, it must be noted that a significant number of people were critical of how staff had interacted with them. They felt that receptionists and doctors could be arrogant or dismissive.

Numerous residents across the borough also told us they were frustrated with the lack of available appointments at their GP practice. They shared similar stories of spending significant amounts of time waiting on hold, to then be told by the receptionist that there were no longer any appointments available on the date of the call.

Despite the increase in negative comments around appointments, the public generally continue to be happy with the quality of treatment they receive upon accessing the service. People felt GPs were providing a good level of advice, reassurance, and treatment explanation.

The full findings from our intelligence reports can be found at www.healthwatchlewisham.co.uk



Healthwatch Lewisham
Q3 Focused Intelligence
Report
2017/18

1st October 2017 - 31st December 2017

Targeted engagement

During 2017-2018 our priorities, as determined by Lewisham residents, were:

- Access to Services
- Children and young people’s health and wellbeing
- Mental health

These categories were identified based on local residents and service users’ opinions and conversations held with service providers.

One of our key aims is to ensure that everyone has the right to have their voice heard. We regularly listen to the views of underrepresented and seldom heard groups in the borough.

The following pages highlight a few examples of our work.





Children and Young People

Junior Citizens Scheme

This year we were invited to be part of the Lewisham Junior Citizens Scheme. The two week event sees Year 6s across the borough learn about key issues, such as road safety and drugs and alcohol awareness, prior to their move to secondary school.



(Fay at the Junior Citizens Scheme)

We spoke to the children about the importance of mental health and the Five Ways to Wellbeing which are a set of messages that aim to improve people's wellbeing.

We engaged with **2,273** primary school children as part of the Junior Citizens Scheme.

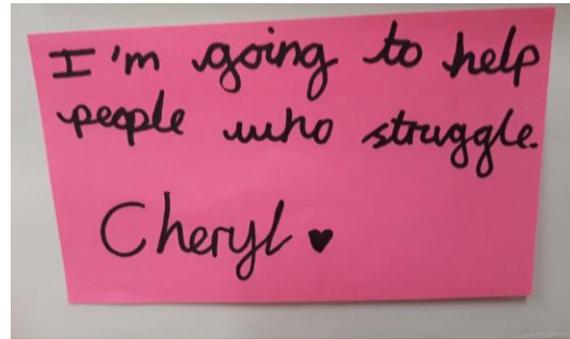
We found that:

- There was very limited knowledge around what mental health is. When asked to express words associated with the phrase "mental health", a large majority of pupils used words such as "disabled" "ADHD" and "autism".
- There was often surprise amongst the children when it was explained that everybody has mental health.
- None of the children who took part had any knowledge of The Five Ways to Wellbeing.

Every child that took part in the Scheme pledged something that they would change about their life in order to maintain a strong mental wellbeing.

Some of the pledges included:

- "Walking to school" "Smile at people"
- "Helping people that need it"
- "Learn something new" "Give others my time"
- "Help my teacher" "Try different things"
- "Have more contact with my family"
- "Talk to my family instead of just using technology"



Local impact

The feedback we received from the teachers showed that they found our talk to be very informative for the children.

"New for this year and it was a really valuable addition."

Teacher, Kelvin Grove School

"Well done! A very passionate speaker. The children felt the difference."

Teacher, Childeric School.

"Good pitch. New learning for children."

Teacher, Haseltine School.

Due to the overwhelming positive feedback from teachers and the interest from the pupils, the Lewisham Junior Citizen Scheme have asked Healthwatch Lewisham to have a permanent spot at the event.

Teenage Kicks

Last year we engaged with young people to explore their attitudes and experiences around sexual health and healthy relationships.

We carried out workshops at local secondary schools that covered the laws around sexual activity, helped raise awareness as well as signpost young people to local services.

Impact

We were asked by several secondary schools and the Young Lewisham Project to return this year and run our Teenage Kicks workshop with the new students.



(Fay teaching Teenage Kicks workshop at Bonus Pastor Catholic College)

Food for Thought

Residents told us that they felt young people's understanding of healthy eating was a major concern.

We responded by visiting primary schools in the borough and delivering an interactive workshop which helped the children learn about what is in their food and drink and the importance of regular exercise.

Our findings and recommendations can be found later in this report.

“Our young people always find your sessions, as part of our #independentliving so informative and engaging.”

Young Lewisham Project

Healthwatch Lewisham—healthy eating workshop

By Isobel Croot, Lily Holley, Sara Portaleoni De Freitas, Edie Schofield & Edie Szumska (King Class)

This half term, we had a visit from an engaging woman who works at HealthWatch, Lewisham. Not only was it interesting but it also taught us loads about healthy eating! In particular, we learned about what is inside the things we eat. Did you know that there is a whopping 54g of sugar in a can of Coke - that is way over a child's daily sugar allowance (which is 24g).

Everyone who attended the assembly should now be more aware of the dangers of too much sugar: diabetes in later life; tooth decay; and having a sugar rush followed by feeling tired. We learnt that it's better to have a balanced diet that includes plenty of fruit and vegetables.

(Our Food for Thought workshop mentioned in the Dalmain Primary School newsletter)

Accessible Information Standard

Following the introduction of the NHS Accessible Information Standard (AIS) we embarked on a project to assess the impact on local patient experience, and to assess local implementation of the standard.

The aim of the AIS is to ensure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with the standard.



We started our project by talking to organisations supporting people with sensory loss, people with learning disabilities and representatives of those groups. We wanted to find about their experiences of access and communication at local services.

We spoke to 76 people and engaged with eight organisations and community groups.

We found that:

- Many people with additional communication needs may not have the confidence to assert their needs or ask for help. Many may not be aware of patient choice or have access to relevant information.
- Many disabled people are continuing to be contacted by means that are not accessible for them, such as small print letters for people with sight loss and using the telephone to contact deaf people.
- People, especially those with long-term conditions requiring frequent contact with services, feel they often repeat themselves to the same providers and need to re-explain their communication needs.
- People with sensory loss or learning difficulties reported that the process of getting to their appointment from the reception area posed a great barrier. Many felt lost and confused, especially in larger waiting areas shared by many clinics and services.

We have used the experiences that these groups shared to develop a video which raises awareness around the communication and access issues that people with disabilities face.

Our report will be published in summer 2018, please visit www.healthwatchlewisham.co.uk for more information.

Disability Awareness Training

Our organisation is always trying to improve our engagement and reach more people. In light of this, our staff and volunteers attended Deaf Awareness Training to learn new communication tools and techniques to improve our engagement with this community.

We also undertook a sight loss awareness training, learning about the different causes for sight loss. We were able to experience the effects of sight loss by wearing glasses that simulate vision loss such as tunnel vision, cataracts and peripheral vision.

The team was put to the test by taking turns being led blind folded by a partner through tricky, narrow spaces. This gave us a first-hand experience of how someone who is partially sighted experiences navigating unfamiliar spaces.



MENTal Health

One of our priorities as chosen by Lewisham residents is Mental Health. By looking at the feedback we collect, we found that only 30% of the comments are shared by men. And only a minority of these discuss local mental health services.

In light of this, we have begun a project which focuses on men's mental health. We are looking to find out why there is a lack of early engagement with local services and what issues men face when accessing mental health services.

So far we have held three focus groups in partnership with Bromley and Lewisham Mind, Community Connections, Carers Lewisham and Downham Men's Group where we spoke to people who use mental health services. Our future plans include visiting public houses to allow us to engage with a greater number of men in a relaxed environment.

Our MENTal Health project will be completed in 2018/19. Please visit our website www.healthwatchlewisham.co.uk to find out more information.

“In early January 2018, I had the pleasure of Marzena Zoladz contacting me with an idea that would be both engaging; informative and would focus on men's mental health.

Marzena and I set about trying to find a suitable venue, arranging advertisement of the session and finding people to attend.

It was agreed that we would hold the meeting in South East Lewisham and use my contacts to arrange a venue. We decided to hold the meeting on Thursday 15 March at St John's Church, Whitefoot- which was an unusual space to hold a community event but we wanted a venue that had good transport links and was easily accessible.

It was a privilege working on the project with Marzena and we achieved an excellent piece of work which will hopefully go on to influence services providers going forward.”

Trevor Pybus, Community Development Worker, Community Connections



What we've learnt from visiting services

We have the statutory power to enter and view any health or social care service, to engage people who receive care under that service.

In order to have quality/high level services for residents we will seek to establish best practice and areas for improvements to enhance service provision. These are formally reported back to the service provider.

During 2017/18, we carried out **five** Enter and View visits in the borough.

Hospital Discharge

We conducted **three** Enter and View visits to assess patients' and carers' experiences of being discharged from hospital. Three separate visits were made to the discharge lounge at University Hospital Lewisham (UHL) where we spoke with staff, patients, carers and family members.



We found that:

- There is a good dialogue between patients and the nursing staff. The UHL discharge team were praised for being very positive, warm and welcoming towards patients.
- Patients felt they generally received a good quality of treatment during their stay.
- People felt there was poor internal communication between the nurses and the consultants and doctors.
- Those who used the discharge lounge were happy with the environment and cleanliness within the hospital.
- A significant number of patients felt they were not adequately involved in the decision-making process regarding their discharge plan.
- 42% of patients said that the information received prior to discharge regarding support services in the community needs improvement.

We recommended that Lewisham and Greenwich NHS Foundation Trust (LGT) incorporate the following recommendations:

- Provide additional training around internal communication would help to enhance the patient experience during the discharge process.
- Improve the signposting information about support services available after discharge. Make signposting information regarding support services after discharge readily available.
- Ensure medication required by patients is available at the time of discharge. This would help to significantly reduce the length of waiting times in the discharge lounge.
- Further develop staff training around patient and family involvement in the discharge process.

Local impact and outcome

As a result of our findings, Lewisham and Greenwich NHS Trust (LGT) have produced an action plan based on our recommendations. A summary of key actions are detailed below:

Communication

Following our report UHL have introduced a communication sheet in front of all medical notes for use by all involved in patient care. Staff have been reminded of the “#Hello my name is ...”; a Trust wide initiative scheme with the incorporation of yellow visible name badges to ensure that all staff introduce themselves and can be easily identified.

Medication

This report has been shared and highlighted to nurses, pharmacists and medical colleagues to ensure medications are ready the day before discharge.

Signposting resources

LGT will educate staff and develop an information leaflet / pack to signpost and inform patients, carers and family of relevant resources, support services, contact number for wards and advice. The Home First Choice letters / Leaflet will also address this once it becomes available.

Involving patients in the discharge process

The Discharge team have been asked to put training in place for discharge processes. There will also be a new campaign around discharge processes and the use of the discharge lounge.

“We are encouraged by Lewisham and Greenwich Trust’s pro-active response to our recommendations and look forward to seeing the full impact of the changes and developments in patient care and involvement with regards to discharge.”

Peter Todd, Volunteer and Involvement Officer, Healthwatch Lewisham

We also made two announced visits to care homes in the borough.

- **Waterfield Supported Homes - 55 Broadfield Road**
- **Brymore House**

55 Broadfield Road



Background:

Waterfield Homes provides personal care, support and accommodation for up to five people with mental health needs.

Findings

Residents of the care home told us that they were happy with their care. Staff also felt supported by the management team and felt they had received appropriate training. However, we found that neither of the residents that we spoke to socialise with other residents.

Therefore we recommended that staff actively encourage all residents to participate in day to day activities to support their independence and be part of the care home community.

Local impact

During our visit, we noticed that the cloakroom on the ground floor required a few renovations including the fixing of a poor lock fitting. We felt these improvements would help support the privacy and dignity of people using this space.

Since we shared our recommendations, the care home has already made changes to the cloakroom.

Brymore House care home

Background

Brymore House Care Home provides care, treatment and accommodation for up to 53 people. The service has two units, one which provides nursing care to older people and the other which provides intermediate care and rehabilitation.

Findings

Residents gave positive feedback about the staff and our Authorised Representatives observed staff being very attentive towards the residents during the visit. We saw the carers respond promptly to requests from residents.

Two residents required moving, the hoist was used properly and the required safety procedures and checks were carried-out before lifting the residents.

The staff told us that they felt supported by the management team and that they had received appropriate training. All staff commented on there being a positive team ethic within the care home.

A couple of family members attended the care home's regular monthly meetings which they find very helpful.

Our recommendations

- Removal of inappropriate boxes, old/broken chairs and general storage from communal areas.
- Cigarette ends are removed from the outside area on a regular basis.
- Encourage family members and other visitors to get involved in the activities programme.

We are waiting upon a response to our report and recommendations from the service provider.

Helping you find the answers



How we have helped the community access the care they need

With all the changes to health and care services it's not always clear where people should go to report an urgent issue, to make a complaint, or for further information.

We provide an information and signposting service for members of the public who live or access health and social care services in the borough.

We cannot give advice or make specific recommendations but we can help people make an informed decision in finding the right health and social care service, whether it is provided by the NHS, the Council or by a voluntary or community organisation.

If we are unable to answer an information request using our database of local services, we will endeavour to find a person or organisation who can bring a resolution.

People are able to access our service in a variety of ways:

- Contacting the office phone line
- Through our contact form found on our website
- By email
- By social media
- By speaking to one of our team at regular Engagement Hubs.

124 people contacted our signposting service during April 2017 to March 2018.

Over the last year, our signposting service has primarily supported residents to access local GP services. 72% of all signposting services received related to local people wanting the details of their nearest GP surgery.

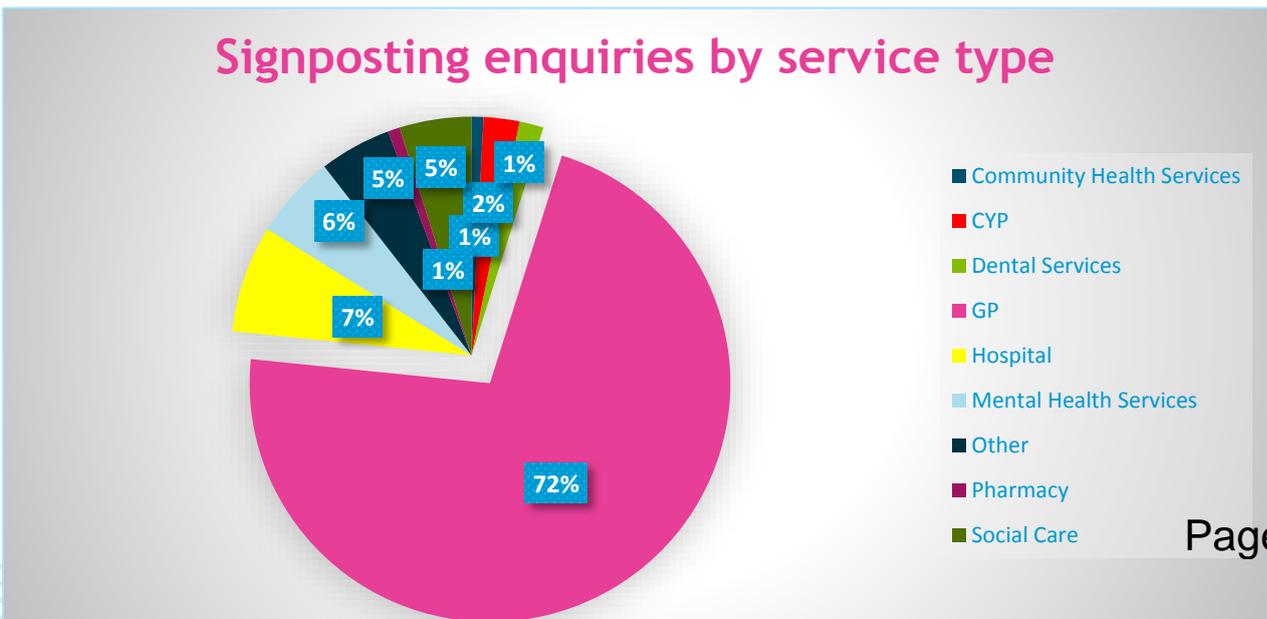
A commissioning development in the borough also caused local people to access our service.

Several people wanted further information about the decision to merge the Winlaton Surgery and the South Lewisham Group Practice. We signposted these residents to Lewisham Clinical Commission Group (CCG) who could provide more information about why these decisions were taken.

All information gathered is used to identify trends either in service areas or in relation to specific providers. Signposting enquiries are fed into our quarterly intelligence reports which is presented to key stakeholders and service providers in the borough.

Next year we will be involved in helping trial a new social prescribing tool which will allow people to find local health and wellbeing services via their phones. Our signposting team will use the app to help residents who are looking for community support in Lewisham.

To contact our signposting service please call **020 8690 5012** or email info@healthwatchlewisham.co.uk



Examples of signposting enquiries

Enquiry:

Mr A contacted our signposting service and told us that he was suffering from some mental health issues. He had visited his GP who had prescribed anti-depressants, however he didn't feel that the medication improved his health so discontinued using them. He explained that he would prefer to use other alternatives methods to medicine to help his mental wellbeing.

Outcome:

After listening to the gentleman's experiences and concerns, we provided him with links to information on the five ways to wellbeing and mindfulness. These are five steps that have been recognised by the government that everyone can take to improve their mental wellbeing.

Enquiry:

Ms B contacted our signposting service concerned that the council wanted to make the streets immediately around St John's Medical Centre surgery into resident parking only. She felt this would negatively impact on patients and carers who travelled to the practice by car.

Outcome:

We flagged this issue up with the Clinical Commissioning Group. They told us that they had not been informed by the Local Authority of any changes to parking around the clinic. We provided Ms A with their response and explained that if any future changes are proposed, we will raise the issue with the CCG again regarding patient access and local transport options.

Enquiry

Mr C is an elderly gentleman who contacted our signposting service wanting to know if there were any local activities available that would help him socialise. Mr C told us that he felt lonely since his wife died and that his children live far away. He finds it difficult to find activities and social connections due to his age.

Outcome:

We referred the gentleman to Community Connections. The organisation supports Lewisham residents to access local services that meet their needs. We also provided details of an arts session at the Albany which supports older people to have fun and socialise.

Advocacy

Our organisation continues to provide the Lewisham Independent Health Complaints Advocacy Service. We support residents in helping them make a complaint against local NHS services in the borough.

We have supported **90** new residents, and helped a total of **127** people in making a complaint against a local NHS service this year.

Analysis of our advocacy cases enables us to understand the key issues which are causing people to register an official complaint

Issues:

- **District Nursing**
Lack of communication between service and residents
- **Hospital**
Lack of internal communication
Lack of empathy/consideration from the medical staff
- **GP**
Access to appointments
Long waiting times to see the doctor
- **Dental services**
Poor quality of treatment
Misinformation prior to procedure
- **Medical records**
Difficulty retrieving medical records

Feature Case Study

The Problem

Ms W was struggling to engage with Lewisham and Greenwich NHS Trust about a number of issues when she was admitted to Lewisham hospital with abdominal pain. She wanted to know why she had not been admitted and diagnosed sooner, and was unhappy with the way she had been treated on a certain ward.

She had tried to complain herself at the time but had received a reply that did not give a full explanation of what happened or any apology.

The Actions

Ms W had trouble supplying original documents (related to her initial communication with LGT) both sent and received, therefore the advocate needed to contact the Trust to obtain copies directly from them. This helped the advocate get a fuller picture of the issues and what had already been done.

A further letter was drafted on behalf of Ms W expressing the outstanding concerns not addressed in the first response. The draft letter was read out to Ms W and amendments were made over the phone and added to the draft.

The final letter was then sent to the Trust requesting a local resolution meeting be held to answer Ms W's list of questions and for further explanation.

It was also requested that the meeting not be held in the main hospital as Ms W had been so traumatised by her experiences that she no longer wished to go into the hospital. A suitable compromise was found and the meeting was arranged in an adjacent building not normally available to the public.

The advocate accompanied Ms W and two other supporters to the meeting. Arrangements had been made for it to be recorded and a copy to be sent to the client afterwards so she could listen again or share with family members.



The Outcomes

The clinical staff present at the meeting were able to give a more detailed response as to why Ms W had not been admitted straight away, but apologised that they had not fully appreciated the pain she was in at the time and that staff had learnt that different patients present with pain in different ways.

Ms W also received an apology for the poor care she had received on the ward in question and heard that since her admission, there had been an almost complete change of staff and management of the ward. The meeting supplied 'ward dashboard data' as evidence of key improvements including staffing levels and safety checks.

Items of Ms W's property had also gone missing with little or no investigation. Following the meeting, some of these were found and returned after three years.

Ms W felt that she had had a much better response from the Trust at the meeting and was pleased that improvements had been made for the sake of other patients.

Feature Case Study

The Problem

“Ms X has many complex medical issues and receives care at a number of hospitals including King’s. There had been issues between Ms X and the PALS office in 2009 which led to them restricting her access to them by a third party only. The hospital reminded her of the restriction once again in 2016 when she tried to contact them.



Ms X felt that after 7 years, the hospital should review the situation but felt she was in a difficult situation and needed advocacy support.

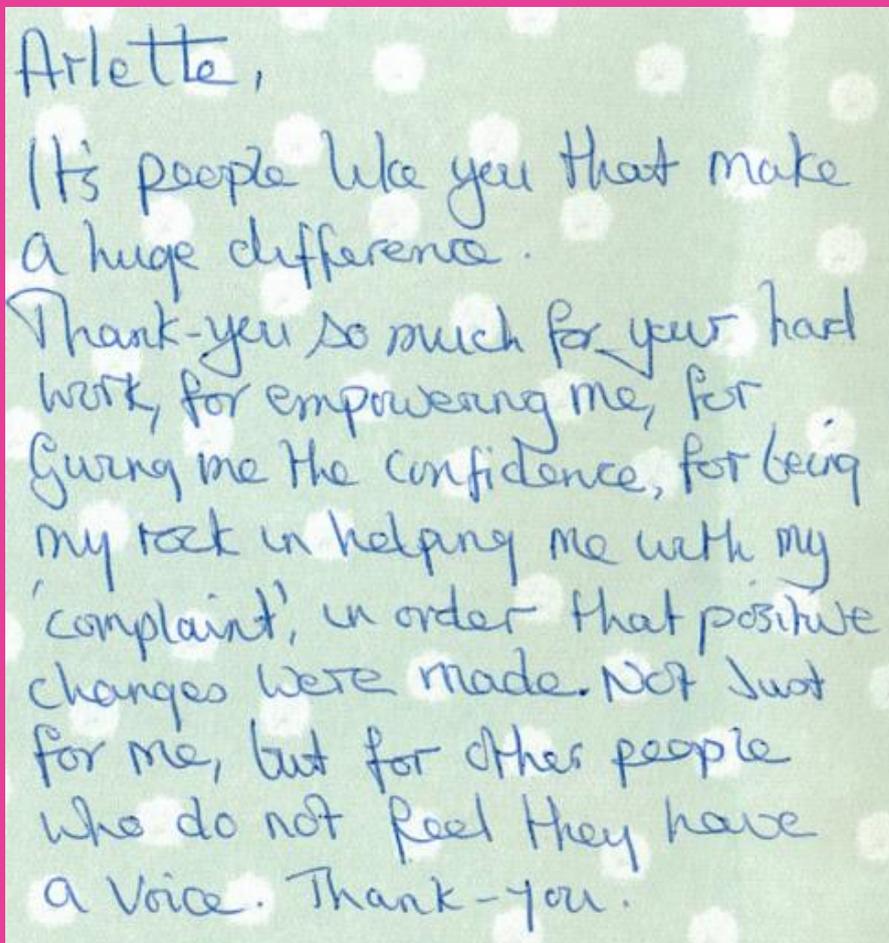
The Actions

Our advocacy service, in close contact with the client, wrote to the Trust on her behalf requesting a review and offering to meet to discuss the situation.

The Outcomes

Initially the Trust said it would only allow limited access via email. Following further discussions with Ms X and drafting of replies, the advocate/client challenged the email-only contact as being unreasonable and counter to the purpose of PALS. A further response from the Trust was received lifting the restrictions altogether and so giving Ms X the same access to PALS as other King’s patients.”

What our clients said

A photograph of a handwritten note on lined paper. The text is written in blue ink and reads: "Arlette, It's people like you that make a huge difference. Thank-you so much for your hard work, for empowering me, for giving me the confidence, for being my rock in helping me with my 'complaint', in order that positive changes were made. Not just for me, but for other people who do not feel they have a voice. Thank-you." The paper has horizontal lines and a light blue background with a subtle pattern of small white dots.

Arlette,
It's people like you that make
a huge difference.
Thank-you so much for your hard
work, for empowering me, for
giving me the confidence, for being
my rock in helping me with my
'complaint', in order that positive
changes were made. Not just
for me, but for other people
who do not feel they have
a voice. Thank-you.

Arlette,
It's people like you that make a huge difference. Thank
you so much for your hard work, for empowering me,
for giving me the confidence, for being my rock in
helping me with my 'complaint', in order that positive
changes were made. Not just for me, but for other
people who do not feel they have a voice. Thank you.

Advocacy Client

What our clients said

“The service was very quick, efficient and affective. Mandy Millward has done a good job!”

(Ms A)

“Very helpful service, my issue would not have been resolved so quickly without their support.”

(Mr B)

“Mandy,

I want to say huge thank you for your support and advice on my case. The work you do is really valuable and I hope you and the organisation continue the great work.”

(Ms C)

Making a difference together



How your experiences are helping to influence change

An essential part of influencing decision makers is ensuring that all the views, stories and experiences we capture are heard by those in charge of health and social care services.

Our primary method of doing this is by producing reports and submitting them to the relevant providers and commissioners.

During 2017/2018, we published ten reports:

- **Healthy Eating/ Food for Thought report**
- **Hospital Discharge Report**
- **Waterfield Supported Care Home Enter and View report**
- **Brymore Care Home Enter and View report**
- **Manley Court Care Home Enter and View report**
- **Penerley Lodge Care Home Enter and View report**
- **Welcome Care Home Enter and View report**
- **Junior Citizen Scheme report**
- **Social Care report**
- **GP Patient Information Audit report**



Food for Thought

Young children need to be educated around healthy eating earlier says Healthwatch Lewisham

During the last year, we carried out Food for Thought - a project wanting to find out how much young people in Lewisham understood about healthy eating.

Residents had told us that they felt this was a major issue for us to look into. The borough also has a high proportion of children identified at risk of obesity.

As part of the project, we developed and delivered healthy eating workshops at nine primary schools and attended local summer festivals speaking to over **1,000** children, parents and carers.

To help the children learn about the importance of a healthy and balanced diet, we asked them to identify which foods fall under the different food groups. Empty fizzy drink bottles were also used to show how much sugar is contained in each drink.

We found that the children were often surprised at the amounts of sugar and salts in foods. Many children also didn't know how to read labels to find nutritional value or the content of fats, salt and sugars.

Based on the findings from our project, we believe that there is a big advantage to educating young children about healthy eating. Earlier education might help combat health problems in later life.

We also encourage schools to hold healthy eating sessions with parents and teaching assistants to help reinforce good habits - especially in areas of high deprivation.

Impact

Since running this project we have already seen positive changes at two local schools.

-  **Sir Francis Drake School have reviewed their packed lunch and dinner policies in order to make it healthier.**
-  **Althelney School are going to allow pupils to bring bottled water into class.**

For our full findings and recommendations, please visit www.healthwatchlewisham.co.uk

What you told us about social care in Lewisham

Across Lewisham, there is a growing demand for residential and nursing provision for older people, as well as ‘considerate unmet need’ around carers’ provision in the borough. Lewisham Council and the NHS Lewisham Clinical Commissioning Group have predicted the population to grow, particularly within the over 65 demographic.

There is clear scope to develop local social care services to support people to live independently at home.

In light of this we embarked on a project across the London Borough of Lewisham looking into the social care needs and experiences of the population. Our work focused on accessibility issues, social care assessments, care package provision and quality of care.

We found that communication with social services and access to support was a concern.

Lewisham residents shared experiences of having to wait on the phone for long periods when contacting social care services. Care workers in the borough were valued and appreciated. However, the quality of provision is inconsistent and, in some instances, requires improvement.

Service users stressed that reliability and continuity of the home care worker and their adherence to the care plan were necessities in receiving a good level of care. Residents also told us that unpaid carers play a key role in ensuring the health and well-being of those who receive social care support.

However, they often experience high levels of pressure and stress. There is a fear, that as a result, unpaid carers could experience a deterioration of both their mental and physical health.



We developed a set of recommendations to tackle the issues raised in our report. Our recommendations included:

- A clear protocol to inform service users of any change in care provision or care worker absence as well as subsequent cover arrangements.
- Clear information to be provided to service users around how to raise concerns and/or complaints about their care.
- Streamlining telephone access to social care services and reducing waiting times will improve people’s experience.

Impact

As a result of our findings the London Borough of Lewisham have provided a response based on our recommendations.

“In response to this feedback, we are going to accelerate the work we are doing on the provision of information to service users (about their package of care and relevant contact details) as well as ensure that the concerns raised in this report feed directly into the wider systems improvement work that is also underway.” **Joan Hutton, Head of Adult Social Care, Community Services, London Borough of Lewisham**

For the full report and response, please visit our website www.healthwatchlewisham.co.uk

Themes from our social care report

Access

It is key that people are able to contact social care services when they need to by means that are accessible for them such as telephone call, text, email, etc.

Having to wait on the phone for long periods when calling social services was raised as a barrier and should be addressed.

People would welcome a prompt response after they make contact with social care services.

Social activities are valued by people with learning disabilities. There is a need for an increased variety in activity provision.

Quality of care

It is essential for front line staff to be kind, caring, friendly and sensitive to cultural, equality and diversity issues.

Consistency of the care workers is vital along with good continuation procedures in case of absence.

Punctuality is an important part of providing good social care. Planning of the care worker rota should consider traffic levels and commute times.

Ensuring the care plan is adhered to; for example, completing required tasks and spending allocated time fully with the client.

Care workers are valued and appreciated. However, the quality of the provision is inconsistent and, in some instances, requires improvement.

Communication

Language used by social care staff, especially care workers, is important for patients and carers. It is vital to use clear language that is free of jargon.

Being treated with dignity and respect is a key aspect of providing good care.

It is important to provide accessible information and communication methods, such as phone calls for those who do not use the internet.

Clear explanation of eligibility for social care services is required.

People appreciate it when their different care options available are clearly explained to them.

Carers

Provision of a respite break is valued by carers. It helps to maintain their good health and wellbeing.

Many carers reported being under a lot of pressure and stress. It was felt that the mental health of carers should be considered by social care services.

It is important for carers to have a meaningful input into the assessment process for the person they support.

GP Patient Information Audit

We conducted a project to assess the consistency and accuracy of GP out-of-hours answerphone messages, website information and complaint procedures across Lewisham.

We carried out a comprehensive review of all public facing information provided by the borough's 43 GP practices.

We found that

- There is a lack of consistency in telephone and website information for patients in Lewisham.
- 51.5% of those surveyed had used the out of hours services as recommended by their GP practice telephone messages. Of those who had used out of hours services, 52.8% were satisfied with the service provided locally and felt their health needs had been met.
- 68.2% of patients surveyed stated they had never consulted their GP practice website for information regarding local health care services.
- GP telephone messages were often recorded with a significant amount of background noise which affected the clarity and audibility of the public facing messages.
- There was limited use of online services for either booking appointments or signposting information in the sampled population.
- There was good provision for people for whom English is a second language, with over 140 translations available on many GP websites.

Our recommendations

- All information on GP answer machines should be recorded in one message, without patient's having to press buttons for further information.
- Further work is needed to increase awareness of the GP out-of-hours services within Lewisham to improve patient experience and patient outcomes. Further promotion of the new extended access service for patients would be beneficial.
- We also recommend that Lewisham GP practices update their website information regularly to enable patient access to accurate information and the appropriate out-of-hours service.
- GP practices that have the facilities in place should allow patients full access to view their medical records online.
- GP practices should ensure that sufficient details regarding complaints procedures are made available online and displayed in all reception and waiting areas.

Impact

Our report was presented at the Lewisham Primary Care Commissioning Committee which makes decisions on the review, planning and procurement of primary care services in Lewisham which includes GP Practices.

To read the full report please visit www.healthwatchlewisham.co.uk

Working with other organisations

Reporting is just one of the ways that we ensure the patient voice and experience is at the heart of service design and implementation.

The relationships we have built with commissioners and providers have allowed patients, service users and the public to influence changes in health and social care services.

Sustainability and Transformation Partnership

We continue to be involved with the development of the Our Healthier South East London (OHSEL) programme.

In 2016/17, OHSEL transformed into the NHS Sustainability and Transformation Partnership (STP) for south east London. Each STP exists to ensure that health and care services are based upon the needs of local populations.

We continue to feed local intelligence directly into the programme.

Last summer, OHSEL organised six public events across south east London which were designed to raise overall awareness of the STP to a wider audience. The events aimed to explain different parts of the programme and allow public feedback to shape local services.

We supported the Lewisham event by listening, gathering, and supporting people articulate their questions for a panel of experts.

“We would like to thank Healthwatch for their outstanding help in this public engagement.

Ahead of the events they promoted the engagement programme through their contacts; at the events they had stands giving information and, importantly, helping people to frame the questions they wished to ask in the Q&A sessions.”

Clive Caseley for Verve Communications Ltd

6SEL



(SEL Healthwatch at the Healthwatch Network Awards)

Our collaborative working with our five-neighbouring south east London Healthwatch colleagues was recognised by being highly commended at the Healthwatch Network Awards 2017.

Our partnership work evaluating the NHS England's winter communications across the six boroughs was shortlisted for the 'Local Healthwatch working together' award.

Through our engagement, we found that Awareness of NHS 111 and the GP Access Hubs is highest amongst people aged over 65. There also did not appear to be a correlation between awareness of services and the digital campaigns.

We discovered that information provided at GP practices in leaflet, poster and verbal form was the most effective way to communicate with people who used these services rather than digitally.

Local Healthwatch was also found to be popular source of information and a positive means of spreading awareness to the general public.

For the full report, please visit www.healthwatchlewisham.co.uk

Lewisham Clinical Commissioning Group

We have a strong working relationship with the Lewisham Clinical Commissioning Group (CCG) and continue to represent local residents on many of their committees and boards.

We meet regularly with the communications and engagement team to ensure our work priorities and outreach efforts are co-ordinated.

We have supported them with various campaigns such as the Walk-in Centre consultation, OTC consultation, winter resilience, service pathway development and public engagement initiatives.

Our reports are regularly presented at their various committees.

We also helped residents to frame questions at the Pan Lewisham Patient Participation Group (PPG) event. The event offered an opportunity for PPG members to input into ongoing work to improve access to GP services in the borough.

“The clear and incisive reports presented by Healthwatch Lewisham have been invaluable for the CCG in deepening our understanding of patients’ experiences and their views of the health services we commission.

The CCG would not be able to carry out its quality assurance duties half as well without the vital insight that Healthwatch provide.”

Graham Hewett. Associate Director of Quality, NHS Lewisham CCG.

Care Quality Commission

We maintain a good relationship with the Care Quality Commission (CQC)

All of our reports are shared with the CQC to add local insight to their work.

We ensured that all of our findings from our Enter and View visits to the University Hospital Lewisham Discharge Lounge and local care homes were fed into the CQC’s intelligence.

We promote every consultation and CQC rating of local services through our communications network, which includes our e-Bulletin, website and social media platforms.

We did not feel it necessary to make any direct recommendations to the CQC in the last year.

Do health and care services know what you really think?

By sharing your ideas and experiences you can help services hear what works, what doesn't, and how care could be better in the future.

Tell us what you think and help make care better.

it starts with **YOU**

Supporting **NHS70**

healthwatch
Lewisham

South London and Maudsley NHS Foundation Trust

Over the last few years we have built a close working relationship with South London and Maudsley NHS Foundation Trust who provide mental health services in the London Borough of Lewisham

“South London and Maudsley NHS Foundation [SLaM] have benefited from partnership working with Healthwatch Lewisham [HWL] during the past year.

The evidence highlighted in their ‘Accessible Information Standard in Lewisham’ report has helped inform the development of the Trust’s integrated equalities action plan. It was particularly helpful as the report contained feedback and recommendations, aimed at improving the patient experience, from community organisations supporting people with sensory and learning disabilities.

HWL has supported the development of a Lewisham Black and minority ethnic [BME] Independent Advisory Group, consisting of people from local communities who have an interest in mental health care. The Lewisham Independent Advisory Group will be working in partnership with SLaM staff to improve the access, experience and outcomes of BME service users, carers and their families who use SLaM service.

HWL have contributed to our annual quality accounts which is requested by the Care Quality Commission. We appreciate that they take time to draw feedback on intelligence they have received on the Trust from local people - this gives us good insights and helps to inform our priorities going forward

The Trust holds quarterly local Healthwatch and SLaM meetings, and would like to thank HWL for their attendance at these meetings, which keeps us up to date on their work, gives an opportunity to explore ways to collaborate and an opportunity to share and disseminate information through their networks of local Lewisham residents and interested parties.”

Zoe Reed, Director of Organisation and Community at SLaM

Homeless Summit

We took part in the Homeless Health Workshop which was led by Public Health and Lewisham CCG.

The event saw organisations across the borough come together to better understand the challenges faced by the homeless accessing local services.

We shared the experiences we collected as part of our Banking on a Meal report to ensure the voice of residents are taken into account in future strategies and service improvements.



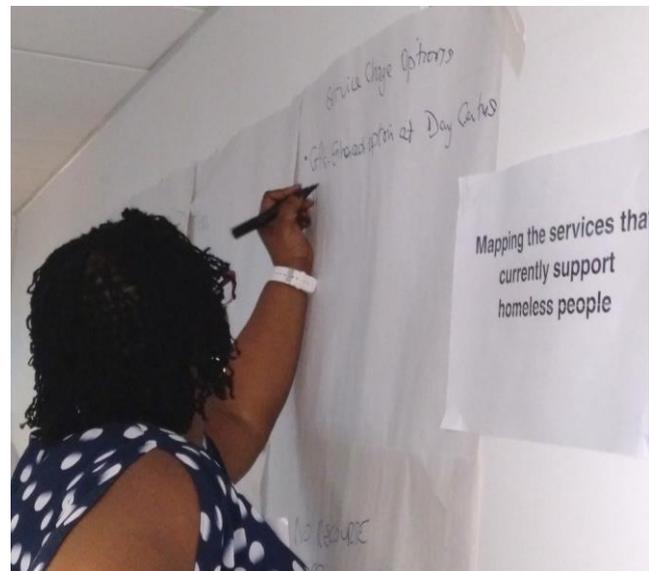
Quality Accounts

We respond annually to the Quality Accounts of the NHS trusts and providers delivering services across the London Borough of Lewisham.

These are:

- **Lewisham and Greenwich NHS Trust**
- **South London and Maudsley NHS Foundation Trust**

We regularly meet with the NHS Trusts and submit relevant intelligence and insight from our routine engagement.



Folake mapping local services at the homeless summit)

Impact:

Our evidenced based feedback allows us to directly respond to the providers' performance and delivery over the last financial year, and to ensure patient experience and engagement is at the heart of their work.

Healthwatch and Friends



In April 2017, We held our annual showcase - Healthwatch and Friends in partnership with Healthwatch Bromley.

At the event we shared our achievements over the past year, heard the voices of those we had worked with and looked ahead to our work in 2017-18.

80 people attended our annual showcase.

We also incorporated a Market Stall into the event where attendees had the opportunity to network with other local charities, community organisations and service providers.

We received extremely positive feedback about the event.

“It was a well planned, fun and most importantly informative event! I really admire the hard work and passion from Folake and the other Healthwatch staff.”
(Lewisham resident)

“I enjoyed how funny and personable the presentations were. I also liked how presentations were brought to life with guest speakers.”
(Lewisham resident)

“Healthwatch’s market place event gave our organisation South East London Vision a platform to network amongst community organisations from Lewisham and Bromley and to promote the needs of people living with sight loss. It’s also been great to see Healthwatch’s commitment to ensuring health services are accessible to people with sight loss.”

Jonathan Ward, Development Manager, South East London Vision

How we've worked with our community

A core value of our organisation is to involve local people in our work.

By helping to raise awareness at local events as well as sharing our intelligence at stakeholder meetings, their dedication enables us to further our reach.

Our volunteers are heavily involved in all aspects of our engagement projects enabling local people to influence our direction.

Their support at our engagement hubs enables us to hear more of the public's experiences.

Sugar Smart

This year we were officially certified as Sugar Smart.

Sugar Smart Lewisham is a joint campaign with the Jamie Oliver Food Foundation and the food charity Sustain to tackle the issue that we consume too much sugar.

We have pledged to run healthy eating workshops with local residents and educate them about the importance of maintaining a balanced diet.

We have already reached over **1,000** children and adults. So far we have provided sessions at **nine** primary schools and **eight** voluntary and community organisations.

We will continue to spread this important message throughout the borough.



(The team with our Sugar Smart Certificate)

OTC Consultation

During the last year, Lewisham CCG sought the views of the public on proposed changes to what is available on prescription in Lewisham. They were proposing to no longer support the routine prescribing of health supplements and self-care medications for short term minor illnesses and injuries that will get better over time.

Several of our volunteers helped support this project and our evidence was shared with the CCG. The work helped ensure that residents were able to have their say on the prescription consultation.



Diabetes Peer Support Groups



(Photos of our Diabetes Awareness Event)

This year we have set up a diabetes peer support group in each local neighbourhood, in the London Borough of Lewisham.

They are an opportunity for people who have been diagnosed with Type 2 diabetes to chat about their condition in a relaxed environment.

Our groups provide support and offer advice around exercise, nutrition, motivation and mental wellbeing.

The groups allow us to understand residents views of local diabetes services.

Diabetes Awareness Event

In November 2017, 31 residents turned out for our diabetes awareness drop-in event.

Taking place at the Good Hope Cafe, PLACE Ladywell, people were able to find out more about the Type 2 condition and what local services are available. The event also saw the launch of our Diabetes Peer Support Groups in the borough.

As part of self-care week 2018, we will be holding a Diabetes Showcase which will demonstrate the achievements of our peer support groups.

For more information, please visit our website www.healthwatchlewisham.co.uk

Partnership and Representation

We are part of many strategic and operational meetings, groups and networks and provides feedback on experiences of health and social care. Our staff and volunteers represent Healthwatch Lewisham on various key partnership groups and meetings in the borough, which enables us to voice the public's views directly to commissioners and service providers.

We continue to maintain an active representative on the Lewisham Health and Wellbeing Board.

Our representative is supported in this role through the provision of regular work updates and discussing issues that have been found through our engagement at Work Plan Committee Meetings. This enables our representative to raise concerns and highlight issues on behalf of local residents.

Partnership Groups and Meetings	
Meeting	Host Organisation
Antimicrobial Resistance (AMR) Public Involvement	Public Health Lewisham
Lewisham Adult Safeguarding Board	Lewisham Council
Lewisham EPIC Meeting (Engagement, Participation, Involvement Committee)	SLaM
Lewisham and Greenwich Patient Experience Committee	LGT Trust
Lewisham CCG Governing Body Meeting	Lewisham CCG
Lewisham CCG Integrated Governance Committee	Lewisham CCG
Lewisham CCG PEEF	Lewisham CCG
Lewisham CCG Prescribing and Medicines Management Group (PPMG)	Lewisham CCG
Lewisham Community Development Steering Group	Lewisham Council
Lewisham Food Partnership Meeting	Multi Agency
Lewisham Health and Wellbeing Board	Lewisham Council
Lewisham Maternity Voices	MSLC
Lewisham Mental Health Joint Consultative Partnership Board	Multi Agency
Lewisham Primary Care Joint Committees (PCJC) Meeting in Public	Multi Agency
Local Healthwatch Leaders Group	Healthwatch
Our Healthier South East Equality Group	OHSEL
Our Healthier South East London Patient and Public Advisory Group	OHSEL
South East London CCG Stakeholder Reference Group	South London CSU

Our plans for next year



What next?

2018/19 promises to be a challenging but exciting year ahead for our organisation.

There will be changes to the staffing structure due to Community Waves no longer delivering Healthwatch in Bromley.

We chose our priorities based on what residents told us about their experiences of local services, as well as using data regarding the health and social care issues affecting the London Borough of Lewisham.

Over **100** residents answered our priorities survey, thank you to everyone who took time to share their views and experiences.



(Chief Executive Folake Segun at our annual showcase)

We are also moving office with the team being based at the Old Town Hall in Catford.



Our top priorities for next year

1. Mental Health

2. Access to Services

3. Disadvantaged Groups



We have started putting together our workplan and here are some of our planned projects.

- Ladywell Unit Enter and View
- Revisiting of children's understanding of mental health at schools
- Project around the frailty pathway
- Social Prescribing

Our men's mental health and Accessible Information Standard projects will be completed in the next financial year.

We will continue to gather patient feedback through our general engagement at hubs, summer festivals and through our Feedback Centre to ensure that we still hear experiences that may fall outside our priorities.

In the year ahead we will ensure that Lewisham residents remain at the heart of health and social care decisions in the borough.

We will also enable people from all backgrounds and communities to have a say on their local services.

Our people



Decision Making

Community Waves Trustee Board

Community Waves Ltd has held the Healthwatch contract for the London Borough of Lewisham since April 2015.

Community Waves specialises in effective engagement and involvement that impacts on community wellbeing and development.

Our Trustee Board has been responsible for making sure that we have met our statutory obligations and set strategic objectives during 2017-18.

Trustees, who are all volunteers, abide by a clear set of policies and procedures including guidelines on conflicts, interest, equality and diversity and a code of conduct.

Our Trustee Board met 5 times throughout the year. All minutes can be found on our website www.healthwatchlewisham.co.uk



(Our Trustees and Chief Executive discussing our next steps as an organisation)

Our Trustees

Linda Gabriel (Chair), Leslie Marks (Vice-Chair), Dr Magna Aidoo, Nigel Bowness, Dr Brian Fisher (Left April 2017), Geraldine Richards, Bev Tanner (Treasurer), Margaret Whittington

Healthwatch Lewisham Work Plan Committee



(A meeting of our Work Plan Committee)

The committee plays an important role in overseeing Healthwatch Lewisham's strategic direction, advising, monitoring progress against our work plan.

Our members bring a range of skills and knowledge to the Work Plan Committee. They embody a variety of different backgrounds and experiences, reflecting communities in the London Borough of Lewisham.

The committee uses their expertise to inform and influence the projects and work we do at a grassroots level.

This year our committee has grown, welcoming a new member with experience in commissioning and delivering health services.

The Work Plan Committee met **4** times during this year, with all minutes being published on our website.

Over the last year our committee has focused on a wide range of topics, ranging from social care provision, hospital discharge and healthy eating. Our input has helped shape the new Lewisham Community Specialist Palliative Care Service. We were also involved in Lewisham Adult Safeguarding Body's review of safeguarding procedures for the CCG, Lewisham and Greenwich Trust, SLaM and the national probation service.

Members bring patients and service users voices to the Health and Wellbeing Board, Healthier Communities Select Committee, Lewisham Safeguarding Adult Board and the CCG Governing Body amongst others.

The committee continues to work closely with local organisations and providers to ensure local residents receive the best health and social care services possible.

Dr Magna Aidoo, Chair of the Work Plan Committee

Our Workplan Committee

Dr Magna Aidoo, Nigel Bowness, Linda Gabriel, Michael Kerin, Geraldine Richards, Bev Tanner

We are looking for people to join our Work Plan Committee

We are looking for dynamic and committed applicants who will bring their own skills and experiences to help shape the work we do across the London Borough of Lewisham.

Please watch our video to give you a flavour of the role and a chance to hear from current committee members.

To ensure that our Committee represents the diverse nature of the borough we are interested in hearing from all communities.

Work Plan Committee membership is on a voluntary basis. A detailed role description for committee members can be found by clicking [here](#). To apply, please complete the following [application form](#) and [equal opportunities monitoring form](#), and return to info@healthwatchlewisham.co.uk.

Hard copies are also welcomed.

For an informal discussion about the role, or for any further inquiries, please contact Marzena Zoladz on marzena@healthwatchlewisham.co.uk or **020 8690 5012**.



Our volunteers

We say it time and again but our organisation would not be able to achieve half of our goals without the contribution of every single one of our volunteers.

They help us in so many ways from hearing your experiences at hubs, carrying out Enter and View visits into local services and providing high level representation at meetings across the borough to name just a few things.

Bringing valuable skills and knowledge from a variety of backgrounds, we are able to draw upon the experiences of our volunteers to make a real difference. We ensure that they are able to influence decisions made at every stage of our projects.

28 local residents have supported us in 2017/2018.

Our volunteers have contributed over 1,172 hours during the last year, which is the same as 167 working days.

We value their incredible contribution and strive to support them by giving something back.

A key focus of ours was to develop an in-depth training programme for volunteers. We ran 14 individual sessions throughout the year which provided an opportunity to develop new skills or build on existing experience and knowledge.

We offered the following training:

- Enter and View training
- Engagement Hub training
- Vision impairment training
- Deaf awareness training
- Public Speaking
- Aiming to succeed (time management introduction)
- Dementia Friend's training
- Planning and how to make an impact through your work

We understand that some of our volunteers join us to help improve their employment prospects. That is why we are happy to announce that **four** of our volunteers have secured employment.

Arlette's Arrival

2017/18 also saw one of our volunteers Arlette Meli join the staff team as a part-time Lewisham Independent Health Complaints Advocate.

Recognition

In November 2017, our volunteers were collectively nominated for the Lewisham Mayor's Award for voluntary contribution.

The Mayor's Award was launched to recognise the voluntary contributions of individuals, community groups and local business to communities in Lewisham.

Unfortunately we did not win but we are proud that the hard work and dedication of our volunteers was recognised.

For more information on volunteering with us, please visit www.healthwatchlewisham.co.uk



(Our Volunteer Barbara at the Mayor's Award ceremony.)

Meeting our volunteers

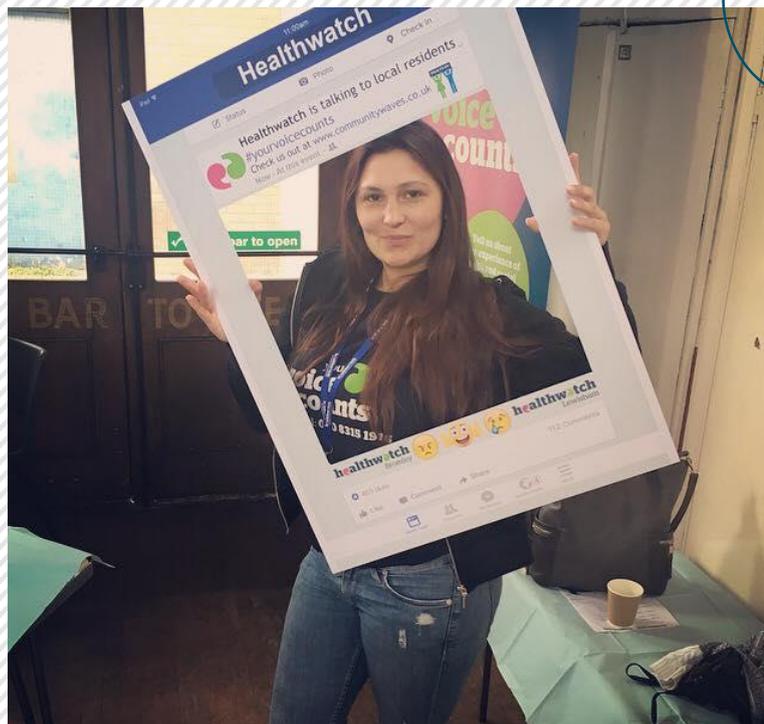


Charlotte

I began as a volunteer for Healthwatch Lewisham as a part of my degree with Goldsmiths university. Choosing Healthwatch as my placement organisation was an easy decision, as I had Fay as my placement supervisor, and on the first meeting we had gave me the feeling that it was a professional setting with character, and interested me further as Lewisham is my local borough and community.

I began by doing my first outreach hub at the local CAB, and appreciated that I was trusted enough to carry out the outreach work on my own. The time spent at various hubs meant I was able to gain valuable information and opinions from the public about the local services. I visited services and met people that I perhaps would not have had the chance to, if it were not for Fay and the other members of the team trusting me to take on the hubs. With the information I gained through the hubs, I was shown how to input the data, and also shown techniques of formatting and converting information into accessible text for people with sight and hearing difficulties by Marzena and Mandy.

Throughout my university course so far, there has been a big emphasis on the importance of experiential learning, and reflective practice and completing my placement with Healthwatch has been perfect for this. The characters and atmosphere amongst the team, and having Fay as my supervisor with her relaxed, knowledgeable and down to earth manner has really helped me feel at ease and I couldn't have chosen a better place! Although I have completed my 250 hours required for me to pass this part of my course, I'm still continuing to volunteer and grasping any opportunities I can with HWL.



Jamey

“I’ve been volunteering for Healthwatch Lewisham for some time. My time with HWL has seen me do a lot of different things from talking to people about their experiences to helping out in the office. Volunteering has improved my confidence and made me take part in challenges that I would not normally do. I enjoy working with the team and the other volunteers. I look forward to whatever is coming next in the world of Healthwatch, as I feel that the things I experience will help me in later life.”

Simba



Volunteer Role at HW: Media and Communications Support

What does your role involve?

Supporting the media and profile function within Healthwatch to promote the brand, as well as support creative projects to showcase our work.

Why did you choose to volunteer with HW?

Having viewed the role description it was ideal for me. The role allows me to learn and develop my skills in design and communication.

What has been your favourite moment at HW?

My favourite moment was able to see the video I created be shown at the Healthwatch Annual Showcase in April 2017. With it being the first time I have ever done something like this it was extremely uplifting to hear such positive comments about the video.

What has been your best personal achievement while volunteering?

Speaking at a local volunteer awards was a big step for me. I have never previously done any public speaking so it was a big deal to talk about my experiences of volunteering in front of a room of over 100 people.



Arlette
Linda
Carolyn
Dannie
Barbara
Sheila
Alice
Nick
Abi
Jen
Michael
Jennifer
Simba

Thank you to our volunteers!

Magna
Leslie
Nigel
Geraldine
Ossian
Lola
Katie
Bev
Jamey
William
Charlotte
Natalie
Helen
Angelica
Jovia

All of our volunteers deserve the spotlight. We would like to take this opportunity to thank all of our volunteers who have given their time to support us this year.

Join our Healthwatch family



(Staff and Volunteers and People's Day)

Now that we are moving to Catford, we are looking for more volunteers to join our family.

We would not be able to hear as many views on health and social care services without the help of our amazing team of volunteers.

At Healthwatch, we understand that every volunteer is different. So we have a variety of roles to fit everyone's needs.

These include:

Data input volunteer

We capture the public's views of health and social care services in the borough. We need someone with good computer and administration skills to help us enter data gathered by our team onto our system. This is an opportunity to work in our vibrant and friendly office.

Engagement and outreach volunteer

To enable us to hear as many views and experiences of Lewisham health and social Care services we carry out hubs at local hotspots. This includes talking to residents at GP

Practices, Hospitals, Libraries, We are looking for volunteers to help support us at our hubs and help gather the views of local people.

Enter and View Authorised Representative

We looking for volunteers to support us observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Independent NHS Complaints Advocacy support volunteer

We are looking for a local volunteer with empathy, great communications skills and a non-judgmental approach to help support our part-time NHS complaints advocate. The role is varied from researching local events and information to making calls to the NHS complaints teams on behalf of clients.

Office Admin volunteer

We are looking for an individual to help support our team ensure that the Healthwatch office runs smoothly. Tasks will range from answering the phone and addressing the needs of the public to assisting with office organisation.

Communications and social media volunteer

We are looking for someone to provide support to the Communications Officer to develop our communications and media network throughout Lewisham. You will have the opportunity to help with our social media, website, e-Bulletins, and help us be heard by more and more residents.

All of the role descriptions can be found on our website

www.healthwatchlewisham.co.uk

If you are interested in any of the above opportunities or would like more information, please contact Fay Russell-Clark on **020 8690 5012** or fayrc@healthwatchlewisham.co.uk.

Our finances



Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	107,428
Additional income (Lewisham Independent Health Complaints Advocacy Service)	50,000
Total income	157,428
Expenditure	£
Operational costs	29,462
Staffing costs	115,730
Office costs	12,236
Total expenditure	156,428
Balance brought forward	£0



(Our staff team engaging in a health and wellbeing activity)



Contact us

Tell us your experiences of health and social care

We want to hear from as many of you as possible about your experiences of health and social care services in Lewisham.

The more we hear from you the more effective we can be in representing you and helping to improve services.

You can contact us by:

- Sharing your experiences in the Feedback Centre on our website: www.healthwatchlewisham.co.uk
- Email: info@healthwatchlewisham.co.uk
- Telephone: 020 8690 5012
- Write to us:
Healthwatch Lewisham,
Old Town Hall
Catford Road
London
SE6 4RU

Sign up to our mailing list

If you want to keep up with the work of Healthwatch Lewisham, then contact us and tell us that you want to join our mailing list.

Alternatively, you can sign up by visiting www.healthwatchlewisham.co.uk and entering your email address at the bottom of the homepage in the 'subscribe to our mailing list' box.

We will send you our bi-weekly e-bulletin and you will also hear about our latest reports and opportunities to get involved.

Our Volunteers

Volunteers are central to our work. We already have a fantastic team of volunteers who help to capture views and experiences of health and social care and who represent patients and service users in meetings across the county.

Please get in touch if you are interested in finding out more about volunteering for Healthwatch Lewisham.

Events

We take part in a large number of events across Lewisham. When you see us, please come up and say hello and tell us about your experiences of health and social care.

If you are organising an event and would like us to be involved, then we would love to hear from you.

Please see here for our events:

www.healthwatchlewisham.co.uk/events

Online

You can also keep in touch with our work and download our latest reports and newsletters at:

www.healthwatchlewisham.co.uk

Also, keep in touch through social media at:



Healthwatch.Lewisham



@HWLewisham



We will be making this annual report publicly available on 14 July 2018 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Lewisham Clinical Commissioning Group, Healthier Communities Select Committee and Lewisham Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.



Healthwatch Lewisham
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fb: facebook.com/Healthwatch.lewisham

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Healthier Communities Select Committee		
Title	Overview of the Adult Social Care service	
Contributor	Executive Director for Community Services	Item 7
Class	Part 1 (open)	September 2018

1. Summary

1.1. This report and appended information aims to provide:

- an introduction to the principles and priorities guiding the Adult Social Care service
- an overview of the customer journey through Adult Social Care from contact to provision of appropriate care and support,
- an overview of the current performance of the service
- measures being taken to improve the operation of the service

2. Recommendation

2.1. The Committee is recommended to:

- Note the information provided within this report

3. Policy Context

- 3.1. In allocating resources to adult social care services, the Council seeks to ensure that those with the most needs receive the community care services they need to maximise their independence and to enable them to live in their own homes in their local communities wherever possible.
- 3.2. This supports the Sustainable Community Strategy priority of Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and well-being.
- 3.3. It also supports the Council's corporate priorities of: caring for adults and older people, working with health services to support older people and adults in need of care and; Inspiring efficiency, effectiveness and equity : ensuring efficiency and equity in the delivery of excellent services to meet the needs of the community

4. Adult Social Care Priorities

- 4.1. The enduring focus and responsibility of the Adult Social Care division is to ensure the timely provision of appropriate information, support, assessment and care to those who need it, fulfilling our statutory responsibilities under the Care Act whilst

working in partnership to achieve the aspirations of an Integrated Care and Support system in Lewisham and South East London.

- 4.2. The three priority areas of strategic focus which underpin and shape all of our day to day work, and our approach to improving our services going forward, are:

Prevention and self-management

Supporting people to remain independent by identifying and utilising the widest amount of support and resources available to each individual

Assessing, planning and arranging care

To embed an asset based approach across social care practice and commissioning, that leads to improvements in assessments, outcomes and utilisation of resources. To make sure that care and support plans are jointly developed and personalised, ensuring consideration of the person's health, wellbeing and care and support needs.

Quality Assurance and Safeguarding

To ensure there are a wide range of high quality services delivered from a vibrant care and support market. To work in partnership with key stakeholders to ensure that safeguarding vulnerable people from harm is everyone's priority

5. From Contact to care and support

- 5.1. The flowchart at Appendix A gives an overview of the customer journey through the ASC service. The four elements of our service (contact, assessment, care and support plan and reassessment) are each described in more detail below.

Contact

- 5.2. We currently receive all initial contacts to our service via our Social Care Advice and Information Team (SCAIT). We receive contacts from members of the public, family members but also from our health partners such as GPs and local hospitals. As a result of the contact there are a number of different things we may be required to do to support someone including:

- Provide or sign post people to appropriate information & advice,
- Arrange a short term intervention/adaptation or "enablement" by referral to the appropriate team or service
- Refer the person to the appropriate neighbourhood team or the Learning Disability team for an assessment of need to be carried out.

- 5.3. In line with our aim to support people to remain independent wherever possible for as long as possible, we offer a wide range of short term interventions and adaptations to enable people to remain at home, or return home from hospital, wherever possible. Our enablement team provide up to 6 weeks of free intensive support to enable people to return home and regain their independence after a period of time in hospital or to prevent a hospital admission if appropriate.

Assessments

- 5.4. If necessary, as required by the Care Act, an assessment of care and support needs will be carried out by a social worker within 28 days from the date of contact.

If the contact relates to hospital discharge our hospital based multi-disciplinary team carry out the assessment in a much shorter timeframe to support timely discharge from hospital. All assessments are strength/asset based taking into account what a person can do for themselves.

- 5.5. In addition to a Care Act assessment, there are a range of other assessments we and/or partner agencies may also be required to carry out. The Deprivation of Liberty Safeguards (DoLS) assessment is part of a procedure to ensure an individual's rights are protected if there is a need for them to be detained in a hospital or care home in England or Wales and they lack mental capacity to understand and retain information and to make a decision based on that information. (The timeline for the Council as a Supervisory Body to carry out a DoLS assessment is 21 days for a standard request and 7 days for an urgent request.)
- 5.6. If a Safeguarding concern contact is received, the concern should be considered within one working day, and where appropriate a Section 42 safeguarding Enquiry should be concluded within 30 days

Care and Support

- 5.7. If eligible care and support needs are identified within the Care Act assessment, an appropriate "Personal Budget" will be allocated and an appropriate care and support plan to meet the identified needs will be drafted. The care and support plan should be in place within 10 days of the assessment being completed. A support planner from the neighbourhood team will then broker/arrange the required services, supported by our commissioning team, as outlined in the care and support plan.

Reassessment

- 5.8. All care and support plans should be reviewed within 12 months, or sooner where there is an identified change in need or circumstances. A reassessment should take account of changed needs and revise the care and support plan and resultant package of care as appropriate.

6. Current demand and performance

Contact

- 6.1. The number of contacts continues to decrease slightly month on month and in relation to last year. We measure those contacts completed within 5 days and YTD performance is currently 92.7%. Email remains the channel with the highest volume of contact and is used primarily by professionals.
- 6.2. We plan to improve routine performance reporting around the various short term interventions provided to better measure the impact of the interventions in terms of outcomes (i.e. in terms of prevention of escalation of need by reporting enablement cases still at home after 91 days etc).

Assessments

- 6.3. The total number of assessments carried out each month is over 500, but this includes DoLS assessments and other assessments such as safeguarding. The number of Care Act assessments each month is closer to 300, and of these 300 over 80% are completed within 28 days. There are no formal requirements around timescales for completions of Care Act assessments, however 28 days is a self-set target based on previous national requirements. 80-85% is felt to be good

performance given the challenges faced in coordinating all of the necessary partner/family input in challenging and complex cases. Operational managers review those assessments that missed the 28 day target to identify any themes or recurrent issues to improve performance.

- 6.4. 500 assessments will not necessarily be 500 clients as a number of people will have had more than one type of assessment, i.e. DoLS, Safeguarding and a Care Act assessment. The overall number of assessments continues to grow with DoLS assessments doubling in 17/18.

Care & Support Plan

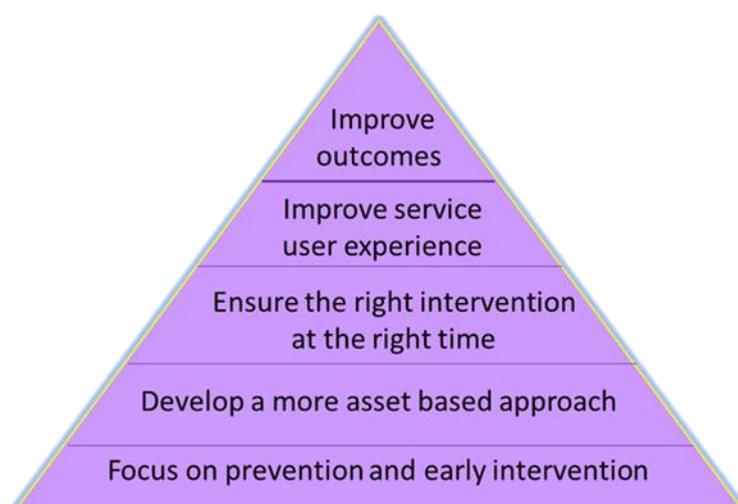
- 6.5. Over 400 plans were created each month so far this year, with a YTD of 79% completed within 10 days. The quality of plans, and appropriateness of provision requires qualitative/managerial analysis on a case by case basis as part of a quality assurance approach we are building through the creation of a Quality Assurance team.

Re-assessments

- 6.6. Current performance against a target of re-assessments being completed early or within 10 days of when they are due requires improvement. Investigating this performance has highlighted that support plans are often “updated” rather than recorded as reviewed and re-assessed when a change of circumstances is identified. We are currently addressing this issue by changing recording practice and monitoring arrangements.
- 6.7. We are looking to improve our recording of contacts, assessments and care and support planning in the round to better reflect, and monitor the impact of, our approach to prevention of escalation of need and an asset based approach.
- 6.8. Work is planned to improve recording compliance and our ability to monitor performance, impact of intervention and quality of practice.

7. Plans to improve

- 7.1. We are always looking to ensure our services are as effective as possible and we are currently redesigning the way we work in a number of areas to:



- 7.2. We have identified a number of ways we could simplify and improve the pathway through our service for people, building on some of our partnership work we have been developing through pilots with the CCG and provider trusts in the Neighbourhoods. The system, structure and process changes we are in the process of making in Lewisham will enable us to make improvements throughout the service and also make better use of our resources.
- 7.3. We are shifting more resources to the initial point of contact to improve response at that stage. Initial contact will be better managed, with a clearer focus on prevention and enabling independence, with quicker routes for appropriate referral, assessment of need and provision of appropriate support. This manages demand more effectively, improves user experience and makes better use of resources throughout the service.
- 7.4. We will further embed a strategic partnership approach to hospital discharge and arranging care through closer integration with NHS pathways and restructured staffing resources to ensure a more robust and consistent approach to arranging and commissioning appropriate care. The same partnership approach will also be strengthened through the redesign of our neighbourhood and transition arrangements.
- 7.5. We will embed a greater focus on prevention and an asset based approach to assessment and care planning too which will be better reflected in our performance management reporting and approach.

8. Financial context

- 8.1. The total budgeted gross spend on Adult Social care is currently £108.05m. The net budget (net of grants, recharges to health and service user charges) is £71.27m.

9. Financial implications

- 9.1. There are no financial implications arising out of this report.

10. Legal implications

- 10.1. There are no legal implications arising out of this report.

If you have any queries about this report, please contact Joan Hutton, Head of Adult Social Care, extension 48634

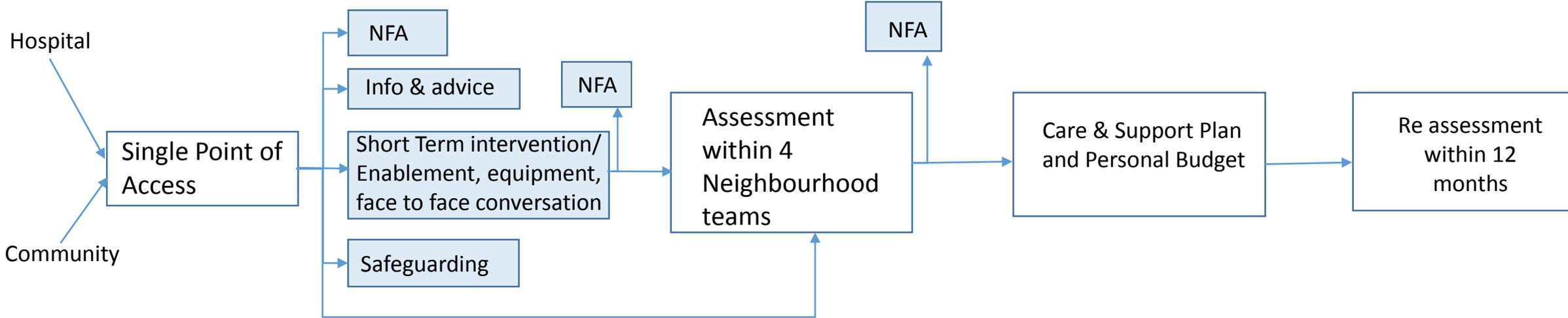
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Contact

Assessment

Care and Support Plan

Reassessment



ASC service - from Contact to Care and Support

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HEALTHIER COMMUNITIES SELECT COMMITTEE			
Report:	Progress Update: Latent Tuberculosis Infection Screening Programme in Lewisham		
Ward:	Borough-wide	Item No.	8
From:	Dr Jacky McLeod, Clinical Director, NHS Lewisham Clinical Commissioning Group Ashley O'Shaughnessy, Deputy Director of Primary Care, NHS Lewisham Clinical Commissioning Group		
Class:	Part 1 (open)	Date:	4 th September 2018

1. Purpose

- 1.1 The purpose of this report is to provide the Healthier Communities Select Committee with update on the Latent Tuberculosis Infection Screening Programme (LTBI) in Lewisham.

2. Recommendations

- 2.1 The members of the Healthier Communities Select Committee are asked to;
- 2.1.1 Note this update.

3. Background

- 3.1 Public Health England (PHE) and NHS England (NHSE) jointly published a Collaborative Tuberculosis (TB) Strategy for England in 2015. One of the 10 evidence-based areas for action highlighted in the Strategy is to systematically implement new entrant latent TB infection (LTBI) screening. Clinical Commissioning Groups were encouraged to apply for funding from NHSE to implement this locally.
- 3.2 Lewisham had a TB incidence rate of 25.9 per 100,000 population (at the time of the bid) with the North of the Borough having the highest proportion of foreign-born residents from high prevalence countries. NHS Lewisham Clinical Commissioning Group (CCG) submitted a bid to fund the implementation of LTBI screening in a primary care setting. The bid was based on proposals to pilot the work initially in GP practices with high acute TB notification rates to PHE, and high numbers of patients from countries with high rates of TB incidence. The bid was successful and funding was made available by NHS England for a pilot in 2016/17.
- 3.3 Based on a PHE modelled numbers of LTBI screening tests across Lambeth, Southwark and Lewisham, it was estimated that 848 Lewisham residents (prospective, new GP registrations and retrospective) would be tested for LTBI over the next year. Of these, roughly 20% are expected to be positive and require treatment for LTBI infection.

4. LTBI Screening Programme

- 4.1 The Lewisham GP practice based pilot (5 practices) was successfully implemented in 2016/17. There were a number of contributory factors to the success of the pilot, which included; (i) identification of GP practices and patients; (ii) data sharing; and (iii) agreeing processes with relevant services to ensure sufficient capacity was to provide treatment was available in the community.
- 4.2 The pilot findings highlighted TB testing remained low against original expectations; an average of 32 per month across the 5 practices. The recommendations from the pilot

were reflected in the service specification except for the LTBI age range (national criteria to test people aged 16-35 years).

- 4.3 Based on the pilot, a borough-wide Federation model has now been commissioned to focus on both prospective and retrospective patients. Bloods can be taken from all community phlebotomy clinics.
- 4.4 The GP Federation, One Health Lewisham Ltd is made up the 38 GP practices in Lewisham and has data sharing agreements to ensure continuity of patient care.
- 4.5 The Federation will support all Lewisham GP practices to develop and implement processes to raise awareness of the test and deliver to target numbers as agreed with commissioners. This approach enables the GP Federation to monitor the delivery of LTBI testing and treatment programme.
- 4.6 LTBI can be diagnosed by a single, validated Interferon Gamma Release Assay (IGRA) test, and is usually treated with antibiotics, preventing active TB disease in the future. There are two b. commercially available IGRA tests sold as in vitro diagnostic tests. These are:
 - T-SPOT TB from Oxford Immunotech (later referred to as T-SPOT)
 - QuantiFERON®-TB Gold Plus from QIAGEN (later referred to as QFT)
- 4.7 Both commercial trials are comparable on the reliability of their results, i.e. specificity and sensitivity.
- 4.8 To support LTBI Screening, NHSE agreed a national framework for the provision of pathology services, selecting three providers in London. The selected providers are:
 - Oxford Immunotec Limited (OIL): Uses T-SPOT
 - Health Service Laboratories Pathology (HSL): Uses QFT
 - St. George's University Hospitals NHS Foundation Trust (SGH): Uses QFT
- 4.9 The responsibility to agree clear processes between providers (including the inter-relationship between phlebotomy services and providers' transport arrangement), which should work to achieve the specified handling and processing requirements, and provide optimal outcomes from the test assay employed, was assigned to local CCGs.
- 4.10 Based on the criteria set out above, Oxford Immunotec Limited was selected to provide pathology services for LTBI screening across Lambeth, Southwark & Lewisham, given the preference for the longer storage time of samples for T-SPOT without incubation, greater experience of targeted training, and flexibility of courier service. It was expected that these would ensure a value-for-money pathology service, which met the needs of the screening programme.
- 4.11 The expected outcomes of the service are;
 - Increased awareness of TB across statutory and non-statutory health and non-health care providers and communities
 - A reduction in the local incidences of TB
 - Increase in numbers of contacts of case of TB identified and assessed for active and latent
 - Ensure 100% of all eligible neonates are offered BCG vaccination
 - A reduction in people with LTBI developing active TB disease

5. GP Federation

- 5.1 NHS Lewisham Clinical Commissioning Group commissioned One Health Lewisham (OHL) Ltd to deliver the LTBI service. The rationale being that OHL included the need for specialist expertise and association with practice registered lists to effectively deliver the required outcomes. The service went live on 1st May 2018.
- 5.2 The Federation works with all GP practices to implement the service. OHL is implementing a phased approach with the programme. This includes agreeing

operational plans with each of the GP practices to ensure the number of patients being tested and treated can be appropriately managed within the existing services capacity e.g. GP practices, phlebotomy and community services.

6. Lewisham Service

- 6.1 GP practice staff provide dedicated information to patients on LTBI testing. The Federation arranges immediate referral for patients with symptoms of active TB disease and follow national infection control guidelines. GP practices were issued with subcontractor service specifications in April 2018.
- 6.2 The Federation has agreed a local pathway with Lewisham & Greenwich NHS Trust (LGT) phlebotomy service to receive the tests. Pathology then directly notifies the TB community team of positive results. The TB community team works with the GP practices to identify and re-call the patient for treatment.
- 6.3 All patients with positive IGRAs are referred onto the local TB services. There is a local agreement with Oxford Immunotec and LGT Phlebotomy service.
- 6.4 Lewisham GP practices make arrangements to follow-up patients who miss appointments for blood tests. If the patients are children from high-risk countries and have not received BCG vaccination they are offered BCG as per national guidelines.
- 6.5 GP practices who are a part of the Phase 1 implementation have invited 53 patients for tests. One of the GP practice has adopted a more intensive approach with phone calls within one week of sending invites and 2 further calls for follow-up. This highlights the dedication on the part of GP's as they best know their patients and how to engage with them on such a sensitive subject.
- 6.6 Currently the Federation is working with practices to address some of the feedback received from patients. This includes the letters being sent to patients from registered GP practices, further adaptation of blood forms and ongoing communication improvements with the test provider Oxford Immunotec.
- 6.7 Table 1 provides details of the performance of the service to date, which includes; (i) 53 patients being tested for LTBI; (ii) 1 patient Did Not Attend (DNA); and (ii) 2 patients were tested positive and are undergoing treatment.

Table 1: Lewisham LTBI Service – Performance to July 2018

GP Practice	Patients responded to invite	Patients Borderline	Patients Positive (require treatment)	DNA	Total
Belmont Hill Surgery	2	0	1	0	2
Deptford Surgery	18	2	1	0	18
Hilly Fields Medical Centre	10	0	0	1	10
ICO Health Group	6	2	0	0	6
Lewisham Medical Centre	4	0	0	0	4
Rushey Green Group Practice	13	2	0	0	13
Grand Total	53	6	2	1	53

7. Challenges

- 7.1 There have been some reported challenges with regard to implementing this service and we are working with our Federation and key stakeholders to address them for the include; (i) The service is in its infancy stages and at the same it is essential that they are able to appropriately manage the phased implementation to ensure that there are no adverse risks to the capacity of other supporting services – whilst at the same time ensuring that patients receive timely treatment; and (ii) There have been delays in the service gaining momentum as the pathway agreement required development and input from stakeholder and providers.

8. Financial Implications

There are no financial implications for the council.

9. Legal Implications

There are no legal implications for the council.

10. Crime and Disorder Implications

There are no crime and disorder implications.

11. Equalities Implications

11.1 Lewisham is the 14th most ethnically diverse local authority in England: 46.5 % of the population are from Black and Minority Groups (BME) compared to 40.2% for London and 12.5% in England. In 2011 the two largest BME groups were Black African (12%) and Black Caribbean (11%). In the school population the proportion from BME groups is 77% and over 170 different languages are spoken¹.

11.2 With regard to those who are homeless or rough sleepers in the borough they are supported with specialist access to primary care by dedicated services commissioned by NHS Lewisham Clinical Commissioning Group.

11.3 The LTBI service specifically focuses on addressing key areas;

- Improving access to services and ensure early diagnosis
- Systematically implement new entrant latent TB screening

11.4 The service will increase the opportunity to detect LTBI. This means that rather than wait until patients present with the present with symptoms of acute TB, eligible patients can be offered a test when registering with a practice or opportunistically be offered a test when presenting for care.

11.5 The CCG has conducted an Equalities Impact Assessment (EIA) and this service will support with improving inequalities amongst those protected characteristics identified in this cohort.

11.6 Based on the findings from the pilot LTBI testing and treatment will be limited to persons who are from countries with a WHO estimated incidence of over 150 per 100,000 or from Sub-Saharan Africa and who have arrived in England in the last 5 years.

12. Environmental implications

Not applicable.

13. Contact/s

Ashley O'Shaughnessy, Deputy Director of Primary Care, NHS Lewisham Clinical Commissioning Group.

14. Appendices

Appendix 1: NHS Lewisham CCG LTBI Screening Programme Website Launch

Appendix 2: Launch information to Lewisham GP Practices

¹ <http://www.lewishamccg.nhs.uk/about-us/how-we-work/Equality%20and%20diversity%20docs/Annual%20Equality%20PSED%20Report%202017-18.pdf>

APPENDIX 1: Lewisham CCG Website Publicity on LTBI Service

WORLD TB DAY 2018

LEWISHAM CCG SUPPORTING WORLD TB DAY – 24th MARCH 2018

World Tuberculosis Day is a worldwide event that aims to raise public awareness of tuberculosis and the efforts made to prevent and treat this disease. This year it takes place on Saturday 24th March 2018.

Tuberculosis (TB) is a bacterial infection spread through inhaling tiny droplets from the coughs or sneezes of an infected person. It mainly affects the lungs, but it can affect any part of the body, including the tummy (abdomen) glands, bones and nervous system. TB is a serious condition, but it can be cured if it's treated with the right antibiotics.

Lewisham has a lower rate compared to the London average at 25.5 cases per 100,000 population² with the North of the Borough having the highest proportion of foreign-born residents from high prevalence countries.

NHS Lewisham Clinical Commissioning Group (CCG) has commissioned a new programme to testing and treating TB for 16 to 35 year olds, who have recently arrived in England from high incidence countries where TB or people who have visited one of these countries in the last 5 years.

The CCG has commissioned One Health Lewisham, the local GP Federation to provide this service in partnership with all 38 GP practices in Lewisham.

Dr Marc Rowland, Chair at NHS Lewisham CCG said: "TB is a disease that is curable but still kills three people every minute around the world³. TB cases in the UK are still low – every year around 6,000 people in the UK are diagnosed⁴. But most people are successfully cured with a free course of treatment. We are really pleased to be rolling out this service and hope that it will increase the opportunity to detect the disease before patients present with the signs and symptoms."

If you receive a letter about TB, please make sure you contact your GP and request a blood test.

² Lewisham Public Health data

³ <http://www.stoptb.org/about/>

⁴ <https://www.thetruthabouttb.org/what-is-tb/>

APPENDIX 2: Information for Lewisham GP Practices

LATENT TUBERCULOSIS INFECTION (LTBI) SCREENING

NHS Lewisham Clinical Commissioning Group (CCG) is embarking on a new programme for Latent Tuberculosis Infection (LTBI) testing and treatment for 16 to 35 year olds, who have recently arrived in England from high incidence countries where TB rate is 150/100,000 population or over/those who have visited one of these countries in the last 5 years.

LBTI testing and treatment is limited to those who are from countries with a WHO estimated incidence of over 150 per 100,000 or from Sub-Saharan Africa and who have arrived in England within the last five years.

One Health Lewisham (GP Federation) Ltd has been commissioned to provide this service in partnership with all 38 GP practices in Lewisham.

The eligibility criteria for LTBI testing and treatment includes:

- Newly registered patients with a GP practice*
- Aged 16-35*
- Not previously been tested or treated for TB*
- Been in England less than 5 years and;*
- Come from the WHO list of countries;*

If you have any questions about the screening please contact One Health Lewisham.

Healthier Communities Select Committee			
Title	Select Committee work programme		
Contributor	Scrutiny Manager	Item	9
Class	Part 1 (open)	4 September 2018	

1. Purpose

To advise Members of the proposed work programme for the 2018/19 municipal year and to decide on the agenda items for the next meeting.

2. Summary

- 2.1 At the beginning of the municipal year, each select committee drew up a draft work programme for submission to the Business Panel for consideration.
- 2.2 The Business Panel considered the proposed work programmes of each of the select committees on 24 July 2018 and agreed a co-ordinated overview and scrutiny work programme. However, the work programme can be reviewed at each Select Committee meeting so that Members are able to include urgent, high priority items and remove items that are no longer a priority.

3. Recommendations

3.1 The Committee is asked to:

- note the work plan attached at **Appendix B** and discuss any issues arising from the programme;
- specify the information and analysis required in the report for each item on the agenda for the next meeting, based on desired outcomes, so that officers are clear about what they need to provide;
- review all forthcoming key decisions, attached at **Appendix C**, and consider any items for further scrutiny;

4. The work programme

- 4.1 The work programme for 2018/19 was agreed at the Committee's meeting on 27 June 2018.
- 4.2 The Committee is asked to consider if any urgent issues have arisen that require scrutiny and if any existing items are no longer a priority and can be removed from the work programme. Before adding additional items, each item should be considered against agreed criteria.
- 4.3 The flow chart attached at **Appendix A** may help Members decide if proposed additional items should be added to the work programme. The Committee's work programme needs to be achievable in terms of the amount of meeting time available. If the Committee agrees to add additional item(s) because they are

urgent and high priority, Members will need to consider which medium/low priority item(s) should be removed in order to create sufficient capacity for the new item(s).

5. The next meeting

5.1 The following reports are scheduled for the meeting on 9 October 2018:

Agenda item	Review type	Link to Corporate Priority	Priority
Improving access to and provision of primary care	Standard item	Active, healthy citizens	High
Adult safeguarding annual report	Standard item	Active, healthy citizens	High
SLaM quality account	Standard item	Active, healthy citizens	Medium
Lewisham and Greenwich NHS Trust Quality Account	Standard item	Active, healthy citizens	Medium
Blue badge applications	Information item	Active, healthy citizens	Medium

5.2 The Committee is asked to specify the information and analysis it would like to see in the reports for these items, based on the outcomes the Committee would like to achieve, so that officers are clear about what they need to provide for the next meeting.

6. Financial Implications

There are no financial implications arising from this report.

7. Legal Implications

In accordance with the Council's Constitution, all scrutiny select committees must devise and submit a work programme to the Business Panel at the start of each municipal year.

8. Equalities Implications

8.1 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.

8.2 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.

8.3 There may be equalities implications arising from items on the work programme and all activities undertaken by the Select Committee will need to give due consideration to this.

9. Date of next meeting

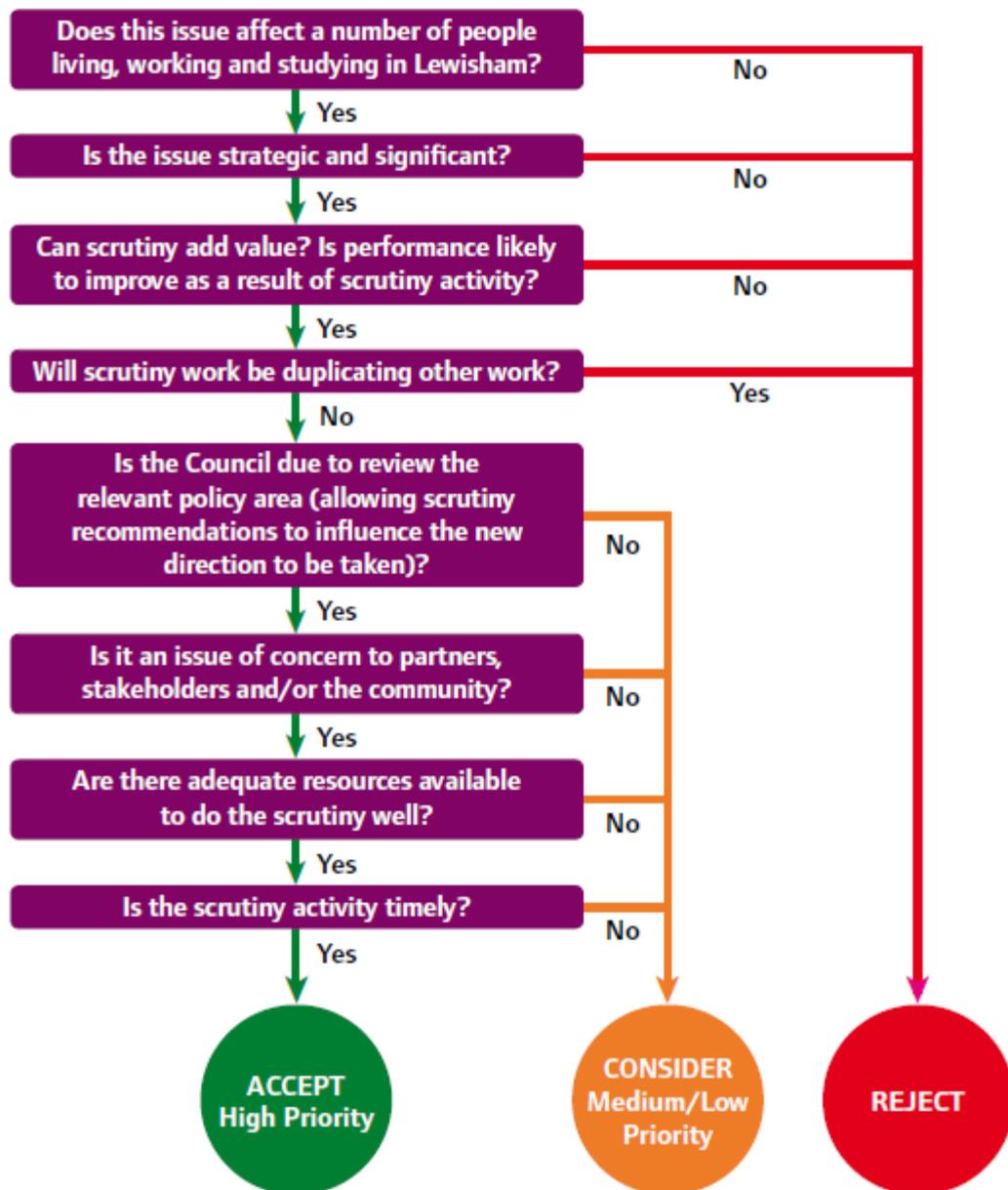
The date of the next meeting is Tuesday 9 October 2018.

Background Documents

Lewisham Council's Constitution

Centre for Public Scrutiny: the Good Scrutiny Guide

Scrutiny work programme – prioritisation process



Healthier Communities Select Committee work programme 2018/19

Programme of work

Work item	Type of item	Priority	Strategic priority	Delivery deadline	27-Jun	04-Sep	09-Oct	03-Dec	16-Jan	11-Feb
Lewisham future programme	Standard item	High	CP9	Ongoing			Savings			
Confirmation of Chair and Vice Chair	Constitutional req	High	CP9	June						
Select Committee work programme 2017/18	Constitutional req	High	CP9	June						
Sexual and reproductive health services	Standard item	Medium	CP9	June						
Public health budget reductions	Standard item	High	CP9	September						
Draft sexual health strategy	Standard item	High	CP9	September						
Healthwatch annual report	Standard item	Medium	CP9	September						
Overview of adult social care services	Information item	Medium	CP9	September						
TB prevention	Information item	Medium	CP9	September						
SLaM quality account	Standard item	Medium	CP9	October						
Lewisham and Greenwich NHS Trust Quality Account	Standard item	Medium	CP9	October						
Improving access to and provision of primary care	Performance monitoring	High	CP9	October						
Adult safeguarding annual report	Standard item	High	CP9	October						
Blue badge applications	Information item	Medium	CP9	October						
Partnership commissioning intentions	Standard item	Medium	CP9	December						
Public health budget reductions	Standard item	High	CP9	December						
Lewisham hospital update (systems resilience)	Performance monitoring	Medium	CP9	December						
Community-based care	Standard item	High	CP9	December						
Leisure centre contract	Standard item	Medium	CP9	December						
Public health annual report	Standard item	Medium	CP9	January						
Social prescribing in-depth review update	Policy development	Medium	CP9	January						
Adult learning Lewisham annual report	Standard item	Medium	CP9	February						
Delivery of the Lewisham Health & Wellbeing priorities	Standard item	High	CP9	February						

	Item completed
	Item on-going
	Item outstanding
	Proposed timeframe
	Item added

Meetings					
1)	Tuesday	27 June	4)	Thursday	3 December
2)	Thursday	4 September	6)	Tuesday	16 January
3)	Thursday	9 October	7)	Thursday	11 February

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FORWARD PLAN OF KEY DECISIONS

Forward Plan July 2018 - October 2018

This Forward Plan sets out the key decisions the Council expects to take during the next four months.

Anyone wishing to make representations on a decision should submit them in writing as soon as possible to the relevant contact officer (shown as number (7) in the key overleaf). Any representations made less than 3 days before the meeting should be sent to Kevin Flaherty, the Local Democracy Officer, at the Council Offices or kevin.flaherty@lewisham.gov.uk. However the deadline will be 4pm on the working day prior to the meeting.

A "key decision"* means an executive decision which is likely to:

- (a) result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates;
- (b) be significant in terms of its effects on communities living or working in an area comprising two or more wards.

FORWARD PLAN – KEY DECISIONS					
Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
December 2017	Oracle Financials archiving	06/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	Memorandum of Understanding with Veolia on Heat Network Development	06/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	Instrument of Government Torridon Primary School	06/06/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and		
May 2018	Community Infrastructure Levy Preliminary Draft Charging Schedule	06/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		
March 2018	Substance Misuse Detoxification Contract Award Adults	06/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Janet Daby		
May 2018	Sydenham Park Footbridge - asset Protection Agreement with NR to replace Bridge Span	19/06/18 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and		
March 2018	Permission to consult on designation and adoption Christmas Estate Conservation Area, Article 4 direction and appraisal	27/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		
January 2018	CRPL Business Plan	27/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Councillor Alan Smith		
September 2017	Agreed Syllabus Review	27/06/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin		
May 2018	Annual Lettings Plan 2018/19	27/06/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and		
May 2018	Deptford Southern Housing Sites	27/06/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
May 2018	Catford Regeneration Programme Appointment of Masterplanner	27/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Mayor Damien Egan, Mayor		
May 2018	Financial Outturn 2017/18	27/06/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		
March 2018	Laurence House Building Management System Upgrade Contract award	10/07/18 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith		
May 2018	Capita CST Contract	10/07/18 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
May 2018	School Minor Capital Works Programme 2018/19	11/07/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
June 2018	Ethical Care Charter	11/07/18 Mayor and Cabinet	Aileen Buckton, Executive Director for Community Services and Councillor Chris Best, Deputy Mayor		
May 2018	Financial Forecasts 2018/19	11/07/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Amanda De Ryk, Cabinet Member for Finance, Skills and Jobs (job share)		
June 2018	20mph Boroughwide Speed Limit Update on Progress	11/07/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Sophie McGeevor, Cabinet Member for Parks, Neighbourhoods and Transport (job share)		
January 2018	Corporate water supplies	11/07/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Jonathan		

FORWARD PLAN – KEY DECISIONS

Date included in forward plan	Description of matter under consideration	Date of Decision Decision maker	Responsible Officers / Portfolios	Consultation Details	Background papers / materials
			Slater, Cabinet Member for Community Sector		
May 2018	Excalibur Phase 3 Land assembly Parts 1 & 2	11/07/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
May 2018	Medium Term Financial Strategy	11/07/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Amanda De Ryk, Cabinet Member for Finance, Skills and Jobs (job share)		
May 2018	CAMHS Savings	11/07/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and		
May 2018	New Homes Programme	11/07/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
January 2018	Council Tax discretionary discount review update	11/07/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Amanda De Ryk, Cabinet Member for Finance, Skills and Jobs (job share)		

FORWARD PLAN – KEY DECISIONS

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February 2018	Secretary of State Approval Milford Towers lease	11/07/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Alan Smith		
May 2018	Contract award for SEND Projects Phase 1	11/07/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
May 2018	Oracle Cloud Phase 2	11/07/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
June 2018	Lewisham Homes Governance Update	11/07/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
June 2018	Fostering Statement of Purpose	11/07/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		

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June 2018	Adoption Statement of Purpose	11/07/18 Mayor and Cabinet	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
May 2018	Gypsy and Traveller Local Plan	18/07/18 Council	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	Amendments to the Constitution	18/07/18 Council	Kath Nicholson, Head of Law and		
May 2018	Agreed Syllabus Review and Syllabus Launch	18/07/18 Council	Sara Williams, Executive Director, Children and Young People and		
May 2018	Community Infrastructure Levy Preliminary Draft Charging Schedule	18/07/18 Council	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	CRPL Business Plan 2018/19	18/07/18 Council	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	Audit of Annual Accounts	18/07/18 Council	Janet Senior, Executive Director for Resources & Regeneration and		
June 2018	Members Remuneration	18/07/18 Council	Kath Nicholson, Head of Law and Mayor Damien Egan, Mayor		

FORWARD PLAN – KEY DECISIONS

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June 2018	Democracy Review	18/07/18 Council	Janet Senior, Executive Director for Resources & Regeneration and Councillor Kevin Bonavia, Cabinet Member for Democracy, Refugees & Accountability		
June 2018	Secretary of State Approval Milford Towers lease	18/07/18 Council	Kevin Sheehan, Executive Director for Customer Services and Councillor Paul Bell, Cabinet Member for Housing		
May 2018	Contract Award Lewisham Library Roof	24/07/18 Overview and Scrutiny Business Panel	Janet Senior, Executive Director for Resources & Regeneration and		
March 2018	Demolition Contract Award for SEND school expansion projects	24/07/18 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Paul Maslin		
May 2018	Stillness School Kitchen and Dining Hall Contract	24/07/18 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
June 2018	Contract Award New Woodlands School	24/07/18 Overview and	Sara Williams, Executive Director, Children and		

FORWARD PLAN – KEY DECISIONS

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		Scrutiny Education Business Panel	Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
May 2018	Lewisham Homes Business Plan	19/09/18 Mayor and Cabinet	Kevin Sheehan, Executive Director for Customer Services and		
May 2018	Lewisham Park CAA and Article 4 Direction	19/09/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	2 PCSA Contract Awards for Stage 1 of two SEND school expansion projects	02/10/18 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
May 2018	Demolition Contract Award for SEND School Expansion Projects	02/10/18 Overview and Scrutiny Education Business Panel	Sara Williams, Executive Director, Children and Young People and Councillor Chris Barnham, Cabinet Member for School Performance		
May 2018	Secretary of State Approval Milford Towers	03/10/18 Council	Janet Senior, Executive Director for Resources & Regeneration and		
May 2018	Response to Lewisham Poverty Commission	10/10/18 Mayor and Cabinet	Janet Senior, Executive Director for Resources &		

FORWARD PLAN – KEY DECISIONS

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			Regeneration and		

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