



HEALTH AND WELLBEING BOARD

Date: THURSDAY, 1 NOVEMBER 2018 at 3.00 pm

**Committee Room 8
Civic Suite
Lewisham Town Hall
London SE6 4RU**

**Enquiries to: James Bravin
Telephone: 020 8314 8393(direct line)**

MEMBERS

Mayor Damien Egan	London Borough of Lewisham	Labour Co-op
Councillor Chris Best	Community Services, London Borough of Lewisham	Labour Co-op
Aileen Buckton	Directorate for Community Services, London Borough of Lewisham	
Val Davison	Lewisham and Greenwich NHS Trust	
Gwen Kennedy	NHS England	
Michael Kerin	Healthwatch Lewisham	
Dr Faruk Majid	LCCG	
Tony Nickson	Voluntary Action Lewisham	
Roger Paffard	South London and Maudsley NHS Foundation Trust	
Dr Simon Parton	Lewisham Local Medical Committee	
Peter Ramrayka	Voluntary and Community Sector	
Dr Marc Rowland	Lewisham Clinical Commissioning Group	
Dr Danny Ruta	Public Health, London Borough of Lewisham	



INVESTOR IN PEOPLE

Sara Williams

Directorate for Children & Young People,
London Borough of Lewisham

Members are summoned to attend this meeting

Ian Thomas
Chief Executive
Lewisham Town Hall
Catford
London SE6 4RU
Date: Wednesday, 24 October 2018



Lewisham



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The public are welcome to attend our committee meetings, however occasionally committees may have to consider some business in private. Copies of reports can be made available in additional formats on request.

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Lewisham



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MINUTES OF THE HEALTH AND WELLBEING BOARD

Wednesday, 4 July 2018 at 3.00 pm

PRESENT: Mayor Damien Egan, Councillor Chris Best, Dr Marc Rowland, Danny Ruta, Martin Wilkinson, Michael Kerrin, Peter Ramraker, Tony Nickson, Aileen Buckton, Val Davison

ALSO PRESENT: Salena Mulhere, Trish Duffy, Donna Hayward-Sussex

Apologies for absence were received from

1. Minutes of last meeting and matters arising/Action Tracker

1.1 The minutes of the last meeting agreed as a true record, subject to Martin Wilkinson being added to the attendee list.

2. Declarations of Interest

2.1 There were no declarations of interest

3. Introduction to the Health and Wellbeing Board in the 2018/19 Council Administration

3.1 Salena Mulhere introduced the report. The key points to note were:

- Board members had been invited to an informal induction session in May, to meet the new Mayor/Chair and discuss the role of the Board.
- At that session there was a discussion about the role of the Board and its way of working. There was a collective appetite for “refreshing and reinvigorating” the Board and ensuring a focus on taking action where the Board as collective strategic leaders could have an impact that other boards and forums, or organisations individually couldn’t.

3.2 In the subsequent discussion the following points were noted:

- All Board members are keen to act as system leaders collectively and want to identify the issues they want to focus on and how collectively the Board could make a difference, rather than solely noting reports of actions taken elsewhere
- It is important that the Board individually and collectively accept the challenge of being more energized and focused on delivering system change, and that there is collective agreement about what it is they are going to focus on, and then exactly what they are going to do

3.3 Resolved:

- That meetings will be used primarily to progress a focus around specific health inequalities, focusing on where and how the Board can act as collective system leaders to influence change and improvement.

4. The 'Big Question' and Health Inequalities

4.1 Salena Mulhere introduced the report. The key points to note were:

- The Board has agreed it could contribute added value to tackling health Inequalities by focusing on fewer things but delivering tangible results using their position as system leaders to deliver a more coordinated approach to both identification of the “big issues” and appropriate system wide solutions.
- The identification of a ‘Big Question’ could help refine this activity, to provide a narrative thread through all Board meetings over the coming year to ensure that people, priorities and resources are more targeted and coordinated to deliver around an agreed theme or issue.
- An example could be the prevention agenda, which sits at the heart of the integration between health and social care. The Board might wish to identify “what can each organisation represented on the Board do to prevent escalation of need” or “what can each organisation represented on the Board do to encourage and support people to take greater responsibility for improving their own health and wellbeing?”
- In line with raised around BAME Health Inequalities, some initial data has been provided to the Board to inform a discussion as to where the Board may wish to focus its attention initially.

4.2 In the subsequent discussion the following points were noted:

- The Chair thanked officers for the report and wide range of data around BAME health inequalities provided.
- In the Mayor’s manifesto there was a heavy focus on parity of esteem for mental health issues, particularly in relation to BAME mental health.
- The Board had a wide reaching discussion around what exactly its initial focus in relation to BAME Health Inequalities should be, in addition to a primary focus on BAME mental health, building on the already agreed THRIVE approach.
- Officers have already spoken to the BAME health network, via the Stephen Lawrence Trust, and the network is keen to build on existing work already being done through the network researching into long term conditions. The BAME health network involves lots of community leaders, meets on a monthly basis and is particularly interested in mental health.
- Engagement in identifying the priority areas could begin with the BAME health forum whilst also considering the data available and how best the Board can engage and involve people more widely across other forums, to assist the Board in identifying what the priority areas in relation to BAME health inequalities it should focus on going forward.
- The network also has some good feedback on how the Board might engage more effectively with BAME communities, using the knowledge and information already available to the various board members organisations.
- It would be ideal to co design with the BAME health network what the priorities are, identify how the mental and physical health issues and inequalities are already linked. The “Big” issues will not be solved by professionals alone and tackling health inequalities has to be done “with” people not “to” people. Engagement with BME communities will assist in identifying what does and doesn’t work and what could be done differently, collectively by strategic leaders to tackle BAME health inequalities.
- Health watch has done work on breast screening with BME women about experiences of breast screenings and this is the sort of work and qualitative data that should also feed into discussions around what the priority focus should be.

- VAL will also have a role in facilitating community engagement around Health Inequalities as it also has access to wide range of networks and would be key to supporting effective community engagement and identifying the priority health inequalities from a community and public perspective.
- SLaM have reviewed their data and would suggest the board consider looking at identifying and tackling BAME health inequalities through further understanding the CAMHS services and transition: BAME CYP are underrepresented in CAMHS but subsequently over represented in adult mental health services.
- Mayor and Cabinet will be receiving a report in a weeks' time recommending a review of the effectiveness of CAHMS services in meeting needs in Lewisham. If agreed Cllr Barnham will be carrying out the review which will include reviewing what is currently being delivered in partnership with the CCG and SLaM – it is an important piece of work
- There is a rich tapestry of information about BAME Health inequalities, as shown in the data presented to date, that needs to be brought together and analysed to identify the BAME Health Inequalities where collective action could be of benefit.
- The data needs to be reviewed in terms of the role of the board - ie not the public health indicators to receive an update on, but areas where the Board can, and is best placed, to come together to work collaboratively to address things they can't tackle comprehensively in their own area.
- A lot of work is already going on in relation to population health using Cerner with CCG and other partners doing a lot to identify information around inequalities; the Board needs to ensure that it doesn't just ask the same questions slightly differently.
- It would be helpful if a working group could be set up to 1) analyse the data, 2) to identify what this would suggest the priorities are, and then 3) which of these are issues that would benefit from a systems leadership approach, and 4) how we will be informed by community and stakeholders in selecting and taking the issues forward once the analysis has been done.
- Early death could be considered the most important inequality (looking at the life expectancy gap between areas of deprivation and through BME date) you can see that 26% of the gap is explained by early heart attack and stroke, 17% due to cancer – this could be considered to lead to the priority focus from a public health perspective.
- An alternative prism of the NICE guidance on promoting health and preventing premature mortality provides 6 quality statements that could be applied to any services and the Board might choose to drill down into those area to find out how unequal those services are, that could suggest a programme of work
- With all these various options, it is important that the data is one element, with the BAME community themselves setting out the priorities in terms of inequalities having the most impact, quality of life and what they feel should be addressed.

4.3 Resolved:

- That the Health and Wellbeing Board will initially focus on BAME mental health inequalities
- That a working group of officers be set up to drive forward the work around BAME health inequalities, specifically to carry out further work to 1) analyse the data, 2) to identify what this would suggest the priorities in addition to and within mental health might be, and then 3) which of these are issues that would benefit from a systems leadership approach, and 4) ensure the Board is informed by the community and stakeholders input in selecting and taking the issues forward once the initial analysis has been done.

- That interaction between the HWB and the BAME health network continue to be facilitated by the lead officer, to initially identify the key priorities around BAME mental health;
- Following on from initial discussions, continue to work with the BAME health network, voluntary sector organisation and wider forums to identify in more detail the priorities the Board should look to address.

5. Joint Strategic Needs Assessment Update

5.1 Trish Duffy introduced the 4 completed JSNAs, advising that each had been signed off by the project sponsor.

5.2 In the subsequent discussion the following points were noted:

- A summary of the key points potentially pertinent for the Board to address collectively via action across the system would be helpful with any future presentation of a completed JSNA.
- With some JSNA this won't be the case as the action will be necessarily taken by one or two lead organisations, with some the actions might be relevant for the Joint Commissioning Group to take rather than the HWB
- It would be helpful if the JSNA steering group undertook this work identifying the relevant audiences, and summary of key points for consideration by the Board: ensuring appropriate representation at the steering group of each organisation represented on the Board will be key.

5.3 **RESOLVED:** JSNA steering group to review and ensure appropriate additional audiences to take forward any actions from each JSNA completed. JSNA steering group to provide summaries of pertinent points for the Board in advance of future presentation of all completed JSNA.

A.O.B

Councillor Best recorded the Boards thanks to Marc Rowland at his last Board meeting for his leadership across London, his consistently thoughtful contributions.

Marc thanked the Board and advised he was proud of the way the Board and the system in Lewisham was pulling together despite the financial challenges, and he was heartened by the sense of energy from the Board going forwards.

- (a) Repeated Removals of Children into Social Care**
- (b) Young People in Contact with the Criminal Justice System**
- (c) Air Quality (Refresh)**
- (d) Maternal Mental Health**

6. Health and Wellbeing Work Programme

7. Information Items

Health and Wellbeing Board		
Title	Declarations of interest	
Contributor	Chief Executive – London Borough of Lewisham	Item 2
Class	Part 1 (open)	1 November 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; and
 - (b) 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)

Agenda Item 3

HEALTH AND WELLBEING BOARD			
Report Title	BAME Health Inequalities: Mental Health		
Contributors		Item No.	4
Class	Part 1	Date:	1 November 2018

1. Purpose

- 1.1 To feedback to the Board on work carried out since the last meeting to better understand the actions the Board could take to address Black, Asian and Minority Ethnic (BAME) *mental* health inequalities based on feedback from the community.
- 1.2 To suggest specific areas of action for the Health & Wellbeing Board to undertake to address BAME mental health inequalities in Lewisham.

2. Recommendations

- 2.1 Members of the Health and Wellbeing Board are invited to:
 - Note the work carried out since July and the feedback from the community regarding BAME mental health inequalities.
 - Agree specific areas of action to address BAME mental health inequalities.

3. Strategic Context

- 3.1 The Health and Social Care Act 2012 required the creation of statutory Health and Wellbeing Boards in every upper tier local authority. By assembling key leaders from the local health and care system, the principle purpose of the Health and Wellbeing Boards is to improve health and wellbeing and reduce health inequalities for local residents.
- 3.2 The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in *Shaping our Future* – Lewisham’s Sustainable Community Strategy and in Lewisham’s Health and Wellbeing Strategy.
- 3.3 The work of the Board directly contributes to *Shaping our Future’s* priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.

4. Background

- 4.1 In July 2018 the HWB agreed that the main areas of focus for the Board should be tackling Health Inequalities, and as an initial priority Black, Asian and Minority Ethnic (BAME) communities Health Inequalities.
- 4.2 It was also agreed at that meeting that mental health should be the first theme through which to look at BAME health inequalities, in line with the Mayor of Lewisham's manifesto pledge, with additional themes to be identified by a working group of officers from Commissioning, Public Health, Lewisham and Greenwich NHS Trust and South London and Maudsley NHS Foundation Trust reviewing current available data, with further input from the community and other stakeholders.

5. BAME Mental Health Inequalities

- 5.1 It was agreed at the July HWB meeting, HWB members, and representatives from local partner organisations will utilise existing BAME health forums and networks to identify key BAME mental health priorities that the Board could then consider how best they could contribute to addressing as system leaders.
- 5.2 A BAME Mental Health Summit was held on 8 October at which the Mayor, Chair of the Health and Wellbeing Board gave the opening address. This summit was attended by a mixture of officers and staff from Lewisham CCG and Lewisham Council as well members of the community and voluntary and community organisations.
- 5.3 The summit looked at the following 8 themes, with small groups discussing each in-depth:
- Role of faith and faith groups in BME mental health
 - Culturally specific services for BME communities
 - Mental health and other health conditions in BME communities
 - Mental health, employment and housing in BME communities
 - Mental health and wellbeing across the life course in BME communities
 - Mental health in men in BME communities
 - Mental health, education and the criminal justice system
 - Support for community groups to meet BME mental health needs
- 5.4 The discussions by each thematic group are summarised below in the following paragraphs.
- 5.5 **The role of faith communities and BAME mental health**

Faith communities need to have a shared understanding of mental health through information, education & training to support early intervention:

- Faith groups were recognised as a place of refuge that can offer a range of services and support for communities, including disseminating information and holding awareness raising events. It was noted however, that some faith

groups have no prior experience of dealing with mental ill health concerns and may perpetuate stigma by being dismissive to those presenting with mental ill health.

- Ensuring that faith groups have the training and information needed to improve understanding of mental ill health in the context of their beliefs and practices was therefore an important feedback point from this group.

5.6 Culturally specific services for BAME communities

The following points were discussed:

- Professionals and community members should not make assumptions, about a person's
- Gender should be considered when discussing culture
- Professionals from a communities' culture, gender and who speaks their language should be available
- Interpreters should be made available for services
- There should be respect for peoples' belief and culture
- Culturally appropriate services involve achieving common ground with those using services
- Reducing stigma and prejudice
- Teach employers/employees of community organisations how to ask for support and how to support each other
- GPs should be involved in the conversation, and should be invited to future events about Mental Health

5.7 Mental health and other health conditions in BME communities

The main themes emerging from this group were:

- The overlap between physical and mental health: Some behaviours may mask mental health conditions and a person's outward appearance may look ok but lead people to misunderstanding what may be going on. Physical health conditions can manifest as mental health issues. Mental ill health may also cause physical ill health needs not to be met e.g. concordance with medications. GPs need to be made aware of alternatives to medication as some medication may make things worse e.g. side effects can cause physical ill health
- Engagement with services: People may be unwilling to engage with existing services for physical and/or mental health due to Isolation, cultural and/or language barriers, and lack of confidence to trust others. A good first experience of services is therefore important to encourage engagement.
- Prevention and Early intervention: Early intervention is needed i.e. start intervening from the outset. However, there needs to be clarity around referral processes, information in one place and continuity of services. Fear of family

breakdown and children being taken away from families may also prevent people for seeking help early.

- Social challenges: Several social factors can also play a part in managing physical and mental health conditions e.g. online and difficult benefits applications, lack of support especially for single parents, and difficulties with housing and employment. There is a need for advocates
- Stigma e.g. people with mental ill health being 'written off' by the community

5.8 **Mental health, employment and housing in BME communities**

The main themes emerging from this group were:

- Advocates are needed once a mental health diagnosis is made
- More work with employers and housing officers is needed to help them better understand mental health diagnoses and reduce stigma
- Buddy systems to support return to work following mental ill health
- Encourage 'protected' roles to keep individuals active including opportunities around structured volunteering
- Need to include the voice of the family alongside that of professionals

5.9 **Mental health and wellbeing across the life course in BME communities**

This group focused on the how to maintain good mental health in general and how the community can help. The following points were discussed:

- Sleeping well, socialising and being active were identified as important ways to keep mentally well.
- When asked what the community could do to help keep you well the following was discussed:
 - Needing a sense of community cohesion (a place where people feel understood) and cultural belonging/identification with professionals. This was felt to be lacking and religious organisation were identified as a common place to find this.
 - A question of whether there was an opportunity to have a Wellness Centre was asked. When asked what would be in it; a place to meditate (regardless of religion), massages available, a creative space for wellbeing that is multi-cultural and suitable for all age ranges. Important to not feel stigmatised. A place to just 'be'.
 - There was a lot of discussion around activities to do in the borough; open spaces; parks, walking groups, gardening/ allotment groups, growing fruit and veg (i.e. Brockley and Grove Park). It was felt that there was a lot of activities already taking place; how do we advertise, communicate, find out. A Lewisham Wellbeing Map already exists on google; could we expand on that.

- It was felt we need to ask what the young people need; they were not felt to be well represented at the event.
- Housing came up briefly in relation to homelessness, and young homeless people e.g. finding opportunities to use empty estates for a place for the homeless to sleep

In each of the thematic workshops several clear themes relating to the experiences that BAME residents have in relation to mental health services came up several times. These themes were:

- **Stigma** - the widespread stigma around mental health issues needs to be addressed.
- **Communication** - improved communication around what is already happening within in terms of both community and statutory services.
- **Early intervention** - there were many comments about the need for earlier intervention with young people, via education and other routes to prevent mental ill health.
- **Genuine co-production** - from both the feedback forms and discussion it was evident that there needs to be a clear mechanism for genuine dialogue and co-production with BME communities for both mental and physical health.
- **Cultural competence of services:** There were discussions around understanding both the need for and benefits of culturally specific services, and the potential benefits of seeing a professional from a similar background as your own.

5.10 There are several events taking place in the coming weeks to further explore these areas and begin co-production of some detailed plans for action which the Board may wish to be directly involved in. However there are some initial actions that the board may like to consider taking forward:

- Endorse and support stigma and discrimination reduction activities such as the Time to Change campaign.
- Require that Lewisham Health and Care Partners develop a mechanism(s) for genuine co-production with members of the BAME communities in Lewisham to support commissioning of all-age mental health services.
- Consider how they can place a stronger focus on prevention and early intervention for mental health, particularly within BAME communities.

5.11 It is suggested that the board discuss and agree the above actions, as well as any additional actions it would like to take. A further update on progress will be provided to the board in March 2019.

6 Financial implications

6.1 There are no specific financial implications arising from this report or its recommendations.

7. Legal implications

- 7.1 Members of the Board are reminded of their responsibilities to carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012. Activities of the Board include, but may not be limited to the following:
- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
 - To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.
 - To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board.
 - To prepare Joint Strategic Needs Assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007).
 - To give opinion to the Council on whether the Council is discharging its duty to have regard to any JSNA and any joint Health and Wellbeing Strategy prepared in the exercise of its functions.
 - To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006.
- 7.2 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.
- 7.3 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.
- 7.4 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.
- 7.5 The Equality and Human Rights Commission has recently 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/equalityact/equality-act-codes-of-practice-and-technical-guidance/>

7.6 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

7.7 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/publicsector-equality-duty/guidance-on-the-equality-duty/>

8. Crime and disorder implications

8.1 There are no specific crime and disorder implications arising from this report or its recommendations.

9. Environmental implications

9.1 There are no specific environmental implications arising from this report or its recommendations.

If there are any queries on this report please contact James Bravin, Principal Officer, Policy, Service Design and Analysis, London Borough of Lewisham on: 020 8314 9308 or by e-mail at james.bravin@lewisham.gov.uk

HEALTH AND WELLBEING BOARD			
Report Title	BAME Health Inequalities – Future Areas of Focus		
Contributors		Item No.	5
Class	Part 1	Date:	1 November 2018

1. Purpose

- 1.1 To feedback to the Board on work carried out since the last meeting to identify areas of focus (in addition to mental health) for the Board in relation to Black, Asian and Minority Ethnic (BAME) health inequalities.

2. Recommendations

- 2.1 Members of the Health and Wellbeing Board are invited to:

- Note the work carried out by the working group
- Agree future areas of focus relating to BAME health inequalities
- Agree actions to investigate identified areas of focus

3. Strategic Context

- 3.1 The Health and Social Care Act 2012 required the creation of statutory Health and Wellbeing Boards in every upper tier local authority. By assembling key leaders from the local health and care system, the principle purpose of the Health and Wellbeing Boards is to improve health and wellbeing and reduce health inequalities for local residents.
- 3.2 The activity of the Health and Wellbeing Board (HWB) is focussed on delivering the strategic vision for Lewisham as established in *Shaping our Future* – Lewisham’s Sustainable Community Strategy and in Lewisham’s Health and Wellbeing Strategy.
- 3.3 The work of the Board directly contributes to *Shaping our Future’s* priority outcome that communities in Lewisham should be Healthy, active and enjoyable - where people can actively participate in maintaining and improving their health and wellbeing.

4. Background

- 4.1 In July 2018 the HWB agreed that the main areas of focus for the Board should be tackling Health Inequalities, and as an initial priority Black, Asian and Minority Ethnic (BAME) communities Health Inequalities.
- 4.2 It was agreed that mental health would be the first area of focus, and that future areas of focus would be identified by a working group.

5. BAME Health Inequalities – Future Areas of Focus

- 5.1 Following the July HWB meeting a “BAME Health Inequalities working group” was set up with representatives from the various organisations represented on the Board. The group was tasked with further reviewing available data to identify which other areas of BAME health inequalities in Lewisham would potentially benefit from an increased focus by the HWB in its role of ensuring a joint up approach to tackling Health Inequalities across the system in Lewisham.
- 5.2 In August 2018 Public Health England published a resource that aimed to support local authorities, and other public bodies in their approach to tackling health inequalities by ethnicity, titled *Local action on health inequalities: Understanding and reducing ethnic inequalities in health*. The resource suggested looking at the existing data around BAME health inequalities through four prisms:
- Key indicators of health status
 - Social determinants of health
 - Health related practices
 - Access to services and interventions
- 5.3 The working group looked at the existing data around BAME health inequalities through the first two of the four prisms initially, with the expectation that the practice and service interventions data could then be reviewed by providers in the context of what was known about the key indicators and social determinants in a more focused way given the vast array of data the trusts advised they hold.

6. Key indicators of health status

- 6.1 The working group analysed the following key indicators of health status:
- Self-reported health
 - Wellbeing
 - Cancer incidence and stage at diagnosis
 - Overweight and Obesity
 - Disability free-expectancy
 - Tuberculosis
 - Infant and Child Health Indicators
- 6.2 By analysing local (where available) and national data, it was concluded that cancer and obesity had the strongest cases for future areas of focus for the Board. It is clear that both cancer and obesity affect disproportionately affect Lewisham’s BAME residents. The data that was used to form this conclusion is summarised throughout the rest of this section of the report.
- 6.3 Self-reported Health – Local Data

The 2011 Census asked a question on self-reported health. In Lewisham, responses of being 'Very good or good' varied by ethnic group from 89.4% for mixed ethnic groups, down to 80.4% of White residents.

6.4 Wellbeing

The Office for National statistics conducts an Annual Population Survey, which asks questions about personal wellbeing. Due to the small sample size locally, national data is presented here. Combined data for the period 2012 – 2016 shows that:

- Black population score lower for life satisfaction
- Bangladeshi and Black score lowest for feel their life is worthwhile
- Black scored lowest for happiness
- Less variation, harder to state due to larger confidence intervals for high levels of anxiety

6.5 Cancer - National and Local Data

The National Cancer Patient Experience Survey breaks down responses by ethnicity. On a national level, black ethnicities, on average, rated their overall care as significantly lower than white ethnicities, with an average score of 8.29 vs 8.73. While black ethnicities scored slightly lower across many of the sections of the survey, the most stark differences were firstly having diagnosis and treatment options explained in a manner that could be understood, with over a 10% difference between black and white scores, and secondly social support during and after treatment, with around a 15% difference between black and white scores on this questions.

6.6 There is evidence that black women are less likely to attend screenings¹ (18 and less likely to be diagnosed via the screening route², and therefore are more likely to be diagnosed with higher stage cancers, with the expected poorer outcomes in terms of mortality and survival rates.

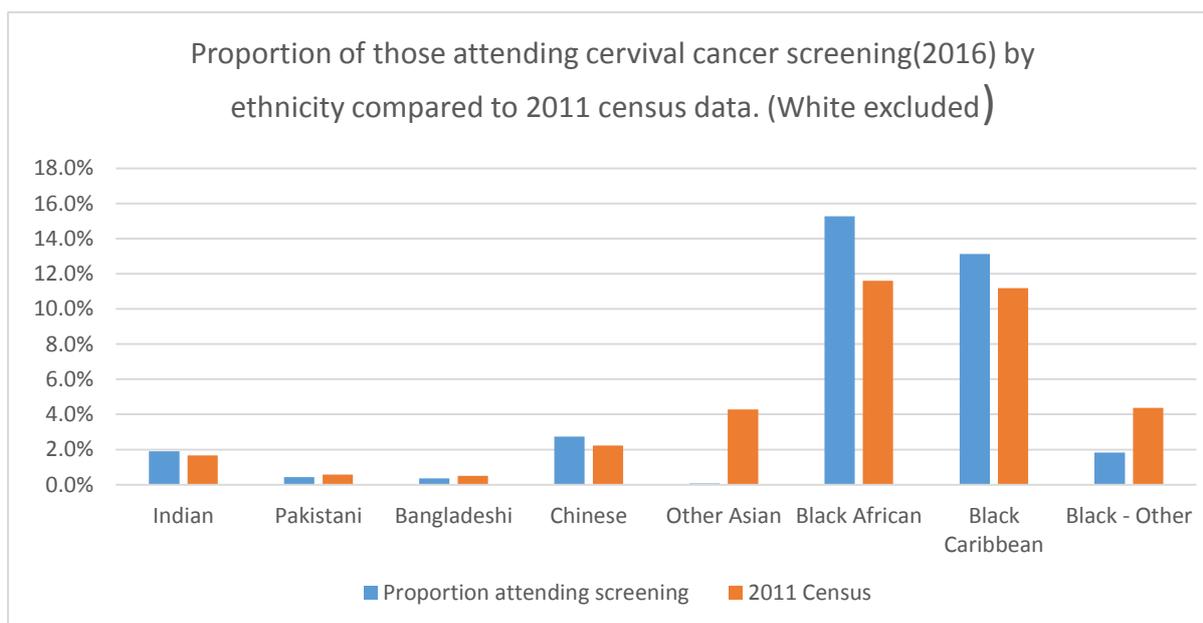
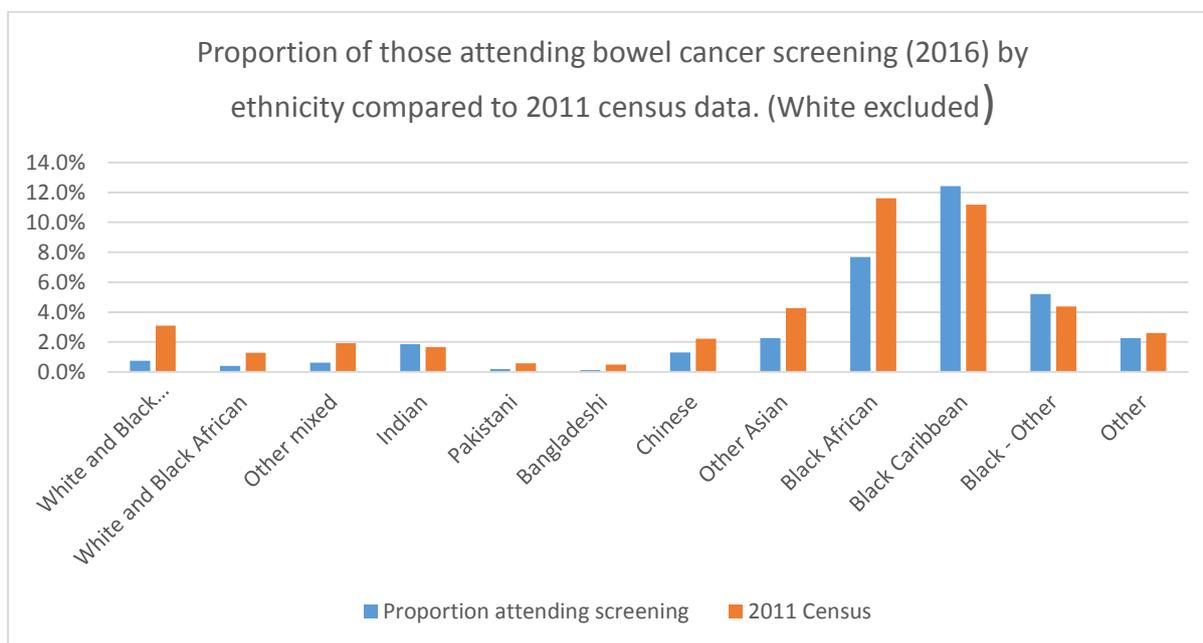
6.7 Data recording residents who had received an urgent Two Week Wait in Lewisham showed that white British residents make up a higher proportion of 2 week referrals compared to their expected population (50.2% vs 41.5%). In particular Black Africans are underrepresented compared with their census data (5.3% vs 11.6%).

6.8 Data on bowel and cervical cancer screening uptake is available from Lewisham CCG by ethnic groups. The majority of BME sub groups are

¹ Jack RH, Møller H, Robson T, et al. Breast cancer screening uptake among women from different ethnic groups in London: a population-based cohort study. *BMJ Open*

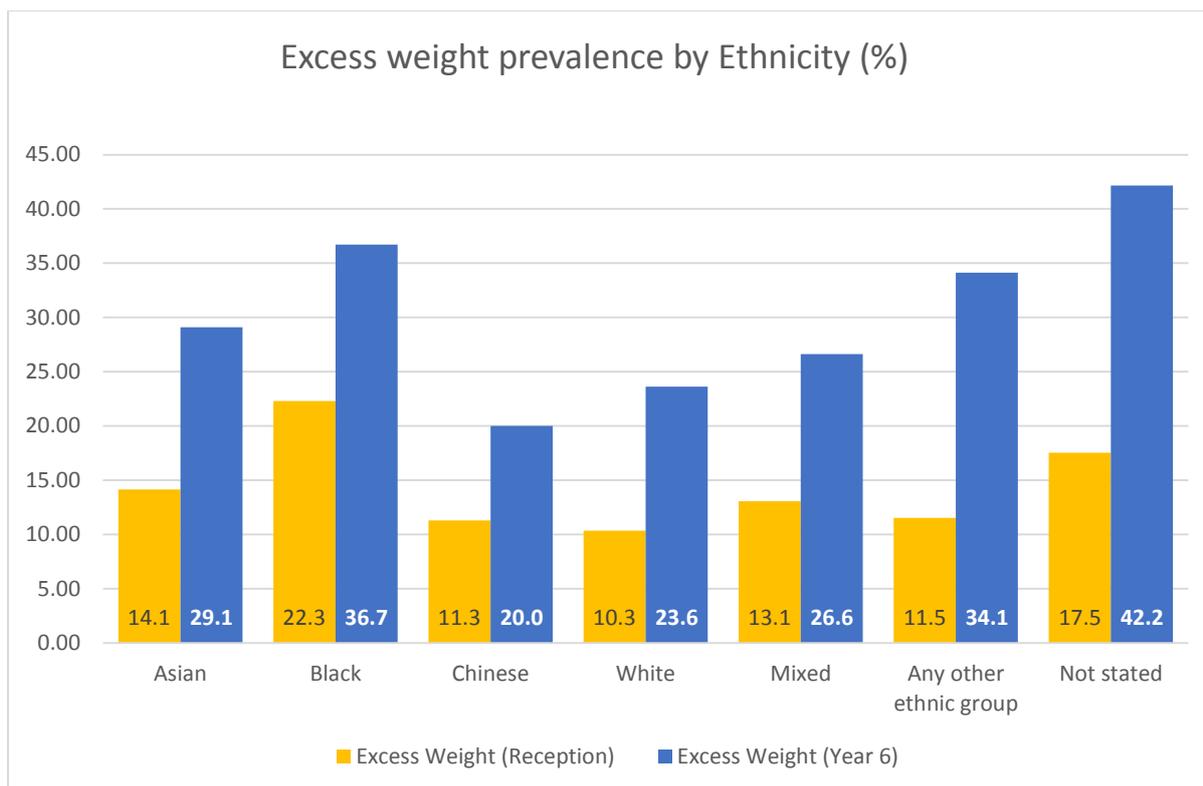
² http://www.ncin.org.uk/publications/data_briefings/breast_cancer_ethnicity

under-represented in uptake of bowel cancer screening, particularly Black African. However no BME group was under-represented in breast cancer screening.



6.9 Excess Weight

The latest published data from the National Child Measurement Programme is for 2016/17. This programme weighs and measures children in Reception and Year 6 to calculate their BMI. Looking at all excess weight (overweight and obesity) BME children in both reception and Year 6 are more likely to carry excess weight.



6.10 Disability-free life expectancy

Proxy information taken from 2011 Census on Limiting Long Term Conditions. Overall White Residents are more likely to state their day to day activities are limited to some extent. However this is likely to be due to the older population bias of this group. When looking at residents aged 65+ the proportions are very similar across ethnic groups:

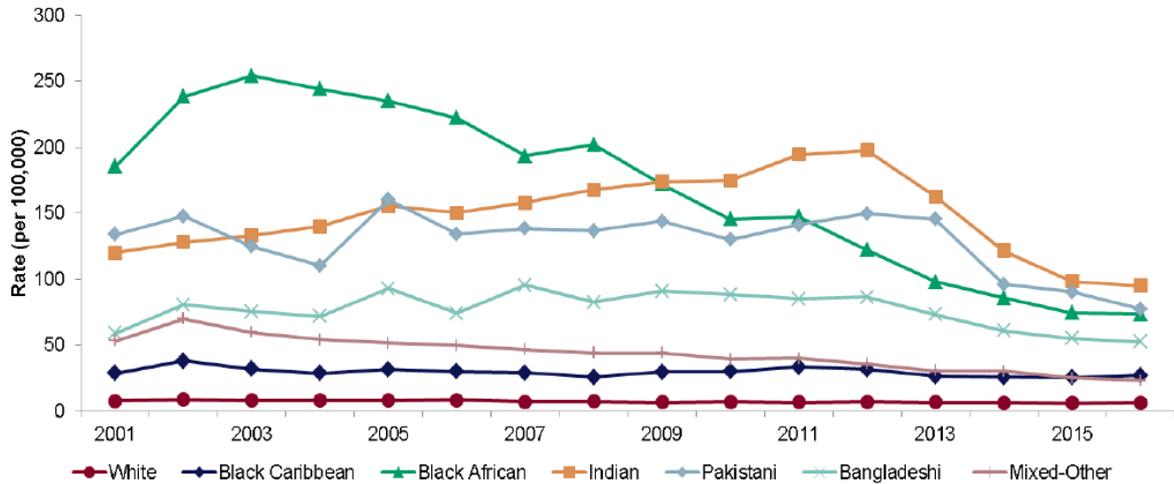
Ethnic Group (65+)	Limited to Some Extent	Not Limited
All Ethnic groups	56.3	43.7
White	56.7	43.3
Mixed/multiple ethnic group	56.4	43.6
Asian	54.6	45.4
Black	54.8	45.2
Other ethnic group	63.8	36.2

6.11 Tuberculosis (taken from [PHE Report on TB in London](#))

In 2016, those of Indian ethnicity had the highest rate of TB in London (95 notifications per 100,000 population), and accounted for the largest proportion of TB cases overall (26%, 543/2,107). Pakistani ethnicity had the second highest rate, followed by Black African. Most cases occur in people born outside the UK. Most common country of birth was India, Pakistan, Somalia, Bangladesh and Romania. Patients from Romania were more likely to be

recent entrants, with 39% diagnosed within 2 years of entering the UK. Social risk factors were seen to be high in TB patients, however this was more a feature of UK born patients. Patients with these risk factors were more likely to be infectious, be a hospital inpatient and were less likely to complete treatment.

Figure 9: TB case rates by ethnic group*, London, 2001 – 2016



* "Mixed/other" includes those of black-other ethnicity and Chinese due to small numbers.

6.12 Pre-term births and infant mortality

At the national level the percentage of women who had a pre-term birth is included in the table below. Black Caribbean women were slightly more likely to have a pre-term birth than other ethnicities.

Pre-Term Births (2013)

%	Pre-Term	Term	Post Term
Bangladeshi	8	91	2
Indian	7	90	2
Pakistani	7	90	2
Black African	8	88	4
Black Caribbean	10	87	2
White British	7	89	4
White Other	6	90	3
All Other	7	90	3
Not Stated	8	88	4

6.13 The rate of infant mortality nationally is recorded in the table below. Babies born to Pakistani women has the highest infant death rate, followed by Black African.

Infant Mortality (2015)

Ethnic Group	Infant Death (Rate per 1000 births)
All	3.2
Bangladeshi	4.3

Indian	3.1
Pakistani	5.9
Black African	5.3
Black Caribbean	4.5
White British	3.0
White Other	2.2
All others	3.6
Not stated	4.4

7. Social Determinants of Health

7.1 The working group also analysed the following social determinants of health:

- Education
- Employment
- Income
- Housing

7.2 Education

Data from the 2011 Census indicates that a greater percentage of Lewisham's BAME residents achieve a Level 4 or higher qualification than compared to the percentage at national level for all ethnic groups except the 'Other ethnic group' category. The percentage of Lewisham residents who have no qualifications is lower than the percentage for both national and inner London residents for 'white – Irish', 'other white', 'mixed', 'Asian, Asian British', Black/African/Caribbean/Black British' and 'Other Ethnic Group' categories.

7.3 Employment

The Office for National Statistics Annual Population Survey indicates that whilst a higher percentage of Lewisham BAME community is unemployed, employment rates for BAME residents are lower than both national and inner London.

7.4 Income

According to data from London's Poverty Profile 2017 only 19% of the 'White British' population in London is paid below the London Living Wage. A higher percentage of all other ethnic groups are paid below the London Living Wage with the 'Pakistani or Bangladeshi' group the highest at 46%.

7.5 Housing

Data from the 2011 Census indicates that a greater percentage of Lewisham's BAME residents are likely to be in a household which has an Occupancy Rating of -1 (indicating that there is 1 less room than is required for the number of people living).

8. Next Steps

- 8.1 Given what the data review to date shows, it is suggested that Obesity and Cancer are the other two BAME health inequalities areas that the HWB focus on next.
- 8.2 It is suggested that the Public Health, Primary Care, the CCG and provider trusts review what data they have in relation to cancer and obesity services and outcomes (including prevention and early intervention), focusing on how BAME residents experiences differ to the non-BAME population. By looking in more detail at local, service specific data, it is suggested that member organisations identify the factors contributing to inequalities within cancer and obesity. It is suggested that the findings from this data analysis, can from suggested actions for the HWB to take forward. It is suggested that the findings and subsequent actions are reported to the Board in March 2019.
- 8.3 It is also suggested that the corporate policy team to identify what work is already being done by the council regarding the social determinants of health (in particular poor quality housing and in-work poverty), and to determine whether there is scope for the HWB to have an impact in this area. This should also be reported back to the Board in March 2019.

9 Financial implications

- 9.1 There are no specific financial implications arising from this report or its recommendations.

10. Legal implications

- 10.1 Members of the Board are reminded of their responsibilities to carry out statutory functions of the Health and Wellbeing Board under the Health and Social Care Act 2012. Activities of the Board include, but may not be limited to the following:
- To encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.
 - To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under Section 75 NHS Act 2006 in connection with the provision of such services.
 - To encourage persons who arrange for the provision of health related services in its area to work closely with the Health and Wellbeing Board.
 - To prepare Joint Strategic Needs Assessments (as set out in Section 116 Local Government Public Involvement in Health Act 2007).
 - To give opinion to the Council on whether the Council is discharging its duty to have regard to any JSNA and any joint Health and Wellbeing Strategy prepared in the exercise of its functions.
 - To exercise any Council function which the Council delegates to the Health and Wellbeing Board, save that it may not exercise the Council's functions under Section 244 NHS Act 2006.

- 10.2 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.
- 10.3 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.
- 10.4 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.
- 10.5 The Equality and Human Rights Commission has recently 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/equalityact/equality-act-codes-of-practice-and-technical-guidance/>
- 10.6 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
- 10.7 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/publicsector-equality-duty/guidance-on-the-equality-duty/>

11. Crime and disorder implications

- 11.1 There are no specific crime and disorder implications arising from this report or its recommendations.

12. Environmental implications

- 12.1 There are no specific environmental implications arising from this report or its recommendations.

If there are any queries on this report please contact James Bravin, Principal Officer, Policy, Service Design and Analysis, London Borough of Lewisham on: 020 8314 9308 or by e-mail at james.bravin@lewisham.gov.uk

HEALTH AND WELLBEING BOARD			
Report Title	Healthwatch Annual Report 2017 - 2018		
Contributors	Folake Segun, Director, Healthwatch Lewisham	Item No.	5a
Class	Part 1	Date: 11 November 2018	

1. Purpose

- 1.1. This report presents the Healthwatch Annual Report 2017 -2018 as an appendix.

2. Recommendation

- 2.1. Members of the Health and Wellbeing Board are recommended to:
Note the appended HealthWatch Annual Report.

3. Policy Context

- 3.1. In 2012 the Health and Social Care Act received Royal Assent. From April 2013, local authorities were required to commission a local Healthwatch organisation.
- 3.3 Healthwatch Lewisham supports the Council's commitment to improving the health and wellbeing of Lewisham citizens and contributes to the following key objectives of '*Shaping our Future – Lewisham's Sustainable Community Strategy*':
- Healthy, active and enjoyable – where people can actively participate in maintaining and improving their health and wellbeing.
 - Empowered and responsible – where people can be actively involved in their local area and contribute to supportive communities.

- 3.4 Healthwatch Lewisham also supports the reduction in health inequalities and the outcomes identified in the 10 year Health and Wellbeing Strategy.

4. Background

- 4.1 Healthwatch Bromley an independent charity was awarded the contract to deliver Healthwatch in Lewisham in February 2015. The contract commenced 1st April 2015.
- 4.2 Healthwatch is a voice for children, young people and adults in health and social care living in Lewisham. Anyone, young or old can speak to us about their experiences of health or social care services and tell us what was good

and what was not good. Healthwatch then ensures that service providers and commissioners hear this feedback and make changes to their services.

- 4.3 Healthwatch Lewisham is part of the regulatory and scrutiny function of health and social care and as such forms part of a national network of local Healthwatch. The network includes Healthwatch England which sits as a committee of the CQC. All Healthwatch Lewisham reports are shared with Healthwatch England and are used by the CQC to inform their work in hospitals, adult social care and primary care services.
- 4.4 Local Healthwatch are intended to hold both commissioners and providers of services to account by delivering the 7 statutory functions:
- i. Gathering the views and understanding the experiences of patients and the public.
 - ii. Making people's views known.
 - iii. Promoting and supporting the involvement of people in the commissioning and provision of local health and social services and how they are scrutinised.
 - iv. Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission.
 - v. Providing information (signposting) about access to services and support for making informed choices.
 - vi. Making the views and experiences of people known to Healthwatch England and the local Healthwatch network, and providing a steer to help it carry out its role as national champion.
- 4.5 A 7th function relates to commissioning of complaints advocacy which was not included in 2015-2016 Healthwatch Lewisham's contract.
- 4.6 The Healthwatch contract awarded for 2016-2018 includes the delivery of NHS complaints advocacy.

5 Financial implications

- 5.2 There are no specific financial implications arising from this report.

6 Legal implications

- 6.2 The Health and Social Care Act 2012 requires local authorities to have a local Healthwatch service.

7 Crime and Disorder Implications

- 7.2 There are no crime and disorder implications

8 Equalities Implications

8.2 Through the work of Healthwatch and our targeted engagement with communities and groups that are often harder to reach or seldom heard we will support the reduction in inequalities in health and social care.

9 Environmental Implications

9.2 The Council's environmental objectives formed part of the tender evaluation and are detailed in the contract.

10 Conclusion

10.2 Further updates on our work and reports produced will be presented as appropriate to the Health and Wellbeing Board.

If there are any queries on this report please contact Folake Segun, Director, Healthwatch Lewisham on 020 8315 1916, or by email on at folakes@healthwatchbromley.co.uk.



Healthwatch Lewisham

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Message from our Chief Executive



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.

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

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

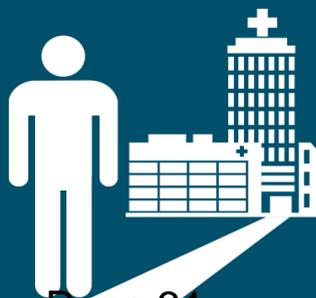
Hi

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...

x

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

Page 42

1st October 2017 - 31st December 2017

Targeted engagement

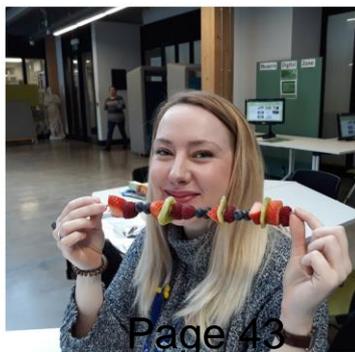
During 2017-2018 our priorities, as determined by Lewisham residents, were:

- 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.

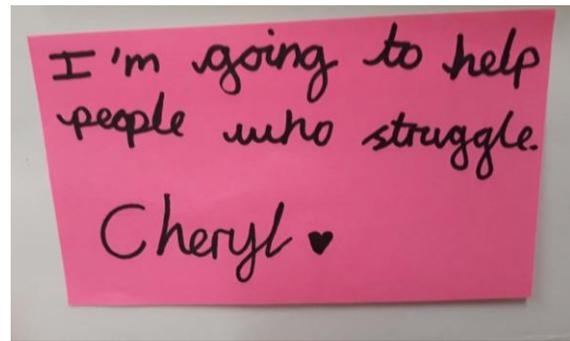
We found that:

- 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.

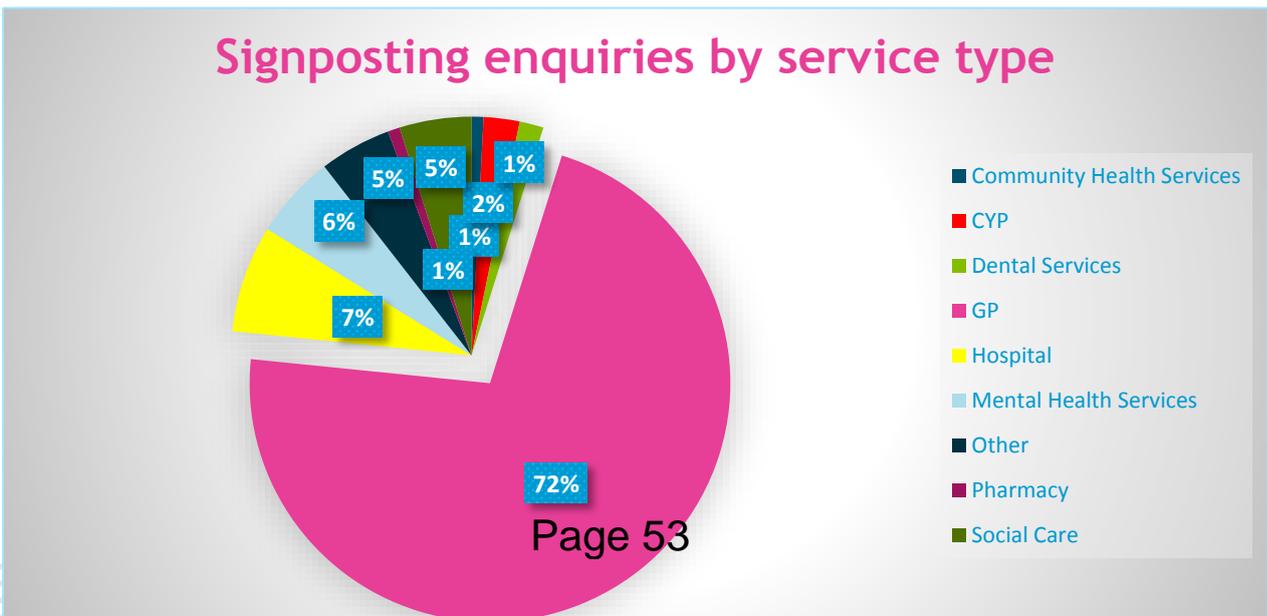
A commissioning development in the borough also caused local people to access our service.

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.

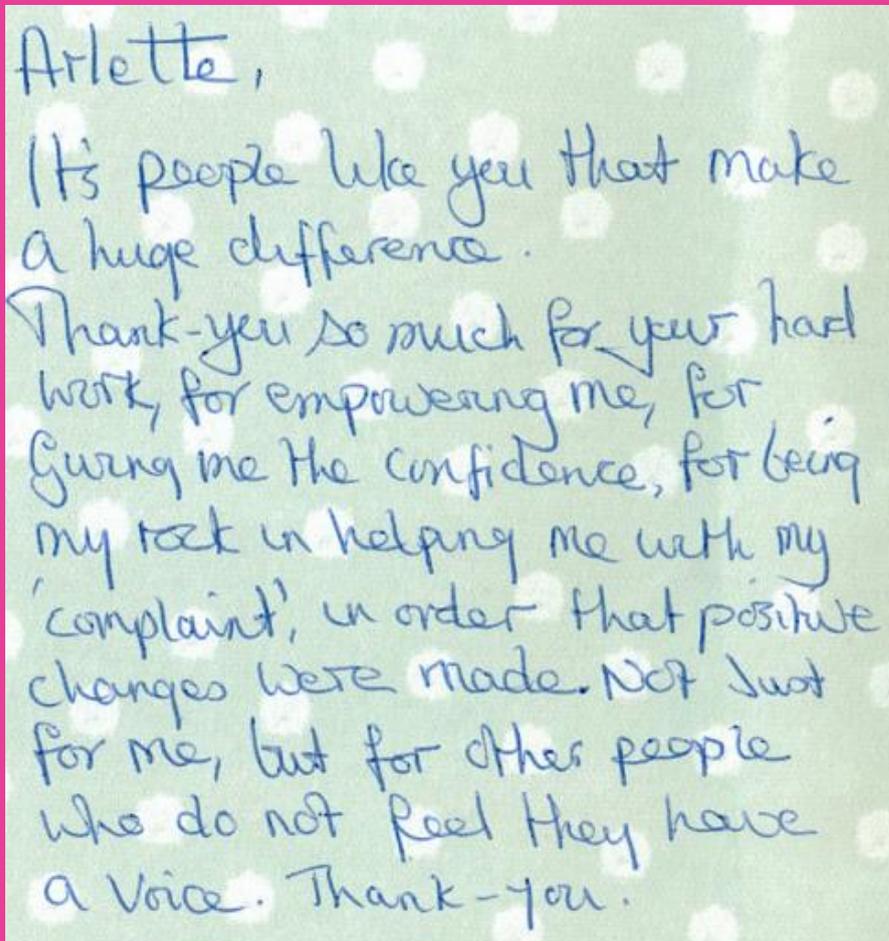
The Actions

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.

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.



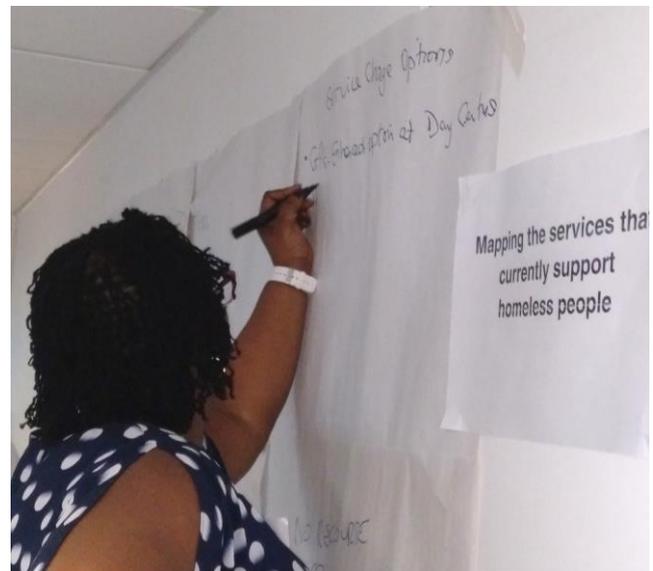
Quality Accounts

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.”

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.

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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

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



Page 80 (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.



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