

MINUTES OF THE HEALTH AND WELLBEING BOARD

Thursday 3rd September 2020 at 3.00pm

ATTENDANCE

PRESENT: Mayor Damien Egan (Chair to the Board); Faruk Majid (Vice Chair to the Board and Chair, Lewisham Clinical Commissioning Group); Cllr Chris Best (Deputy Mayor of Lewisham and Cabinet Member for Health and Adult Social Care); Tom Brown (Executive Director for Community Services, LBL); Pinaki Ghoshal (Executive Director for Children and Young People, LBL); Sukhvinder Kaur-Stubbs (Vice-Chair, Lewisham and Greenwich NHS Trust); Michael Kerin (Healthwatch Lewisham); and Dr Catherine Mbema (Director of Public Health, LBL).

APOLOGIES: Val Davison (Chair of Lewisham & Greenwich NHS Trust); Donna Hayward-Sussex (Service Director, South London and Maudsley NHS Foundation Trust); and Dr Simon Parton (Chair of Lewisham Local Medical Committee).

IN ATTENDANCE: Paul Aladenika (Service Group Manager Policy Development, LBL); Sara Assibey (Committee Support Officer, LBL); Keith Cohen (Lewisham YOS and South London Resettlement Consortium Strategic Manager); Philippe Granger (Chief Executive, Rushey Green Time Bank); Barbara Gray (Mayor and Council Adviser on BAME health inequalities); Amanda Lloyd (System Transformation and Change Lead, Lewisham Health and Care Partners); Sarah Wainer (Director of Systems Transformation, Lewisham Health and Care Partners); Stewart Weaver-Snellgrove (Clerk to the Board, LBL); James Whitfield (Digital Scanning Officer, LBL); and Martin Wilkinson (Director of Integrated Care and Commissioning, LBL/South East London Clinical Commissioning Group).

Welcome and introductions

The Chair opened the meeting. Apologies were received from Val Davison, Donna Hayward Sussex, and Dr Simon Parton. Sukhvinder Kaur-Stubbs (Vice-Chair, Lewisham and Greenwich NHS Trust) was in attendance as a representative for Val Davison.

1. Minutes of the last meeting

- 1.1 The minutes of the last meeting were agreed as an accurate record with no matters arising.

2. Declarations of interest

- 2.1 There were no declarations of interest.

3. COVID-19: Healthwatch Survey Results Summary

- 3.1 Michael Kerin presented an overview of the key findings and recommendations from the Healthwatch Lewisham COVID-19 Survey, which ran between June and July 2020, with a total of 1,030 responses.
- 3.2 As a largely online survey, the sample isn't scientifically robust due to issues of digital exclusion amongst potential respondents (e.g. few responses from those living in care homes).
- 3.3 The aim was to understand the experiences of Lewisham residents during the coronavirus pandemic and lockdown, with a focus on the issues of access to services, access to information and the impact on people's mental health.
- 3.4 Key findings from residents:
 - a) Reluctance in accessing services due to fear of catching COVID-19 or of being a burden to the NHS.
 - b) Continued need for face to face appointments and for a wide range of available appointments rather than a "one size fits all model."
 - c) Lack of awareness that GP practices open for routine appointments.
 - d) In some cases, it is now easier to secure GP appointments than before the pandemic - with many accounts of 'fast and efficient' services received. The ability to send images for diagnosis has also worked well for many patients. However, we have also received evidence of patients experiencing long delays in phone queues until a receptionist was able to answer their call.
 - e) The COVID-19 outbreak and lockdown has had a substantial emotional impact on residents, with people experiencing issues such as bereavement, financial worries, social isolation and anxiety.
- 3.5 Key recommendations:
 - a) Need for a local communication campaign by each practice, in view of their different access arrangements, that not only informs patients about what services are available, but also reassures them that services are carrying out social distancing and infection prevention measures.
 - b) While it is acknowledged that digital services may be effective and resourceful, for many people, we feel there should always be an alternative. It is simply the fact that 'one size fits all' systems result in the further marginalisation of disadvantaged and vulnerable groups.
 - c) Wide provision of mental health support services must be included in services' recovery plans to help those with existing conditions but also for those who have never previously sought support.

3.6 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:

- Nationally, Healthwatch are undertaking similar surveys but South East London has had the highest number of respondents. Do these other surveys provide any additional learning that might be useful for Lewisham?
- Need to find a way to replicate the 'safe space' that is provided in a GP surgery.
- The impact of COVID-19 on people with severe and enduring mental health problems must be addressed.
- Younger people have a different way of accessing healthcare (largely digital), though some older people resent the implication that they don't know how to access digital services.
- Needs to be provision for people with Learning Disabilities to access healthcare provision in a face-to-face setting.
- There is a backlog of patients who require hospital treatment and are not getting it. This cuts across surgery, diagnostics and treatment. An equalities assessment has not been undertaken on this cohort but we need to ensure that inequalities are not built into the system.
- Need to encourage people who are waiting to come forward and seek the required help before winter pressures set in. Reassurance needed re infection control as people are cancelling their own operations. There needs to be consistent messaging across the system re the importance of self-isolation before visiting hospital for treatment.
- Prioritisation of people to be treated must be clinically-led which will require a balance between elective and emergency surgery. Capacity to undertake elective surgery must be protected.
- Planned Care Group (SEL Clinical Commissioning Group and Lewisham and Greenwich NHS Trust) are getting up to target on cancer care and other elective operations.
- Need to harness technology to address backlog (e.g. no available dermatology appointments until April 2021).

3.7 Action:

The Board noted the content of the report.

4. COVID-19: Local Outbreak and Control Plan and Outbreak Engagement Board

4.1 The NHS COVID-19 test and trace service was launched in May, involving national, regional and local partners.

- 4.2 The role of Lewisham’s public health team will largely be to support Level 1 of the service i.e. supporting outbreaks in complex settings, although our role in communications and community engagement will be applicable to all levels of the service.
- 4.3 In order to clearly articulate and implement our role in contact tracing, we have been asked to develop local outbreak control plans covering 7 themes.
- 4.4 The Plan sets out the arrangements that will effectively prevent and manage outbreaks of COVID-19 to ensure that Lewisham communities are protected.
- 4.5 There have been over 1,345 cases of COVID-19 in Lewisham, with 260 confirmed deaths (up to 26 June 2020) which speaks to why the plan is so important.
- 4.6 This plan is a live document and is subject to change in line with the latest developments concerning the COVID-19 pandemic.
- 4.7 The Health and Wellbeing Board is now due to act as the Local Outbreak Engagement Board, providing political and partner oversight of our strategic response with accountability to Mayor and Cabinet.
- 4.8 As part of this role Board members will hear direct experiences of COVID-19 from community stakeholders. In addition to Healthwatch (Agenda Item #3), Lewisham BME network and the Youth Offending Service (on behalf of young people).
- 4.9 **Lewisham BME Network**

Barbara Gray shared her feedback on behalf of the BME Network as follows:

- a. Interactions have been at a grass roots level, mainly within the Afro-Caribbean communities but extending to faith clubs, the Diamond Club and the Positive Ageing Council.
- b. Direct contacts and conversations taking place primarily through Zoom and WhatsApp channels.
- c. Communities looking for reliable and trustworthy information to answer their questions and allay their health anxieties. Signposting to advice and mitigating re lack of trust on Track and Trace.
- d. Undertaking horizon scanning and evidence-based good practice e.g. learning from developments in Brent, Hackney, Southwark, Croydon and Birmingham.
- e. Daily briefings by the Prime Minister lacked clarity for some BME residents and the assimilation of fake news and the proliferation of conspiracy theories, also undermined trust in key information. This resulted in many people disengaging with the whole process.

- f. Some people stuck at home as terrified to come out of their flats due to infection touch points such as fire doors or lift buttons. Variation in experiences across different wards e.g. Catford South vs Deptford. Outside areas piled high with rubbish.
- g. Response of NHS 111 and local pharmacies has been excellent, though long queues outside the latter in hot weather.
- h. Uptick in use of traditional remedies due to concerns about visiting UHL for any reason.
- i. Insufficient social distancing in Mountsfield Park and Foster Park. People finding opportunities to exercise difficult. Lack of access to open space in some communities had significant impacts on mental health.
- j. Especially tough for people with dementia. Relied on neighbours but vulnerable to financial scams.
- k. Group in BME Network funded to provide culturally appropriate food delivery. Concerns that vulnerable people weren't eating because they didn't like the food in the Government's shielding parcels.
- l. Also offered telephone befriending service and group wellbeing sessions. Supported by six volunteers but totally over-subscribed. Dealing with the tip of the iceberg.
- m. Inconsistent approach across boroughs re funeral services. Unable to attend in Lewisham but in Southwark could go with up to 10 relatives.
- n. Support to staff groups. Concerned about the risks exposed to at work.
- o. Local response needed to be co-designed from the outset. BME organisational resources got things done quickly in the first few weeks.
- p. System partnership needs to be widened to include Lewisham Homes and L&Q.

4.10 **Young people (Youth Offending Service)**

Keith Cohen provided feedback on engagement with young people in the Youth Offending Service:

- a. YOS responded quickly to COVID-19 and maintained essential service provision. Although delivered remotely, there remained a staff presence in the office-based reception and officers continued to undertake court work.
- b. High percentage (70%) of BAME young people and families represented in the YOS.
- c. To assess the impact of COVID-19, service users were surveyed to better understand their experiences. 44 people (all over 16 years of age) were engaged, two-thirds (66%) of whom were of Black ethnicity.

- d. Responses provide critical CYP/BME insights that will be useful in preparing for a 'second wave' of COVID-19.
- e. Some respondents experienced less anxiety than usual because their families were safe at home and there was a sense of family cohesion that was not normally there e.g. siblings pulling together. Others valued the lockdown as they felt that it lessened their aggression.
- f. Negative health impacts were felt however, with respondents indicating that they experienced weight-loss, headaches and depression.
- g. Online approach (safe media and resources) generally appreciated by young people and their families, some of whom preferred not to attend the office. Digital exclusion remains an issue, though families had access to iPad-sharing. A newsletter was also distributed and a forum with parents is being planned for October.
- h. Some families struggled to adapt, so work packages were sent out to them. Some young people not motivated to complete studies at home and preferred the reduced timetable in a school setting.
- i. Criticisms re stop and search and the lack of social distancing by police officers. Concerns that police being over-zealous and old cases being brought for charge during 'quiet' period of lockdown.
- j. Responses from young people has reinforced benefits of a public health approach to the work of the YOS.

4.11 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:

- Resourcing our response to COVID-19 continues to be a significant challenge, with a shortfall of more than £40m in the Council's budget over the next 3 years.
- The Council is out of kilter with our some people consume information. Need to consolidate the channels used.
- Some of the CYP feedback challenges conventional thinking and this needs to be reflected in our communication plan.

4.12 Actions:

The Board agreed to endorse the COVID-19 Outbreak Prevention and Control Plan and act as the Local Outbreak Engagement Board henceforth.

5. BAME Health Inequalities Update

5.1 The BAME health inequalities working group was set-up to oversee implementation of the action plan, meeting on a fortnightly basis from April.

- 5.2 Several national studies and reports have demonstrated the disproportionate impact of COVID-19 on BAME communities.
- 5.3 In light of these findings the working group made a decision to add a new workstream into the existing action plan focusing on COVID-19. The actions in this workstream have been grouped into the following themes:
- a. Communications and Engagement (e.g. culturally appropriate information)
 - b. Data (e.g. utilising disparate data sets to track impacts holistically)
 - c. Workforce (e.g. ensuring staff feel safe)
- 5.4 An additional area of work that has been added to the existing action plan is a new partnership between Lewisham Council and Birmingham City Council. The aim of the partnership is to jointly undertake a series of reviews in order to explore in depth the inequalities experienced by Black African and Black Caribbean groups and their drivers. Progress and results of this partnership will be reported in to the BAME health inequalities working group.
- 5.5 A monitoring framework has been developed for the action plan, which consists of the following:
- a. Intended aim of each action
 - b. Desired impact of each action
 - c. Impact measure of each action
 - d. RAG (red, amber, green status for each action)
- 5.6 Following on from the March 2020 Health and Wellbeing Board meeting, work will also be progressed to determine some community measures of impact for the action plan. The plan will be a standing agenda item at the Board to allow progress to be tracked.
- 5.7 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:
- The disproportionate impact of COVID-19 on BAME communities is rightly acknowledged across the political spectrum.
 - A data set on BAME health inequalities is also being collated by Robbie Williams (Mayor's Office) and will be shared at the next Board meeting.
 - The Public Sector Equality Duty is likely to be revised with a greater focus on evidence-based policy-making and service delivery.
 - For a borough with such a large BAME population, resourcing will be a challenge. Can't continue to protect the most vulnerable across the board. Need to identify the most vulnerable cohort within each service.

- Unable to provide quality of life in statutory services. Value of community response in meeting the needs of marginalised groups, as evident in the work of Lewisham Local and the ‘hub’ during COVID-19.
- Joint applications with VCS to co-design/co-deliver services are needed and will be submitted where possible. Partnership working needs to be taken further. This work is intertwined with our COVID-19 response.
- Looking to identify grant funding opportunities to deliver elements of the action plan.

5.8 Action:

The Board noted the contents of the report and the updated action plan.

6. Joint Strategic Needs Assessment (JSNA) Update

6.1 At the last Board meeting it was proposed that the JSNA process is revised this year, postponing the call for new topic suggestions until September and undertaking 1-2 topic assessments between September and March. The “Picture of Lewisham” element of the JSNA will also not be updated this year.

6.2 The rationale for this was as follows:

- a. There are a number of JSNA Topic Assessments still outstanding from 2018/19 and 2019/20. Postponing the agreement of topic assessments for 2020/21 will allow time for these assessments to be completed, approved and published.
- b. It had been proposed that a new HW Strategy be developed in 2020/21. It is likely that a Macro Level JSNA will be required to inform this process. Postponing the identification of new JSNA Topic Assessments will provide the analytical capacity to undertake this Macro Level JSNA.
- c. The trends in demographics and population health and wellbeing depicted in the “Picture of Lewisham” do not change significantly from year to year. It often takes at least 3 years of surveillance to identify a change in trend.

6.3 In light of the COVID-19 pandemic, the timescales for the JSNA process review and JSNA impact review have been revised.

6.4 It is now proposed that we do not perform the review of the JSNA process and impact of recently published JSNAs until March 2021 to allow for sufficient time and resource to be directed to the ongoing COVID-19 pandemic response and recovery.

6.5 Actions:

The Health and Wellbeing Board noted the contents of the report and approved the amended timelines for the revision of the JSNA process.

7. COVID-19: Lewisham System Recovery Plan

- 7.1 The Plan Summary and the Full Plan are still in draft. This item is an opportunity for further comments from the Board following the dedicated session at the last Health and Social Care Leaders' Forum.
- 7.2 The Plan covers an 18 month period and what will be done to: "Protect local people; Re-start services; and Work with local communities to build back better". It also includes key aspects of Lewisham's response to Covid-19 to-date and is underpinned by the need to address health inequalities.
- 7.3 The Plan informs and is part of the overall COVID-19 recovery response for the borough, led by the Council. It also sits alongside the respective recovery plans of LGT, SLaM and the Primary Care Network, as well as the Emergency Winter Plan.
- 7.4 The Board is being asked to note the priorities set out in the Plan and the significant risk of increased pressures due to winter and also any further spike in Covid-19 cases. The Plan sets out the action to be taken in the event of a second wave.
- 7.5 The proposed activity against each priority will be dependent on the resources that are available. The finance sections of the plan outline the financial challenges that all parts of the system are facing.
- 7.6 The Plan is due to be signed-off at the Borough Based Board on 22nd September 2020, though comments from Mayor and Cabinet can be received up to 20th September 2020. Delivery of the Plan will be implemented through Lewisham Health and Care Partners.
- 7.7 A full communications and engagement plan is being developed with partners to support the borough's recovery plans. This is iterative in approach.
- 7.8 The following comments and additions were made as part of the discussion by members of the Board and those in attendance:
- The iterative programme of engagement will risk the completion of the Plan becoming a moving target.
 - The full Plan is more 'gung-ho' about digital exclusion than the summary Plan. Need to explicitly acknowledge this very real issue for some service users who feel isolated as a result.
 - Partnership action between Healthwatch and Lewisham Health and Care Partners underway to address digital exclusion.
 - Consider the setting-up of hubs for those that have no digital access at home e.g. in GP surgeries, libraries etc. Make use of WIFI hotspots.
 - Must take measures to alleviate people's anxiety about accessing services and boost their confidence to do so.

- Need to incorporate the wider determinants of health, especially housing and employment, though these are referenced more explicitly in the Council's recovery plan.

7.9 Action:

The Board noted the contents of the report.

The meeting ended at 16:48 hours